

FRAMEWORK
FOR THE ACCELERATING ACCESS INITIATIVE
IN THE CARIBBEAN

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EXECUTIVE SUMMARY

HIV/AIDS in the Caribbean, the hardest hit region in the world outside of sub-Saharan Africa, continues to spread with devastating social and economic consequence. At present there are an estimated 500,000 persons living with HIV/AIDS in the Caribbean, and the disease is the leading cause of death in the 15 - 44 age-group. The Region has responded with the highest levels of political commitment and comprehensive HIV/AIDS/STI programs, based primarily on prevention. The majority of persons living with HIV/AIDS in the Caribbean have no access to adequate care and treatment, and very few have access to antiretroviral (ARV) therapy.

This Initiative represents the Region's firm resolve, in keeping with UNGASS Declaration, the Nassau Declaration and Caribbean Cooperation in Health (CCHII), the Pan Caribbean Partnership Commitment and the Regional Strategic Plan, to introduce a new paradigm of integrated prevention and treatment /care with access to ARVs.

The Accelerated Access Initiative (AAI) is based on a joint statement of intent to accelerate access to HIV/AIDS care and treatment in developing countries. The initiative was signed between five International agencies (WHO UNICEF, the World Bank, UNFPA and UNAIDS Secretariat) and five pharmaceutical companies (GlaxoSmithKlein, Bristo-Myers Squibb, Merck and Co., Boehringer Ingelheim, Hoffmann-laRoche), later joined by Abbott Laboratories).

The six guiding principles of the initiative are:

- Unequivocal and ongoing political commitment by national governments to address the HIV/AIDS epidemic
- Strengthened national capacity
- Engagement of all sectors of national society and the global community
- Efficient, reliable, and secure distribution systems

- Significant additional funding from new national and international sources
- Continued investment in research and development by the pharmaceutical industry

National and regional efforts are now focussed on accelerating access to care, including ARVs. The principles of the AAI are in accordance with national and regional planning processes, and seek to introduce treatment, care and support programs at the regional and national levels. The Bahamas, Barbados, Haiti, Jamaica and Trinidad and Tobago have entered into discussions with the pharmaceutical companies, and, in the case of the last three, have negotiated cheaper prices. At the regional level, a series of dialogues between Caribbean Governments and the Pharmaceutical companies were held in Jamaica in February 2002, with a view to the development of a Caribbean regional approach. Based on this meeting, the framework document presented herewith outlines the critical issues to be addressed in accelerating access to HIV/AIDS treatment and care in the Caribbean.

Challenges

Within the context of the Caribbean experience, the Initiative faces the following challenges:

- To move from a small number of countries where care activities are implemented through the Accelerating Access Initiative (AAI) at the national level, to a Pan-Caribbean ethos of access to care and treatment for People Living with HIV/AIDS (PLWHA).
- To develop capacity throughout the Region, in the areas of development of human resources, health care systems and services, laboratory infrastructure and drug procurement, "efficiencies" in distribution systems and establishment of advanced technological screening and diagnostic tests.
- To increase financial resources (domestic, regional, and international bilateral and multilateral) used to address the burden of HIV/AIDS in the Region.
- To develop approaches and systems for the monitoring and evaluation of the implemented Initiative, particularly with regard to the monitoring of the drug management system and the rational use of the ARVs.

To meet these challenges, the Region aims to:

- Accept the regional approach for the development of the Accelerated Access Initiative.

- Strengthen technical capacity to support the development of national HIV/AIDS Programs, based on the implementation of Comprehensive Care Programs, including the use of ARVs.
- Adopt the use of the PAHO Regional Revolving Fund mechanism, for the supply of ARVs to CARICOM countries.
- Implement evaluation and monitoring systems for the implementation of the initiative, with technical assistance from PAHO/WHO and UNAIDS.

The approach presents a number of components that can be considered as Regional Objectives within the Logical Framework Approach, that will be implemented within the framework of the AAI in the Caribbean Region. These components see to:

- (i) Translate the Regional Initiative and Treatment and Care Plan for PLWHA in the Caribbean, into National Initiatives and Plans that take into account the diversity that exists in capacity and resources.
- (ii) To elaborate the step-by-step development of technical capacity in the clinical management of PLWHA in the Caribbean¹.
- (iii) Strengthen health infrastructures and systems in order to facilitate access to ARVs as an element of the comprehensive-care approach.
- (iv) Mobilise universal support for the reduction of stigma and discrimination against PLWHA or affected by HIV/AIDS.
- (v) To develop partnerships and networks for the technical and financial support of the regional process.

Strategic Considerations

The following strategic considerations will enable the AAI partnership to facilitate access to treatment and care, including the use of ARVs for PLWHA in the Caribbean.

Summary of Main Strategic Considerations

Planning

A phased approach in accessing ARVs is recommended: to absorb costs and mobilise resources, strengthen infrastructure, test distribution systems, scale up volume of purchase, train personnel, promote ARV compliance, and ensure that lessons are learned and shared amongst countries.

Prices

The fundamental objective of the regional approach is a single regional price for all countries participating in the Initiative

¹ Building Blocks Approach: Comprehensive Guidelines for PLWHA in the Americas. PAHO 2000.

Prices should be negotiated without reference to levels of GDP and HIV/AIDS prevalence rates. AIDS is concentrated in the poorest groups of the population. Sustainability, universal access and compliance should be principal considerations in price determination.

As the product passes through the distribution system, value should not be added. There should be no mark-up by the dispensing unit beyond levels agreed on for handling, etc.

A regional price monitoring system should be established for implementation at national levels.

Volume of Orders

Volumes will be calculated based on levels of coverage decided on by individual countries. Initial orders will be increased on a phased basis over a five-year period.

A minimum essential ARV pool of ten (10) drugs should be decided on based on a triple therapy regime

Pooled Procurement

Pooled procurement is the preferred option. This will result in economies in resource utilisation, improved coordination and communication and the pooling information for monitoring and evaluation.

Procurement will be executed through a Regional Revolving Fund mechanism. Orders will be prepared on an annual/semi-annual basis through the fund. Products would be shipped directly to countries.

Taxes and Duties

Where taxes and duties exist on ARVs, legislation should be enacted to remove them.

Training

ARV introduction can be manpower intensive (primary and secondary care, laboratory, counselling staff). A broad-based section of health workers should be trained to ensure full compliance to treatment regimens within the community, thus reducing the possibility of the development of resistance to various strains of HIV/AIDS.

Laboratory

Minimum laboratory capacity for basic screening and confirmatory testing as well as CD4 testing, is required for the introduction of ARVs in each territory. Viral load testing may initially be on a shared basis.

Generic Drugs

To be explored where a legal basis exists

The Management of the Initiative

The management structure is to be executed within the framework of the CCH II, where CARICOM, WHO/PAHO and UNAIDS are responsible for the implementation at the policy and technical level. CARICOM Secretariat is responsible for the overall oversight of the Initiative with regards to liaison with its political (COHSOD and other Government institutions) and technical levels. Day to day management of the process would be the responsibility of a Management Co-ordination and Negotiating Team (MCNT) within CARICOM. An Advisory mechanism would be established for technical support.

Conclusion

Accelerating access to care and treatment within a regional framework has been accorded highest priority by the Governments of the Region. A key aspect of the Accelerated Access Initiative will be based on a building-block approach that will include affordable and continued access to ARVs. The basis for success will be the extent to which a mutually beneficial and sustainable partnership can be established and agreed to by all the partners concerned.

1. INTRODUCTION

The HIV/AIDS epidemic continues to progress in the Caribbean, decimating human resources and institutions. In spite of efforts undertaken to contain the epidemic during the past decade and a half, based on prevention/palliative treatment, the Caribbean now ranks as the second hardest hit region, after sub-Saharan Africa and the epidemic shows no sign of peaking.

The situation in the Caribbean contrasts with other parts of the world where the HIV/AIDS epidemiological profile is changing, characterised by containment, and in some cases, control of the disease. With the addition of effective anti retroviral treatments to previous prevention and care programmes, reduction in new AIDS cases and reduced costs in patient care have been obtained and documented in many countries. Antiretrovirals (ARVs), however, have proved inaccessible to most developing countries, not only because of the high drug costs, but also because of the costs associated with the development of appropriate infrastructure to tackle the HIV/AIDS disease burden, and the need to monitor patients and ensure compliance with drug therapy. Recently, several countries were facilitated with access to ARVs through the Global Accelerating Access Initiative. The issue of access to ARVs has been given new impetus, with the inclusion of twelve ARVs in the Revised Model List of Essential Drugs (WHO, April 2002).

The Accelerating Access Initiative (AAI) represents a public-private partnership among developing countries, five pharmaceutical companies (Boehringer-Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, Merck Sharpe and Dohme, F. Hoffman-La Roche) and five International Agencies (WHO, UNAIDS, UNICEF, UNFPA, The WORLD BANK). The objective of AAI is to increase access to a comprehensive package of care and support for people living with HIV/AIDS (PLWHA).

The Caribbean governments, within the framework of a Regional Strategic Plan, have identified the treatment and support of PLWHA as an urgent issue and a major priority in the Region. The Accelerating Access Initiative to ARVs for PLWHA has been a major stimulus for policy planning and financial commitment to care.

The present framework document will provide the basis for discussion and negotiation between all partners of the AAI in the elaboration of policy, structure and functions required for the provision of care, treatment and support to PLWHA in the Caribbean.

1.1 GUIDING PRINCIPLES

The guiding principles of the regional approach for accelerated access are those of the Global Accelerated Access Initiative. The Caribbean Regional Strategic Plan for HIV/AIDS embodies the same concepts and principles.

AAI aims at an integrated comprehensive approach, with major emphasis on the strengthening of health and support infrastructure, to deliver effective treatment to PLWHA.

Specifically, the six guiding principles that form the basis of the AAI are as follows:

- Unequivocal and ongoing political commitment by national governments to address the HIV/AIDS epidemic
- Strengthening national capacity
- Engagement of all sectors of national society and the global community
- Efficient, reliable and secure distribution systems
- Significant additional funding from new national and international sources
- Continued investment in research and development by the pharmaceutical industry

In developing the AAI for the Caribbean, the guiding principles presented above constitute the foundation on which appropriate strategies will be elaborated for the development of capacity, and the provision of care, treatment and support to PLWHA in the Caribbean.

1.2 OBJECTIVES

The primary objectives of the Regional Accelerated Access Initiative are presented as follows:

- To provide a regional framework for the accelerated and guided development of national treatment care programs.

- To develop public-private partnerships, and to promote the elaboration of mechanisms for discussion and negotiation, leading to improved access to anti retroviral drugs.
- To provide orientations for advocacy and resource mobilisation that will facilitate accelerated access to comprehensive care, treatment, and support.
- To provide a framework for improving the quality of life of PLWHA through increased advocacy and reduced discrimination.

2. THE CARIBBEAN BACKGROUND:

2.1 GENERAL INFORMATION

The Caribbean is composed of several geopolitical groupings (see Annex). For the purpose of this document, "Caribbean" refers to CARICOM member countries and associated states and territories. The total population within this region is approximately 22 million (excluding Cuba) living mainly in small Island States that vary in size and population (Anguilla 91 km² with 8, 000 inhabitants, Haiti 27 000 km² with 6 million inhabitants, Guyana 219, 470 km² with just under 1 million inhabitants). The population is predominantly young, but has begun the demographic transition to an older population distribution. While there is no significant difference in population distribution by sex, in absolute terms there is a slight advantage in the ratio of women to men. The urban/rural mix varies by territory, with small but developed countries such as Bermuda and the Cayman Islands reporting 100% urban populations, compared with urban/rural distributions in Trinidad and Tobago of 65% and Haiti 34%. The overall trend in urbanisation within the Caribbean region has increased from 34% to 44% during the period, 1975 to 1992.

There is great diversity in the needs of countries within the region. *"The wide variations in size and population - coupled with geographical and functional isolation, severe financial constraints, shortages of equipment and essential drugs, deteriorating physical facilities and inadequacies in planning and executive capabilities, communication systems, and technological and administrative infrastructure - present unique dimensions and challenges. These conditions make the achievement of self-reliance in health. ... difficult if not impossible for any individual country"* (Health Conditions of the Caribbean- PAHO, 1997).

The challenges presented above are being addressed by Caribbean countries. CARICOM has increasingly focussed efforts on developing regional co-operation in trade as well as the development of its social and health sectors. A commitment exists for the development of a Caribbean Single Market Economy (CSME). There is continued and sustained commitment to regional institutions such as Caribbean Epidemiology Centre (CAREC), the University of the West Indies (UWI) and the Caribbean Health Research Council (CHRC). The Caribbean Co-operation in Health is a decade-old blueprint for the development of joint activities and shared resources to respond to the health priorities of the Region. The Pan Caribbean Partnership against HIV/AIDS, which focuses on resource mobilisation and the implementation of a sustainable regional strategic response (Regional Strategic Plan implementation), has recently been signed by Caribbean countries, donors and the UN system.

The changing nature and volatility of the global economy, and the relative vulnerability of small economies, have contributed to an erratic economic performance by the Caribbean Region over the last decade. Belize and the OECS recorded positive real growth over the last decade. Negative growth was experienced in Guyana and the

Bahamas in one year, in Barbados and Trinidad and Tobago in two of the years, and in Suriname and Jamaica in three and four of the years respectively.

The growth rate among the “more developed countries” of the Caribbean community was on average, lower than that of the “less developed countries”. This contributed to some difficulties in achieving less than two digit unemployment rates for the Region as a whole, but considerable variation exists within both groups of countries.

Table 1. Gross Development Product (GDP) and Human Development Index (HDI) ranking (1999)

(*) Data on 1998, (**) Data on 2001.

Country	GDP (1999)	HDI ranking (1999)
Antigua and Barbuda	9277*	37
Barbados	14,353	29
Belize	4,959	83
Dominica	5,102*	53
Dominican Republic	5,507	86**
Grenada	5,838*	52
Guyana	3,640	99
Haiti	1,464	134**
Jamaica	3,561	82
St. Kitts and Nevis	10,672*	51
St. Lucia	5,183*	81
St. Vincent & the Grenadines	4,692*	75
Suriname	4,178	64
Trinidad and Tobago	8,176	46

There is an apparent convergence in growth rates for the combined two groups of Caribbean countries during the 1991 to 1999 period. The coefficient of variation in growth rates fell from 2.2 in 1991 to 0.7 in 1999. The degree of economic polarisation, therefore, is probably declining. Currently 8 to 35 per cent of the Caribbean population live in poverty.

2.2 HIV/AIDS IN THE CARIBBEAN

HIV/AIDS is increasingly recognised as a major development problem in the Caribbean. Factors such as geographical characteristics, migration patterns and the multiple social and economic forces at work, have led to a mosaic of HIV epidemics in the Region.

Official estimates of overall HIV prevalence in the region indicate an average prevalence rate of 2.11% in adults. Consequently, close to 360,000 people are living with the virus. Nevertheless, the high degree of underreporting could mean that the actual figure might be closer to 500,000.

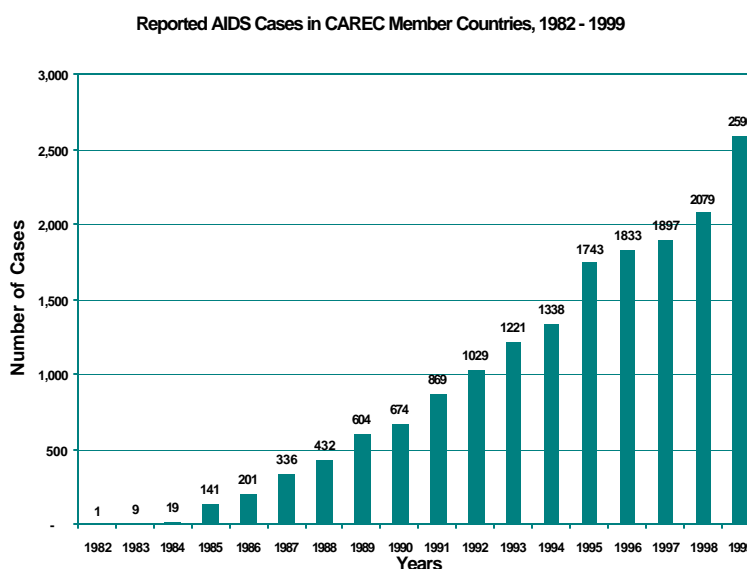
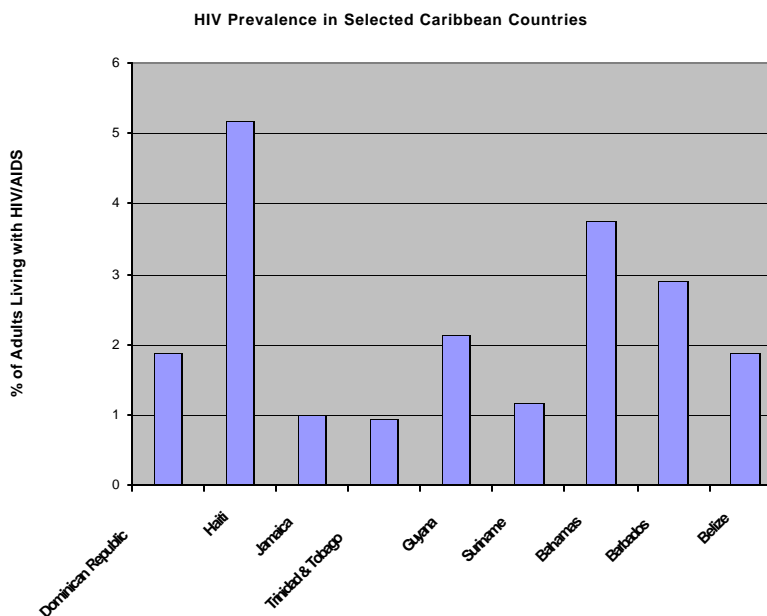
CAREC and CDC estimated that at end of the year 2000, half a million people were living with HIV/AIDS in the Caribbean: 137 000 in the English and Dutch speaking Caribbean, 250 000 in Haiti, 141 000 in the Dominican Republic and 2 500 in Cuba.

Though none of the countries and territories has been spared from the epidemic, regional totals of officially reported cases, and estimates of actual cases, disguise a wide variation in prevalence among countries.

In some countries like Saint Lucia, the Cayman Islands and British Virgin Islands, the prevalence is relatively low, whereas in others like Haiti, Barbados and Guyana, there are generalised epidemics. Haiti has the highest prevalence rate in the world, except for sub-Saharan Africa, with a prevalence of 10% in urban areas and 4% in rural areas in the adult general population. As a result of AIDS-related complications, approximately 100 Haitians die each day. Although UNAIDS estimates that the prevalence among the general adult population in Guyana is between 3% and 5%, a seroprevalence study conducted in 1996 among pregnant women showed HIV prevalence of 7.1% in Georgetown.

Most of the Caribbean HIV/AIDS data is based on AIDS case reporting, which illustrates an upward trend over the past decade, with considerable acceleration in the mid-late 1990s.

Between 1988 and 1998, the number of new AIDS cases in several countries increased fivefold. From 1982 to the end of September 2000, 18,376 AIDS



cases were reported by 19 of CAREC's member countries. From 1995- 2000 the number of new AIDS cases reported have almost doubled, and the trend is increasing (CAREC).

Immediate factors fuelling the epidemic in the Caribbean Region include unsafe sexual practices; stigmatisation and discrimination of persons living with HIV/AIDS (PLWHA); and lack of access to health care, treatment and support. More immediate socio-cultural factors contributing to the epidemic include dysfunctional gender relations, with sexual norms that increase female vulnerability. Self reported heterosexual contact accounts for the majority of HIV infections and AIDS cases, representing 64% of all AIDS cases. Approximately 20 per cent of reported AIDS cases among men are due to unprotected sexual contact with other men. However, due to strong homophobic attitudes, transmission between men who have had sex with men is perhaps underreported.

Young people in the Caribbean appear to have their first sexual encounter at a particularly young age. Surveys by PAHO and UNICEF established that nearly 60 per cent of adolescents have sexual intercourse before 14 years of age, and some report sexual activity as early as age 12.

Youth studies conducted between 1990 and 1999 in Barbados, Jamaica and Trinidad and Tobago indicate that the median age for the first sexual encounter was between the ages of 13 and 15 years. Customs, traditions and peer pressure no doubt play a role in early sexual initiation, particularly among males. Teenage girls also engage in early risky sexual behaviour. In Trinidad, for example, 28.5 per cent of girls participating in a study said that they have sex with older men. Perhaps as a result, five times more girls than boys aged between 15 and 19 years are HIV positive in Trinidad and Tobago. In Jamaica, HIV infection is increasingly concentrated among sexually active teenage women, which also suggests that young women are having sex with older men.

The Caribbean Region has one of the highest rates of AIDS cases among women of the Western Hemisphere. As the number of HIV-infected women increases, the number of children born with HIV infection also increases. Currently, vertical transmission represents 6 per cent of the total number of cases in the Region. It is estimated that one child is born with HIV, or infected through breastfeeding, every day. The cost of prevention of HIV vertical transmission depends on many factors, and varies from one country to another. A study in the Caribbean estimated that the cost-benefit in preventing one vertical transmission is to the order of US\$6,300, per infection averted, which is considerably less than the lifetime cost of treating an infected child.

Given that HIV affects young adults in their most productive years of life (15 – 44 years), the HIV/AIDS epidemic has a great impact on the labour force in the Caribbean. Consequently, economic and social repercussions are to be expected.

It is estimated that the direct medical cost and indirect costs associated with loss of productivity accounted for more than 6 per cent of the Region's GDP in the year 2000. A study by the University of West Indies predicted that the total cost (direct and indirect) of the epidemic in the Caribbean was to the order of US\$20 million in 1995, and could reach US\$80 million by the year 2020. The same study estimated that by 2005, GNP may

be reduced by as much as 4.2%-6.4 per cent in Trinidad & Tobago and Jamaica, and savings may be reduced by 10.3 per cent in Trinidad & Tobago and by 23.5% in Jamaica. Investment will also be reduced, as will employment in key sectors such as agriculture and manufacturing.

The HIV/AIDS epidemic has implications for the control of child labour in the Region. Young females and males are being exploited in prostitution and are vulnerable to contracting the virus. More children are being orphaned and left without family support, and many are being forced to work to survive.

Migration is an inherent characteristic of Caribbean life. Because migration is often linked to an increased risk of HIV infection, the characteristics of population movement in the Caribbean require particular attention. Political instability and huge socio-economic inequalities are important impulses for migration. Migrant groups in the Caribbean include sex workers, tourists, business travellers, technicians, petty traders, casual labourers and others. Migration is linked to changes in behavioural patterns that increase opportunities for high-risk practices such as having multiple sexual partners, the likelihood of engaging in commercial sex, and increased use of alcohol and narcotics.

Health services, already struggling to meet the health needs of the general population, are experiencing difficulty in responding to the growing population of persons with HIV/AIDS requiring care, support, and treatment. The high level of mortality from AIDS, 65% within 5 years of diagnosis, indicates gaps in access to treatment. To date, governments have found the high costs of antiretrovirals prohibitive, as they seek to improve access to treatment and care.

Other problems include ensuring health workers' ability to provide timely diagnosis of HIV infection and related conditions. Sometimes diagnosis is limited, not by lack of facilities, but by fear of stigma and discrimination, including fear of being identified as a member of a "high risk group," fear of being tested without consent in a health facility, and limited confidentiality. Programmes aimed at strengthening the capacity of health services must include not only better access to medication, but improved quality and confidentiality of services.

Marginalisation, stigma, outright discrimination, and violation of the human rights of people infected and living with HIV/AIDS is such that many still choose not to disclose their HIV status for fear of being rejected by their communities and families, losing their jobs, housing and social status. While the movement of PLWHA continues to grow through improved organisation and articulation of care and support needs, the PLWHA organisations require further support to be effectively integrated and represented in policy and programme development.

With regard to the provision of health services, it follows that the higher the prevalence rates of HIV/AIDS, the greater the demand on health care services. In 1996, the Jamaican national AIDS program estimated that it spent approximately US\$1.1 million on prevention, treatment and hospitalisation of PLWHA. This figure did not include the cost of ARV drugs. In 1998, the Kingston General Hospital of St. Vincent and the Grenadines

estimated that 38% of the hospital admissions were related to HIV/AIDS. Between 1996 and 1998, Barbados estimated that approximately US\$1.5 to 2.5 million was spent on treatment of opportunistic infections, while around US\$150,000 was spent on drugs to prevent mother to child transmission in the same period. Obviously, the direct cost of this medical care increases over time. What is striking is the economic disparity in the estimated \$260 million required annually to respond to the epidemic in the Caribbean, and the \$20 million actually spent.

3. CARIBBEAN RESPONSE TO HIV/AIDS

MILESTONES IN CARIBBEAN COMMITMENT TO ACCESS TREATMENT, CARE AND SUPPORT OF PLWHA

1986/1997:	Caribbean Cooperation in Health CCH I&II - HIV/AIDS is agreed on as one of the 6 health priority areas for the Caribbean: 70% of PLWHA will have access to treatment and care by 2003".
Sept. 2000:	The development by a Regional Task Force with agreement from stakeholders, of a Regional Strategic Plan for HIV/AIDS – Treatment, Care and Support “to promote and improve accelerated access to treatment”.
Feb 2001:	The signing of a Pan Caribbean Partnership on HIV/AIDS by governments and agencies in the Region
June 2001:	New York - The Declaration of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS to which the Caribbean governments have subscribed
July 2001:	Nassau - Conference of the Heads of Government. The adoption of the "Nassau Declaration on Health 2001" reaffirming the Governments' commitment to pursue treatment and care for PLWHA.
August 2001:	CAREC, Port of Spain - a meeting of regional and international technical agencies at which it was agreed to draft a regional strategy on accelerating access to care and treatment.
Sept. 18-19:	Georgetown - Regional meeting to draft a strategy to Accelerate Access to Treatment and Care for PLWHA.
Sept. 22-23:	Washington, D.C- Strategy presented to the Caribbean Caucus of Ministers of Health at PAHO Directing Council
Feb 18-19 2002:	Kingston, Jamaica - Dialogues with CARICOM Health Ministers, and four Pharmaceutical companies regarding a regional approach to accelerate access to care and treatment in the Caribbean
April 17-19, 2002:	Georgetown, Guyana - COHSOD agrees on the development of a framework of agreement concerning regional accelerated access to care and treatment

Trinidad & Tobago, Barbados, World Bank CGCED.

3.1. PAN CARIBBEAN PARTNERSHIP

Caribbean Governments have demonstrated growing political will and sustained commitment, to responding to the growing problems posed by the HIV/AIDS epidemic in the Region. The fundamental agreements and documents on which the principles and components for a regional approach are based include:

The Pan-Caribbean Partnership (PANCAP), formally launched in February 2001, during the 12th Inter-sessional Meeting of the Conference of Heads of Government of the Caribbean Community, was a historic Government-UN-NGO/PLWHA agreement, to address HIV/AIDS in the Caribbean as a regional problem, while recognising country diversities. The first signatories to the PANCAP were the Caribbean Governments, the CARICOM Secretariat, WHO/PAHO, UNAIDS, and the Caribbean regional Network of Persons Living with HIV/AIDS (CRN+), as well as representatives of bilateral agencies including the Canadian International Development Agency (CIDA); the United Kingdom Department for International Development (DFID); the European Union (EU); and the United States Agency for International Development (USAID).

Subsequently, several other partners expressed their willingness to join the PANCAP. In April 2002, following the Sixth Meeting of the Council for Human and Social Development (COHSOD) in Guyana, the US Secretary of Health and Human Services signed the PANCAP Partnership Commitment on behalf of the US Government.

PANCAP is a broad coalition of institutions and groups operating at different levels and among different sectors, complementing one another with a shared strategic agenda. The partnership will help the Region to achieve the following global and regional targets:

- By 2005, 90 per cent of young people aged 15-24 should have access to information, education and services to help reduce their vulnerability to HIV infection.
- By 2005, HIV prevalence among the 15-24 year olds should be reduced by 25 per cent.
- By 2003, HIV transmission from mother to child should be reduced by 50 per cent.

- Noted with grave concern the escalating prevalence of the HIV/AIDS pandemic in the Region as a whole
 - Stressed in particular, its devastating effects among young adults in their most productive years, and its potential to seriously compromise the economic growth of the Region
 - Pledged their support for the work of the Caribbean Partnership
 - Resolved to support capacity building programmes at national levels and to pool resources and to share national experiences in the areas of prevention and care, advocacy, research and resource mobilization
 - Resolved to pursue joint efforts to negotiate affordable prices for the anti retroviral drugs (ARVs) and for a programme on education for all
 - Reiterated their support for the declaration arising from the United Nations General Assembly Special Session (UNGA SS) and agreed to adopt a consolidated approach to maximize the benefits to the Region from the proposed UN Global AIDS Fund
- Source: AIDS WINDOW*

3.2. THE CARIBBEAN REGIONAL STRATEGIC PLAN

The Regional Strategic Plan developed by the Regional Task Force on HIV/AIDS under the leadership of CARICOM, and supported by UNAIDS, is a strategic formulation for regional action, based on the recognition of the wider developmental aspects of the epidemic. The Plan of Action articulates specific opportunities and challenges common to most of the countries across the Region, and identifies priorities that can be best addressed collectively at a regional level. Key issues at the national level are also identified in order to advance the regional fight against HIV/AIDS.

The six priority areas of the Regional Strategic Plan are:

- Advocacy, policy development and legislation
- Support of people living with HIV/AIDS
- Prevention of HIV transmission, with a focus on young people
- Prevention of HIV transmission among especially vulnerable groups: -
 - Men who have sex with men (MSM)
 - Sex workers
 - Prisoners
 - Uniformed populations (military and police)
 - Mobile populations
 - Workplace interventions
- Prevention of mother to child transmission of HIV
- Strengthening national and regional response capability

The Strategic Plan presents partnership and resource mobilisation as two of the guiding principles.

The Plan has been revised and expanded to include perspectives at the Pan-Caribbean Partnership level. Priority Area Two specifically addresses the challenges for expansion of care, treatment and support and reduction of stigma of PLWHA:

- To promote active formation and participation of networks of PLWHA in programme and policy design, implementation and evaluation;
- To develop and promote improved understanding of quality of care issues;
- To improve access to basic medication (for the prevention and treatment of opportunistic infections);
- To improve access to antiretroviral treatment;
- To ensure that regional standards for clinical management and care of STI/HIV/AIDS are being met;
- To improve understanding and opportunities for regional bulk procurement of test kits and drugs, condoms, etc;
- To strengthen and extend counselling and diagnostic facilities

The implementation of the Regional Plan will be led by the Caribbean Task Force on HIV/AIDS under the leadership of the Caribbean Community (CARICOM) Secretariat, specifically its Human and Social Development Directorate.

While not a substitute for action at the national level, the Plan is intended to facilitate the identification of activities that will guide decision-making at both regional and national levels. Most of the activities identified within the Plan will be implemented at regional level; however, given the high level of integration among the countries and the similar features of the epidemic being confronted in the Region, many national programmes will look to the Regional Plan for both guidance and support. The priorities identified in the plan can be most effectively addressed at the regional level. At the same time, the plan recognises that similar priorities may exist at the national level, although differences may exist in specificity and relative importance between countries.

3.3 REGIONAL STRATEGY FOR CARE AND TREATMENT

Following UNGASS, a series of meetings were convened by CAREC, involving PAHO, UNAIDS, CARICOM, the Health Economics Unit of the University of the West Indies, CRN+ and several international donors. A meeting of health officials in Georgetown, Guyana, 18-19 September 2001, identified strategic approaches on "Accelerating Access to Treatment and Care for PLWA". The proposed guiding principles are:

1. A Pan Caribbean approach to accelerating access to care treatment and support

2. The Treatment and care of PLWHA should be based, *inter alia* on the following -
- PLWHA must have access to quality treatment and care as a human right
 - PLWHA have the right to be treated with respect and dignity and
 - PLWHA have the right to work and otherwise participate in daily life as all citizens

A Caribbean care and support package was developed by the meetings. The package identifies a core set of activities to be executed, as well as mechanisms for financing the Treatment and Care Plan, including the development of a Caribbean Fund and/or accessing resources from the private sector.

COMPONENTS OF THE TREATMENT AND CARE PACKAGE

- Policies and legal frameworks to protect the human rights of PLWHA
- Treatment with anti retroviral drugs according to agreed protocols.
- Treatment/prophylaxis for opportunistic infections
- Treatment for tuberculosis
- Syndromic management of sexually transmitted infections
- Reduction of mother-to-child-transmission of HIV
- Palliative care when indicated
- Nutritional care and support
- Widely available diagnostic HIV testing (Voluntary Counseling and Testing (VCT))
- Laboratory support for screening
- Selecting candidates for ARV treatment and laboratory support for monitoring ARV treatment
- Laboratory support for diagnosis of opportunistic infections.
- Supportive counseling for PLWHA and their families, and
- Social support and services where indicated

HUMAN RIGHTS

Given the centrality of human rights to access to treatment and care, the meeting recommended the establishment of a thematic group under the leadership of CARICOM to review legislation regarding drug patenting issues and also to act as a platform for sharing best practices across the Region. In addition it was recommended that

- A Safe Environment should be provided to PLWHA in communities and in the workplace
- Health care services should be provided to migrant populations.
- Commercial sex workers as well same sex relationships should be decriminalized
- Youth-friendly services, including reproductive health services and HIV/STI prevention should be made available without restriction
- HIV testing by insurance companies should be regulated as applied to hypertension, diabetes etc
- Legal mechanisms should be made available to ensure compliance with laws, regulations and policies
- Training curricula of medical and nursing schools in the Pan Caribbean should be reviewed, with specific attention to medical ethics related to HIV/AIDS
- Sensitization of Medical and Nursing Boards or Associations throughout the Caribbean, on medical and ethical issues that have a negative impact on access to care and treatment for PLWHA, should be undertaken
- Review of medical and ethical practices that could jeopardize the national and regional efforts to accelerate and sustain access to care and treatment should be undertaken and

4. PROGRESS TO DATE TOWARDS A REGIONAL ACCELERATING ACCESS INITIATIVE IN THE CARIBBEAN

The current situation

Access to ARV medications is already a reality for some in the Caribbean. However, the drugs are available only in relatively few private pharmacies, and their rational prescription and use are hampered by the weak clinical infrastructure and limited medical and pharmaceutical expertise. Only a few health care workers, concentrated primarily in private practice, have been trained in the delivery of comprehensive care for people living with HIV/AIDS, and few suppliers have antiretrovirals available in their stocks. In addition, the provision of these drugs, mainly through the private sector, is not well coordinated.

The high cost of antiretrovirals is a major factor limiting their accessibility. The majority of HIV/AIDS patients being treated in the public sector are from the lower socio-economic/income brackets, and treatment offered is mainly for opportunistic illness. Various service providers such as CHARES in Jamaica (located within the teaching hospital of the University of the West Indies), the MRC in Trinidad and Tobago, and other NGOs, support patients by identifying ways of securing access to the drugs.

In the meantime, other strategies are also employed. A high degree of mobility of Caribbean people across the Region, and in particular to and from the United States, translates into a flow of antiretrovirals secured by US residents and travellers on behalf of families and friends.

4.1 NATIONAL INITIATIVES

Five countries, Barbados, Jamaica, Trinidad and Tobago, Haiti, Bahamas, have already completed or are in process of finalising bilateral negotiations with pharmaceutical companies within the framework of AAI. These negotiations have resulted in agreement regarding access to cheaper drugs at varying prices and under varying conditions, based on the national conditions and concessions given by the companies. In addition, data from the wider Caribbean and Central America further confirms the diversity and disparities in the cost of drugs offered for a specific product by a given company. National negotiations have, however, been very useful in reducing prices for individual countries, and also for indicating the parameters and benchmarks to be used in the development of proposals for regional negotiations

Barbados: Based on the opportunity offered by access to cheaper drugs, the Government has undertaken to provide anti-retroviral therapies to “all persons in need of care”. With regard to distribution, the government has opted for direct supply of these drugs from the manufacturers to end user-government departments. It is estimated that 1,200 persons will require therapy annually.

Principal ARV Requirements for Barbados 2002

Product	Quantities
AZT 300mg+ 3TC 150mg Tabs 60	146,000 Tabs
Efavirenz 200 mg Tabs 90	54,750 Tabs
Indinavir 400mg Tabs 180	328,500 Tabs
Lopinavir /Ritonavir 133.3mg / 33,3mg Tab 180	109,500 Tabs
Nelfinavir 250mg Tab 270	65,700 Tabs
Saquinavir 200mg Caps 180	87,600 Caps
Stavudine 40mg Caps 60	36,500 Caps
AZT 10mg Tab 100	10,000 Tabs

Jamaica: Negotiations were based on the Jamaica National plan for care and treatment in which provision of ARVs was a critical component. Of the approximately 20,000 PLWHA in Jamaica, 4,000 are in need of ARVs. However, because of the high cost of drugs, less than 5 per cent of these PLWHA currently access ARV drugs.

The strategic decisions made by the Jamaican officials as a basis for negotiations were;

1. Price reductions should apply both to the private and public sectors. The economic situation of the island limited the governments' ability to subsidise drugs.
2. Selection of criteria to determine which patients will receive treatment first
 - Self selection, if ARVs are sourced from the private sector
 - Universal HIV screening in pregnant women, with extension to children and fathers of children
3. The level of resources needed. This would be based on the provision of combined therapy, including three antiretrovirals. Taking into consideration the possibility of resistance, side effects etc., and to ensure the provision of triple therapy, it was considered necessary to initiate price negotiations for a range of 6 – 8 antiretrovirals. Based on cheaper ARV medicines, the Jamaican government undertook to provide care for 100 persons in year one at US\$1000/year/person at a total cost of US \$100,000; in year two, treatment for an additional 50 persons would bring the total cost to US\$150,000; and by year three, 300 patients at a cost of US\$300,000. By year five, based on projected prevalence, 150 x 5 patients would be treated at a cost of \$750,000.
4. Other issues that must be taken into consideration are: capacity building, infrastructure, diagnostic, and monitoring tests.
5. Generic drugs present a cheaper alternative to proprietary drugs. However, many of these drugs are still under patent.

As a result of the negotiations, which took, place 18-19 February 2002:

- GlaxoSmithKline offered to reduce the cost of Combivir, Retrovir and Epivir (to the public sector and NGOs only) from over US\$4000/year/patient to US\$1022/year/patient (74.45 per cent reduction).
- Bristol-Myers Squibb offered a 90 per cent decrease from existing prices in developed countries for the public and private sector, on the understanding that HIV patients would benefit fully from the reduced prices.
- Merck, Sharpe and Dohme offered a 85 per cent reduction for Crixivan (indinavir sulphate) and Stocrin (efavirenz) -US\$ 600 and US\$500 respectively - to public and private sector.
- Boehringer Ingelheim offered free, Viramune, to the public sector for mother-to-child-transmission prevention, and 56% reduction per tablet for treatments of AIDS - to public and private sector.

Many of ARV drugs being negotiated are already in Jamaica in generic form at more favourable prices than the proprietary drugs.

Trinidad & Tobago:

The proposed plan of action consists of a rapid phased response to immediately increase access to essential care, while permitting expansion of more advanced care, recognizing that the use of antiretroviral drugs is inevitable. Three phases are proposed:

Phase 1: Strengthening the foundations

Selected centers that are already staffed by well-motivated and coordinated teams providing care, will be assisted to identify and fill "gaps" and increase their capacity to provide care for people living with HIV/AIDS.

Phase 2: Capacity building throughout Trinidad and Tobago

Improved access to care will be extended throughout the country, using trainers, methods and teaching materials developed during Phase 1.

Phase 3: Beyond the essential package

Experience in more advanced forms of HIV management and care, including ARVs, is necessary to build a base for the future. Phase 3 will be developed in parallel with Phases 1 and 2, in recognition that access to the advanced package is inevitable within facilities serving the more affluent sections of the society, and that delivery of advanced care to all who could potentially benefit must be the ultimate goal. Permitting access to advanced care within the public system, therefore, becomes part of the controlled development of access and expertise. Economic feasibility of the programme can be guaranteed to the extent that: -

- (i) potential improvements in rational use of existing resources in the health care system are effectively implemented;

- (ii) increase in the availability of resources is guaranteed;
- (iii) prices of HIV/AIDS commodities are tailored to the country's prevailing socio-economic environment.

4.2 REGIONAL INITIATIVES

REGIONAL DIALOGUES WITH PHARMACEUTICAL COMPANIES: OUTCOMES

A series of dialogues between Caribbean governments and four pharmaceutical companies were held in Jamaica 18-20 February 2002, and were considered by all to be extremely useful. The partners of the AAI expressed deep commitment to the principles of the Initiative, as part of the effort to scale up interventions towards an appropriate expanded response to HIV/AIDS in the Region.

Specifically:

- The Caribbean delegates pledged to share their knowledge, expertise and experience, and to work together in an effort to maximise access to care among Persons Living with HIV/AIDS in the Caribbean.
- The Health Ministers also agreed on the need to increase the level of resources spent on HIV/AIDS, and agreed to develop a common strategy for improving access to care in the Region. The creation of a Caribbean Fund was recommended.
- The Ministers, in affirming commitment and support to a regional approach to care and treatment, requested the development of a common framework for ensuring that HIV medicines are available at affordable prices to the countries of the Region. The framework was presented to the COHSOD VI, held in Guyana, 17-19 April, 2002.
- The participants acknowledged a shared understanding of the challenges faced by the Region, in the areas of clinical and laboratory capacity, procurement and distribution.
- There was recognition of the existence of a good potential for a regional response to the HIV/AIDS treatment and care needs.
- The facilitating role of the UN and other International agencies was seen as central to the process, as well as the involvement of the NGOs.
- It was agreed that a framework document for regional access to care, including a support plan, should be drawn up as the basis for further dialogue between the Caribbean governments and the pharmaceutical companies.

The partners of the AAI followed up the discussions in Jamaica with a regional meeting between 15 Ministers of Health of Caribbean countries, UN and International

agencies (WHO/PAHO, UNAIDS), and Representatives of four of the Pharmaceutical Companies involved in the AAI during the 55th World Health Assembly, Geneva, May 2002. The partners of the AAI agreed to pursue:

- The development of the regional approach
- The organisation of further discussions at the technical level between partners of the AAI
- The strengthening of the AAI partnership, with a view to the implementation and monitoring of the regional AAI

This document constitutes the basis for technical discussions between AAI partners, in preparation for the elaboration of a regional understanding to accelerated access to ARVs.

5. REGIONAL ACCELERATING ACCESS INITIATIVE

5.1 RATIONALE

The Caribbean governments are promoting a regional approach to the Accelerating Access Initiative, in line with the political and strategic orientations of the Caribbean regional institutions. These institutions include the Caribbean Community (CARICOM) and its organs, and, *inter alia*, the University of West Indies (UWI), the Caribbean Epidemiology Centre (CAREC), the Organisation of Eastern Caribbean States (OECS) Pharmaceutical Purchasing Scheme (PPS), as well as the Pan Caribbean Partnership, which operates under the umbrella of CARICOM, in co-operation with the international community.

Politically, there is a deep commitment to regional integration and to free economic exchange and freedom of movement among the Region's countries and territories; there is virtually unrestricted movement among the territories.

Epidemiologically, common cultural, socio-economic determinants and migration drive the HIV/AIDS epidemic in the Caribbean. Drug resistance is an emerging problem in the Region and appropriate facilities for the proper storage, distribution and use of HIV/AIDS drugs do not exist in all countries. Taken on a country-by-country basis, the capacity of available infrastructure varies, and requires strengthening.

A regional approach may facilitate the optimal use of the resources available in the Region, through a co-ordinated response.

The principal challenges to the Initiative are:

- To move from a small number of countries where care activities are implemented through the Accelerating Access Initiative (AAI) at the national level, to a Pan-Caribbean ethos of access to care and treatment for People

Living with HIV/AIDS (PLWHA). The extension of these activities must build on experience already gained in countries.

- To develop activities throughout the Region, including the development of human resources, health care systems and services, infrastructure, drug procurement, and technological logistics.
- To increase financial resources (domestic, regional, international-bilateral and multilateral)

Based on this, the Region will move rapidly to establish uniform regional best-practices, protocols and health systems, and mobilise resources to provide the framework for national care and treatment.

5.2 STRATEGIC CONSIDERATIONS

Summary of Main Strategic Considerations

Planning

A phased approach in accessing ARVs is recommended: to absorb cost and mobilise resources, strengthen infrastructure, test distribution systems, scale up volume of purchase, train personnel, promote ARV compliance, and ensure that lessons are learned and shared amongst countries.

Prices

The fundamental objective of the regional approach is a single regional price for all countries participating in the initiative

The principle of the 'budget neutral' must be obtained. The cost to the public sector of accessing ARVs should not be greater than that of meeting the cost of hospitalisation and treatment of opportunistic illnesses in the absence of ARVs.

Prices should be negotiated without reference to levels of GDP and HIV/AIDS prevalence rates: AIDS is concentrated in the poorest groups of the population. Sustainability, universal access and compliance should be principal considerations in price determination.

As the product passes through the distribution system, value should not be added. There should be no mark-up at the dispensing unit beyond levels agreed on for handling, etc.

A regional price monitoring system should be established: for implementation at national level.

Volume of Orders

Volumes will be calculated, based on levels of coverage decided on by individual countries. Initial orders will be increased on a phased basis over a five-year period.

A minimum essential ARV pool of ten (10) drugs should be decided on based on a triple therapy regime

Pooled Procurement

Pooled procurement is the preferred option. This will result in economies in resource utilisation, improved coordination and communication, and the pooling of information for monitoring and evaluation.

Procurement would be executed through the use of a Regional Revolving Fund mechanism. Orders would be prepared on an annual/semi-annual basis through the Fund. Products would be shipped directly to countries.

Taxes and Duties

Where taxes and duties exist on ARVs, legislation should be enacted to remove them.

Training

ARV introduction can be manpower intensive (primary and secondary care, laboratory, and counselling staff). A broad-based section of health workers should be trained to ensure full compliance to treatment regimens within the Community, thus reducing the possibility of the development of resistance.

Laboratory

Minimum laboratory capacity for basic screening and confirmatory testing, as well as CD4 testing, is required for the introduction of ARVs in each territory. Viral load testing may initially be on a shared basis.

Generic Drugs

To be explored where a legal basis exists.

Planning

- A phased approach in accessing ARVs is recommended to absorb costs and mobilise resources, strengthen infrastructure, test distribution systems, scale up volume of purchase, train personnel, promote ARV compliance, and ensure that lessons are learned and shared amongst countries.

Prices

- The fundamental objective of the regional approach is a single regional price for all countries participating in the initiative.
- Price negotiations will be based on the principle of affordability. Caribbean countries are developing countries with substantial disparities in income regardless of overall GDP. Data show that HIV/AIDS is overwhelmingly concentrated in the poorest segments of the society that are least able to access treatment and care.
- Based on the Jamaican example, and in order for the public sector to absorb the costs of the cheaper prices for ARVs, the principle of 'budget neutral' levels must be adopted by governments of the Region. That is, the cost accruing to the public budget must not be greater than the cost of not accessing ARVs. Introduction of ARVs will add substantially to these costs. The latter, however, can be offset by resulting reductions in the costs for screening, treatment of opportunistic illnesses, hospitalisations, increasing care, and support of orphans.
- Value may not be added as the product passes through the distribution system. This means that there should be no mark-up on the product beyond agreed-to levels (to include cost of handling, etc) when the product arrives at the pharmacy/retail outlet, to the patient.
- A regional price monitoring system is to be established. Price monitoring should be done at the national level, using a systematic approach collectively agreed on across the Region. Technical support could be accessed from PAHO/WHO in the establishment of an inspection/price monitoring system, and the regional system could be developed, based on the ARV price database already in operation at PAHO.

Volume of Orders

- The volume of orders will be calculated, based on levels of coverage decided on by country in the public sector, and estimates of individual capacity to pay the reduced prices. Using an approximate example, on the base of 469 500 persons living with HIV/AIDS, and increasing by 5-10 per cent per year, it could be estimated that the minimum number of AIDS patients requiring ARV treatment in year one would be 15,000, increasing to 32,500 in year three. If, in addition governments aim to address HIV infection rates, then it is estimated that the number of patients in the region to be treated with ARVs would increase from

46,600 in year one, to 80,000 in year three. Governments would commit to treat 70 per cent of persons requiring ARV by year five (in line with CCH II goals).

- The Region will adopt WHO/PAHO guidelines for the use of ARVs.
- While it is imperative to accelerate access to ARVs, their introduction will require infrastructure strengthening of national health services in varying degrees. For this reason a phased approach to access (as above) will be required, as countries scale up their health services.

Pooled Procurement

- Pooled procurement is strongly recommended for the following reasons: economies in resource utilisation; improved co-ordination and communication from producer to end user; and regional pooling of information permitting monitoring and evaluation.
- Pooled procurement will be executed through the PAHO revolving fund mechanism, (See Flow Chart for ARV Supply through the Regional Revolving Fund for Strategic Supplies PAHO/WHO). Advantages of using this mechanism would include:
 - the PAHO experience in the procurement and operation of revolving fund mechanisms;
 - the articulation of procurement with technical cooperation in drug supply management and HIV Comprehensive Care; and
 - the capitalization process of country accounts when ARV purchases are executed through the fund.

The fund is considered to be an administrative mechanism to facilitate the purchase of ARVs for CARICOM countries, as well as a tool of technical co-operation in drug supply management.

- The revolving Fund mechanism should coordinate activities with and draw on the experience of the PPS/ECDS

Distribution Infrastructure :

- Whatever the preferred pooled procurement mechanism, each country should strengthen its existing distribution systems that is co-ordinated at the central level. The role and attribute of each institution participating in the supply chain would need to be defined, to ensure that product flow between levels would be effectively managed and controlled. The number of levels in the supply chain would be limited, to ensure security stock levels within each institution type, and facilitate the annual or semi annual process of ordering. The system should be

simple, to avoid stock outs (and limit treatment interruption), while remaining decentralised to facilitate maximum access.

- PAHO/WHO and UNAIDS shall assist CARICOM in the development of appropriate systems for the monitoring and evaluation of the supply system, including the elaboration of ARV access indicators that are to be implemented at the national levels.

Taxes and duties

- Where taxes and duties exist, legislation should be enacted to remove them.
- However, if pooled procurement is accepted, there are generally no taxes and duties on prescription products

Training

- Training should be as broad-based as possible, both in terms of categories of health workers (physicians, nurses, community health workers and laboratory staff) as well as levels (secondary, primary, community and home-based carers). Training programs will be developed at the regional and national levels in the areas of HIV/AIDS screening, patient counselling, drug management and rational use, and patient management and care, based on the PAHO/WHO Training Curricula for the Building Blocks: Comprehensive Care Guidelines for Persons Living with HIV/AIDS in the Americas.

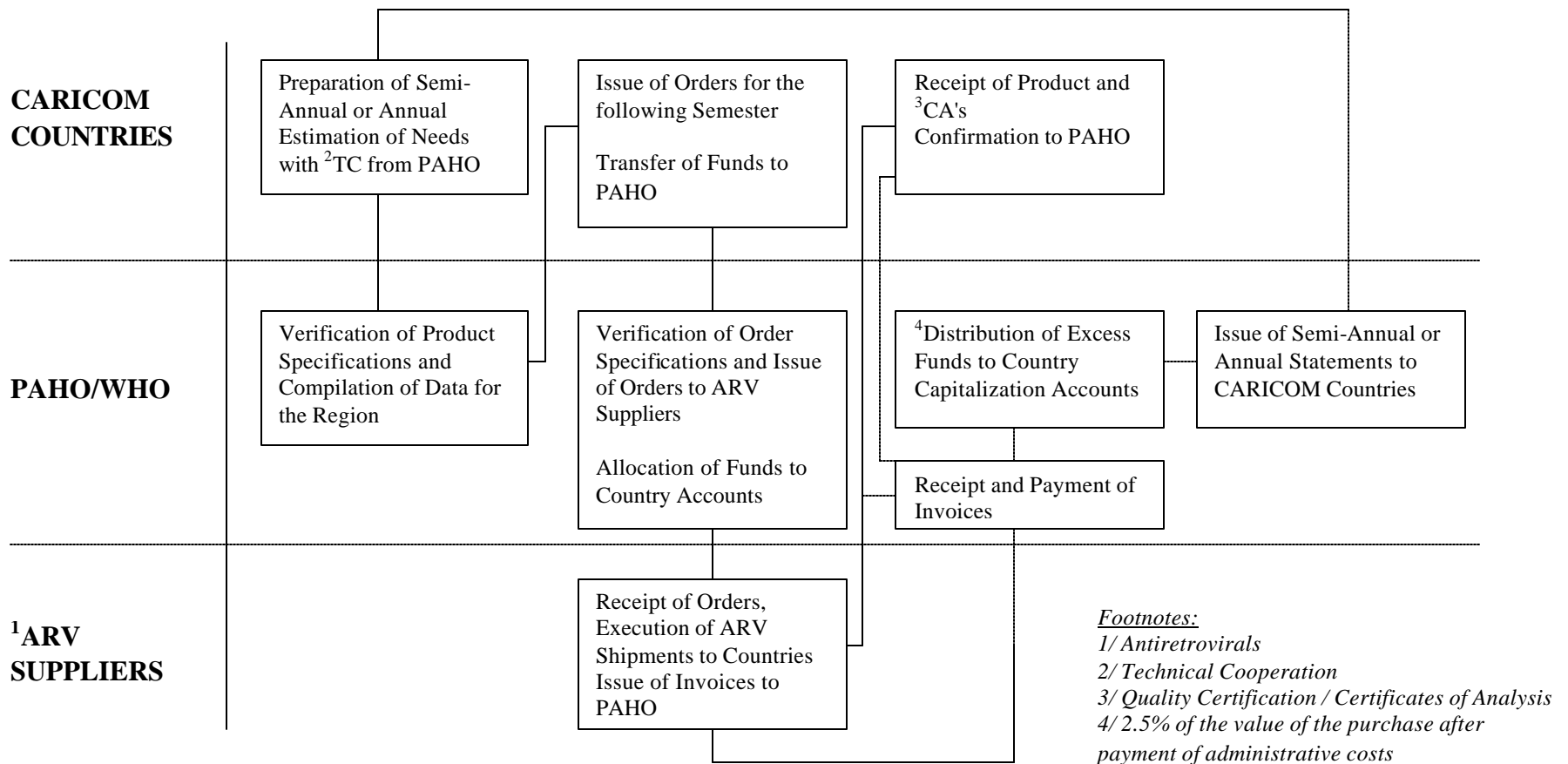
Laboratory

- Countries must ensure minimum laboratory capacity, including CD4 testing in all territories, to initiate and monitor ARV treatment. It is recognised that in an initial phase, selected centres for CD4 and viral load testing could be equipped, and mechanisms established, to facilitate sharing of resources. Technical Co-operation with CAREC shall continue in the areas of surveillance, training and the development of laboratory capacity.

Generic drugs,

- Will be explored where a legal basis exists.

**FLOW CHART FOR ARV SUPPLY THROUGH THE
REGIONAL REVOLVING FUND FOR STRATEGIC SUPPLIES
PAHO/WHO**



5.3 COMPONENTS OF A CARIBBEAN REGIONAL INITIATIVE

The Caribbean Regional Initiative focuses on the development of Regional capacity and a Regional Treatment and Care Plan in support of the development and implementation of National Treatment and Care Plans for PLWHA.

A Logical Framework Approach (LFA) has been adopted and provides the basic elements needed for designing and implementing the Regional Treatment and Care Plan for People Living with HIV/AIDS in the Caribbean. It permits the translation of the Strategic Planning Process through the Framework for Accelerated Access in the Caribbean into an Operational Plan for the Caribbean.

In order to decrease HIV spread, improve the health condition and quality of life of PLWHA in the Caribbean, and specifically, develop regional capacity in the comprehensive care and treatment of PLWHA (including access to ARVs), the LFA proposes a collaborative and integrated approach towards the achievement of five regional objectives:

1/ To translate the Regional Initiative, Treatment and Care Plan for PLWHA in the Caribbean into National Initiatives and Plans that take into account, the diversity in capacity and resources by:

- Supporting the elaboration of regional plans based on the regional initiative.
- Developing regional models and frameworks for the care and treatment of PLWHA.
- Country mapping of resources for the elaboration and implementation of national plans.

2/ To elaborate the step-by-step development of technical capacity in the clinical management of PLWHA in the Caribbean by:

- Supporting the elaboration and adoption of a regional standard package and guidelines for comprehensive care and related capacity building at various levels.
- Supporting Regional and National training programs in the clinical management of PLWHA.
- Developing the framework for the clinical monitoring and evaluation of PLWHA.

3/ To strengthen health infrastructures and systems in order to facilitate access to ARVs as an element of the comprehensive approach by:

- Improving HIV screening and diagnostics services in the Caribbean.
- Developing regional and national drug management systems and controls for purchased ARVs.
- Developing palliative care support services and systems for PLWHA.

4/ To mobilise universal support in the reduction of stigma and discrimination of PLWHA, or persons affected by HIV/AIDS by:

- Developing political and legal commitments to promote interventions for the care and support of PLWHA
- Reducing stigma and discrimination to facilitate the early treatment of PLWHA

5/ To develop partnerships and networks in the technical and financial support of the regional process by:

- Developing management and coordinating mechanisms to support and review the implementation and evaluation of the regional program of work
- Developing and strengthening public private partnership within the Regional Accelerated Access Initiative

The Accelerating Access Initiative promotes comprehensive care for people living with HIV/AIDS, and consists of four interrelated elements:

- **Clinical management** (early and accurate diagnosis, including testing, rational treatment and follow -up care)
- **Nursing care** (promotion of adequate hygienic practices and nutrition, palliative care, home based care, education for caregivers and family members, promotion of observance of universal precautions)
- **Counselling and emotional support:** psychosocial and spiritual support, stress and anxiety reduction, risk reduction planning, acceptance of HIV status, disclosure, positive living, planning for the future of the family
- **Social support:** information, peer support, welfare services, community support services, spiritual support, and legal advice

Source: Pan American Health Organization. *Building Blocks: Comprehensive Care Guidelines for Persons Living with HIV/AIDS in the Americas*. Summary Report. 2000.

6. MANAGEMENT OF THE INITIATIVE

The CARICOM Secretariat is responsible for the oversight of the Initiative with regards to liaison with its political (COHSOD and other Government institutions) and technical levels. COHSOD is the regional inter-ministerial council that promotes regional cooperation in areas of human development and health, including matters relating to HIV/AIDS. Regional cooperation relates to matters of policy, program development, financing and external cooperation. CARICOM, WHO/PAHO and UNAIDS are committed to working closely together to ensure that the goals of the Caribbean Co-operation in Health (CCH II) and the PANCAP commitments are achieved.

Management Co-ordination and Negotiating Team:

A Management, Co-ordination and Negotiating Team within CARICOM as part of the Pan Caribbean machinery would be responsible for:

- Overall co-ordination of the initiative.
- Co-ordination of activities between Pharmaceutical companies, regional and sub regional institutions and National AIDS programs.
- Monitoring follow-up to initial negotiations at regional and national levels, as well as all phases of the regional plan for treatment, care, and support.
- Development and promotion of a resource mobilisation plan, financial plan and related advocacy, to ensure the financial sustainability of the Initiative.
- Establishment and management of pooled procurement and supply systems, in conjunction with the regional revolving drug programme.
- Collaboration with national programmes and regional experts for the determination and rationalisation of implementation of capacity-building and specialised training needs of the Region as a whole.
- Provision of technical support, through the PANCAP and other partners, to ensure monitoring, evaluation and documentation of the Initiative

Advisory Mechanism

The Advisory Board of the PANCAP would be enlisted to provide input to the many institutions, organisations, groups and individuals involved in the expanded response to the epidemic in the Caribbean. The proposed role of the Advisory Board of the PANCAP would include:

- Monitoring, Reporting and Advising on the latest advances in treatment protocols and clinical management of HIV/AIDS patients
- Facilitating and assisting in the estimation of the Region's needs for HIV/AIDS care
- Recommendations on the minimum requirements for health care facilities seeking to qualify for selection as centres where rational use of drugs can be assured.
- Making recommendations on the selection of countries and institutions where advanced screening, diagnostic and phenotype monitoring, as well as identifying possibilities for other technological and human resource sharing.

Role of Regional Institutions & Partnerships

- Regional institutions (the principal institutions being represented on the Advisory Mechanism) will be major stakeholders and implementers of the Initiative. Institutions will ensure compliance with relevant aspects and conditions of the regional agreement on the Initiative. Key institutions will be CAREC, PAHO/WHO, UNAIDS, National AIDS Programme Managers, UWI, CRN+ and PPS/ECDS.
- International partners such as PAHO/WHO and UNAIDS are already playing a role in facilitating the negotiation process, and will continue to do so. Other members of the Pan Caribbean Partnership, including bilateral and other multilateral agencies, will also facilitate the initiative through:
 - Technical support to the management and technical support team and advisory mechanism.
 - Strategy development and advocacy for resource mobilisation.
 - Developing best practices in procurement and supply management including quality standards and specifications; planning and forecasting; pricing information for drugs and commodities; collaboration with international bodies for example, other UN Bodies, WTO and other UN Bodies, including purchasing arrangements provided by UN agencies.
 - Monitoring and evaluation.

PAHO/WHO & CAREC

Technical support and supervision, supply and procurement systems development, technical advisory role in programme planning and management, clinical guidelines, protocols and training, specialised laboratory tests (CD4 viral load), and training and evaluation.

UNAIDS

Resource mobilisation, institutional strengthening, advice on advocacy, and monitoring and evaluation.

National AIDS Programme

Policy formulation, planning, programming and evaluation, implementation, clinical management and distribution system, and accessibility and price monitoring.

UWI

Curriculum development and training, social and clinical research, and communications strategies.

CRN+

Advocacy for use and compliance of ARVs, accessibility and price monitoring

PPS/ECDS

Advise on and implement procurement and distribution system

7. MONITORING AND EVALUATION

A Monitoring and Evaluation Framework will be developed by the Advisory Mechanism, based on indicators included in the Regional Plan for the Treatment and Care of PLWHA (See Below). The Framework will be established and monitored by the Technical Advisory and Negotiating Group, and will include the following components:

- Economic and pharmaco - economics aspects: the impact of the initiative on the projected cost benefit of the initiative, including assessment of future projections of national/regional therapy needs and drug requirements.
- Clinical: the effects of the regional treatment and care strategy and related national strategic plans will be evaluated with respect to survival and quality of life of participating patients, and reductions in opportunistic infections
- Epidemiological: the evaluation of compliance rate among persons receiving such drugs in participating countries and regulation of their supply. Treatments used will be monitored to ensure accordance with regional treatment protocols recommended by the management and advisory mechanism of CARICOM
- Logistical: the monitoring of pooled procurement procedures, as well as collaboration with National regulatory bodies, distribution of drugs (in private and public institutions) and stock management, including accuracy of planning, forecasting and accounting. Implementation of drug tracking systems at the regional and national levels.

8. LOGICAL FRAMEWORK FOR THE DEVELOPMENT OF A REGIONAL TREATMENT AND CARE PLAN FOR PLWHA IN THE CARIBBEAN

2002-2004

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
<p>Goal</p> <p>To decrease HIV spread and to improve the health condition and quality of life of PLWHA</p>	<p>1. 50 per cent reduction in prevalence in 15-24 years pregnant women;</p> <p>2. 50% reduction in vertical transmission</p> <p>3. 50% reduction in mortality from AIDS</p> <p>4. Reduction in admission to hospital for clinical HIV related problems.</p>	<p>Clinical audits and surveillance reports</p>		<p>MOHs, UN Agencies, Pharmaceutical Industry, NGOs, Civil Society</p>	
<p>Purpose</p> <p>To develop regional capacity in the Comprehensive care and Treatment of PLWHA in the Caribbean, including facilitating access to Antiretrovirals</p>	<p>75 per cent PLWHA receive a minimum package of care, including psychosocial support, counseling, prophylactic measures, behavioral change and ARVs where indicated, by end of 2004.</p>	<p>Clinical Audits and surveillance reports</p>	<p>Adequate systems in place for surveillance, monitoring and evaluation of the care and treatment programme</p>	<p>MOHs, UN Agencies, NGOs, Pharmaceutical Industry, Civil Groups</p>	
<p>Objective #1: To translate the Regional Initiative and Treatment and Care Plan for PLWHA in the Caribbean into National Initiatives and Plans that take into account the diversity in capacity and resources.</p>					

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
Expected Results:					
ER1. Caribbean countries participating in the Regional Initiative have national plans elaborated and operational by end 2004	Final draft of care/treatment plans are elaborated by July 2003. Plans are in operation in 20 per cent of countries by end 2003 Plans are in operation in 66 per cent of countries by end 2004	Documents produced and disseminated. Country Progress reports from National AIDS Coordinators	Effective articulation of the regional process to the national level	CARICOM, PANCAP, Designated Advisory Mechanism	
Activities:					
1.1.1 Development of a regional model/framework for a care and treatment plan, in collaboration with regional and international organisations	Final document produced. Technical resource requirements identified and quantified	Document disseminated. Database of human resources developed and available	Effective leadership for stimulating 'acceptance' of the plan at country level Funds available for TA and national participation for the development of plan	MOHs, CARICOM, PAHO, UNAIDS, Designated Specialised Health Institutions.	10,000
1.1.2 Country mapping of national capacity and resources for the implementation of National Treatment and Care Plans for PLWHA, including the use of ARVs.	All targeted countries receive appropriate support and collaboration by Jan 2003.	Progress and mission reports available Plan has been disseminated.	Demonstrated evidence of budget commitments		40,000
1.1.3 Support to the elaboration and strengthening of National Treatment and Care Plans for PLWHA, including the use of ARVs.	Plan has been produced alongside the care and treatment plan.		Availability of direct technical support in accordance with countries' needs		50,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
1.1.4 Development of a Surveillance & Monitoring and evaluation framework					
Objective #2: To elaborate the step-by-step development of technical capacity in the clinical management of PLWHA in the Caribbean.					
Expected Results					
2.1. Guidelines developed to facilitate capacity building in treatment and care by Dec 2003	Availability of guidelines	Key informant interviews Documents	Technical advisory committees in place at national and regional levels to allow appropriate development of guidelines and subsequently, to oversee implementation	MOHs, PAHO, UNAIDS, Specialised Health Institutions working with PLWHA	20,000
2.2. Training programs developed and initiated, with 2 trainers per country trained by Dec 2003	Two regional training workshops conducted by Dec 2003	Key informant interviews Workshop report.			50,000
2.3. Monitoring and evaluation framework elaborated and in place by Dec 2003	Baseline evaluations completed July 2002 - July 2003	Evaluation reports reviewed	Evaluation tools established.		20,000
Activities and Resources					
2.1.1 Regional meeting with NAPs/ MOHs on building blocks approach to adopt in comprehensive care guidelines	Document on comprehensive care guidelines prepared, reviewed and finalized	Documents, reports of expert/technical advisory committees	Technical advisory committees in place at national and regional levels to allow appropriate development of guidelines and subsequently to oversee implementation	MOHs, PAHO, UNAIDS, Specialised Health Institutions working with PLWHA	60,000
2.1.2 Review and adapt UNAIDS guidelines for	Document on guidelines on VCT		Availability of resources		10,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
VCT	reviewed and adapted				
2.1.3	Adapt regional guidelines for treatment of PLWHA using ARVs				5,000
2.1.4	Adapt regional guidelines for the treatment of opportunistic infection and STIs				5,000
2.1.5	Adapt regional guidelines for the prevention of MCT of the HIV virus				5,000
2.1.6	Adapt regional guidelines for PEP				5,000
2.1.7	Elaboration of regional guidelines for the palliative and domiciliary care of PLWHA by Dec 2003				20,000
2.1.8	Develop and strengthen a referral system, to include referral criteria and directory of resource personnel within and between countries				20,000

Hierarchy of Objectives		Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
2.1.9	Develop systems and educational materials for promoting adherence to treatment, including DOTS-like approaches	Systems and educational materials developed by Dec 2003	Educational Materials			20,000
2.2.1	Regional training of trainers in the clinical management of PLWHA, in collaboration with CHART initiative	Minimum of 2 trainers per country, trained in all countries by Dec 2003	Training reports and materials			50,000
2.2.2	Develop/adapt Distance Educ. curriculum in Eng/Fre/Spa/ Dutch/Creole to support ongoing CPD. Based on CAREC Horizon online programme.	Program developed by Dec. 2003	Program document Educational materials			60,000
2.2.3	Support to national training programs as an essential component of the National Treatment and Care Plans, with focus on inter-country support in the training of health professionals.	Two regional workshops conducted by end 2003	Workshop reports			100,000
2.3.1	To adopt a system/database to monitor the individual patient and the progress of the epidemic regionally and nationally, taking into consideration National Plans, variations in national capacity and resource	Database elaborated and operation by Dec. 2003	Database reports			50,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
allocation. 2.3.2 Evaluation of (a) the status at baseline level and b) the subsequent development of capacity in clinical management within the Caribbean, July 2002 - June 2003.	Baseline and subsequent evaluations completed by June 2003 Program developed and operational by Dec. 2003	Baseline and Clinical Management Reports			30,000
2.3.3 To develop protocols for countries to do annual quality of care audits, using cohort approach	Audit protocols developed by Dec 2003	Protocols Quality of care reports			10,000
Objective #3: To strengthen health infrastructures and systems in order to facilitate access to ARVs as an element of the comprehensive care approach.					

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
Expected Results 3					
ER 3.1 Improved screening and diagnostic services in the Caribbean by Dec 2003	25% increase in the number of tests	Country and Regional Test Reports	Adequate resources available		
ER3.2 Regional and national drug management systems support improved access to ARVs by March 2004	Increased Number of PLWHA in the Caribbean being treated with ARVs	MOH Reports	ARVs are available and affordable.		
3.3 Palliative care services for PLWHA are extended and improved within all countries of the Caribbean by June 2004	No. of institutions in the Caribbean providing palliative care increased Increased longevity and quality of life Reduced hospitalization rates at long-term care institutions	Comparative lists Inspection reports Life expectancy and household surveys Hospitalization reports			
Activities					
3.1.1 Estimation and specification of equipment and supplies required to ensure continuous screening activities within the laboratory network	Estimations and specifications available	Copy of model list available	Availability of resources		5,000
3.1.2 Strengthening of the Caribbean network of laboratories for the screening and testing for HIV	Adoption of the referral laboratory network within the framework proposed in CAREC, PAHO/WHO, CARICOM Workshop, Guyana, Sept 18-19, 2001	Country and Regional Inspection reports			60,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
3.1.3 Establishment of mechanisms for the bulk procurement of laboratory equipment and supplies for the laboratory network	Committee / Coordination unit for the network operational Bulk procurements for the region have been executed through the mechanisms	Reports of the Coordination unit Reagents and equipment purchased are available in laboratories	Capacity is available to facilitate execution of regional procurement		20,000
3.1.4 Support to the training of trainers for HIV screening within Caribbean countries	Increased number of regional trainers	Training Certification and Reports	Sufficient availability of trained trainers		50,000
3.1.5 Support to the elaboration and execution of training programs for laboratory professionals at the national level	National training programs in place and operational	Training Reports	Effective utilization of trainers Availability of resources Training materials available and appropriate		100,000
3.1.6 Negotiate a cost effective arrangement with countries and airlines for transportation of diagnostics, and referral specimens to regional labs	Reduced transport, shipping and handling costs	Cost Savings evaluation report	Countries and airlines will grant concessions		10,000
Activities					

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
3.2.1 Characterize national ARV supply systems and needs for the period 2003/2004	Strengths and weaknesses of the national supply systems identified	MOH Reports	Adequate resources available		30,000
3.2.1 Support to national supply systems (public and private) in the management of ARVs, and the control of supply/leakage	ARV estimates have been calculated	National Estimates	Treatment protocols and epidemiological data available		40,000
	Distribution outlets identified	On site inspections and reports			
3.2.2 Harmonization of operating procedures for the regional bulk procurement mechanism for ARVs	Inventory control parameters determined and validated	Inventory reports	Adequate resources available		10,000
3.2.3 Technical assistance in the purchase and scheduling of supply of ARVs with National Programs / Central Supply Agencies	Distribution tracking systems in operation.	Distribution reports	No conflict exists between the harmonization process and national legislation		30,000
	Memorandum of Understanding signed by countries	Copy of Memorandum			
3.2.4 Support to the development of pricing control systems to promote availability of affordable ARVs at the national level	Procedures elaborated	Procedures documented	Resource capability exists in planning and operations		20,000
	Drugs are continuously available in countries Pricing database available	National Stock Inventory Reports	Stakeholders embrace consensual price control		
3.2.5 Support to the Regional Advisory Body for Drugs and Therapeutics	Regional meetings have determined a work program	Report available Minutes of the meetings	Adequate Resources Country activities being		50,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
(RABDAT), for the monitoring and evaluation of the rational use of ARVs in the Caribbean			implemented		
Activities					
3.3.1 The network of public health institutions within the Caribbean providing palliative care is characterized in terms of level and quality of services	The adoption of a regional treatment and care referral network No. of national referral plans elaborated	Document Referral plans	Adequate resources Country commitment Norms, protocols and guidelines for treatment and care available		25,000
3.3.2 Support to national health systems in the elaboration and extension of referral services for PLWHA			Capacity to implement referral system can be developed		30,000
3.3.3 Estimation and specification of equipment and health supplies required to support health infrastructures in the palliative care of PLWHA.	Estimations and specifications available	Model list	Planning capacity exists		10,000
Objective #4: To mobilize universal support in the reduction of stigma and the discrimination of PLWHA or persons affected by HIV/AIDS					

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
Expected Results					
ER 4.1 By June 2004, political and legal commitments exist with active involvement from PLWHA. to promote interventions for care and support of PLWHA.	Plans and tools of IEC elaborated and available	Plans and IEC materials	Effective coordination in the elaboration of strategies	MOHs, CARICOM, PAHO, CAREC, ILO, NGOs,, Private Sector	
ER4.2 By the end of 2004, stigma and discrimination of PLWHA are reduced , facilitating treatment of PLWHA in earlier stages of the illness.	Patient profiles and surveys indicate a movement towards earlier treatment of PLWHA	Patient registration and surveys	Once initiated, process must continue to ensure long term beneficial results		
Activities					
4.1.1 Develop awareness building program on the need for treatment and care of PLWHA, with focus on key interest groups, as well as the general public	Regional program framework elaborated through workshops	Framework documents, plans, educational materials, workshop and evaluation reports.	Articulation of regional initiative into national levels. Adequate financial resources	MOHs, CARICOM, PAHO, CAREC UNAIDS, CRN+	20,000
4.1.2 Develop regional marketing plan for the promotion of the regional treatment and care plan, highlighting implications for stakeholders	Regional marketing plan elaborated through regional workshops		Support to the initiative from interest groups Effective coordination	MOHs, CARICOM, PAHO, CAREC, UNAIDS, CRN+	20,000
4.1.3 Disseminate information on the promotional plan to specific groups	Availability of promotional plans in 80 per cent of countries			MOHs, CARICOM, CAREC, UNAIDS, CRN+	10,000
4.1.4 Elaboration of educational	Existence of			MOHs, CARICOM,	20,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
programs to create supportive environments for the treatment of PLWHA	educational programs in 50% of countries			PAHO, CAREC UNAIDS, UWI, Local NGOs.	
4.1.5 Develop strategies to promote resource mobilisation to support the plan based on public-private partnership	Regional workshop on strategies for resource mobilisation			CARICOM, PAHO, CAREC, UNAIDS	10,000
4.1.6 Promotion of voluntary screening, counseling and testing in support of treatment and care	Information and educational materials available and disseminated			MOHs, CARICOM, PAHO, UNAIDS, CRN+	60,000
4.2.1 Advocacy to governments and national institutions in the enactment of legislation to protect the rights of PLWHA	New legislation includes recognition of the rights of PLWHA			MOHs, CARICOM,	10,000
4.2.2 Situation analysis and baseline studies on the impact of stigma and discrimination, following early HIV diagnosis	Baseline parameters determined			MOHs, CARICOM, PAHO, CAREC, UNAIDS	20,000
4.2.3 Dissemination of information and educational materials to specific settings and groups: family, workplace, churches, health institutions, schools etc.	Information and educational materials available and disseminated			ILO, PAHO, CAREC, CARICOM, UNAIDS	60,000
4.2.4 Development of a support network for families	Home based care framework developed			MOHs, CARICOM, UNAIDS, CRN+	10,000

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
affected by HIV/AIDS					
4.2.5 Development, dissemination and monitoring of a charter of employees affected by HIV/AIDS	Framework charter elaborated in 20% of countries			UWI, PAHO, CAREC, CARICOM	20,000
4.2.6 Training of trainers in the support of PLWHA at the community level	2 trainers per country, trained by Dec 2003			MOHs, UWI, PAHO, UNAIDS	50,000
4.2.7 Technical assistance in the development and strengthening of peer support networks	Key network groups and institutions identified			CRN+, MOHs,	20,000
4.2.8 Support to the inclusion of PLWHA in the elaboration of policy planning and implementation of treatment and care plans	Regional plan for support to peer networks			CRN+, MOHs, UNAIDS,	50,000
Objective #5: To develop partnerships and networks in the technical and financial support of the regional process.					
Expected Results:					
5.1 A management structure and advisory mechanism is created for the implementation and evaluation of the program of work	Appropriate management structure established by September 2002	Progress reports and minutes of interim meetings	Prior human, financial and physical resources are allocated in a timely manner	PANCAP, Pharmaceutical Partners of the AAI, CAREC, UWI	
5.2 The private public partnership within the Regional AAI is strengthened	80 per cent of key institutions identified and working relationships defined and operational		Communication and coordination is ensured		

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$	
Activities and Resources						
5.1.1	Definition by Caribbean countries of the roles, responsibilities and attributions of the Management and Coordinating structure for the Initiative.	Existence of an organisational plan and roles and responsibilities articulated	Documents defining roles responsibilities, attributions, procedures, work programs.	The roles and responsibilities of PANCAP have been finalised	PANCAP, Pharmaceutical Partners of the AAI, CAREC UWI	50,000
5.1.2	Elaboration of the program of work for the Management and Coordinating Structure based on regional objectives	Program of Work		Central regional clearing house for technical, scientific, treatment, management and surveillance information exists (CAREC/PAHO UWI)		40,000
5.1.3	Elaboration of the role and supporting work program of PANCAP, as a treatment and care advisory mechanism to the Initiative.	Regional meetings of PANCAP				40,000
5.1.4	Elaboration of the roles of the regional training centers in informing the treatment and care programs at the national and regional level					

Hierarchy of Objectives	Indicators	Means of Verification	Assumptions/Risks	Partners and Key Institutions	Provision US\$
5.2.1 Regional meetings between the partners of the Accelerated Access Initiative (MOHs, WHO/UNAIDS and the Representatives of the Pharmaceutical Industry), the Management and Coordinating Structure and Advisory Mechanism to review implementation of the Initiative.	Review methodology elaborated Implementation reports Regional meetings		Partnerships with PWA and other community groups are strengthened and roles are clearly defined		100,000

ANNEX:

II. Profile of the Caribbean and CARICOM territories

The Caribbean

- **American:** Puerto Rico, US Virgin Islands
- **Dutch:** Aruba, Dutch Antilles, St. Maarten, Suriname
- **French:** Guadeloupe, Martinique, Marie Galante, Haiti
- **Spanish:** Cuba, Dominican Republic
- **English:** Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos

THE CARIBBEAN COMMUNITY - CARICOM

A Political arrangement involving the following countries:

- **English:** Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, St Kitts and Nevis, St Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos
- **Haiti, Suriname**

The Organisation of Eastern Caribbean States – OECS

A political Sub-Group within CARICOM of the following countries;

- **English:** Anguilla, Antigua and Barbuda, Dominica, Grenada, Saint. Lucia St. Kitts and Nevis, St. Vincent and the Grenadines.

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