

COMBATING HIV/AIDS IN THE CARIBBEAN

THROUGH A COMPREHENSIVE, MULTISECTORAL APPROACH

**“Con SIDA o sin SIDA
se tiene derecho a la vida”**



70973

Miguel Tejada
**Jugador más valioso de la liga Americana, 2002
Apoya la lucha contra el SIDA**

Linea de información SIDA
Desde el interior sin cargos

541-4400
1-200-1170



Human Development Sector Management Unit
Caribbean Country Management Unit
Latin America Caribbean Region
World Bank Group, 2003



The World Bank

CARIBBEAN HIV PREVALENCE RATES AMONG ADULTS, AGES 15-49



Source: UNAIDS, July 2002



COVER: Poster of Miguel Tejada, of the Oakland A's and the 2002 Most Valuable Player of the American Baseball League, as the Sponsor of the 2002 World AIDS Day in the Dominican Republic.

"With or without AIDS – a right to life"

HIV/AIDS in the Caribbean

The Caribbean region currently has the highest prevalence of HIV of any region of the world other than AIDS-ravaged sub-Saharan Africa. Official figures show more than 360,000 people living with AIDS, but estimates by UNAIDS place the actual number at over 500,000, adjusting for underreporting. In the Caribbean, the HIV/AIDS epidemic has been moving into younger and younger population groups. About 83% of AIDS cases are diagnosed in people between the ages of 15 and 54, and almost half of these cases are diagnosed in people ages 25 to 34. These figures suggest, given an estimated average incubation period of 8 to 10 years from HIV infection to the development of AIDS, that about half of new HIV infections are occurring among young people ages 15 to 24. *The affected age groups are the core of the labor force.* Among men, the majority of AIDS cases are in the 30-34 and 25-29 age group; among women, the majority of cases are in the 25-29 year-old age bracket, followed by the 30-34 age group. *Currently, the Caribbean region has one of the highest rates of new AIDS cases among women in the Americas, reflecting the growing "feminization" of the HIV/AIDS epidemic.* Also, the percentage of AIDS cases who are children infected by HIV-positive mothers is higher in the Caribbean region than in any other part of the Americas. More than 80,000 children have been orphaned by AIDS. Overall the infection rate is estimated to have reached 12% of the population in some urban areas,

The Spread of HIV/AIDS among the General Population

- The Caribbean is the second most affected region in the world with an estimated HIV prevalence rate of more than 2% among the adult population. In some urban areas the infection rate is estimated to have reached 12 % of the population.
- The most affected countries such as Haiti, Bahamas, Barbados, Dominican Republic, Guyana and Trinidad and Tobago have HIV prevalence rates among adults that range between 2% and 6%.
- Haiti and the Dominican Republic, taken together, account for about 85% of all HIV cases in the Caribbean.
- About 83% of AIDS cases are diagnosed in people between the ages of 15 and 54, and almost half of these cases are diagnosed in people ages 25 to 34.
- The primary mode of HIV transmission among adults in the Caribbean region is sexual intercourse between men and women.
- Five times more girls than boys age 15-19 are HIV-positive in Trinidad and Tobago.
- In a study in the Dominican Republic, one-half of young men aged 13-24 used a condom at last sex, while only 17% of young women of the same age said they had.
- 46% of sex workers are HIV-positive in Georgetown, Guyana; and one-third said they had never used a condom with a client.

TABLE 1. ESTIMATED NUMBER OF PEOPLE LIVING WITH HIV/AIDS IN THE CARIBBEAN, END OF 2001

Country	Total estimated number of people living with HIV/AIDS	# of women living with HIV/AIDS	# of men living with HIV/AIDS	# of children living with HIV/AIDS
Anguilla	99	33	66	0
Antigua & Barbuda	1,128	201	924	3
Aruba	451	187	262	2
Bahamas	6,150	2,662	3,461	27
Barbados	4,134	1,031	3,094	9
Belize	5,120	2,965	2,075	80
Bermuda	539	168	369	2
British Virgin Islands	306	61	244	1
Cayman Islands	48	16	31	1
Cuba	3,200	830	2,270	100
Dominica	115	57	57	1
Dominican Republic	130,000	61,000	69,000	N/A
Grenada	1,122	224	894	4
Guyana	24,941	11,274	13,529	138
Haiti	210,000	N/A	N/A	N/A
Jamaica	22,715	8,691	13,906	118
Montserrat	28	19	9	0
Netherlands Antilles	990	578	405	7
St. Kitts & Nevis	347	144	201	2
St. Lucia	877	435	435	7
St. Vincent & the Grenadines	1,002	312	686	4
Suriname	3,983	1,583	2,375	25
Trinidad & Tobago	16,217	5,762	10,372	83
Turks and Caicos	972	479	504	9

Source: PAHO/CAREC, UNAIDS, 2002

spreading in many countries from highly vulnerable groups to the general population.

As a region comprised of small island states and mainland nations with relatively-small populations, HIV/AIDS presents unique challenges and the response to it must consider consequences specific to small country circumstances. As such, while trends in African countries have suggested that the economic impact of the HIV/AIDS epidemic becomes evident after experiencing a prevalence of around 7%, such might not be the case in the Caribbean with countries with total populations ranging from 50,000 to the low millions.

People need to be well informed about transmission mechanisms, risks, and how to protect themselves-and need to modify high-risk behaviors. Any effective program requires effective surveillance. If a three pronged strategy of detailed surveillance, special programs for vulnerable groups, and risk management in the general population is not followed, over time the virus is likely to spread from the more vulnerable groups and move rapidly into the general population, as has happened in much of Africa.

Caribbean governments have sought to address the many facets of the

epidemic as it has emerged in the region in partnership with regional and international agencies, including those in the United Nations system, the Caribbean Community and Common Market (CARICOM), the Caribbean Epidemiological Center (CAREC), the University of the West Indies (UWI),

The Gender Dimension

Women often cannot choose with whom or under what circumstances they have sex. Gender inequities relating to the unequal distribution of power and economic and social resources play a large role in this. Women and girls are often forced to resort to sex work to support their families because they have no other income generating opportunities. Women and girl children become more vulnerable to sex work when men supporting their households become too ill to work or die because of AIDS.

Women's risk is further exacerbated because they are physiologically 2 to 4 times more susceptible to HIV. Young girls and adolescents, whose reproductive tracts are not fully developed, are even more susceptible to STIs and HIV. Untreated STIs increase women's risk of HIV infection.

Source: PAHO

and Nevis, the Dominican Republic, and Trinidad and Tobago have elevated their national HIV/AIDS program to the level of the prime minister or the president's office in order to demonstrate serious commitment and multisectoral responsibility.

Cuba has had an effective strategy for addressing HIV/AIDS since 1986, and has conducted studies of groups at highest risk, carried out epidemiological investigation of 100% of cases, performed analyses of hospital admission and outpatient care records, and implemented a comprehensive program of health education for the general population. For many years, the Dutch

the Caribbean Regional Network of People Living with HIV/AIDS (CNR+), bilateral cooperation agencies, and national and international non-governmental organizations (NGOs). The actions taken have included advocacy and social mobilization, regional and national policy development, establishment of HIV prevention and control activities and programs, development of mass media campaigns and prevention programs and services for young people.

As a result, throughout the Caribbean region, there are examples of successful country-level responses to HIV/AIDS. Early intervention and good pre-existing public health laboratory work have ensured the safety of the blood supply in most of the region. For the smaller island-states of the eastern Caribbean in particular, CAREC's assistance has been helpful. Jamaica

has confronted sexually transmitted infections (STIs) vigorously over the years. Barbados, St. Kitts

Funding Antiretroviral Drugs in Barbados

Under the World Bank-financed project, the Government of Barbados put in place in 2002 the necessary building blocks for scaling up the anti-retroviral drug therapy (ART). Among them, are:

- Civil works investments (refurbishing, remodeling, expansion of facilities) providing space for voluntary counseling and testing, laboratory and pharmaceutical services, and home and hospital care for HIV/AIDS patients;
- Laboratory equipment is in place and staff training for HIV (ELISA test), opportunistic diseases, CD4 count and viral load testing is completed;
- The procurement process for increased quantities of ART drugs has been clearly established;
- Staffing and training for the HIV/AIDS Referral Center has been completed;
- Review and updating of protocols for ART has been completed and found satisfactory; and
- Financial feasibility and sustainability for further annual scaling up of the number of patients under ART treatment are achieved.

Source: World Bank project documents



Launching of the HIV/AIDS Program in the Dominican Republic under the leadership of COPRESIDA, the Presidential Council for HIV/AIDS.

Systems for better epidemiological analysis and intervention, confidentiality protection, and case management;

- Baseline surveys of epidemiology, knowledge, and behavior;
- Improved HIV sentinel surveillance to monitor the epidemic;
- Analysis of the design and implementation of cost effective interventions; and

- Public expenditure reviews to track national commitment and funding to combat the HIV/AIDS epidemic.

Scaling up care and support activities at national and community levels

- Treating STIs and opportunistic infections such as tuberculosis;
- Improving the availability of and access to essential drugs, training health personnel, better clinical management of HIV/AIDS-related conditions;
- Providing home and community-based care and support activities;

- Developing guidelines and strengthening infrastructure to make use of ARV drugs safe, effective and sustainable.

Scaling up prevention activities at national and community levels

- Information, education and communication campaigns or specific target groups to raise awareness and understanding of HIV/AIDS and STI transmission and to change high risk behavior;
- Promoting condom use;
- Voluntary testing and counseling for vulnerable groups of the population;
- Interventions to reduce mother-to-child transmission of HIV, including the distribution of nevirapine; and

Dominican Baseball Star in the US Major League goes to Bat to Prevent HIV/AIDS

COPRESIDA, the Presidential Commission for HIV/AIDS in the Dominican Republic, managed to engage Miguel Tejada of the Oakland A's and the Most Valuable Player in the American Baseball League in 2002, to be the sponsor of the 2002 World AIDS Day. COPRESIDA is also promoting the involvement of the private sector to prevent the spread of HIV in tourist areas.

- Improving screening to ensure a safe blood supply.

Capacity Building

- Support for program coordination, resource management, and implementation at all levels;
- Establishing monitoring and impact evaluation systems to enable project management units to monitor performance of project implementation.

As an important feature of the proposed projects, the World Bank is encouraging countries to develop further their own monitoring and evaluation, with the support of regional bodies such as CAREC and the University of the West Indies.

Multi-Country HIV/AIDS Prevention and Control Adaptable Lending Program (APL) for the Caribbean Region

On June 28, 2001, the World Bank's Board approved a US\$155 million Multi-Country HIV/AIDS Prevention and Control Adaptable Program Loan (APL) for the Caribbean Region. Under the APL, individual countries obtain separate loans and/or credits to finance their national HIV/AIDS prevention and control projects. The program, which is anchored on a World Bank study on HIV/AIDS in the Caribbean and that was prepared in 2000 in partnership with CARICOM and UNAIDS, supports a comprehensive approach including prevention, treatment and care, and institutional development. It endorses a participatory approach to facilitate coordinated work among governments, patients, community groups, religious organizations, non-governmental organizations, health professionals and the private sector. Project preparation has been supported by a US\$735,000 grant provided by the Government of Japan.

By the end of 2002, under the APL, US\$65 million had been approved

and committed to the Dominican Republic (US\$25 million), Barbados (US\$15 million), Jamaica (US\$15 million), Grenada (US\$6 million), and St. Kitts Nevis (US\$4 million).

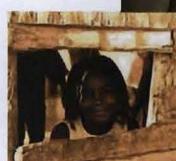
National Projects and Their Objectives

The Dominican Republic

The project is supporting HIV/AIDS prevention and control in the Dominican Republic by scaling-up programs and activities targeting highly vulnerable groups, expanding awareness among the general population, and strengthening institutional capacity to ensure that the effort is effective. In partnership with the pharmaceutical industry, the project is also helping expand the coverage of the mother-to-child prevention program.



Photos by Vianco Martinez



Children living in the Dominican Republic near border with Haiti.

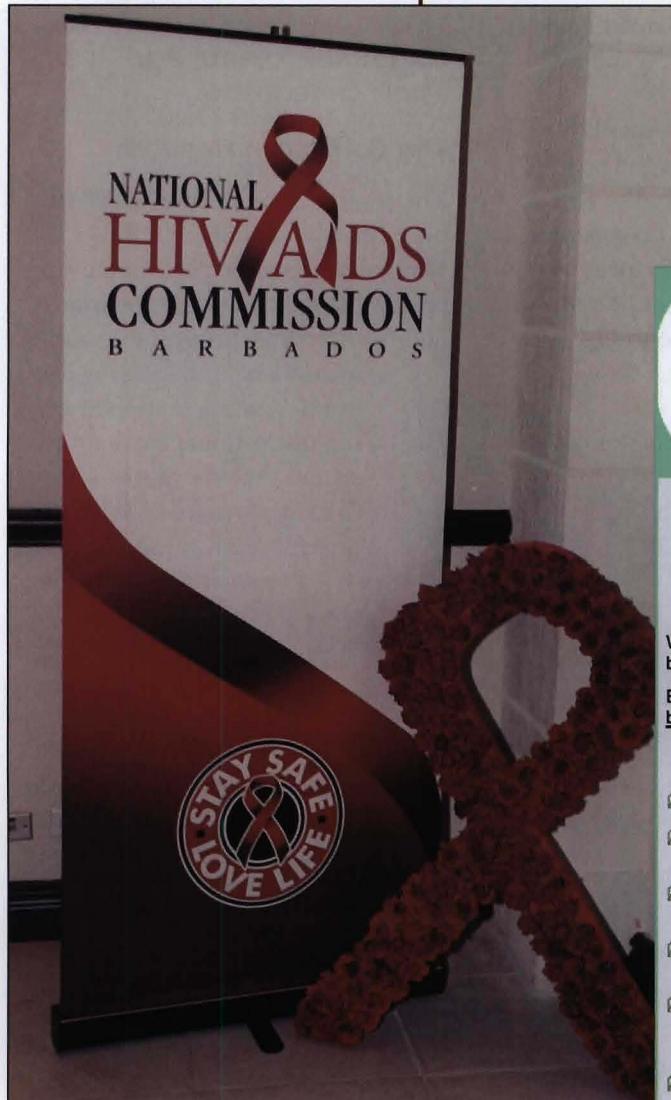
The HIV prevalence rate among adults in the Dominican Republic is estimated at 2-3%, suggesting that this disease now threatens to become a widespread epidemic. Therefore the project's main objectives are to:

- Reduce by 50% the number of new reported HIV cases in five years;
- Increase the percentage of people using condoms from 30 to 50%;

Barbados Employers in Step with AIDS Commission

Members of the Barbados Employers' Commission participated in the Annual AIDS march in November 2002 for the first time. The march was one of the main activities in HIV/AIDS Awareness Week.

The week was sponsored by the National HIV/AIDS Commission and the Ministry of Health. Various other local groups and government agencies also participated.



BEC

Barbados Employers' Confederation
Your Key To Better Employee Relations

Vd. 1 No.2
October - December 2002

BEC In Step With AIDS Commission

1st Floor
Newil Building
Collymore Rock
St Michael

Tel: (246) 426-1574
Fax: (246) 429-2907

Website:
barbadosemployers.com

Email:
becon@sunbeam.net

Contents

- AIDS March
- Come Celebrate Barbados
- From Executive Director's Desk
- Using Forklifts - Beware!!!
- Adopt This Platform For Action
- Recent Wage Settlements & Index of Retail Prices
- BEC 2002 Training Survey Results
- Letters to the Editor

Members and Staff of the BEC participated in the annual AIDS March this year for the first time. The March was held as one of the main activities in HIV/AIDS Awareness Week.

The week was sponsored by the National HIV/AIDS Commission and the Ministry of Health. Various other local groups and government agencies also participated.

This year we marched under the Banner 'Barbados Employers' Confederation - Supporting Work Opportunities for People Living With HIV/AIDS.

Sue Springer of the Barbados Hotel and Tourism Association and others also joined in the March.

Come Celebrate Barbados

BEC joins our Nation with Pride and Industry celebrating 36 Years of Independence.

Happy Independence



World Bank task team during the project launch seminar in Barbados in February 2002.

- Decrease HIV-prevalence among women of child-bearing age attending prenatal care services to less than one percent; and
- Reduce by 40% the number of orphaned children without care and support.

Barbados

Although most Bank assistance focuses on prevention, some loans also support improvement in treatment and care for people living with HIV/AIDS. For example Barbados is the first country to receive World Bank assistance to finance the scaling-up of the anti-retroviral drug therapy (ARV), a cocktail of drugs that decreases HIV levels in the blood, enabling PLWA to live healthier and longer lives.

It is estimated that the 2,415 documented HIV-positive persons in Barbados are only one-fifth of all infected people. Infection rates continue to increase among the economically productive group of 25-49 year olds. Therefore, the project aims to:

- Reduce positive cases from 1.5% to 1% of all people tested for HIV in five years;
- Increase condom users to 60% of the population age 15 or older;
- Reduce mother-to-child HIV transmission to 12% or less;

- Increase voluntary testing and counseling by 50%;
- Treat 80% of AIDS patients with anti-retroviral drugs;
- Improve quality and coverage of clinical treatment and care through the public health system and improved community/home care; and
- Increase the life expectancy of AIDS patients by three or more years.

Jamaica

Using a multisectoral approach, the Program is assisting the Government in (a) curbing the spread of the HIV epidemic by scaling up preventive programs targeted to vulnerable groups, and expanding awareness about HIV/AIDS among the general



The Prime Minister of Barbados, the Hon. Owen S. Arthur, discusses his country's activities for HIV/AIDS prevention and control. (see <http://www.hiv-aids.gov.bb/>).

population; (b) improving treatment, care and support; and (c) strengthening Jamaica's multisectoral capacity to respond to the epidemic. The program targets are:

- Ante-natal clinic prevalence rate to be held below 2% and among young army recruits less than 1%;
- A decrease in prevalence rates among commercial sex workers from 20% to 10% in Montego Bay and from 10% to 7% in Kingston;
- Delay median age of first intercourse by at least 0.5 years;
- 25% reduction in the proportion of men/women who report having sex with a non-regular partner;
- Increase in proportion of men/women age 15-49 reporting using a condom in their last sexual intercourse with a non-regular partner and increase from 75% to 85% the proportion of commercial sex workers reporting condom use with their last client; and
- 100% of all district health facilities to have at least one trained counselor providing specialized HIV/AIDS counseling.

TABLE 3. MULTI-COUNTRY PROGRAM LENDING FOR HIV/AIDS IN THE CARIBBEAN

Country	Project	Effective	Amount Committed (US\$)
Barbados	Barbados-Caribbean HIV/AIDS I	Dec-01	15.2
Dominican Republic	HIV/AIDS Prevention & Control Project	Jan-02	25.0
Jamaica	HIV/AIDS Prevention and Control	Aug-02	15.0
Grenada	HIV/AIDS Prevention and Control	Feb. 03	6.0
Dominica	HIV/AIDS Prevention and Control Project	End of 03	3.0-5.0 (estimated)
Trinidad and Tobago	HIV/AIDS Prevention and Control Project	May 03 (Exp.)	20 (estimated)
St. Kitts & Nevis	HIV/AIDS Prevention and Control Project	March 03 (Exp.)	4.0
Guyana	HIV/AIDS Prevention and Control Project	End of 03	10.0 (estimated)
St. Lucia	HIV/AIDS Prevention and Control Project	End of 03	5.0-8.0 (estimated)
St. Vincent and the Grenadines	HIV/AIDS Prevention and Control Project	End of 03	5.0-8.0 (estimated)
Regional HIV/AIDS Activities/Haiti	Grant for Regional Institutions and Activities and for Haiti	End of 03	5.0 for Regional Inst. & Activities TBD for Haiti

Grenada

Project activities target the whole population, with particular emphasis on vulnerable groups such as HIV infected pregnant women, infants of HIV infected mothers, adolescents, sex workers, men having sex with men (MSM), uniformed personnel, and hotel and tourism workers. About 35% of the population lives in St. George (the capital), and the remainder can be reached within 15-60 minutes by road. This population distribution in a small country makes it easier to reach target groups. The activities selected for project support have been grouped into four components: (i) condom promotion and behavior change; (ii) prevention and control; (iii) access to treatment and care; and (iv) institutional development, management and surveillance.

The goals are:

- In 5 years, reduce new reported HIV/AIDS cases by 50%, and reduce mortality and morbidity attributed to HIV/AIDS, by 40%;
- Improve the quality of life for PLWA; and
- Consolidate sustainable organizational and institutional framework for managing HIV/AIDS.

St. Kitts and Nevis

The project aims to support selected activities of the St. Kitts and Nevis' Strategic Plan for the National



The Hon. Dr. Denzil Douglas, Prime Minister of St. Kitts & Nevis, a Caribbean leader who has pushed the HIV/AIDS issue to the forefront of the development agenda in the region.

Response to HIV/AIDS. It is assisting the Government to control the spread of HIV/AIDS through (a) scaling-up prevention programs targeting vulnerable groups as well as the general population; (b) strengthening treatment, care and support for PLWA; and (c) strengthening St. Kitts and Nevis' multi-sectoral institutional capacity to respond to the epidemic effectively.

Among the project's specific targets are:

- 50% reduction in the number of reported cases of positive HIV infection in testing programs;
- 50% reduction in the number of HIV-positive children born of HIV/AIDS mothers;

- 70% reduction in the number of PLWA discriminated against in public and in workplaces and among caregivers and a 2-3 year increase in life expectancy for PLWA;
- 30% reduction in deaths due to AIDS; and
- An increase to 80% of males and females 15 years and older using condoms.

Lessons Learned

- There needs to be a clear demonstration that government, at the highest level, is committed to confronting the epidemic and ready to provide leadership. This means that the government is committed to discussing the epidemic openly, accepting that a problem exists and that the means of transmission are known. The government should also indicate its willingness to strive to reduce stigma and discrimination associated with HIV infection.
- There has to be a clear recognition that reversing the HIV/AIDS epidemic is ultimately an issue of behavior change and that strategic partners (community leaders, youth leaders, peers, etc.) have to be involved in planning and implementation. Government, therefore has to indicate its willingness to collaborate with NGOs, community-based organizations (CBOs), other line ministries and the private sector in program design and implementation.

- The response to the epidemic must include treatment, care, support and institutional development. There are known and relatively inexpensive means to improve the quality and life expectancy of persons who are HIV-positive. Providing treatment, care and support to them conveys to the public that HIV is a health problem rather than a moral one. Providing care would require that the health system and health workers begin to manage the disease rather than seeing AIDS patients as people facing imminent death. Including treatment, care and support in the response to HIV/AIDS, in conjunction with strengthening the health care network's physical, technological, human, and institutional capacity helps to diminish stigma and discrimination.
- Prevention must remain at the core of the response: this is most cost-effective way of managing the epidemic. Among possible prevention interventions, behavior change among high risk groups is key. Even though the epidemic is now generalized in some of the Caribbean countries, those in vulnerable groups are still more likely to contract and spread HIV to others. Prevention among those at higher risk prevents many more infections in the general population indirectly.
- Sufficient emphasis has to be placed on strengthening the HIV/AIDS/STI surveillance system as a tool for effective program monitoring and evaluation. The surveillance system must give policymakers timely information on the direction of the epidemic, as well as knowledge of the behaviors that continue driving the epidemic.
- Strategies for dealing with the epidemic are bound to change as new information becomes available. Implementation procedures must therefore favor flexibility, learning and innovation, and responsiveness to opportunities and demand.

Status and Next Steps

With the projects in Barbados, the Dominican Republic, Jamaica, Grenada and St. Kitts and Nevis already approved and under implementation, the multi-country program is moving forward to its goal of encompassing all Caribbean nations by the end of 2003. It is expected that additional commitments to Trinidad and Tobago, St. Lucia, St. Vincent and the Grenadines, Guyana, and Dominica will be made amounting to about US\$50 million. Also, grant resources are being identified to support Haiti and to finance regional activities under CARICOM, CAREC, the University of the West Indies, and the Caribbean Regional Network of People Living with AIDS (CRN+).

“The Best Advocacy is Action.”

*Dr. Stephen King, Chairman,
St. Lucia AIDS Action Foundation*

For additional information about the Multi-Country HIV/AIDS Prevention and Control Program, please contact::

Patrício V. Marquez
Lead Health Specialist
LCSHD
The World Bank
Tel. 202-473-0163
Fax 202-522-1201
Email: pmarquez@worldbank.org

Maria Colchao
Program Assistant
LCSHD
Tel. 202-473-8048
Fax 202-522-1201
Email: mcolhao@worldbank.org