1. Key development issues and rationale for Bank involvement

The HIV/AIDS pandemic is a global threat to development and the World Bank, together with other international partners, are committed to intensified action to prevent and control the pandemic and mitigate its social and economic impact. The Caribbean region, to which St. Lucia belongs, is second only to the Africa region in adult prevalence rates of HIV/AIDS infection. Surveillance data from the Ministry of Health of St. Lucia, while having some limitations in terms of reliability of data collection, indicates that from 1990 to 2001, HIV prevalence among women attending antenatal clinics has ranged from 0.6% to 4.0%, suggesting that St. Lucia has not yet crossed the 5% HIV prevalence rate that could signal that the epidemic is generalized in the population. St. Lucia, therefore, has an opportunity to prevent the epidemic escalating and posing a problem to socio-economic development as it has in other countries.

The Government of St. Lucia’s response has included prevention measures with very limited treatment or mitigation, due to, among others, limited resources available to respond to the pandemic in a comprehensive manner. In order to intensify its response to the pandemic, the Government is finalizing the National HIV/AIDS Strategic Plan 2003-2008. The proposed project, by assisting the Government in the implementation of its National HIV/AIDS Strategic Plan is consistent with the CAS for the Eastern Caribbean Sub-Region of June 2001 (Document No. 22205-LAC) which identifies HIV/AIDS prevention and control as a priority for urgent Bank support. It is also consistent with the Caribbean Region Multi-Country HIV/AIDS Prevention and Control APL approved by the World Bank in June 2001. The St. Lucia HIV/AIDS prevention and control project will be funded as part of this APL. With the exception of the recent approval of the Global Fund grant of US$ 1.1 million (under a broad proposal for the OECS countries), there is no major donor funding of HIV/AIDS programs through the Government. A number of NGOs supporting HIV/AIDS receive donor funds or from their international affiliates. However, the low level of donor involvement in St. Lucia’s HIV/AIDS response is striking.

2. Proposed objective(s)
The project will support control of the spread of HIV/AIDS and mitigation of its impact. It will support targeted interventions for high risk groups and non-targeted interventions for the general population. It is expected that the implementation of the project will lead to: a) increased awareness of HIV/AIDS and use of prevention services by high risk groups and the general; b) increase in the number of people living with HIV/AIDS (PLWHA) and their families who are receiving care and support; and, c) strengthening of both public sector and civil society capacity to respond to HIV/AIDS.

3. Preliminary description

The project is part of the World Bank Multi-Country HIV/AIDS Prevention and Control APL for the Caribbean. A project of US$ 7.5 is envisaged with the Bank providing (US$ 6 million blend of IBRD, IDA Credit and IDA Grant) proposed with four components:

**Component 1: Community and civil society initiatives.** Support to prevention, care and support activities led by communities, Non Government Organizations (NGOs), faith based organizations, women’s organizations, the private sector and other similar organizations. The project will also support efforts aimed at enhancing the implementation capacity of civil society organizations to effectively respond to HIV/AIDS including: training in HIV/AIDS knowledge and communication; and financial management. The project will also support essential equipment and supplies for NGOs to enable them to respond effectively.

**Component 2: Line ministry response.** This component will support the response of the non-health sector ministries to HIV/AIDS. Activities include cross-cutting HIV/AIDS interventions which all ministries will implement: (a) development and implementation of workplace HIV/AIDS policies; (b) Information, Education and Communication/Behavior Change Communication (c) condom distribution and promotion (d) advocacy to reduce HIV/AIDS stigmatization and discrimination (e) establishment of a support group for HIV/AIDS (either as a single ministry or in collaboration with other ministries). The project will also support specific HIV/AIDS related interventions specific to each ministry. For example, the ministry responsible for education has a specific target group (pupils and students in school) who may require specific HIV/AIDS programs relevant to the sector.

**Component 3: Strengthening the health sector response to HIV/AIDS.** The project will support the strengthening and expanding of health sector HIV/AIDS related services for prevention, treatment, care and support, which will include: Voluntary Counseling and Testing (VCT), condom promotion and provision; introduction of syndromic management of sexually transmitted diseases; management of opportunistic infections; home based care for PLWHA; prevention of mother to child transmission of HIV including treatment of the mother and family (PMTCT-Plus); support of nutritional interventions for PLWHA; introduction of anti-retroviral treatment (ART); strengthening of laboratory capacity; training of health workers to respond to HIV/AIDS; blood safety; and, medical waste management. The capacity building and strengthening of this sector will contribute to the overall strengthening of the health care system.

**Component 4: Strengthening institutional capacity for program management.** This component will support the building of institutional capacity for program coordination, facilitation and management. In particular, it will fund the operations of the National HIV/AIDS policy making body (to be formed), the National HIV/AIDS Program and the project coordination unit (PCU). The National HIV/AIDS Program will be the institution that will be responsible for day to day running of project activities, while the PCU will be responsible for financial management and procurement under the direction of the National HIV/AIDS Program.
4. Safeguard policies that might apply

(Guideline: Refer to section 5 of the PCN. Which safeguard policies might apply to the project and in what ways? What actions might be needed during project preparation to assess safeguard issues and prepare to mitigate them?)

5. Tentative financing

<table>
<thead>
<tr>
<th>Source</th>
<th>($m.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BORROWER/RECEPIENT</td>
<td>1.5</td>
</tr>
<tr>
<td>INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT</td>
<td>3.0</td>
</tr>
<tr>
<td>INTERNATIONAL DEVELOPMENT ASSOCIATION</td>
<td>1.5</td>
</tr>
<tr>
<td>IDA GRANT FOR HIV/AIDS</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7.5</strong></td>
</tr>
</tbody>
</table>

6. Contact point

Contact: Mary T. Mulusa
Title: Sr Public Health Spec.
Tel: (202) 473-1937
Fax: (202) 522-1201
Email: Mmulusa@worldbank.org