In the Caribbean, HIV/AIDS has become the major cause of death among men under the age of 45 (see Figure 1). Official figures show more than 360,000 people living with AIDS, but estimates place the number at over 500,000 due to underreporting. More than 80,000 children have been orphaned by the epidemic, and the infection rate is estimated to have reached 12 percent in some urban areas, spreading in many countries from high-risk groups to the general population.

The Caribbean Regional Strategic Plan of Action for HIV/AIDS, developed by the member governments of the Caribbean Community (CARICOM) and the Dominican Republic, is backed by the World Bank and other international organizations such as PAHO/WHO, UNAIDS, CAREC, USAID, and the University of the West Indies, among others. It will support national programs based on the countries’ own needs. While the general population will benefit from a reduction in the rate of new infections, the program will particularly benefit high-risk groups and the 300,000-500,000 people living with HIV/AIDS, by increasing their care quality and coverage. The program (see Table 1, on back page) will focus its support on a participatory approach to facilitate government work in partnership with patients, community groups, religious organizations, NGOs, health professionals and the private sector.

<table>
<thead>
<tr>
<th>Figure 1 - Caribbean HIV/AIDS Prevalence Rates</th>
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<tbody>
<tr>
<td>Country</td>
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<tr>
<td>Trinidad and Tobago</td>
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<tr>
<td>Suriname</td>
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<tr>
<td>Jamaica</td>
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<td>Haiti</td>
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<td>Guyana</td>
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<td>Dominican Republic</td>
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<td>Belize</td>
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<tr>
<td>Barbados</td>
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<td>Bahamas</td>
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</tbody>
</table>

The five-year program includes:

Communications campaigns to raise awareness of AIDS as a multi-sector development issue, not only a health concern and to provide information and education on the disease.

Criteria for Country Participation in the Plan of Action

- An approved National HIV/AIDS Strategy and Program;
- Readiness of national leadership (including a structured project management unit)
- Programming for multi-sector implementation;
- The use of sustainable business arrangements
- Defined institutional arrangements for monitoring and evaluation
- Scaling up prevention activities, at the national and community levels, aimed at shifting away from high-risk behaviors, promoting condom use, voluntary testing and counseling for vulnerable groups programs to reduce mother-to-child transmissions of HIV, and improved screening of blood transfusions;
- Strengthening care of people living with HIV/AIDS by improving treatment, including sexually-transmitted infections (STIs) and opportunistic infections such as tuberculosis, improving the availability and access to essential drugs;
- Support research and surveillance, including surveys of epidemiology, knowledge, behavior, and better monitoring of the epidemic;
- Capacity building to improve program coordination and resource management.

**The Dominican Republic**

The $25 million loan to support HIV/AIDS prevention and control in the Dominican Republic will scale-up programs and activities targeting high-risk groups, expand awareness among the general population, and strengthen institutional capacity to ensure that the effort is effective. In partnership with the pharmaceutical industry, the project will also help expand the coverage of the mother-to-child prevention program.

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

- Reduce by 50 percent the rate of reported HIV cases
- Increase the number of people using condoms from 30 to 50 percent;
- Decrease HIV-prevalence among women of child-bearing age attending prenatal care services to less than one percent by 2004;
- Increase by 40 percent the number of orphaned children receiving 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. Barbados for example is the first country to receive Bank assistance (US$15.1 million) to finance the use of antiretrovirals - a cocktail of drugs that decreases HIV levels in the blood, enabling carriers to live healthier and longer lives.

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

- Reduce reported cases from 1.5 percent to 1 percent of positive HIV tests per year by 2006;
- Increase condom users to 60 percent of the population age 15 or older;
- Reduce mother-to-child HIV transmission to 12 percent or less;
- Increase voluntary testing and counseling by 50 percent;
- Treat 80 percent of AIDS patients with antiretrovirals;
- Improve quality and coverage of clinical treatment and care through the public health system and improved community/home care.;
- Increase the life expectancy of AIDS patients by three or more years.

**Jamaica**

Using a multisectoral approach, the project (US$15 million) would assist the Government of Jamaica (GOJ) in (a) curbing the spread of the HIV epidemic by scaling up preventive programs targeted to high-risk groups, and expanding awareness about HIV/AIDS among the general population; (b) improving treatment, care and support; and (c) strengthening Jamaica's multisectoral capacity to respond to the epidemic.

- Ante-Natal Clinic (ANC) prevalence rate to be held below 2 percent and among young army recruits less than 1 percent
- A decrease among commercial sex workers from 20 to 10 percent in Montego Bay and 10 to 7 percent in Kingston
- 25 percent reduction of syphilis prevalence rate in ANC attendees aged 15-24
- Delay median age at first sex by at least 0.5 years
- 25 percent 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.

• Increase the life expectancy of AIDS patients by three or more years.

• Increase from 75 to 85 percent of the proportion of commercial sex workers reporting condom use with their last clients.

• 100% of all district health facilities to have at least one trained counselor providing specialized HIV/AIDS counseling.

Grenada

Project activities (US$6 million) target the whole population, with particular emphasis on high-risk groups such as HIV/AIDS-infected pregnant women, children born from HIV/AIDS infected mothers, adolescents, sex workers, 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 minutes to one hour by road. This population distribution in a small country makes less difficult to reach target groups. The activities selected for project support have been grouped into four components: (i) promotion and behavior change; (ii) prevention and control; (iii) access to treatment and care; and (iv) institutional development, management and surveillance.

• In 5 years, reduce reported HIV/AIDS cases by 50%, and reduce mortality and morbidity attributed to HIV/AIDS, by 40%.

• Improve the quality of life for People Living With AIDSs (PLWAs);

• Consolidate sustainable organizational and institutional framework for managing HIV/AIDS.

Lessons Learned

1 There needs to be a clear demonstration that government, at the highest level, is committed to the issue 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 the stigma and discrimination associated with HIV infection.

2 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 the planning and implementation process. Government, therefore has to indicate its willingness to collaborate with NGOs, CBOs other line ministries and the private sector in program design and implementation.

3 The response to the epidemic must include care and support. There are known and relatively inexpensive means to improve the quality and life expectancy of persons who are HIV positive. Providing care and support to them would convey 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 the death of reprehensible people. The inclusion of care and support in the response to HIV/AIDS are thus expected to contribute to diminish the stigma and discrimination.

4 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 Jamaica, those in high risk 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.

5 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.

6 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.

Next Steps

With the Jamaica loan becoming effective in June 2002, the multi-country program is moving forward to its goal of encompassing all Caribbean nations by mid-2003. The project in Grenada was negotiated at the end of May 2002, and is expected to be approved by June 2002. Projects in Dominica, Guyana, and St. Kitts and Nevis are currently under preparation; a project in Trinidad and Tobago was identified in early May 2002 and preparation has begun; St. Vincent and the Grenadines and St. Lucia have expressed interest. An important aspect of future work will be to identify grant sources for Haiti and regional-level activities.

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### Table 1 - Caribbean Regional Strategic Plan of Action for HIV/AIDS 1999-2004

<table>
<thead>
<tr>
<th>Priority Areas for Action</th>
<th>Strategic Actions</th>
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</table>
| Advocacy, Policy Development and Legislation | Promote human rights and non-discrimination  
Target leadership in critical sectors  
HIV/AIDS and health reform  
Conduct research on impacts  
Conduct vaccine trials |
| Care and Support for People Living with HIV/AIDS (PLWHA) | Conduct situational analysis on access and quality of care  
Develop regional standards of care  
Extend counseling and diagnostic facilities  
Extend networks of persons living with HIV/AIDS and support them |
| Prevention of HIV Transmission Among Young People | Support the implementation of the Health and Family Life Education (HFLE) initiative  
Integrate into adolescent programs, including reproductive health programs  
Condom promotion  
Research and innovation in methodology  
Peer counseling  
Sexual health education for youth in and out of school |
| Prevention of HIV Transmission Among Vulnerable Populations  
- Men having sex with men (MSM)  
- Sex workers  
- Drug users  
- Institutional populations  
- Uniformed populations  
- Mobile populations (e.g., migrant workers, sex workers, tourists) | Support development of regional networks  
Support research and development to define best practices  
Support implementation of UNDCP plan of action  
Integrate HIV/AIDS prevention and care into prison health care programs  
Targeted information, education and communication (IEC) programs  
Conduct situational analyses  
Include HIV/AIDS issues in tourism and health initiatives  
Develop regional policy and operational guidelines  
Identify and support field training sites/models |
| Prevention of Mother-to-Child HIV Transmission | Target women for IEC programs  
Negotiate with pharmaceutical companies for access to antiviral drugs for prevention of mother-to-child HIV transmission  
Close collaboration with UNICEF for program development and implementation |
| Strengthening Regional and National Response Capabilities | Network with regional agencies and NGOs  
Support capacity building in key agencies  
Upgrade HIV/AIDS surveillance  
Develop a comprehensive IEC strategy and program  
Develop research agenda and promote implementation  
Promote technical cooperation among countries  
Develop coordinated approach to resource mobilization  
Target the private sector  
Strengthen monitoring and evaluation capacity |

### About the Author

1 - Patricio Marquez is a Lead Health Specialist in the Human Development Department of the Latin America and the Caribbean Region of the World Bank.

### More on this Topic

See “Health, Nutrition and Population” under http://www.worldbank.org/lac and...
http://www.worldbank.org/AIDS

### Notes

2 - This program is supported through a US$155.0 million Multi-Country HIV/AIDS Prevention and Control Adaptable Program Lending (APL) for the Caribbean Region approved by the World Bank’s Board of Directors on June 28, 2001

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