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A study of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP)

Common goals, shared responses

CARICOM

UNAIDS BEST PRACTICE COLLECTION

A joint publication of UNAIDS and CARICOM Secretariats

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List of abbreviations and acronyms

ARV	Antiretroviral (drug)
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CCNAPC	Caribbean Coalition of National AIDS Programme Coordinators
CDC	U.S. Centers for Disease Control and Prevention
CGCED	Caribbean Group on Cooperation in Economic Development
CHRC	Caribbean Health Research Council
CIDA	Canadian International Development Agency
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CRSF	Caribbean Regional Strategic Framework on HIV/AIDS 2002–2006
DFID	Department for International Development (United Kingdom)
EC	European Commission
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HEU	Health Economics Unit of the University of the West Indies
IDB	Inter-American Development Bank
KfW	German Government Kreditanstalt für Wiederaufbau
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PCU	PANCAP Coordinating Unit
PLWHA	People living with HIV and AIDS
SIRHASC	Strengthening the Institutional Response to HIV/AIDS in the Caribbean Project, funded by EC
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organization

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The Pan Caribbean Partnership against HIV/AIDS (PANCAP) is a unique example of collective action towards the common goal of strengthening the regional response to AIDS in the Caribbean. It has been made possible by the efforts and commitment of the many partner organizations and dedicated individuals who have worked tirelessly to make it a reality.

Special thanks are due to the many individuals representing PANCAP partner organizations who generously shared their experience and views during the preparation of this study. The Country and Regional Support Department (CRD) of the UNAIDS Secretariat commissioned and developed this study. CRD of the UNAIDS Secretariat and the CARICOM Secretariat provided direction. As well, both Secretariats provided access to the many documents and materials which have been drawn upon extensively in the study. Diane McAmmond researched and wrote the document.

Foreword

The Caribbean is second only to sub-Saharan Africa in terms of HIV prevalence. As in other regions of the world, the epidemic is more than a health problem: it is an unprecedented threat to social and economic development.

This case study, on which UNAIDS is delighted to have collaborated with CARICOM, documents the experience of the Pan Caribbean Partnership Against AIDS (PANCAP) to mobilize the response to AIDS in the region. It highlights both the Partnership's successes as well as the challenges it continues to face in supporting effective action on AIDS in all of its twenty nine countries. I hope that the lessons learned can be applied not only in the Caribbean but help other regions as they develop collective strategies to tackle the AIDS epidemic.

Dr Peter Piot
Executive Director
Joint United Nations Programme on HIV/AIDS

PRIME MINISTER
ST. KITTS AND NEVIS

GOVERNMENT HEADQUARTERS,
P.O. BOX 186,
ST. KITTS, W.I.

The Pan Caribbean Partnership against HIV/AIDS (PANCAP) is an incomparable initiative designed to engage a network of stakeholders in the fight against a disease that is disrupting the social and economic well being of the Region. Its impact, especially among the youth, is particularly disturbing. The collective programme that has been adopted through the Caribbean Regional Strategic Plan is indeed a model of functional cooperation that has spared the small countries of the Region from having to duplicate efforts and has enabled the rationalization of scarce resources. The process has by no means been without hitches. But the goodwill and political will it has generated in the mobilisation of resources, in joint negotiations for cheaper anti-retroviral prices, in training, human rights and stigma reduction against people living with HIV/AIDS (PLWA) are significant and sustainable. The CARICOM Heads of Government have demonstrated the high value they place on the institutionalisation of PANCAP by making it a major pillar in the implementation of the Nassau Declaration 2001: The Health of the Region is the Wealth of the Region. As Prime Minister with responsibility for leading the Region's challenge in human resource development, health and HIV/AIDS, I can attest to the value of PANCAP. Thanks to the cooperation of all our Partners, especially those representing PLWA, PANCAP is truly a Best Practice.

Denzil L Douglas (Dr)
Prime Minister

CARICOM collaborated with UNAIDS in producing this study—to help make the lessons learned in developing PANCAP more widely available. The above message from the Honorable Dr. Denzil Douglas, the Prime Minister of St. Kitts and Nevis, and the CARICOM First Minister Responsible for Human Resources, Health and HIV, attests to the value of PANCAP in strengthening the ability of its partners to respond to the AIDS epidemic in the Caribbean.

Executive Summary

The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) brings together over 70 partners to collaborate in the regional response against AIDS. PANCAP is a multisectoral, multilevel partnership which includes the governments of all countries and territories of the Caribbean region and regional and international organizations from the health, social development, education, economic, culture, tourism, and other sectors. Organizations of people living with and affected by HIV, multilateral and bilateral donors, the UN system, government and nongovernmental organizations, business organizations, communities of faith and many other types of organizations are members.

Building on joint regional initiatives begun in the 1980s, PANCAP was formally established in 2001 under the umbrella of the Caribbean Community (CARICOM). The overarching goal is to "curtail the spread of HIV/AIDS and to reduce sharply the impact of AIDS on human suffering and on the development of the human, social and economic capital of the region." The Partnership functions as a network that encourages each partner to work within its own mandate and areas of comparative advantage, while fostering an environment for partners to pursue their respective programmes in a harmonized and coordinated fashion whenever appropriate.

This document describes the processes and events involved in establishing PANCAP, the accomplishments and challenges to date, and the lessons learned. Although the Partnership is still in its infancy, and it is thus too soon for any formal evaluation to have been completed, it is nonetheless apparent that much has been accomplished through this initiative.

The purpose of this study is to share this experience in the hope it will encourage other regions of the world to consider the potential benefits of developing a regional partnership to fight against AIDS, and provide guidance if they decide to proceed. PANCAP is very much a work in progress, and the story is still incomplete. But the urgency and importance of the global need to respond to AIDS, and the difficult challenges of responding in regions such as the Caribbean which are comprised of many small, under-resourced countries, makes it timely and imperative to share this experience now. Several countries from different regions of the world have already requested that the PANCAP experience be shared.

Significant achievements have already resulted from the collaborative regional approach of PANCAP. Since the Partnership was established, all 29 countries that comprise the region have joined. The formal structure for governance and operation of the Partnership has been established. There is strong political commitment from heads of government of Caribbean member countries, especially the 15 CARICOM States, as well as solid support from leaders of regional and international organizations and institutions for the Partnership for the fight against AIDS. Caribbean leaders representing PANCAP comprised the largest delegation of any region at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS), and the efforts of PANCAP leaders have brought the economic and social impact caused by AIDS in the Caribbean to the attention of world leaders and placed it on the global agenda. Largely as a result of regional and international advocacy by PANCAP leaders, resources from multilateral and bilateral donors, as well as other international sources for the response to AIDS in the Caribbean have more than quadrupled in the three years since the Partnership was formed. The focus of the Caribbean response to AIDS has shifted from being primarily a health-sector responsibility to a truly intersectoral response which recognizes AIDS as an economic and development, as well as a health and social issue requiring a broad response from all parts of

society. As a result, the AIDS issue has been dramatically highlighted in the region, and the response significantly accelerated.

There are still many challenges ahead for PANCAP. These include maintaining and further strengthening high-level leadership for the regional fight against AIDS; applying newly mobilized resources to quickly take effective programmes to scale at the country level; ensuring more effective linking between action at the regional and country levels; strengthening technical capacity at regional and country levels; more clearly delineating roles and responsibilities for different PANCAP partners; and strengthening coordination and communication among partners. A strong foundation to address these challenges has been laid by the accomplishments to date, and PANCAP has now embarked on the journey of concrete joint action for an accelerated regional response to AIDS. Monitoring and evaluating performance and sharing the results with other regions of the world, are other key priorities.

A study of the Pan Caribbean Partnership Against HIV/AIDS
Common goals, shared responses

1. Introduction

The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) was one of the first, and is now one of the most vibrant, fully functioning multisectoral, multilevel regional AIDS partnerships. Although it is still developing and strengthening, PANCAP has been operating for approximately three years, with the inclusion of all countries and territories in the Caribbean region and many international and regional partners.

PANCAP has succeeded in raising the political profile of AIDS in the Caribbean region, creating understanding about the significance of the Caribbean epidemic within the broader global context, mobilizing significant new resources to fight AIDS, and establishing a structure to facilitate collaboration. The Partnership has now embarked on the journey of concrete joint action for an accelerated response to AIDS in the Caribbean. It is therefore timely to share the experience of PANCAP, in the form of this study.

This document summarizes information about why and how PANCAP was created and what its accomplishments and challenges have been, draws out principles and lessons learned and provides ideas about next steps. The purpose of the study is to encourage other regions of the world to consider the potential benefits of developing such a partnership, and assist them if they decide to proceed. As well, the document should help PANCAP to reflect on its successes, better understand its challenges and chart the way forward.

The analysis and description focuses only on the processes, events and key factors that led to the establishment and building of PANCAP. It does not address the content of the regional response to AIDS in such areas as the causes of the epidemic, solutions to issues such as stigma and discrimination that may hinder an effective response, nor the content or success of programmes to respond.

The study is a synthesis of background material drawn from the many excellent documents which have been created during the development of PANCAP, combined with input from interviews with a sample of key people who have been involved. The document presents an overview that should be of interest to a wide range of readers. It is not a comprehensive history, nor does it provide an in-depth analysis or an evaluation of PANCAP.

2. What is PANCAP?

The following is a very brief overview of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP). These points are elaborated throughout the study.

PANCAP was created in response to the need for urgent action to counter the AIDS epidemic in the Caribbean and its potentially devastating impact on the social and economic well-being of the region. It provides an "umbrella" mechanism that brings together key partners working on AIDS in the region. The intent in creating the Partnership was to scale up the response to AIDS in the Caribbean, at both national and regional levels. This included increasing the number and variety of organizations involved and their capacity to respond, the level of financial resources available for AIDS, and the geographical scope of the response – to become truly Pan Caribbean, involving all countries and territories.

The Partnership was formally launched in February 2001 with six original signatories of the Caribbean Partnership Commitment—an agreement among Caribbean countries and key regional and international organizations. Since that time, the Partnership has grown tremendously to over 70 members now onboard.

The overarching goal of PANCAP is to "curtail the spread of HIV/AIDS and to reduce sharply the impact of AIDS on human suffering and on the development of the human, social and economic capital of the region." This is to be achieved by mobilizing resources and coordinating the efforts of governments, civil society organizations including organizations of persons living with or affected by HIV, the private sector, multilateral and bilateral donors and the United Nations system. The ultimate purpose of PANCAP is to protect the Caribbean region from the impact of AIDS by facilitating and supporting scaled-up action and success at the country level, and to help ensure that the response reaches the community level where success 'on the ground' is needed to truly make the difference.

PANCAP, as the collective entity made up of all its member partners, functions by encouraging each partner to work within their own mandate and areas of comparative advantage, while assisting all partners to work in a harmonized and coordinated fashion whenever appropriate. The Secretariat function of the Partnership is provided by the PANCAP Coordinating Unit which currently has a small staff housed at the Caribbean Community (CARICOM) Secretariat in Georgetown, Guyana. The work of the Partnership is guided by a Steering Committee comprised of 17 PANCAP members, representing the various constituencies which make up the Partnership.

3. Background

The geographic, political, cultural, economic and linguistic diversity of the Caribbean region creates significant complexities in understanding the regional AIDS epidemic and developing appropriate responses.

A brief description of the Caribbean region

Geography

There are different definitions of which nations and territories comprise the Caribbean region. For purposes of the formation of PANCAP, the following 29 nations and territories were included. All are members of PANCAP.

- The sovereign-state members of the Caribbean Community (CARICOM) including both island-nations (Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago) and the mainland countries of Belize in Central America, and Guyana and Suriname in South America.
- Spanish-speaking Cuba and the Dominican Republic.
- The Netherlands Antilles (Bonaire, Curacao, Saba, St. Maarten, and St. Eustacius) and Aruba.
- The United Kingdom Caribbean Overseas Territories of Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Montserrat (also member of CARICOM), and the Turks and Caicos Islands.
- The Commonwealth of Puerto Rico (associated with the United States of America) and the territory of the United States Virgin Islands.
- Departments of the French Republic, consisting of French Guyana, Guadeloupe (including Saint Bartholomew and Saint Martin) and Martinique.

Culture and people

The Caribbean is a multiethnic region with great cultural and religious diversity. Many languages are spoken, primarily English, Spanish, French and Dutch, but many others also. The majority of the population is of African descent, but there are also people of European and Asian ancestry. There are indigenous populations such as the Carib, Arawak and Taino peoples.

The population of the Caribbean region is approximately 39 million people. The mainland states of Belize, Guyana, and Suriname, which by virtue of language and cultural heritage form part of the Caribbean region, are larger in land mass than the island states, but have relatively small populations. The island states vary in size and population, from 8000 inhabitants of Anguilla and 35 000 inhabitants of the Cayman Islands to 8 million inhabitants of Haiti and 11 million inhabitants of Cuba. About half of the countries have a population of less than 100 000 people.

Economic factors

The Caribbean region has characteristics of both developed and low- and middle-income countries. The annual per capita Gross National Income of Caribbean nations in the year 2000 ranged from lows of US$ 510 in Haiti and US$ 860 in Guyana, to highs of US$ 28 571 in the Cayman Islands and US$ 33 300 in Bermuda. At least eleven countries had an annual per capita Gross National Income of less than US$ 5000. Most economies are small. For example, the Gross Domestic Product of the majority of the countries in CARICOM was less than US$ 1 billion in 2000, and the population was less than 500 000 people.

Most countries are economically dependent upon external forces for stability, due to heavy reliance on tourism or single-crop agriculture (e.g., sugar, bananas) traded through preferential trade agreements. Burgeoning "white-collar" industries and trades, such as off-shore banking or financial management and administration, are similarly externally-driven and, hence, vulnerable to adverse changes beyond the direct control of the region. The already-fragile economies may be further threatened annually by the whimsical nature of such natural threats to stability as hurricanes and other disasters.

The majority of PANCAP member countries are in the middle range of countries ranked on the UN Human Development Index. Five are in the highest category, and Haiti is in the lowest category. Poverty remains widespread in the region. Most affected by HIV are the aged, and women and young people in the 15 to 29 age group (in which the highest levels of unemployment are experienced). World Bank and Caribbean Development Bank studies over recent years have shown that close to one third of the population in many of the countries of the region live in poverty. Access by the poor to HIV prevention, care, treatment and support services is extremely limited.

AIDS in the Caribbean region

The Caribbean region, with estimated adult HIV prevalence of 2.3% in 2003, is the second most-affected region in the world after sub-Saharan Africa. Approximately 430 000 adults and 23 000 children in the region are living with HIV. Given the high level of underreporting, the total infected population is certainly much higher[1].

According to the Caribbean Epidemiology Centre, among young people 15 to 24 years of age, an estimated 2.9% of women and 1.2% of men were living with HIV by the end of 2003. Mirroring global patterns, young persons are most vulnerable to the disease, especially young women. In the Caribbean region, young women aged 15 to 24 years exhibit HIV prevalence two to four times higher than all other female age cohorts, and three to six times higher than males in that age group.

HIV prevalence varies widely among and within Caribbean countries. For example, according to the UNAIDS 2004 Global Report, three countries—the Bahamas, Haiti and Trinidad and Tobagao—have national HIV prevalence of at least 3%. Barbados is at 1.5% and Cuba's prevalence is well below 1%. Haiti has the highest prevalence, at 5.6%; prevalence within the country ranges from 13% in the northwest to 2% to 3% in the south. Guyana has the second highest prevalence, estimated by the Ministry of Health at between 3.5% and 5.5%.

[1] *This epidemiological information was provided by UNAIDS in September 2004, based on only 10 of the 29 PANCAP member countries: Bahamas, Barbados, Haiti, Jamaica, Trinidad and Tobago, Belize, Guyana, Suriname, Cuba, Dominican Republic. UNAIDS does not have information for other member countries.*

The Caribbean AIDS epidemic is thought to be predominantly heterosexual. However, transmission among men who have sex with men is an important source of infection (and likely underreported because of the legal prohibitions against, and cultural stigma attached to sex between men). The role of men who have partners of both sexes in the development of the epidemic is not well documented or understood. In several countries (Barbados, Bermuda, Dominica, Jamaica, Trinidad and Tobago, Cuba, and the Dominican Republic), where reported AIDS case data are reliable and timely, the male to female sex ratio remains between two and six males for one female, indicating that AIDS currently predominantly affects men in the Caribbean. Injecting drug use is not a significant source of transmission in most countries, the exceptions being Bermuda, where over 40% of reported AIDS cases are due to injecting-drug-use transmission, and Puerto Rico. Mother-to-child transmission now accounts for about 6% of reported AIDS cases in the region.

The social and economic impact of AIDS

It is evident from projections of future possible effects in different areas of activity that the AIDS epidemic in the Caribbean is not only a health problem; it is also a development and economic problem. The epidemic takes its greatest toll on younger people who are, within each country, the most productive human resources. As larger numbers of young people are infected, the expected contribution of this group to economic and social development will become smaller and less reliable. This is of particular concern in small countries that will lose large numbers of skilled individuals who will not be easily replaced. At the macroeconomic level, costs include: increased absenteeism, higher training costs, income foregone, and the redirection of resources that would otherwise go into productive activities, into health care and time spent caring for sick family members. As well, loss of young adults who are parents weakens the mechanism through which knowledge and abilities are transmitted from one generation to the next.

"Not only does AIDS destroy existing human capital by killing young adults, who are among the most productive groups of workers in the Caribbean, it leaves children without parents to love, raise and educate them – thus preventing transfer of knowledge and skills from one generation to the next. Remedying this is the long term challenge for PANCAP"

Patricio Marquez, Coordinator of the Multi-Country HIV/AIDS Prevention and Control Program in the Caribbean, The World Bank

If prevalence of HIV in the region continues to increase as it has been, per capita economic growth is forecast to decline significantly. A study by the University of the West Indies Health Economics Unit and CAREC/PAHO/WHO estimated that in the year 2005, the total cost of the epidemic will be approximately 6% of the Gross Domestic Product of the region. By 2020, the Gross Domestic Products of Trinidad and Tobago and Jamaica were estimated to shrink by between 4.2% to 6.4%, and savings were expected to decrease by 10% in Trinidad and Tobago and 24% in Jamaica.

By simultaneously compromising both the labour productivity and the savings pillars of the economic system in many of the smaller island states, the AIDS epidemic has enormous potential to create an unfavourable shock that can trigger a downward economic spiral. Such a shock will intensify the projected negative economic impacts of AIDS, by reducing the public revenues available to fight the epidemic, increasing the risks of infection created by poverty, and reducing the capacity of families and communities to care for their members living with HIV-related disease.

AIDS is creating growing pressure on health systems. Increased expenditures from government budgets and household saving for AIDS-related care, treatment and support reduce the capital available for more productive investments. Although price reductions for antiretroviral drugs have been negotiated collectively by countries in the region, plans to make these drugs much more widely available will have a very significant cost.

At the social level, some of the forces driving the epidemic—poverty, violence, especially violence against women, marginalization, stigma and discrimination—are often compounded by rising HIV prevalence. Poverty, and the low human-capital base in many Caribbean countries are a major risk factor for HIV transmission and, in turn, AIDS usually results in added poverty. Commercial sex work, both female and male, is widespread, well entrenched and increasing throughout the region. Economic hardship is the single most important reason given by sex workers for going into sex work. Criminalization and social stereotyping of prostitution have created a marginalized, under-served population, very vulnerable to HIV transmission and an important link in the spread of HIV to the general population.

Stigma and discrimination against people living with HIV are still widespread and have very significant negative consequences, particularly in some countries of the Caribbean. Many people still choose not to disclose their HIV status for fear of being rejected by their communities and families, losing their jobs, their housing and social status. Poor access to services, and sometimes an outright refusal to provide health and other services to people living with HIV, is a reality. Gradual progress is being made, particularly through the advocacy of organizations of persons living with HIV and some national-level nongovernmental organizations focused on the needs of vulnerable populations, but much remains to be done.

4. Why was a regional response to AIDS needed?

Population mobility

Ongoing efforts to establish a common market economy with free movement of professionals and workers with other skills made the political and natural boundaries irrelevant for the fight against AIDS. Thus it was clear from the early stages of the AIDS epidemic in the Caribbean that an effective response must recognize the complete disregard by HIV of geopolitical boundaries. If some countries did not mount an effective response, it was inevitable that the consequences would be felt in other countries.

Human movement throughout the Caribbean, and between the region and other geographic areas, has been a common feature of the region since its formative days. Caribbean people travel often from island to island and outside the region for work, study and family reasons. Huge socioeconomic inequalities between neighbouring countries create strong pressures for migration. HIV transmission is often linked with migration to and from the most highly affected countries, plus there is extensive movement of commercial sex workers among Caribbean countries. In addition to this extensive internal mobility, the region is one of the most popular tourist destinations in the world, receiving more than 20 million visitors each year.

Limited response capacity of individual countries

The Caribbean region includes a large number of very small countries, each with extremely limited capacity to respond effectively on its own to the AIDS epidemic. For many countries, the size of the economy is a significant constraint. The Gross National Product of the majority of the countries in CARICOM was less than US$ 1 billion in the year 2000, and the population was less than 500 000 people. Economies of this size cannot support highly specialized HIV prevention and AIDS care, treatment and support programmes in the absence of a great deal of external support.

It was recognized that a collaborative, coordinated regional response to the AIDS epidemic would address the very limited human resource capacity of many of the smaller countries, and would help bridge the gap between countries with a relatively strong response capacity and those that were struggling to respond. As well, it seemed clear that certain tasks could be carried out more effectively on a regional basis, by allocating scarce resources more efficiently, gaining economies of scale and enhancing quality. A regional response also offered a mechanism to share information about effective programmes and best practices, and to export successful programmes developed in one country to other countries in the region.

Need for a multisectoral, collaborative response

Experience from around the globe has shown that the most effective responses to HIV are multisectoral, multilevel, multipartner collaborations. A region such as the Caribbean, with its large number of small countries, it is difficult for each country to mount a broad intersectoral response without the involvement and technical support of regional and international level partners. Yet regional and international partners most often do not have the capacity or

resources to participate fully in all aspects of a national response in each country. A regional response potentially offers a mechanism within which each country could develop its national strategic plan and mobilize an intersectoral response at the national level which can benefit maximally from the coordinated support and advice of regional and international partners.

5. What made the regional response through PANCAP possible?

Many different conditions in the political, economic, social and institutional environment of the Caribbean region enabled and supported the establishment of PANCAP. The key factors described in this section are a history of functional and political cooperation in the region; strong political leadership and commitment; early and sustained encouragement and support of international organizations; existing regional organizations and joint initiatives to build upon; and existing analysis and strategy which helped to gain political attention and then enabled decisive action once a political commitment was obtained.

History of cooperation in the Caribbean region

There is a history in the Caribbean region of collective action on health, economic and education matters. CARICOM Heads of Government meetings have been occurring since the 1970s, and have facilitated cooperation in many spheres of action. CARICOM Health Ministers have been meeting annually and developing joint strategies since the 1960s. For example, the Caribbean Cooperation on Health Initiative established joint health priorities for the region in 1986, and then updated the priorities in 1996. In particular, the region has a history of functional cooperation. The regional collaboration led by the Pan American Health Organization (PAHO) to eradicate polio and measles is an example. As well, there is experience with successful collaboration through regional institutions such as the Caribbean Epidemiology Centre (CAREC). This long experience of successful collaboration and partnership, at a functional as well as a political level, strongly suggested that a Pan Caribbean approach to fight against AIDS would be possible and effective.

Regional-level action on AIDS began very early in the epidemic, focused primarily on technical cooperation and support. CAREC tracked the epidemic and provided laboratory support to member countries beginning in 1984, and established a formal AIDS programme in 1987. Throughout the late 1980s and 1990s, CAREC organized regular meetings among national AIDS programme representatives and other key players in the region, and sponsored joint projects, to facilitate cooperation and joint action on technical matters.

Political leadership and commitment

The creation of PANCAP was possible because AIDS was seized as a political priority, and because it had political leadership and support. This was the single most important factor in the emergence of decisive intersectoral action on AIDS in the Caribbean region.

Beginning in the mid 1990s, representatives of CAREC, CARICOM and the University of the West Indies worked to persuade cabinets and parliaments to take action on AIDS. Members of the Caribbean Regional Network of

> *"The most important thing was to infuse and sustain a sense of urgency in terms of economic issues, and a sense that success was possible. The challenge had to be made real—it's not possible to have strong economies when young people are dying."*
>
> Dr Edward Greene, Assistant Secretary General, Human and Social Development, CARICOM Secretariat

People Living with HIV/AIDS (CRN+) were part of political sensitization sessions, and were very important in putting a human face on the epidemic. By the late 1990s, advocacy at the political level had some success in building understanding and support in the health sector. This early advocacy work also contributed to a more informed and receptive political climate generally, particularly in some countries and among some political leaders. But wide political support at the most senior levels did not exist.

Then, the turning point came in June 2000 at a meeting of the Caribbean Group on Cooperation in Economic Development (CGCED) at the World Bank in Washington, DC. This meeting involved Prime Ministers, Ministers of Finance and other key decision-makers from member countries, country delegations, and senior representatives of international organizations. A presentation was made on the findings of a report prepared by the World Bank, with CARICOM and UNAIDS. The report focused on the socioeconomic impact of AIDS, and the harm that would occur to the economies of individual Caribbean countries and the region if decisive action was not taken. The presentation galvanized those in attendance, and particularly two key participants – Prime Minister Owen Arthur of Barbados and Prime Minister Denzil Douglas of St. Kitts and Nevis. These two were to become strong advocates and champions among their colleagues in favour of regional action on AIDS.

Following the Washington meeting, Prime Minister Arthur took the initiative to press the issue at the CARICOM Heads of Government meeting in July 2000 at St Vincent and the Grenadines; AIDS was formally recognized as a threat to the region's economic and social development. It was at this point that leaders who had been somewhat resistant to action on AIDS became committed to a decisive regional response. Agreement was reached, at the urging Prime Minister Arthur and with the support of the World Bank and UNAIDS, to hold a Caribbean Conference on HIV/AIDS in Barbados in September 2000.

The Barbados meeting was chaired by Prime Minister Arthur and had high level participation from all Caribbean governments, regional and international organizations, and civil-society organizations including organizations of persons living with or affected by HIV and AIDS. At the meeting, the decision was made to strengthen and broaden action against the AIDS epidemic by establishing PANCAP. Seeing the strong political commitment to action on AIDS in the region, donor organizations pledged to maintain or expand their financial support, and the World Bank pledged a very substantial financial package for individual countries, including loans, interest-free credits and grants.

PANCAP was formally established in February 2001 by the signing of the Caribbean Partnership Commitment at a meeting of CARICOM Heads of Government. The original six signatories were the Prime Minister of Barbados, who was at the time the Chairman of the Caribbean Community; the Prime Minister of St. Kitts and Nevis, who was responsible for the CARICOM health portfolio; the Secretary General of CARICOM; the Executive Director of UNAIDS; the Founder and Coordinator of the Caribbean Network of People Living with HIV/AIDS; and the Director of the Pan American Health Organization.

High-level political commitment for AIDS in the Caribbean was further enhanced because of the UN General Assembly Special Session on HIV/AIDS (UNGASS) which took place in June 2001, shortly after the launch of PANCAP. UNAIDS, CARICOM, PAHO and other key partners lobbied hard for strong and high-level Caribbean presence at the UNGASS meeting. The UNGASS brought the epidemic into the centre of the global political debate and presented an opportunity to focus international attention on the situation and special needs of

the Caribbean. This gave further impetus to PANCAP by providing an opportunity for international advocacy and visibility concerning actions taken in the Region.

In follow-up to the UNGASS, CARICOM Heads of Government incorporated the goals and targets of the UNGASS *Declaration* into regional priorities in the *Nassau Declaration on Health: The Health of the Region is the Wealth of the Region*, which formally recognized the importance of health to the economic development of the region and set AIDS as a priority. It also identified PANCAP as one of two pillars of implementation. The other was the Caribbean Cooperation in Health Initiative which focuses on the non-communicable chronic diseases and mental health.

Since that time, Prime Minister Douglas, who is the CARICOM Prime Minister responsible for Human Resources, Health and HIV, continues to keep AIDS high on the political agenda within his own country and region as well as internationally.

Stimulus and support from international organizations

Within the context of the existing cooperation in health among Caribbean countries, the role of international organizations, particularly UNAIDS and PAHO/WHO, was crucial in broadening the regional response to AIDS. UNAIDS and its cosponsors promoted the idea of a truly multisectoral regional approach to AIDS in the Caribbean. In 1998, the UNAIDS Secretariat joined with CARICOM and the European Commission to sponsor a multisectoral Caribbean Regional Consultation on HIV/AIDS. The two day consultation meeting took place in Trinidad and Tobago and had participation from all Caribbean countries (including a range of government sectoral ministries such as education, planning, development, finance, health, sports, youth), key regional organizations concerned with AIDS, and international organizations. It was at this meeting that the Task Force on HIV/AIDS in the Caribbean was established. This Task Force, chaired by Dr. Barry Wint, the CARICOM Health Advisor, was the direct precursor to PANCAP.

> *"The crucial combination of factors was the existence of good information and analysis, international organizations ready to assist, supportive regional systems, and committed capable people who, through good strategy and persistence, were able to create wide political support and a sense that successful action was possible."*
>
> Sir George Alleyne, Director Emeritus
> PAHO and UN Secretary General's Special Envoy for AIDS in the Caribbean

Over the next two years, the UNAIDS Secretariat, UNDP and CAREC provided financial, administrative and technical support for the operation of the Task Force, for its work to develop a Regional Strategic Plan and other key documents, and for the implementation of catalytic regional activities. While the Task Force was working on the Regional Strategic Plan and other regional initiatives, the UNAIDS Caribbean regional team and representatives of CAREC/PAHO/WHO provided technical and financial assistance to individual countries for their national AIDS strategic planning exercises.

The UNAIDS Secretariat, UNDP and the World Bank played a key role in placing AIDS high on the agenda at the June 2000 Washington, DC meeting of the Caribbean Group on Economic Development, described in the previous section on political leadership. Once PANCAP was established, its work was enabled through funding and technical support from a range of international organizations and donor partners. The European Commission (EC) provided significant new funding to expand the regional response to AIDS, through the Strengthening the Institutional

Response to HIV/AIDS in the Caribbean (SIRHASC) Project which was actually the very first project in support of PANCAP and acted as a catalyst whereby key bilateral donors also provided financial assistance during this early period. As well, in 2001, UNAIDS Programme Acceleration Funds (PAF) provided the Caribbean region with nearly US$ 2.5 million for national and regional projects, many of them in support of strategic planning activities.

The UNAIDS Secretariat provided support in the form of a seconded advisor who became the first staff member of the PANCAP Secretariat/coordinating unit. By 2003, funding from bilateral donors such as the US Agency for International Development (USAID) and the Canadian International Development Agency (CIDA) made it possible to undertake key regional activities and to increase the staff of the PANCAP Coordinating Unit to four programme officers. Significant support from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as continued support from the European Commission and from a range of bilateral donors now enables the ongoing work of the Partnership and its individual members.

Of course, regional organizations also played a crucial role in the development of PANCAP, as outlined in the following section. But there is wide agreement that PANCAP would not have been possible without the stimulus, the funding and the technical support of key international organizations. However, it also would not have been possible without the recognition by donor partners and other international organizations that a truly successful response must be 'owned' by the region, and their willingness and ability to proceed in a way that made this possible.

Existence of key regional organizations to build upon

The work and events leading up to the formal establishment of PANCAP, and then the building and strengthening of the Partnership, were greatly facilitated and enabled by the existence of regional institutions and organizations which served as a platform or major support for action on AIDS. Building upon regional organizations and initiatives ensured that the regional response was truly 'owned' at the regional level, and was never seen as being imposed or controlled from outside the region.

The Caribbean Community and Common Market includes all independent states and UK dependencies in the Caribbean, except Cuba and the Dominican Republic. Its goal is to promote regional integration through economic cooperation, coordination of foreign policy among the independent member countries, and the development of common services and functional cooperation in health, education, culture, communications and industrial relations.
The CARICOM Secretariat supports the activities of the Community. This includes assisting in development and implementation of proposals and programmes, and coordination of the activities of donor agencies, international, regional and national institutions – for the achievement of the objectives of the Community.

CARICOM

The existence of the Caribbean Community (CARICOM), and its willingness and ability to serve as the umbrella for joint regional action on AIDS, was the principal *key* factor that enabled the establishment of PANCAP. As a political and economic union, CARICOM was able to provide the necessary leadership and political profile to be an effective agent for change. CARICOM co-sponsored the 1998 multisectoral Consultation Meeting on HIV/AIDS in the Caribbean. The Task Force on HIV/AIDS formed at that meeting was chaired by the CARICOM Health Advisor. Meetings of CARICOM Heads of

Government were very important in building political support for regional action. CARICOM also played a pivotal role in introducing the issue of AIDS into various non-health sector forums, including meetings of Caribbean ministers of education, youth, sport, gender, culture, transport and tourism. When the decision was made to establish PANCAP, all of the partners, including Caribbean countries which are not members of CARICOM, agreed that the CARICOM Secretariat offered the best platform for coordinating the work of the new Partnership. The existence of this "ready made" home for PANCAP made it possible to move much more quickly than would have been possible otherwise. As well, key individuals within the CARICOM Secretariat have played a crucial role as champions for an effective regional response.

In addition to the critical and central role played by CARICOM, the involvement of other regional organizations was also essential.

The Pan American Health Organization (PAHO) is an international public health agency which works to improve health and living standards in the countries of the Americas, including the Caribbean. It serves as the Regional Office for the Americas of the World Health Organization. PAHO has been a strong regional participant in action to fight AIDS since the beginning of the epidemic in the Caribbean. It was a key player in stimulating and supporting the initiatives which set the stage for the establishment of PANCAP, a core member of the Task Force on HIV/AIDS, and one of the six original signatories to the Caribbean Partnership Commitment. PAHO was instrumental in providing technical support to assist the smaller member countries of the Organization of Eastern Caribbean States to develop and implement AIDS strategies and programmes.

The Caribbean Epidemiology Centre (CAREC) is a specialized public health monitoring and disease prevention agency with 21 member countries, administered by PAHO/WHO. Since 1983, CAREC has responded to AIDS in the Caribbean, initially through tracking the epidemic and providing laboratory support, and then by establishing a formal AIDS Program in 1987. CAREC has encouraged the involvement of Caribbean governments and multiple other sectors in the fight against AIDS in the English and Dutch speaking countries of the Caribbean which comprise its membership. CAREC was also a key member of the Task Force on HIV/AIDS, providing technical support for development of the Regional Strategic Plan on HIV/AIDS, and sharing its experience in coordinating regional AIDS initiatives. Regional epidemiological information about the epidemic provided by CAREC helped convince leaders that individual countries could not deal with the issue on their own.

The University of the West Indies (UWI), in particular the Health Economics Unit (HEU), was instrumental in gathering and analysing data that made the economic case for action on AIDS-related issues which was so crucial in gaining the attention of Finance and Development Ministers, and then building the commitment of Heads of Government. The existence of a regional institution such as the HEU, with researchers who can provide technical expertise and support to regional initiatives, and who understand the economic and cultural context of the region, was an important building block for the regional response. The HEU was part of the Task Force, and then became a key partner in PANCAP's ongoing work. In addition, the Caribbean HIV/AIDS Research and Training Initiative is coordinated by UWI which has also initiated advocacy efforts across the three campuses of the University aimed at increasing the awareness and involvement of the University community in the fight against HIV and AIDS.

The Caribbean Regional Network of Persons Living with HIV/AIDS (CRN+) was established in 1996 to share information, build capacity among persons living with HIV and support AIDS advocacy in the countries of the Caribbean. It has affiliates in 17 Caribbean countries. CRN+ became involved early in advocacy for regional action, and was instrumental in helping to put a personal face on the epidemic and in creating a sense of urgency into the need for regional cooperation. As a member of the Task Force, and then of PANCAP, CRN+ has been a very strong force to ensure that the needs and priorities of persons infected and affected by HIV are at the centre of the regional response. CRN+ was one of the original signatories of the Caribbean Partnership Commitment which served to formally launch PANCAP. Its annual meetings serve to bring together its membership to review and to plan an agenda and strengthen the bonds and commitment to stated goals for people living with HIV and AIDS.

The Caribbean Health Research Council (CHRC) is the regional organization with responsibility for promotion and coordination of health research in the Caribbean. It serves the member states of CARICOM, providing advice to their Ministries of Health and supporting health research efforts. CHRC has led AIDS research and evaluation in the region since the beginning of the epidemic, and was a key contributor to the Regional Strategic Plan on HIV/AIDS. CHRC now has the regional lead on monitoring and evaluation activities for the Caribbean regional response to AIDS, within the overall global lead of UNAIDS for monitoring and evaluation.

The Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC) is a forum whereby national AIDS coordinators can work together, share their resources and skills, and assist one another in building national capacity. It is the primary link within PANCAP between regional level action and action at the country level. It had representation on the Task Force on HIV/AIDS (Task Force meetings were held in conjunction with CCNAPC meetings), and has been instrumental in helping to identify needs, facilitate horizontal cooperation and build the capacity of countries to respond to the AIDS epidemic.

Regional and national information and strategy

When the opportunity arose to put AIDS on the Caribbean regional economic agenda at the June 2000 Washington Caribbean Group on Cooperation in Economic Development (CGCED) meeting, the AIDS epidemic in the region was already well understood, and the issues and challenges had been documented by the Task Force on HIV/AIDS. Based on the University of the West Indies HEU studies and analysis noted above, the case could be made that the economic impact of AIDS would be catastrophic in case of inaction and the cost of responding would not be affordable.

The Caribbean Regional Strategic Plan of Action for HIV/AIDS, which was published by the Task Force in August 2000 and provided regional direction until it was superseded by the PANCAP Regional Strategic Framework in March 2002, provided overall direction for the regional response. Existence of a strategy, and success in jointly developing the Strategic Plan, helped convince political leaders that collaborative action could succeed. An important part of the foundation for regional action was work by Caribbean countries throughout the 1990s to prepare national strategic plans to respond to AIDS. The directions and priorities established by national strategic planning exercises were reflected in the Regional Strategic Plan.

Key events, success factors and obstacles in the evolution of PANCAP

Throughout this section, milestones in the development of PANCAP are described. To assist the reader to better understand the historical flow of events, these milestones, along with other important events, are presented in Annex 1 in the form of a timeline.

The evolution of PANCAP, beginning with limited regional action in the 1980s and continuing up to the present, has been a complex and sometimes difficult process. The simple timeline of events cannot convey the hard work and persistence that enabled the progress to date. Progress depended on partners working together to gather information and do research, to consult with and understand the needs of all those involved in the regional response to AIDS, to discuss and resolve issues, to strategize and decide on common approaches, to negotiate for resources and approvals to proceed, and to undertake the many other processes of working collaboratively.

> *"The formation of PANCAP is an important milestone in the Caribbean response to AIDS. PANCAP's success will be judged by the extent to which it inspires and supports governments, institutions and civic leaders to take AIDS seriously, effect policy and social reform, reduce stigma and discrimination and implement programs."*
>
> Dr Peter Figueroa, Chief, Epidemiology and AIDS, Ministry of Health, Jamaica

The factors that enabled a successful collaborative process to develop PANCAP are described in the preceding pages. They include high level political commitment, strong champions, previous regional experience of working together, and the ability of partners to contribute from their strengths and recognize and build upon one another's differing capacities. But there were also dilemmas and obstacles to be addressed, including the following.

- It was necessary for smaller countries to be convinced that disparities between countries would be taken into account, that the larger countries would not dominate and that resources would be allocated fairly based on the needs of different countries. With time and experience, it has become clear that a regional response can recognize and meet the needs of diverse partners.
- Until the late 1990s, AIDS had primarily been a concern of the health sector. At the regional consultation in June 1998, other sectors started to become more involved. But it was not until CARICOM Heads of Government recognized AIDS as an economic and development issue that a truly intersectoral response became possible. Moving beyond the health sphere to an intersectoral approach under the leadership of heads of government of partner countries was ground breaking. But it was also very difficult at times, as partners and institutions in other sectors struggled with ways in which they could contribute, and health organizations broadened their perspective beyond health to development. The goodwill of partners, the persistence of political champions, and support from the CARICOM Secretariat made success possible.
- With the formal establishment of PANCAP as a new entity, adjustments in the roles and expectations of regional partners were required. Making the shift to working collaboratively required organizations to harmonize and coordinate their individual goals and resources, to put aside their 'territorial impulses', to share responsibility and accountability for joint efforts. This was not always easy, and required patience and goodwill by all partners. It also required the establishment of a structure for

the partnership, acceptable to all partners, which enabled effective governance and appropriate accountability for joint initiatives, while respecting the sovereignty of individual members.

- Working together in ways that did not over-tax the capacities of partners, especially smaller countries, was challenging. Initially, and even up to the present, there was a lack of personnel and other resources needed to provide the energy and momentum to build the partnership. Even with the recent mobilization of new resources, the capacity of many partners to participate effectively remains a challenge.
- In the beginning stages of collaborative action, when obtaining resources to build the partnership was the priority and consumed most of the time and energy of the PANCAP Secretariat function, it was not possible to simultaneously meet partner expectations for rapid progress in developing and supporting country-level programmes. Continuing efforts to create realistic partner expectations were not always successful, and some partners became frustrated with slow progress. Part of the slow progress was attributable to difficulty in meeting donor requirements, largely due to the very limited resources and capacity of the partnership to prepare the proposals. This dilemma was never satisfactorily overcome, and suggests that development of similar partnerships in other regions must find ways of mobilizing resources more quickly and creating realistic partner expectations right from the start.

The experience of working together to develop the Partnership, and overcome the obstacles that were encountered, helped to build a growing sense of success and accomplishment—which is where the real strength of the Partnership lies. The success factors that were important in the development process, and the ways in which the above dilemmas and issues were addressed, are reflected in the lessons learned and the principles for collaborative action presented in Section 10 of this study.

6. The Caribbean Regional Strategic Framework for HIV/AIDS

The Caribbean Regional Strategic Framework for HIV/AIDS, 2002–2006 (CRSF) provides the overall vision and direction for the work of PANCAP. The basis for the CRSF was the Regional Strategic Plan, previously developed by the Task Force on HIV/AIDS. To create the CRSF, the Strategic Plan was updated and expanded to reflect recent policy and strategic initiatives such as the Pan Caribbean Commitment (which established PANCAP), the *Declaration* of the first UN General Assembly Special Session on HIV/AIDS, and the *Nassau Declaration on Health*.

The CRSF was developed through a series of partner and stakeholder consultations in the region, including meetings with national players and stakeholders in selected countries, and culminating in a regional consultative meeting for all countries and partners. The following are the seven Priority Areas established by the CRSF. Each Priority Area includes a series of strategic objectives. A lead partner is responsible for each of the seven Priority Areas.

Priority Areas of the CRSF

1. Advocacy, policy development and legislation. Lead Partner: *CARICOM*
2. Care, treatment and support for people living with HIV and AIDS. Lead Partner: *CRN+*
3. Prevention of HIV transmission, with a focus on young people. Lead Partners: *Red Cross/ UNICEF/Caribbean Federation of Youth*
4. Prevention of HIV transmission among especially vulnerable groups. Lead Partner: *UNAIDS*
5. Prevention of mother-to-child transmission. Lead Partner: *CAREC/PAHO*
6. Strengthening national and regional capacities for analysis, programme design, implementation, management and evaluation. Lead Partner: *University of the West Indies*
7. Resource mobilization. Lead Partner: *CARICOM*

A lead role does not imply a "gatekeeper" function, but rather one of mobilizing support, facilitating networking among partners, and coordinating efforts to achieve the strategic objectives included in the Priority Area. The intention is that Caribbean institutions and organizations should have the lead role whenever possible. But when no regional entity has the current capacity to take the lead, a temporary lead organization has been assigned, with responsibility to help develop the necessary regional capacity to eventually take the lead.

The priorities identified in the CRSF are those best addressed at the regional level. At the same time, the Framework provides the umbrella for PANCAP member countries national AIDS strategic plans. Over the 2001–2004 period, technical advice and support provided by the World Bank in conjunction with UNAIDS and the University of the West Indies HEU, helped to operationalize these national strategic plans into concrete and fully-costed programmes that are being financed under the World Bank's Multi-Country HIV/AIDS Prevention and Control Program.

The Plan of Action for the CARICOM Secretariat in the Response to the AIDS Pandemic in the Caribbean, published in July 2002, was developed to help operationalize the

CRSF. It establishes implementing activities for the strategic objectives of each Priority Area, and assigns lead and supporting roles for each activity. Completion dates, performance indicators and budgets are provided for each implementing activity. The *Action Plan* enables the CARICOM Secretariat to bring together and align the necessary internal resources, particularly those of the PANCAP Coordinating Unit, to carry out its mandate in the fight against AIDS. It also informs the work of PANCAP partners—including donor partners, regional partner organizations, national AIDS programmes, and key policy makers at the national level (e.g., ministries of health and education)—in setting priorities for implementation.

7. The structure and functions of PANCAP

The current structure and functions of PANCAP, as briefly described in this section, were approved by the Membership at the Third Annual Meeting in November, 2003.

Core functions

The Partnership exists to:

- provide and maintain collective/unified vision and direction among partners to eradicate HIV and AIDS in the Caribbean Region;
- coordinate partners' activities at the regional level, particularly with respect to the Caribbean Regional Strategic Framework, the CARICOM Action Plan and the Global Fund to Fight AIDS, TB and Malaria;
- act as a 'clearinghouse' for information for decision-making;
- build awareness of HIV and AIDS issues and advocate for the elimination of discrimination against persons infected or affected by the disease and the greater participation of people living with HIV and AIDS;
- build the capacity of partners;
- increase the flow of resources for the response to AIDS;
- monitor the impact of programmes in member countries and organizations; and
- assist in streamlining programmes and projects to avoid duplication of effort and consequently, more effectively utilise resources.

Membership

The membership of PANCAP brings together the collective wisdom of the region, as well as international partners, across several sectors, in the fight against AIDS. Members are expected to:

- provide overall guidance and policy direction, through the Steering Committee, to the annual work programme of PANCAP;
- advocate for PANCAP and the fight against AIDS within their various sectors;
- assist in mobilizing resources for the scaled-up response;
- monitor the progress and impact of programmes and projects of PANCAP, in particular the implementation of the Caribbean Regional Strategic Framework;
- contribute to the goals of PANCAP in the areas of prevention, care, treatment and support and impact mitigation of the epidemic through individual work programmes; and
- coordinate the work programme in order to strengthen national and regional responses to the epidemic.

The categories of membership include:

- member countries;
- regional nongovernmental organizations;
- academic educational organizations;
- private sector;
- religious/faith-based organizations;
- networks of people living with or affected by HIV and AIDS;
- regional intergovernmental organizations;
- networks of national AIDS programmes/commissions;
- UN entities; and
- bilateral donor organizations and governments.

Structure

The overall structure of PANCAP is made up of the following elements. (see Figure 1).

The PANCAP Membership, as described above. The membership actually constitutes the Partnership. The following bodies provide the supports and mechanisms by which the Partnership functions.

A Steering Committee, comprising 17 representatives of the PANCAP membership. The Steering Committee functions as an executive board with overall decision making responsibility and accountability for implementation, monitoring and evaluation, for recommending adjustment of PANCAP's annual work programme when required. It is also convened as the Regional Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Project.

The PANCAP Coordinating Unit, with a small staff housed with, and complemented by, the CARICOM Secretariat's Operating Departments, provides Secretariat services. The PANCAP Coordinating Unit has responsibility for the day-to-day operations of PANCAP, coordinating partnership activities and providing administrative and technical support to PANCAP partners. For example, the PANCAP Coordinating Unit is the Focal Point for the Latin America and Caribbean delegation to the Board of the Global Fund (2003-2004). During the period that the PANCAP designate, Dr. Carol Jacobs was Chair of National AIDS Programme, Barbados was the regional representative.

Technical Working Groups are charged by the Steering Committee with responsible for liaison with National AIDS Programmes (NAPs) and Commissions (NACs) to facilitate the implementation of programmes in the 3 main areas of the PANCAP-GFATM grant: human rights, stigma and discrimination, prevention, and care and treatment. It is intended that technical groups will over time exist for all seven priority areas of the Caribbean Regional Strategic Framework.

This structure is designed to provide accountable governance of the Partnership, including accountability to the general membership through decisions taken at the Annual General Meetings.

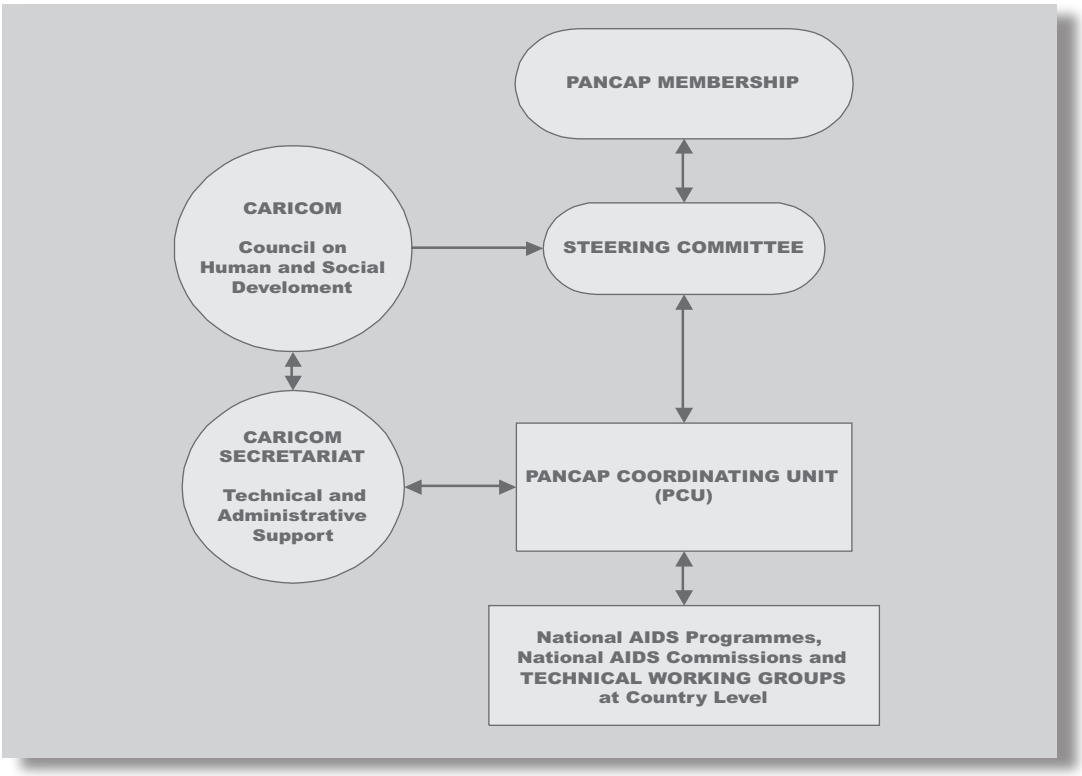

Fig. 1. Structure of the Pan Caribbean Partnership Against HIV/AIDS

8. Benefits and accomplishments of the Partnership

The Caribbean Partnership Commitment, signed in February 2001, established PANCAP as the primary regional mechanism to coordinate and support the efforts of partners to fight the AIDS epidemic in the Caribbean. This section outlines the anticipated benefits and the accomplishments to date[2].

Anticipated benefits

When the Partnership was established, the following were the anticipated benefits of collaborative regional action. Because PANCAP is just out of its infancy, no evaluation of its success in achieving the anticipated benefits has been conducted. Future efforts will focus on realizing the following benefits and on evaluating progress.

- Effective collaboration and cooperation among partners, enabled by unity of purpose and direction in the fight against AIDS in the Caribbean region.
- Synergies from a collective effort. By pooling resources, there is likely to be more focused and effective action in the fight against AIDS, resulting in greater impact, less duplication of effort and increased access to resources for all member countries and partners.
- Involvement of partners from a wide range of sectors in the fight against AIDS. A multisectoral, multilevel approach is necessary, given the complex and multifaceted nature of the epidemic, and the fact that the impact of the disease is a threat to the overall development of the region.
- Increased involvement of people living with HIV in the response to the epidemic, to ensure the capacity to focus effectively on the needs of those living with and affected by HIV and AIDS.
- Sustained financial and technical resources available when, where, and in the amounts needed to support on-the-ground efforts in member countries.
- Free flow of information, especially best practices, which can be used by member countries to improve the effectiveness of their own programmes.

PANCAP's ongoing advocacy efforts continue to increase awareness of AIDS, garner political commitment, and attract support. Discussions about PANCAP and its activities have recently occurred with all relevant institutions of CARICOM, including the Conference of Heads of Government, Community Council of Ministers, Council on Human and Social Development, Caucus of Ministers of Health, and the CARICOM Youth Ambassadors Program. The Chair, Vice-Chair and other representatives of the Steering Committee of PANCAP have made presentations and held discussions in several international forums, including the Congressional Black Caucus in Washington D.C., the President Carter Foundation in Atlanta Georgia, and the World Bank and the Inter-American Development Bank.

[2] *This study focuses only on accomplishments related to the processes of collaborative action. Given that PANCAP is still in its infancy and remains a work in progress, it is beyond the scope of this document to report on results in slowing the AIDS epidemic and reducing the consequences.*

- Stronger regional and national policies and legislation related to AIDS—including legal, ethical and human rights policies as a means of reducing stigma and discrimination and ensuring equitable access to needed services.
- A more coherent and coordinated approach to donor funding, including reduction in the duplication of efforts of the member countries in their work with multiple donors.

Key accomplishments to date

It has now been almost four years since the launch of PANCAP. During this time, the Partnership has grown to over seventy members. It has been successful in keeping AIDS high on the agenda of policy and decision makers, and has coordinated and strengthened the regional response through joint action. AIDS is now widely recognized as a development issue, and is discussed during regular annual meetings of Caribbean Heads of Government and Health Ministers. Partners, especially the smaller member countries, now feel there is a chance of responding effectively to AIDS because of PANCAP.

However, a regional initiative such as PANCAP can only be counted as truly successful if it makes an impact in member countries, through joint initiatives that ultimately deliver concrete results 'on the ground'. Progress on this front has been slower, but will be the main focus of future work, now that resources have been mobilized and the structures and mechanisms to enhance capacity at the country level are being strengthened. There is still much to be done, but a strong foundation has been laid.

The following pages outline key accomplishments in five main areas: establishment of mechanisms to support collaborative action; resource mobilization; information sharing and communication among partners; pooling of resources and coordination of efforts; success of joint regional initiatives; and establishment of links at the global level.

Structure and mechanisms to support collaborative action

The lofty idea of a regional response to AIDS, set out in the Caribbean Partnership Commitment, has been operationalized into a working structure to support collaborative action. PANCAP has clearly demonstrated that it is possible to bring together diverse partners and players around a single issue which is perceived to be crucially important to all of them.

The Secretariat function needed to support the work of the Partnership has been established in the form of the PANCAP Coordinating Unit, complemented by the operating departments of the CARICOM Secretariat. The Coordinating Unit has been staffed with financial and in-kind support from UNAIDS, USAID, CIDA and CARICOM. The PANCAP Steering Committee has been established as the executive decision-making instrument for the Partnership. The Steering Committee is now positioned to ensure that all partners have appropriate input

"Experience the world over shows the fight against AIDS can only be successful when persons living with HIV are fully and meaningfully involved. CRN+ was one of the PANCAP founding organizations. Having a place at the table from the very beginning helped keep the needs of persons living with HIV, their families, their loved ones and their communities at the forefront of the regional response."

Yolanda Simon, Coordinator Caribbean Regional Network of People Living with HIV/AIDS (CRN+)

to the directions and priorities of PANCAP, that the work of the partnership is monitored and evaluated, and that there is accountability back to the full membership.

PANCAP has created the opportunity and mechanism for coordinated input from persons living with HIV throughout the region. It has provided a focal point for their advocacy and given people living with HIV and AIDS groups a much stronger voice in helping to reduce stigma and discrimination against people who are infected and affected by HIV. CRN+ has received funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen its capabilities for advocacy and to facilitate care, treatment and support initiatives.

The Caribbean Regional Strategic Framework (CRSF) is being used by partners as the reference point for their collaborative actions, although there is still a need to strengthen the links between regional and national action. Multilateral and bilateral sponsors and potential sponsors use the CRSF as a tool to help rationalize and coordinate their funding efforts.

Resource mobilization

AIDS funding for the Caribbean region from bilateral and multilateral donors, at the country and regional level, increased more than threefold from 2000 to 2004, due in large part to the advocacy efforts of PANCAP. Prior to establishment of the Partnership, the Caribbean was not seen as a priority by most donors, and individual countries had little success in mobilizing resources. By acting collectively, with political leadership from the highest levels, the region was able to attain a global profile and attract the attention of sponsors.

In January 2004, PANCAP convened a meeting of representatives of member countries and regional organizations that have received the Global Fund to Fight AIDS, TB and Malaria (GFATM) awards. Information was shared on the funded proposals, the challenges in implementing them, and options for harmonising approaches. In follow-up, PANCAP will disseminate information on progress, with the assistance of the GTZ.

In late 2003 and early 2004, substantial grants to the CARICOM Secretariat/PANCAP Coordinating Unit, coordinated proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, to support regional level efforts, were approved. Memoranda of Agreement for the World Bank and Global Fund grants were signed in the middle of the year and funds will be released later in the year. This will make it possible to strengthen the capacity of regional organizations and increase the resources available to the PANCAP Coordinating Unit to support the efforts of partners at the country level. The recent PANCAP award from the Global Fund to Fight AIDS, Tuberculosis and Malaria for regional-level action was one of nine awards to PANCAP partners. Also receiving funds were the Organization of Eastern Caribbean States (OECS), Guyana, Jamaica, Belize, Suriname, Cuba, the Dominican Republic and Haiti. In this context the PANCAP Coordinating Unit performed the vital role of coordinating a meeting of partners receiving Global Fund grants to discuss possibilities for greater collaboration and synergies in the delivery of programmes so that the overall benefits to the region are more demonstrable and meaningful to the region as a whole.

Funding from a range of other multilateral and bilateral donor partners (e.g., UNAIDS, USAID, CDC, CIDA, DFID, EC, GTZ, KFW, IDB) has supported different aspects of the work of PANCAP since its inception, and the amount of support and the number of donors involved have grown steadily as PANCAP has matured.

PANCAP has provided a mechanism for the many different donor organizations involved in the response to AIDS in the Caribbean to share information and better coordinate their funding efforts. Donor partners sit at the table as full PANCAP partners, which enables them to participate in discussions and decisions focused on the priorities of the region as a whole, thus providing a broader context for their contacts and discussions at the country level.

Information sharing and communication

Good functioning of any partnership depends on efficient communication among partners and with outside players and the public. PANCAP's communication capacity, and its ability to facilitate information sharing among members about programmes and best practices, was initially very limited. This was due to extremely limited staff resources in the PANCAP Coordinating Unit, and the need to focus mainly on resource mobilization.

The communication function has now been significantly strengthened, with the addition of an Information and Communications Programme Officer and additional financial resources to build the capacity of the PANCAP Coordinating Unit to coordinate information sharing among partners, including an enhanced capacity to share information about best practices. This accelerated communications programme, which commenced in June 2003 with funding from CIDA, now produces several different communication tools, each designed to meet the needs of different partners and audiences. They are a monthly edition of PANCAP e-News, an online newsletter, and a bimonthly edition of the print PANCAP News. These tools attract feedback from partners and others, and are becoming a very useful interactive communication mechanism.

As well, the four PANCAP Annual Meetings held to date have provided unique opportunities for broad, multisectoral, multilevel information sharing and problem solving. The meetings are an important forum where all the members come together to assess the progress of the Partnership in achieving the priorities of the Caribbean Regional Strategic Framework, address challenges, and agree on collaborative activities for the upcoming year. The annual meetings are a key part of the governance structure of the Partnership, whereby accountability to the membership is maintained.

PANCAP, in consultation with the Canadian HIV/AIDS Legal Network, has developed criteria for obtaining technical assistance to reduce stigma and discrimination. These have been made available to national AIDS programmes through the Caribbean Coalition of National AIDS Programme Coordinators. With the support of PANCAP's Human Rights Programme, member countries are beginning the process of reviewing national laws and policies – to determine ways of reducing discrimination. As well, discussions with donors supporting the PANCAP Human Rights Programme are underway to develop a common planning and reporting structure acceptable to all partners.

Pooled resources and coordinated efforts

PANCAP partners are increasingly recognizing that the partnership model enables the best use of the respective partners' resources. An example is work on human rights, stigma and discrimination funded by CIDA, USAID and DFID and coordinated by PANCAP. Regional workshops have been held and model human rights legislation will be developed, using the CARICOM Secretariat's legislative drafting capacity. Countries are assessing their national legal frameworks, and should then be able to use the regional model legislation as a basis for their own legislative response.

PANCAP's role in facilitating the sharing of experience is also very important. For example, the Bahamas developed a successful model for care, treatment and support using voluntary counselling and testing and antiretroviral therapy, which is now being applied in other countries through the active role of CAREC, a key PANCAP partner. This illustrates the transfer of knowledge within the Partnership. A third example is sharing of economic research by the University of the West Indies Health Economics Unit, conducted with funding facilitated by PANCAP, which enables evidence based policy-making at the regional and national levels.

An example of reduced duplication of effort are the successful negotiations which have resulted in PANCAP becoming the Regional Coordination Mechanism for the Global Fund, thus avoiding the need to create a separate structure.

In future, approved funding from the World Bank and the Global Fund will enable PANCAP to realize increased capacity of regional partners to provide technical and other support for country-level action. Examples are new funding for CAREC to strengthen regional laboratory services; for CRN+ to enhance its ability to support PLWHA organizations and networks throughout the region; for CCNAPC to help scale up of the response at the country level, and for CHRC to strengthen its capacity to support monitoring and evaluation of AIDS programmes and initiatives.

Joint regional initiatives and 'common goods'

Progress and success have been achieved on some key joint-regional initiatives. An example is the work undertaken by PANCAP to help ensure access to care, treatment and support for people living with HIV and AIDS. Access to treatment, including antiretroviral therapies, has been a significant challenge for many of the countries in the Caribbean, primarily due to the high prices of antiretroviral drugs. Key PANCAP partners, including CARICOM, UNAIDS and PAHO/WHO were instrumental in facilitating joint regional negotiations with the pharmaceutical industry to reduce the price of antiretroviral drugs. National negotiations by countries such as Trinidad and Tobago, Jamaica and the Bahamas had established benchmarks for prices. Then PANCAP helped broaden the negotiations to the entire Caribbean region. Ministers of Health of Caribbean countries acted together and negotiated for a regional approach. This culminated, at the 2002 International AIDS Conference in Barcelona, with the signing, by PANCAP and representatives six pharmaceutical companies, of a Statement of Intent for Accelerating Access to Care and Treatment in the Caribbean. The result was reduced antiretroviral drug prices for all Caribbean countries, although there have been difficulties in many countries accessing the drugs, even at the lower prices. This agreement gained the attention of former US President Clinton, and as a result, the William J. Clinton Presidential Foundation became a partner in PANCAP and a major player in helping member countries provide better access to treatment.

In the follow-up to the Barcelona agreement, tangible progress has been achieved—although there is still a very long way to go to ensure wide access for people living with HIV and AIDS to necessary care, treatment and support. By July 2004, about 6000 people living with HIV were receiving antiretroviral drugs, paid by Caribbean governments and with the technical support from CAREC/PAHO/WHO laboratories – a dramatic increase from the few people receiving antiretroviral therapy in 2002. Comprehensive national AIDS care and treatment plans have been developed in eight countries and are being implemented. Regional training programmes on care and treatment are being implemented by the University of the West Indies in collaboration with CAREC/PAHO/WHO, CDC, and USAID—with more than 700 Caribbean professionals now trained in several aspects of AIDS care, treatment and support.

Another example of joint action is a regional condom social-marketing initiative funded through PANCAP by KfW, the German Development Bank. The objective is to reduce transmission of HIV and other sexually transmitted infections through promotion of condom use and subsidization of condom provision. The programme will be initially implemented in four member countries – Cuba, Haiti, the Dominican Republic and Guyana.

Links at the global level

PANCAP is helping to build two-way links between the Caribbean region and the global arena. These links benefit both the Caribbean and other regions, through sharing of experience and lessons learned. PANCAP's international involvement began with the strong participation in and impact of Caribbean leaders at the United Nations General Assembly Special Session on HIV/AIDS in June 2001. In 2002, PANCAP negotiations with the pharmaceutical industry to achieve lower prices for antiretroviral drugs established an international model which has assisted other regions. At the 2002 Barcelona and the 2004 Bangkok International AIDS Conferences, presentations on PANCAP were attended by interested people from many other regions. The PANCAP booth at the 2004 Bangkok Conference also provided a venue for all Caribbean partners to jointly exhibit their resources and materials.

Countries in Latin America are developing joint approaches for negotiation with pharmaceutical companies on reduced prices for antiretroviral drugs, based on the PANCAP experience described above. As well, there is now considerable interest in the PANCAP partnership from other regions of the world. For example, discussions between PANCAP representatives and the southern African Development Community and the South Asian Association for Regional Cooperation are exploring ways the model might be applied in those regions. Eastern European countries within the European Union have invited PANCAP representatives to visit that region to share their experience and provide advice about forming a regional AIDS partnership.

9. Challenges faced by PANCAP

As with any complex undertaking involving many partners, PANCAP has faced its share of challenges and difficulties along the way. Some of these were the inevitable birth and growing pains of any new complex structure, which have largely been resolved. Others remain and require ongoing attention. Yet additional issues have inevitably risen as the Partnership has grown. This section of the study provides an overview of these outstanding challenges. Strong and effective action to resolve these issues will be needed to maintain the commitment of partners and assure the future success of the Partnership.

The key challenges are: maintaining and strengthening high-level leadership for the regional response to AIDS; moving quickly to ensure effective programmes are put in place at the country level; ensuring more effective linking between action at the regional and country levels; clarifying and delineating roles for different PANCAP partners; and strengthening coordination and communication.

Maintaining and strengthening high-level leadership

AIDS and PANCAP continue to be on the Caribbean regional political agenda at the highest levels. But knowledge about PANCAP, and support for its work, vary considerably from country to country, and among regional level organizations. In some countries, heads of government and ministers in the health and other key sectors are well informed, and strongly support national and regional AIDS efforts. In other countries, senior decision makers are less well informed and political support is weaker. But even when political support is there, it sometimes does not translate into the needed prioritization and resource allocation at the programme level.

"The true test of our partnership is being able to work together, to pool our resources and share our accountability … Our deliverables will be measured at the country level – in workplaces, in schools, in communities and families. If any one country, if any one organization, if any one partner fails, we all fail."

Dr Peter Piot, Executive Director of UNAIDS at the PANCAP Annual Meeting, 2003.

In many countries, parliamentarians in general appear to know little or nothing about the regional response to AIDS, their country's membership in PANCAP, or the potential benefits and responsibilities that membership brings. Similarly, key influencers who could help build political awareness and help to strengthen the regional response—such as leaders in the business, nongovernmental organization and other sectors—may not be mobilized around AIDS or aware of PANCAP.

There are some strong champions among heads of government and other senior decision-makers who continue to advocate for stronger and more effective regional action to fight AIDS through PANCAP. But a comprehensive strategy and concerted advocacy effort is needed to better position PANCAP as the leader of the regional AIDS response, and to enhance political commitment in all countries of the Caribbean. Part of this strategy should aim to strengthen the participation in PANCAP of the non-English speaking Caribbean countries, some of which have not been as actively involved as the English-speaking nations.

Supporting timely, concrete results at the country level

The biggest challenge that PANCAP currently faces is to show, very soon, that its existence will actually make a concrete and visible difference in terms of programmes and initiatives at the country level. An example is the importance of moving quickly to greatly improve access to HIV care and treatment, and to reduce stigma and discrimination which hinder effective prevention and treatment.

Partners, especially member countries, initially supported PANCAP because they believed they would start to see results quite quickly. High expectations were a critical ingredient in creating the initial wide commitment to PANCAP. The Partnership is now well positioned to move ahead to do this, but progress has been slower than expected for a number of key reasons.

- The initial stages of PANCAP's development have focused upon its own structure and sustainability. This has necessarily entailed an emphasis on the regional partners, and strategies for ensuring viability. In the meantime, PANCAP country-level members have received little in the way of support and assistance through PANCAP. Now that mechanisms are in place, it is time to focus on the development and institutionalization of its primary responsibility to support country-level needs and expectations that will best be facilitated through regional mechanisms. To do this, it will be necessary to engage country-level leadership and constituencies in the planning and implementation of PANCAP initiatives, and to ensure that regional level partners have the capacity to support country-level action.
- Initially there were very few resources, human or financial, to support the work of the Partnership. Until very recently, almost all of the time and energy of the PANCAP Secretariat function (which had only one staff person for the first two years, and is still very scarcely staffed) have been devoted to establishing the structure and sustainability of PANCAP.
- The process of developing funding proposals, especially for large multilateral donors, is extremely complex and time consuming. The time from when funding is pledged by a donor to the time when the funds are actually available for use can be lengthy, sometimes several years. Efforts by donors to streamline the proposal process as much as possible, and provide more interim support to enable applicants to meet donor expectations in a timely way, are needed.
- Working in a large multisectoral collaborative partnership is always complex and time consuming, even when the working mechanisms and procedures are well established. In successful collaborations, the benefits come to be seen as justifying the time and costs involved, but this state is not reached immediately. PANCAP has simultaneously faced the multiple challenges of establishing a new organizational set-up, mobilizing resources, establishing communication mechanisms and coordinating the activities of many diverse partners with widely ranging capacities. However, now that the foundation is laid, rapid progress must be ensured and monitored carefully.

Linking action at the regional and national levels

To increase concrete action at the country level, more synergy between regional priorities and initiatives and country level plans and action is needed. The Caribbean Regional Strategic Framework (CRSF) provides the overall priorities and strategic direction for the region, and thus is the base for the regional response. But much more is required if countries are to successfully operationalize the Framework into implementation activities that fit with their own national and local priorities, circumstances and capacities.

The major need at this point is technical support, especially for smaller and poorer countries. The primary type of technical support needed is assistance with such activities as needs assessment, strategic planning, preparation of funding proposals, and effective governance, management, monitoring and evaluation of funded programmes. The PANCAP partners face a significant challenge in determining how this technical support can be provided quickly and effectively, with the substantial new funding that has been approved from the GFATM and the World Bank.

A key aspect of this challenge is building the capacity of PANCAP partners. Different national partners have different capabilities to undertake strategic planning processes, implement programmes, and monitor and evaluate results. As well, they have different abilities to participate in regional level activities. However, in general, the AIDS-related capacity of all member countries and territories is very limited. The number of staff available to work on AIDS at the national level is very small, sometimes only one full-time person or a part time person, and staff turnover in the AIDS field is high. Staff and expertise in the entire health portfolio is very limited in many countries, as is health system infrastructure.

PANCAP, with the Pan American Health Organization and UNAIDS as the lead partners, is holding consultations to determine appropriate mechanisms to enhance the capacity of member countries in the Organization of Eastern Caribbean States. This will assist PANCAP to support the participating countries to mobilize, manage and implement national and community level AIDS programmes.

This limited national capacity means that PANCAP must build the capacity of regional level partners such as CAREC, CCNAPC and CHRC—in order to provide more and better technical support to the country level. And this must be done in a way that, in the longer term, builds capacity within the PANCAP member countries themselves.

Another part of this issue is the lack of recognition of common indicators of success among countries, and different reporting and evaluation requirements of different donors. A common reporting and evaluation framework, agreed to by all donors, and linked to the CRSF, would be one way of improving consistency between regional and national plans, and improving coordination and synergy between regional and national initiatives. Adopting the internationally agreed "Three Ones" principles for coordination of national AIDS responses, within the umbrella of the Caribbean Regional Strategic Framework, would simplify and streamline the linking of national and regional efforts. The principles are: *one* agreed action framework to coordinate the work of all partners at the national level; *one* national AIDS coordinating authority; and *one* agreed country-level monitoring and evaluation system.

Delineating appropriate roles for different partners

Central to the success of PANCAP will be a clear delineation of the identities and roles of its members, both collectively and individually. All involved with PANCAP will need to clearly understand that "PANCAP" represents a broad-based, non-tangible partnership or way of engagement. When a country or institution operates, it does so in its own authority – in a way that recognizes and reflects the principles of the Partnership. This is distinct from the specific actions that must be taken by the PANCAP Secretariat (PANCAP Coordinating Unit), which is a tangible entity with a mandate to provide assistance to further the PANCAP mission and goals. Therefore, while PANCAP is beholden to serve its members (be they institutional or governmental) by coordinating and strengthening regional action, it does not have the authority to impose itself upon the sovereignty of individual members. The success of the Partnership depends upon the collective commitments of its partners to freely and supportively participate in the sharing of resources and efforts where appropriate.

Another area where clear delineation of identities and roles is essential is between the PANCAP Coordinating Unit, CARICOM and the CARICOM Secretariat. While CARICOM houses the PANCAP Coordinating Unit within its own Secretariat, the Coordinating Unit serves all PANCAP member states, whether or not they are officially part of CARICOM. PANCAP remains an entity larger than CARICOM itself. Furthermore, beyond the function of PANCAP Coordinating Unit host, CARICOM also has its own member inputs into the overall PANCAP scheme. Clear understanding of these nuances, and development of effective ways of working with them, is essential to progress.

It is also important to determine the appropriate role of the Coordinating Unit in facilitating and coordinating technical support to the country level, and providing other essential support to partners. This has implications for the number and type of human resources that the Coordinating Unit should have. The Coordinating Unit is currently very small, with little capacity to undertake a substantial coordinating and supporting role. The PANCAP Coordinating Unit/CARICOM Secretariat must either develop the fiscal and human capacity to administer (receive, disperse, monitor, evaluate and report on) the significant financial resources that will soon start flowing from the World Bank and the Global Fund, and/or enter into an arrangement with one or more partner institutions who can fulfill or assist with these responsibilities. These multilateral funding bodies have very rigorous requirements that will demand the full-time efforts of a team of capable people and the organizational mechanisms to support them. These oversight requirements are essential to ensure the success of funded projects, and must be effectively met if PANCAP is to succeed in scaling up the response to AIDS.

Strengthening coordination and communication in a growing and diverse Partnership

One of the most important purposes of PANCAP is to promote and facilitate collaborative responses and shared resources, in order to enhance synergies and reduce duplication of effort. This is happening to some extent, but there is still room for improvement. Many partners are still inclined to proceed on their own rather than looking for opportunities to coordinate efforts and pool resources with other partners. And there are many examples of donors funding duplicate initiatives, while other important priorities go un-funded.

With its recently approved additional personnel and financial resources, the PANCAP Coordinating Unit is now in a much better position to provide the key tools for ensuring more effective coordination. There is also a need for PANCAP to push for action and provide a forum where donors can work to harmonize their funding requirements, reduce duplication and gaps in funded initiatives, and ensure their funding decisions clearly reflect regional goals and priorities contained in the CRSF.

There is a need to improve and streamline processes and mechanisms for working collaboratively and for proactive information sharing. The technology is not yet in place throughout the region to enable much reliance on distance e-working, although progress is being made. PANCAP does convene some meetings through radio conferencing, managed by the University of the West Indies in Jamaica. CARICOM has also begun a projectto develop tele- or video-conferencing capabilities. The problem of major time demands of collaborative work is compounded by very limited human resources of almost all partners and the huge demands placed on them. The result is that people often cannot find the time to attend regional meetings, and when they do, follow-through when they return home suffers, because they don't have time to meet their regional commitments in addition to their national job responsibilities. There is no easy solution, but PANCAP must continue to work on innovative ways of streamlining its work and easing demands on the time and energy of the very stretched human resources working on AIDS in the region. Otherwise, commitment to and participation in the Partnership will suffer.

As the Partnership grows larger and more diverse, there is a need to ensure it is not overwhelmed by its increasing size and complexity. To achieve this, partners need information and reinforcement about the responsibilities of membership, so they can contribute from their strengths and be part of a coordinated response. An effective communication strategy is essential if new members are to understand and internalize the purpose and vision of the Partnership and make an effective contribution. It is also necessary if all members are to maintain their commitment. The PANCAP Coordinating Unit is increasingly able to meet this need as it builds its communications capacity.

10. Lessons learned

Because the Partnership is still in the early stages, there is no doubt that many lessons remain yet to be learned. But the following lessons and principles may provide guidance to other regions as they consider whether a multisectoral partnership could meet their needs, and assess the factors that will be important, if they decide to proceed.

Lessons learned in initiating action and building the Partnership

Many lessons emerged as PANCAP evolved. The following are some of the key points that could be helpful to other regions wishing to establish a multisectoral partnership to fight against AIDS.

- ***Regional leadership and ownership were essential***. PANCAP was possible only because of the political leadership and sustained support provided by CARICOM. As well, the early and sustained involvement of other key regional organizations such as CAREC, PAHO, CRN+ and the University of the West Indies was critical in creating a strong sense of ownership and responsibility within the region. The ability of international agencies to stimulate, guide and support rather than attempting to drive or control the regional response, helped ensure regional ownership.
- ***Economic analysis was a powerful tool.*** Decisive political action occurred only when there was a realization that AIDS threatened the economic well-being of the region and its people. Regional and international players were able to make the case because they had already been working on, or were able to quickly develop, the necessary information, analysis and regional strategy for a joint response.
- ***Prominence for persons living with HIV greatly strengthened the response.*** The participation of people infected with and affected by HIV in planning and implementing the regional response was essential. Becoming full and equal partners, having an equal voice at the table, gaining respect, and being seen as an essential part of the solution was a difficult struggle, and required determination and persistence as well as encouragement and support from other partners.
- ***There must be a framework for action***. The direction provided by the Caribbean Regional Strategic Framework played an essential role in gaining political understanding and commitment, and continues to be necessary as the umbrella for ongoing action. Experience using the framework shows that it will have to be regularly revisited and updated to reflect changing circumstances. The capacity and will to do this must be embedded in the Partnership.
- ***It was necessary to develop the Partnership in stages***. There were distinct, although somewhat overlapping stages in the development process: gaining political awareness and support; mobilizing resources; building the partnership structure; and implementing and supporting concrete country-level responses. The first three 'process' steps had to be accomplished before concerted action on the fourth could begin.
- ***Support from the international community was important***. Assistance of many institutions including the UN and bilateral partners was timely and key in creating supportive building processes and in providing important linkages between the global, regional and national levels.

- ***Collaborative regional action is costly in terms of time and money***. An effective regional response must be properly resourced. PANCAP's progress would have been faster if there had initially been more personnel and financial resources. Very limited resources for the Secretariat function significantly constrained the speed and strength of the initial response. Even though some additional resources have now been obtained for the Secretariat, human resource constraints will continue to hinder rapid progress unless they can be overcome.
- ***Establishing the partnership structure is just the beginning***. The processes required to obtain resources to move ahead, and then to keep all partners fully and effectively engaged, are time consuming and difficult. Patience, persistence and goodwill among partners were, and will continue to be essential to the ongoing success of PANCAP.
- ***Partners need opportunities to contribute from their strengths***. Different PANCAP partners bring many different capabilities and strengths. All these have to be recognized, and ways found for each to contribute from their strengths, acknowledging differences in capacity to participate. All partners acting in synergy results in 'value added' which is greater than the sum of the parts.

Overall guiding principles

The following broad principles, which are generally applicable to any effective collaborative action on AIDS, were crucially important in the overall process of developing PANCAP.

- ***Success depends on mutuality of interest and perception of common benefits***. All partners must see a common important goal, believe there is a concrete benefit to them, and have a stake in success. Initially, the mutuality of interest has to be demonstrated through information, data and analysis – the case must be made.
- ***'Buy-in' and leadership from the highest levels is necessary***. Success depends on political leadership at the highest level. Great persistence by influential, committed political champions is needed to bring about the intention to act and sustain the response.
- ***The response must be multisectoral and comprehensive***. The health sector, on its own, does not have the profile and power to place and keep AIDS on the political agenda. Powerful players from all key sectors including finance, health, social development, education, culture, tourism and business need to be on board. Prevention cannot be separated from care, treatment and support if the goal of reducing the spread of HIV and decreasing the impact of AIDS is to be reached. All partners, including donors, must recognize this and seek and enable comprehensive responses.
- ***Sustained advocacy for action is crucial***. Advocacy for action on AIDS must be persistently pursued. It is not always clear when an opportunity to capture the attention of political leaders will occur – such opportunities depend on social and political context and timing. So persistence in preparing the ground and being ready to respond is essential. Once action is initiated, patience and persistence are needed, because progress will inevitably be slower than desired. Regular reporting on milestones, and being able to show steady progress, helps to keep AIDS response high on the political agenda.

- ***Support and commitment depend on good communication***. Partners must understand and 'buy-in' to the vision, goals, priorities, progress and accomplishments of the partnership. Cooperation and coordination among partners, and resolution of disagreements, depend on this mutual understanding.
- ***Partners must perceive that benefits are greater than costs.*** The acceptance and 'marketability' of a regional partnership will depend on all partners seeing potential tangible benefits. Ongoing support depends on those benefits being realized in a timely way. Partners must see clear benefits, because participation will have costs and will make demands on very scarce human and financial resources.
- ***Partners must commit to harmonizing their knowledge and skills and share mutual accountability***. This commitment must be integrated with the partners' own individual organizational priorities and accountability mechanisms. This requires that partners truly feel themselves to be an essential part of the collective unity.
- ***Constructive coordinated participation is essential***. Partners should continue to support regional and national efforts through working on their areas of comparative advantage. In the interest of a more efficient coordinated approach, they must be willing to put aside their 'territorial impulses'.

11. Transferring the PANCAP model to other regions

Because no two regions of the world are alike, it would not be possible to directly transfer the PANCAP model and experience elsewhere. It is hoped that the preceding principles and 'lessons learned' may offer encouragement, guidance and ideas. However, these must be considered, assessed and applied within the unique context of any particular region.

Unless countries and other key partners in a region can agree on a common purpose in responding to AIDS, which they all see as crucially important, it is unlikely that the required political interest and commitment would emerge. The most serious hindrance to taking action would be a lack of any sense of regional cohesion and common interests, especially common economic interests. A further barrier could be very wide variations among countries in a region – in terms of political structures, languages, culture, and economic situation. There was considerable diversity in the Caribbean region on these factors. But this did not prove to be a barrier because of the magnitude and growing pace of the AIDS epidemic, the clear realization that HIV did not respect borders, and the understanding that action at the regional level was the only way to fight the epidemic and avoid catastrophic consequences.

A regional body to act as a Secretariat to coordinate and support the actions of the partnership is an essential requirement. Experience with the African Partnership Against HIV/AIDS suggests that having an international organization provide Secretariat services can enable a partnership to function for a time, but does not provide the necessary sense of regional ownership and accountability in the longer term. Ideally, the body which assumes the Secretariat role would be an existing organization, although the circumstances of some regions may be such that an appropriate new body could be created. The probability of success would likely be greater if the organization providing the Secretariat had a broad mandate and focus rather than being exclusively or primarily a health organization, although health must be involved. The key is that the body be regional and have the necessary political profile and support of regional players, especially national governments. It must also have, or be able to develop, the necessary capacity and resources to play the role of Secretariat. The characteristics of the AIDS epidemic, the geography of the region, the nature of transportation networks, the size of the partnership and the level of technology to support collaborative action would be important considerations in determining the most appropriate coordinating structure and the level of resources needed.

12. The way forward: next steps for PANCAP

The challenges outlined in Section nine of this study point the way to future action to ensure the success of PANCAP in meeting its overarching goal of "curtailing the spread of HIV and reducing sharply the impact of AIDS on human suffering and on the development of human, social and economic capital in the Caribbean region".

The following are key areas where there are opportunities for decisive action to address these challenges. This is not an action plan for PANCAP, but rather a brief overview of steps that will help PANCAP become more effective, building on the strong foundation that has now been laid. These will be integrated into ongoing PANCAP planning and action.

1. Develop and implement a strategy to improve synergy between regional and national action, and ensure needed capacity is quickly put in place at the regional and country level.

- Determine how PANCAP can ensure that appropriate technical support (i.e., to assist with needs assessment, strategic planning, and preparation of funding proposals, and effective governance, management, monitoring and evaluation of funded programmes) will be made available to each member country, based on an assessment of their individual needs. Put needed technical support in place as the highest priority.
- Work towards a common regional reporting and evaluation framework – under the umbrella of the Caribbean Regional Strategic Framework – in cooperation with donor partners. Put appropriate monitoring and evaluation mechanisms in place.
- Push for action and provide a forum for donor partners to work to harmonize their requirements and coordinate their funding decisions. Work with donor partners to find ways to strengthen health system delivery mechanisms, which are a key platform to deliver AIDS programmes at the country level.
- Enhance monitoring and communication mechanisms to improve regional capacity to document and share best practices among countries.
- Develop a strategy to take greater advantage of the political, economic and trade platform offered by CARICOM in strengthening the regional response to AIDS.
- Undertake concerted advocacy efforts to enhance and sustain political commitment and high-level leadership in all countries of the Caribbean and in regional institutions, and strengthen the participation in PANCAP of the non-English speaking Caribbean countries.

2. Broaden and strengthen PANCAP's membership and linkages.

- Develop a strategic approach for enhanced information sharing among partners, including interactive ways of obtaining, analysing and acting on feedback about how to strengthen partnership commitment and action. Include ways of ensuring effective communication with and among partners about their respective roles, responsibilities and activities.

- Broaden the membership base of the Partnership, to ensure the widest possible multi-sectoral participation, including more participation from the educational, social, cultural and economic sectors. Enhance participation of business leaders. Broaden nongovernmental organization participation beyond health and PLWHA groups, recognizing that many nongovernmental organizations will require capacity building to be effective partners.
- Strengthen international linkages, to enable PANCAP to take greater advantage of information, experience and resources at the global level; exchange success stories and best practices with other regions; and participate in North-South and South-South technical cooperation.

3. Consolidate the structure of PANCAP and enhance the capacity of the PANCAP Coordinating Unit to support the work of the Partnership.

- Clarify the respective roles of the PANCAP Coordinating Unit and other regional partners, in theory and practice – ensuring that the Coordinating Unit complements and facilitates, rather than duplicating or supplanting the functions and responsibilities of other partners.
- Determine the most effective role for the Coordinating Unit in facilitating and coordinating technical support to the country level, in the short and longer term. Rationalize the resources in the CARICOM Secretariat devoted to the PANCAP Secretariat function.
- Enhance resource mobilization efforts for PANCAP and ensure sustained donor partner support. Share ideas and solutions with donor partners especially related to opportunities for coordinated and harmonized actions.
- Develop and implement ways of streamlining the work of the Partnership.
- Ensure the capacity, either in CARICOM and/or through partner institutions to coordinate priority areas, to effectively and accountably administer major new funding from the World Bank and the Global Fund.

By successfully pursuing these actions, PANCAP will be in a strong position to fully realize the enormous potential of the Partnership as a model for collaborative regional action which can then truly be seen as international best practice.

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Annex: Key events in the development of PANCAP

The following is a timeline of key events and milestones in the development of PANCAP. It is divided into two parts. The first presents events in the early stages of the regional response to AIDS. These set the foundation for the formal establishment of PANCAP. The second part covers the time from the formal launch of PANCAP to the present.

Laying the foundation: early regional action

1983–1998	Regional technical cooperation on AIDS is led by CAREC. Caribbean countries work on national AIDS strategic plans, with technical support from regional organizations including PAHO/WHO, CAREC and the UNAIDS Secretariat. However, very little achieved as national governments generally did not take necessary action.
June 1998	Consultation meeting on HIV/AIDS in the Caribbean is held in Port of Spain, Trinidad and Tobago, cosponsored by CARICOM, UNAIDS and the European Commission Board. The Caribbean Task Force on HIV/AIDS is established to oversee development of a Regional Strategic Plan and coordinate and strengthen the regional response. The Task Force will bring together all key regional players, National AIDS Coordinators, and international partners under the umbrella of CARICOM.
October 1998	First formal meeting of the Caribbean Task Force on HIV/AIDS is held. Terms of Reference and next steps for developing the Regional Strategic Plan are agreed. Proposed regional project on HIV/AIDS to be funded by EC is discussed.
November 1998	The UNAIDS Secretariat and UNDP provide funding to CARICOM to develop the Regional Strategic Plan. Work is to be directed by the Task Force under the chairmanship of CARICOM.
June 1999	Funding is pledged by EC to expand the regional response, through the Strengthening the Institutional Response to HIV/AIDS in the Caribbean (SIRHASC) Project. Funded partners are CARICOM Secretariat, CAREC, CRN+, University of West Indies, and Caribbean Health Research Council and UNAIDS Caribbean team.
December 1999	The UNAIDS Secretariat and UNDP provide financial support to the Task Force for implementation of catalytic regional activities to strengthen coordination, mobilize new partners, strengthen regional political advocacy and policy dialogue, and support development of national AIDS strategic plans.
April 2000	Caribbean Consultative Group donors' meeting in Brussels decides to support inclusion of AIDS on the agenda of the June 2000 meeting of the Caribbean Group for Cooperation in Economic Development (CGCED). Subsequently, UNAIDS Secretariat, the World Bank, CARICOM Secretariat/Task Force, UNDP and Caribbean Development Bank work together to prepare background documents and to brief country representatives for the upcoming June meeting.

June 2000	Meeting of CGCED at the World Bank in Washington, DC attended by Caribbean Heads of Government, Finance and Development Ministers. Meeting is briefed on the Regional Strategic Plan on HIV/AIDS. Decision is made to convene a Special Regional Conference on HIV/AIDS in September 2000.
July 2000	Meeting in St. Vincent of CARICOM Heads of Government formally recognizes that the AIDS epidemic threatens to reverse the region's development achievements of the last three decades.
August 2000	CARICOM continues to provide leadership at the policy and political levels. The Caribbean Secretariat following decisions from the Conference of heads of Government designate Assistant Secretary-General, Human and Social Development (Dr Edward Greene) to assume the role of Chair of the Task Force. Final draft of Caribbean Regional Strategic Plan of Action for HIV/AIDS is produced.
September 2000	Caribbean Conference on HIV/AIDS is held in Barbados, hosted by the Government of Barbados and cosponsored by CARICOM, PAHO, UNAIDS and the World Bank. Meeting is chaired by Prime Minister Arthur of Barbados and has high level participation from Caribbean governments, regional and international organizations and civil society. Meeting achieves major political support for action and endorses the Regional Strategic Plan on HIV/AIDS as the basis for an expanded regional response. Pledges of continued or increased technical and financial support are made by the governments of the Netherlands, Canada, USA, Germany, UK, France, UN System, EC, Caribbean Development Bank and Inter American Development Bank. The World Bank pledges lending package for HIV/AIDS activities in the region. The decision is made to strengthen and broaden action by establishing a collaborative partnership against HIV (which became PANCAP) building on the Caribbean Task Force on HIV/AIDS and other existing processes and structures.
Oct. 2000 to Jan 2001	Task Force on HIV/AIDS, led by CARICOM and UNAIDS, works to create a platform for the launch of PANCAP, and succeeds in placing the launch on the agenda of the February CARICOM Heads of Government meeting.

The launch and building of PANCAP

February 2001	Meeting of CARICOM Heads of Government launches the new Pan Caribbean Partnership Against HIV/AIDS (PANCAP), formalized through signing of the Caribbean Partnership Commitment.
February 2001	Executive Director of UNAIDS and Director of PAHO make a case to CARICOM Heads of Government for their strong involvement in upcoming UN General Assembly Special Session on HIV/AIDS (UNGASS).
June 2001	Caribbean leaders succeed in widening the primary focus of UNGASS from sub-Saharan Africa to also include the Caribbean. Caribbean leaders have strong political presence and participation: six Prime Ministers and 12 Ministers of Health. Government ministers meet in two caucuses to discuss follow up action points.
June 2001	The World Bank approves a major funding package for several Caribbean countries under the APL Programme (HIV/AIDS Prevention and Control Adaptable Programme Lending for the Caribbean).
July 2001	In follow-up to UNGASS, CARICOM Heads of Government incorporate goals and targets of the UNGASS Declaration into regional priorities, in the Nassau Declaration: the Health of our Region is the Wealth of our Region. The Nassau Declaration formally recognizes the importance of health to the economic development of the region and AIDS as a priority. The decision is made to revisit and strengthen the Regional Strategic Plan on HIV/AIDS, to ensure PANCAP fully benefits from increased availability of regional and global AIDS funds.
July 2001	The Prime Minister of St. Kitts and Nevis, responsible for Health among CARICOM Heads of Government, requests UNAIDS Secretariat support to develop a Caribbean regional plan for care and treatment.
August 2001	UNAIDS Secretariat recommends a phased approach to establish national benchmarks and, together with PAHO/WHO and CARICOM/PANCAP, initiates support to a range of Caribbean countries for the formulation of national plans of action to accelerate access to care and support for people living with HIV and AIDS and ensuing price negotiations with pharmaceutical firms. CAREC hosts an initial regional consultation among experts from CARICOM, CAREC, PAHO/WHO, UWI, CRN+ and UNAIDS.
September 2001	CARICOM convenes a meeting among PANCAP partners in Guyana to develop a framework for a Caribbean Regional Care and Treatment Programme which is approved by Caribbean Ministers of Health and sets the path for the phased approach towards regional price negotiations (that leads to the Barcelona agreement between PANCAP and the main pharmaceutical companies resulting in drastically-reduced prices for antiretroviral drug prices for the Caribbean region).

September 2001	The UNAIDS Secretariat seconds the first staff member to PANCAP, housed in the CARICOM Secretariat, to advise on and coordinate PANCAP activities. This advisor eventually becomes the manager of the PANCAP Coordinating Unit. The Project Implementation Unit of the CARICOM/EC SIRHASC project is established.
November 2001	First Annual Meeting of PANCAP is held on Saint Lucia. The focus is on the development of a viable PANCAP structure. Agreement is reached that, in light of the new approaches to HIV initiated by UNGASS, and the mandate for PANCAP provided through the Nassau Declaration, the Regional Strategic Plan of Action will be reviewed and revised.
January 2002	The European Commission signs the grant agreement with CARICOM for the SIRHASC Project. Funds had been pledged much earlier, in June 1999. PANCAP submits first proposal to the Global Fund to Fight AIDS, TB and Malaria; submission is not successful.
February 2002	Meeting of Heads of State and Government of the Caribbean Community. The Honourable Dr Denzil Douglas, Prime Minister of St. Kitts and Nevis provides an update on PANCAP and follow-up on UNGASS, helping to keep AIDS on the political agenda.
March 2002	The 'Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006' is published.
April 2002	CARICOM/USA joint consultation in Guyana which includes 14 CARICOM Ministers of Health to discuss collaboration on AIDS. Consultation is jointly chaired by Prime Minister the Honourable Dr Denzil Douglas and the USA Secretary of State for Health and Human Services, Tommy G. Thompson.
July 2002	The 'Plan of Action for the CARICOM Secretariat in the Response to the HIV/AIDS Pandemic in the Caribbean' is published. The plan presents specific activities and resources to operationalize the Regional Strategic Framework, and is designed to support the CARICOM Secretariat's mandate to act as the coordinating mechanism for the work of PANCAP.
July 2002	Statement of Intent for Accelerating Access to Care and Treatment in the Caribbean between PANCAP and the representatives of six pharmaceutical companies is signed at the International AIDS Conference in Barcelona. This agreement, facilitated by UNAIDS, gives all Caribbean countries access to ARV at substantially reduced prices, and is the first time pharmaceutical companies negotiate with a region as a collective entity.
July 2002	Report of the UN Secretary General to the General Assembly on Cooperation between the United Nations and the Caribbean Community notes the establishment of PANCAP as a significant achievement for the Caribbean.

October 2002	Second Annual Meeting of PANCAP is held in Georgetown, Guyana. The main focus is on proposals to realign the structures and functions of PANCAP to increase effectiveness in systematically linking regional and national action, improving regional impact at country level and improving conditions for PLWHAs. Proposal for strengthening the PANCAP Secretariat completed following negotiations with CIDA and USAID. PANCAP submits second proposal to the Global Fund to Fight AIDS, TB and Malaria; the submission was unsuccessful.
January 2003	Announcement of appointment of Sir George Alleyne as the UN Secretary-General's Special Envoy on AIDS in the Caribbean.
April to June 2003	Staff complement of the PANCAP Coordinating Unit is expanded from one to five. Funding for these staff comes from various sources and donor partners.
June 2003	PANCAP participation in World Bank International Trade Fair as part of the Advocacy and outreach, Team led by the Honourable Dr Denzil Douglas, Prime Minister of St. Kitts and Nevis and promoted the partnership with a exhibition of PANCAP activities.
October 2003	PANCAP proposal to the 3rd round of the Global Fund to Fight AIDS, Tuberculosis and Malaria is approved—to expand, consolidate and coordinate regional activities in the areas of human rights, prevention, care, treatment and support. (Other PANCAP partners also receive Global Fund awards at various times: the Organization of Eastern Caribbean States [OECS], Guyana, Jamaica, Belize and Suriname, Cuba, the Dominican Republic and Haiti.)
November 2003	Third Annual Meeting of PANCAP held in Georgetown, Guyana, chaired by Dr Leslie Ramsammy, Minister of Health, Guyana. Core partners present updates on regional activities. Donor partners hold a special session to discuss commitments to PANCAP and ways to collaborate in support of the Caribbean Regional Strategic Framework. Inaugural meeting of the PANCAP Steering Committee is held.
November 2003	The Structure and Functions of PANCAP are approved at the Third Annual Meeting. Work on structure and functions was ongoing from Oct. 2001 to Nov. 2003, discussed at First, Second and Third Annual Meetings.
November 19, 2003	The inaugural meeting of the Steering Committee of PANCAP is chaired by Dr. Leslie Ramsammy, Minister of Health Guyana on the occasion of the Third AGM.
January 2004	CARICOM, in its capacity as Secretariat to PANCAP, convenes a meeting with all Partner recipients of awards from the Global Fund, to discuss possible mechanisms for greater collaboration to ensure that grant funds will be used effectively through sharing resources and reducing duplication of effort.
March 2004	Second Meeting of PANCAP Steering Committee chaired by Dr Edward Greene, Assistant Secretary General, CARICOM and Vice Chair of PANCAP.

April 2004	World Bank approves grant to CARICOM Secretariat for PANCAP activities. Grant is to cover regional advocacy and policy development, prevention of the spread of HIV, provision of technical support and consultation to country level, strengthening regional laboratory services, and strengthening response capacity of regional partners (CAREC, CRN+, and University of West Indies HEU).
September 2004	PANCAP and the Global Fund sign the formal Award Agreement which enables funds which were approved in October 2003 to flow. Projects will be implemented by CAREC, CRN+, University West Indies, CHRC, PAHO and Population Services International.
October 2004	Fourth Annual Meeting of PANCAP in Bridgetown, Barbados co-chaired over two days by five Caribbean Ministers of Health. Reports made on progress towards, and challenges in fulfilling the priorities of the CRSF. Major focus on key actions to scale up capacity of regional institutions to provide technical support to country level programmes and initiatives.
	Third meeting of the PANCAP Steering Committee chaired by Dr Edward Greene, Vice-Chair of PANCAP.
	PANCAP receives first disbursements of the Global Fund and the World Bank awards.
November 2004	CARICOM supported by the UK government, sponsors a Caribbean High Level Meeting on Champions for Change: Reducing AIDS Stigma and Discrimination, St. Kitts and Nevis.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV and AIDS, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
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Find out more about the Best Practice Collection and other UNAIDS publications from www.unaids.org. Readers are encouraged to send their comments and suggestions to the UNAIDS Secretariat in care of the Best Practice Manager, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.

A study of the Pan Caribbean Partnership against HIV/AIDS (PANCAP)

Common goals, shared responses

The Caribbean region has the second highest prevalence of HIV infection in the world after sub-Saharan Africa. Extensive population mobility and the very limited capacity of many Caribbean countries to respond to AIDS, combined with a realization that AIDS seriously threatens the economic and social well being of the region, led national and regional partners to join with international organizations in the Pan Caribbean Partnership Against HIV/AIDS (PANCAP). Formation of the Partnership was possible because AIDS was identified as a political priority by heads of government and other leaders who realized that jointly investing in the fight against AIDS could reduce future costs and bring important social benefits to all countries of the region.

Since its establishment in 2001, PANCAP has raised the political profile of AIDS in the Caribbean region, mobilized significant new resources to fight AIDS, established the structure to facilitate collaboration, and has now embarked on the journey of concrete joint action for an accelerated response to AIDS. This study summarizes information about why and how PANCAP was created and what its accomplishments and challenges have been, draws out the lessons learned, and discusses the applicability of the PANCAP model to other regions. It will be of interest to decision makers in other regions of the world who may be considering the potential benefits of developing a regional AIDS partnership. As well, the document should help PANCAP to reflect on its successes, better understand its challenges and chart the way forward.

Joint United Nations Programme on HIV/AIDS

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