Caribbean Region

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

CARIBBEAN REGION

Project Title Caribbean Region FY 2014 Regional Operational Plan (ROP)

I. REGIONAL CONTEXT

The Caribbean Region has higher HIV prevalence estimates than any other region outside of sub-Saharan Africa. The adult HIV prevalence of 1.0 percent is almost twice that of North America (0.6) and more than twice that of Latin America (0.4) . Unprotected sex between men and women—especially paid sex—is believed to be the main mode of HIV transmission in this region. Although data in the 11 countries of the PEPFAR Caribbean Regional Program are limited, it is clear that the epidemic disproportionately affects key populations (KPs), particularly men who have sex with men (MSM) and commercial sex workers (CSWs). The HIV burden is also concentrated geographically. Five of the 11 program countries (Jamaica, Trinidad and Tobago, Suriname, Bahamas and Barbados) account for approximately 95 percent of the reported new HIV infections. The remaining five percent of new HIV infections are spread across the six countries of the Organization of Eastern Caribbean States (OECS) . In countries with reported data, the general population prevalence ranges from one percent in Suriname to 2.8 percent in the Bahamas . Although there is limited KP data, we know that the documented MSM prevalence in the Caribbean (e.g., 6.7 percent in Suriname; 32.8 percent in Jamaica) is among the highest in the world. The CSW prevalence is reported to be as high as 24 percent in Suriname and declining in Jamaica from 12 percent to 4.2 percent .

In our region, despite the evidence, the countries' HIV responses largely focus on the general population or "at risk" groups such as youth, both of which have HIV prevalence far below KPs. As a result, there is a disproportionally small amount of resources invested in interventions for KPs, who are the drivers of the epidemic in the region. The limited use of evidence-based interventions has further limited the potential impact of HIV responses. The development of country-specific continuum of care (data) models will help inform the prioritization of core interventions most likely to prevent new HIV infections and onward transmission among KPs and KP/People Living with HIV (PLHIV).

An estimated 60,000 people live with HIV in the 11 countries of the Caribbean Regional Program. The HIV epidemic varies within countries and across the region. Between 2005 and 2013, AIDS-related deaths declined by 50 percent in the Caribbean region overall, however, in the Bahamas, Barbados, and Trinidad and Tobago there was no decrease in the number of people dying from AIDS-related causes. New infections declined in Jamaica by 42 percent and in Trinidad and Tobago by 32 percent . Uptake of antiretroviral therapy by people living with HIV eligible for treatment in the region increased from 12

percent to 43 percent between 2005 and 2013 .
Despite substantial reductions in new HIV infections, AIDS-related deaths, increase uptake of treatment, and being close to eliminating mother-to-child HIV transmission, there is no strong evidence to suggest that there is a change in the epidemic among the MSM and CSW subpopulations in the Caribbean Regional Program countries. The regional landscape faces religious, cultural, policy and legal challenges that hinder effective HIV responses, particularly for MSM and CSWs. Homosexuality is criminalized in ten countries in the region (the Bahamas is the only exception) and life imprisonment exists in the penal code in several countries in the region. To some, these laws amount to “state sponsored stigma and discrimination” although many are not strictly enforced. Still, they represent a difficult challenge to the right to equality faced by MSM and transgender (TG) individuals in the region.

Stigma and discrimination towards KPs fosters the spread of HIV by limiting the ability to negotiate safe sexual practices, disclose HIV status, and access services due to fear of reprisal. CSWs, particularly those migrating from other countries, face challenges to accessing public healthcare services, due to fear of discrimination and restrictions because of their non-nationals status. Stigma and discrimination flourishes and affects the morale and personal self-worth of key populations. Harmful social norms sanction gender inequality and early sexual debut, increasing gender-based violence and age mixing in sexual relationships. The lack of recognition by political and religious leaders of the relationship between criminalization, discrimination and HIV vulnerability remains a key challenge in moving the HIV-related legal and policy framework forward. Currently, in our region, there are no legally enforceable laws or policies protecting against HIV-related discrimination . These factors drive key populations underground limiting their access to HIV services. All of these factors contribute to a higher risk of HIV transmission among these populations.

The U.S. Government has supported public health and HIV/AIDS programs in the Caribbean for many years. These countries, primarily small island states with fragile economies, have little fiscal space to increase their budget allocation to the National AIDS Programs. PEPFAR has helped to fill program gaps to address key populations and strengthened health systems. Jamaica and the OECS still rely heavily on donor support for their National AIDS Programs (NAPs), specifically the purchase of anti-retroviral drugs (ARVs). In the OECS, ARV costs have been covered almost entirely by the Global Fund; however, under the Global Fund new funding model, governments must contribute and share in the purchase of ARVs. In the Bahamas, Barbados, Suriname, and Trinidad and Tobago, government provides financial support for the National AIDS Program and covers most of the program costs through their national budget allocations. In all the regional program countries, the Caribbean Regional Program provides technical assistance to address gaps in programming related to prevention, care and treatment, civil society strengthening, strategic information, laboratory, and health systems strengthening, with a focus on KPs.

PEPFAR Caribbean Regional Program Approach

The Partnership Framework Strategy and Implementation Plan (2010-2014) has been the PEPFAR Caribbean Regional Program's guiding document for the first five years of the program. This regional program is a Technical Assistance model and has provided support and assistance to National AIDS Programs in the partner countries in the areas of prevention, strategic information, laboratory strengthening, and health systems strengthening, with a focus on key populations. The strategic shift now in the Regional Operational Plan (ROP) 2014 will be to put more emphasis on targeted interventions for key populations to get HIV-positive persons tested and on treatment. With the epidemiologic treatment cascade as our guide, the PEPFAR team has identified gaps on the treatment cascade where countries need additional support to reach, test, treat, and retain key populations on the continuum of HIV care. Funding shifts will be directed to the higher prevalence, higher disease burden countries, and less on the lower prevalence, lower burden countries. There will be an increased effort to coordinate PEPFAR activities with those funded by the Global Fund for AIDS, TB and Malaria, which is also supported by contributions from the U.S. Government. As a result of the new strategy, some activities will receive increased funding, others will receive reduced funding, and some activities will see their funding terminated.

In addition to the Ministry of Health and National AIDS Programs as counterparts, PEPFAR coordinates with country partners and many regional partners in the Caribbean Region. Key regional PEPFAR partners are the Pan Caribbean Partnership Against HIV/AIDS (PANCAP), the Organization of Eastern Caribbean States (OECS), the Pan American Health Organization (PAHO), the Global Fund (GF), the University of the West Indies (UWI), UNAIDS, and the Caribbean Public Health Authority (CARPHA), among others. Currently, PEPFAR and the Global Fund are the major outside contributors to National HIV/AIDS Programs in the region. The Global Fund's reclassification of Caribbean countries into the "Country Band 4, Targeted Pool" higher-income, lower-burden group will decrease Global Fund's financial contribution in the region. Global Fund grants in the region for single country or multi-country proposals are approved solely for interventions targeting key populations.

PEPFAR coordinates program activities with the Global Fund and serves on regional and country coordinating mechanisms (RCM, CCM) to ensure planning is taking place together. PEPFAR coordination with the Global Fund and active participation on CCMs and RCMs under the new strategy will continue to be important for efficient use of resources in country programs, sub-regional programs, and the region overall. The World Bank has ended its relationship with most countries in the region and is transitioning loan arrangements with Jamaica and Barbados in 2014. Under this new scenario there is potential for slower progress or a reversal of some advances made in country HIV/AIDS program

progress. National governments will need to take stronger ownership of their HIV/AIDS programs through smarter HIV investments (e.g., focus on KPs), increased financial support, enhanced leadership and better program management. The workshops conducted in Jamaica and St. Lucia for the 11 PEPFAR supported country programs presented the UNAIDS Investment Framework as an example for increasing country ownership, improving program efficiency, and starting the process of developing sustainability plans for National AIDS Programs.

New Geographic Approach for Caribbean Region

The Caribbean Regional Program will undergo a program shift to better match resources to the geographic distribution of the epidemic. Three tiers emerged after examining the HIV burden in the region. Tier One - Jamaica, Trinidad and Tobago, and Suriname (83 percent of new infections and 80 percent of PLHIV); Tier Two - Barbados and the Bahamas (12 percent of new infections); and Tier Three - the six OECS countries (five percent of new infections). Program resources will shift to reflect this tiered system and better position the region to reach the goal of an “AIDS-Free Caribbean”.

Prevention Reach Model and Technical Assistance Impact

In 2013, the PEPFAR Caribbean Regional Program presented key population coverage data and tables to indicate the reach of the PEPFAR supported prevention activities in the 11 program countries. The data provided only a partial look at country coverage of key populations; however, the data indicated serious gaps in KP reach and coverage with prevention interventions that were supported by all sources (Ministries of Health, NAPs, other donors, and PEPFAR). PEPFAR will continue to support Tier One and Tier Two countries to gather coverage data for Prevention, Care and Treatment activities to determine where the gaps are in country programs. The Caribbean Regional Program provides ongoing TA in the region to help countries to understand and achieve the goals of the “PEPFAR Blueprint for saving lives, smart investments, shared responsibility, and driving results with science” .

The programmatic shifts, which will enhance core program activities for KPs, will increase key population coverage in areas with the highest HIV burden. Presently, the country governments and NAPs do not adequately support activities that focus on KPs. PEPFAR will continue to engage and support civil society organizations that serve key populations to include them in the comprehensive HIV response at the country level to build their capacity for support to the continuum of care and the treatment cascade.

As a TA model, PEPFAR supports Sustainability Planning and the Investment Framework with UNAIDS and PAHO at the country level and with multi-country groups like the OECS, as part of the Global Fund Concept Note process in the OECS, Suriname, Jamaica, and PANCAP. Along with our partners we leverage resources to coordinate these activities with implementing partners and regional entities to provide stronger unified support to country partners. This will help ensure the successful submission of

the proposal to the Global Fund and ultimately successful implementation of the program, and overall positive impact on HIV/AIDS programs in the region.

II. PEPFAR focus in FY 2014

Health diplomacy initiatives led by PEPFAR and the U.S. Embassies will be rolled out with those countries most affected by the PEPFAR shift in resources. There is still a significant need for country governments to increase investments in their own HIV/AIDS programs in all countries, particularly in the OECS and Jamaica.

As part of the new program shift, there is a greater emphasis on supporting core activities that address gaps across the continuum of care with a focus on targeted interventions for key populations. Program shifts from health systems strengthening to care and treatment activities to reach the care and treatment earmark and to ensure that more persons are tested and initiate treatment are part of the revised 2014 ROP. Generally, the type of assistance to the country groups will be: Tier One countries will receive intensive technical assistance to address continuum of care gaps, Tier Two countries will receive targeted assistance along the continuum, and Tier Three countries will receive technical assistance and coordination to receive support from local Caribbean regional assistance platforms, and support to help secure Global Fund awards. The PEPFAR program in Jamaica is scheduling a visit from the Key Populations technical working group to redesign the program for more direct impact and results.
The Monitoring, Evaluation, and Reporting (MER) update of the program indicators uses the continuum of care response as the main framework. The new MER will help to align support to key population prevention, care and treatment continuum of care efforts in the Tier One and Two countries. The MER indicators will also help to improve program quality, efficiency, and reporting. The frequency and quality of site visits for data validation will increase and improve under the MER process. The Expenditure Analysis (EA) process will begin in September 2014 to help provide timely financial monitoring and cost data for strategic programming and budgeting. This will also help to direct program resources to an intervention mix and geographic location that will maximize value.

III. Progress and Future

The Caribbean Regional Program has contributed to the increase in availability of HIV testing, particularly rapid testing, in the 11 PEPFAR PF countries. In FY 2013, more than 84,000 individuals were tested and counselled for HIV, a direct result of the continued expansion of the Caribbean Regional Program's support to HIV Testing and Counseling (HTC) sites at community organizations and with Ministries of Health facilities in the region. Additionally, biological and behavioral surveillance studies have reached more than 300 MSM with HIV and STI testing since FY 2012. These studies also serve another purpose

by linking participating MSM to STI prevention and treatment services (when applicable). Full reports from the MSM and CSW studies are anticipated by the close of FY 2014 and FY 2015 respectively in the Tier One and Tier Two countries and will address key strategic information gaps critical for effective scale-up of KP interventions.

The PEPFAR Caribbean Regional Program countries have become more involved in country ownership and the process of managing and leading the implementation of their HIV/AIDS responses. Countries well positioned to make progress in these areas include the Tier One and Tier Two countries. The OECS countries continue to need substantial support in the process and will benefit from regional technical assistance, including support to secure Global Funds. The Caribbean Regional Program has encouraged more visible and financial support for CSOs from government and has included CSOs in the process of the Investment Framework meetings and the Sustainability Planning process, working alongside their government colleagues in health, finance and HIV/AIDS programs. PEPFAR and regional multilateral and bilateral partners are engaged in planning together with our country partners.

IV. Program Overview

Under the new program strategy, the Care and Treatment earmark of 17 percent was surpassed and 24 percent of the budget now goes to Care and Treatment activities in the revised 2014 ROP. This shift, along with the end of the Partnership Framework, has brought about a new strategy based on the continuum of care. PEPFAR activities are programmed in the top five countries with the highest burden of disease with funds supporting activities for key populations to reach, test, treat, and retain HIV-positive persons in care and treatment. The OECS continues to receive PEPFAR support for coordination with the Global Fund, targeted interventions with key populations, and linking programs to key regional partners.

Prevention for Key Population (HVOP, HBHC, HVCT, HTXS)
PEPFAR's prevention work in the Caribbean continues to focus on KPs, particularly MSM and CSWs. Prevention efforts focus on reaching, testing, treating and retaining KPs to reduce the number of new HIV infections in the Caribbean. Along the continuum of care, prevention priorities include increasing the number of KPs who know their HIV status through quality HTC, linking HIV positive individuals to care and treatment services, increasing the number of individuals who receive quality Positive Health, Dignity, and Prevention (PHDP) services, and improving retention and treatment adherence. Training will be provided to clinicians within the military who care for HIV positive members in Jamaica, Trinidad, and Suriname.

The variability in prevention coverage throughout the region illustrates the continued need to address

access barriers, identify access points to KPs, increase the targeted scale up of prevention outreach activities, and monitor these efforts through quality strategic information. Prevention outreach activities will strategically target MSM and CSWs. There is need to target KP-specific networks (e.g., through the Popular Opinion Leader intervention) and use supplemental approaches (e.g., internet communities) to expand reach to KPs. These efforts will include geographically targeting both traditional settings (e.g., health clinics) and non-traditional settings such as community events, “hot-spots”, bars, private parties, massage parlors, tourism centers, safe spaces, high prevalence communities, and select military environments to find both visible and hidden key populations and their partners, including clients of CSWs. Sensitization trainings for HCWs will be followed-up on to reduce stigma and discrimination in clinical settings and provide HCWs with specific skills to improve the services (prevention, care and treatment) provided to KPs; both of which should increase the likelihood that KPs would seek services at these facilities. Stigma and discrimination activities will also apply to military settings and will include emphasis on gender norms, building on previous sexual prevention programs.

HTC is supported in health facilities and community-based settings frequented by key populations. Partner countries will receive support to train health care workers in scaling up provider initiated testing and counseling (PITC) in settings where KPs are most likely to access care, such as STI clinics. In conjunction with laboratory strengthening activities, health care workers (HCW) will be trained on rapid testing and the implementation of quality assurance activities. Where applicable, reagents and rapid test kits will support expanded HTC at facility and community based sites for the transition period, then included in the NAP procurement. Particular attention will also be placed on evaluating and strengthening linkages to care and treatment for KPs tested in community-based settings. Increased involvement of CSOs and patient navigation programs will facilitate HTC and linkage to care and treatment. PEPFAR will provide strategic testing efforts for high risk groups within militaries, based on bio-behavioral studies conducted in 2010 in Jamaica and Trinidad.

In the Caribbean, substantial obstacles exist that challenge the uptake of-- and retention in-- care and treatment services among KPs. The Caribbean Regional Program’s approach is to ensure that an enhanced package of effective services is available, accessible and sustainable in each country, with a focus on KPLHIV. PHDP trainings will encompasses treatment as prevention as well as the provision of psychosocial support to reduce social vulnerability and improve treatment adherence. The Caribbean Regional Program will undertake activities to identify and characterize barriers to medication adherence and retention in services and assess possible interventions to address these barriers through pilot studies or trainings. The Caribbean Regional Program’s technical assistance activities will focus on treatment literacy, community support groups, clinician training, client-centered referral networks (e.g., issues of mobility and unique identifiers), stigma and discrimination reduction, and the use of peer navigators (e.g., HIV+ KP peer support). Improving data quality to inform programming and strengthening point-of-care

laboratory services are also important aspects of this strategy. To address retention in treatment and care services, health systems strengthening activities will continue to address persistent HIV-related stigma and discrimination.

Across the region, the sustainability of national HIV/AIDS programs is at risk because of the substantial reliance on dwindling external funding and engagement. Averting new infections among KPs, particularly among MSM, while costly in the short-term, will lead to lower treatment costs in the long-term and greater financial sustainability. Recent cost studies in seven Eastern Caribbean partnership framework countries showed a regional unit cost average of US$207.75 for HIV peer education services along the continuum of care. This type of cost information can guide decisions toward mitigating the HIV/AIDS disease burden in the region. The region needs more studies that combine cost data with size (and impact) estimates. These studies can help to support strategic planning decision, such as determining the true level of resources needed for sustaining effective prevention programs. During the next two years the PEPFAR team will support efforts for other Caribbean Regional Program countries to undertake similar comprehensive work in costing and investment assessments of their programs.

Gender norms related to masculinity and sexuality place MSM, TG, and CSWs at increased risk for HIV. Stigma and gender-based violence (GBV) against these groups (including blackmail, homophobic violence, and rape) fosters the spread of HIV by limiting the ability to negotiate safe sexual practices, disclose HIV status, and access services due to fear of reprisal. To better understand gender inequalities and improve service quality, particularly for key populations, the Caribbean Regional Program will collect and disaggregate relevant data by age and sex. Programming across the region using a gender lens to address human rights and equality as they relate to key populations and HIV/AIDS will be incorporated into all PEPFAR activities in the region. Several partners have been working in this area to address conservative doctrine and overcome policy barriers and will continue with PEPFAR support going forward.

Health Systems Strengthening (OHSS)

The Health Systems Strengthening activities budget has been significantly reduced, from over 30 percent to approximately eight percent, in the new program focus to meet the Care and Treatment earmark. Continuing health systems strengthening activities, in addition to strategic information and laboratory strengthening, will be the policy and human rights work related to addressing stigma and discrimination in the region. Human resources for health staff positions at MOH/NAPs supported by PEPFAR will transition over to government within the next year period.

The Caribbean Regional Program, in collaboration with PANCAP, seeks to support partner capacities for stigma reduction through a multi-pronged approach that provides a policy framework for response, improved service provision (based on the use of strategic information), and networking for advocacy. The Caribbean Regional Program will continue to build on the work started in FY 2013 and move swiftly

towards achieving the goals of improved regional coordination for and communication about efforts to reduce HIV-related stigma and discrimination and improved access to non-stigmatizing health services. The new GF proposal for PANCAP will also focus on human rights and policy reform. The USG will leverage its resources toward moving this supportive and enabling policy agenda forward.

The Caribbean Regional Program has addressed sustainability by working closely with UNAIDS to roll-out the Investment Framework in the region. PEFPAR held two regional meetings, one in Jamaica and the other in St. Lucia, to discuss HIV investments in country National AIDS Programs and the sustainability of the HIV responses in the Caribbean. The meetings advanced the sustainability dialogue, to encourage Caribbean countries to invest in HIV and health for the good of the country. The sustainability/investment planning meetings focus on the big picture, to improve efficiency and optimize the achievement of sustainable results, and to understand the role of shared responsibility in the context of sustaining the HIV response. Using the Jamaica investment case as a model, countries agreed to establish their own in-country task force to focus on various sustainability planning needs, identifying the gaps and any specific TA needs to achieve their sustainability goals. This work supported by PEPFAR has provided the foundation for countries to successfully complete the GF concept proposal process and program implementation.

Treatment 2.0 guidelines have prompted National AIDS Program managers to request PEPFAR support for costing studies of the new initiation of treatment criteria. Plans are in place to conduct cost-effectiveness studies in Jamaica and Suriname in FY2014 to inform decisions about initiating early treatment.

Strategic Information (HVSI)

There is a scarcity of quality data in the Caribbean Region. . Strategic information activities aim to improve the capacity of national governments and regional public health organizations to collect quality data. The three components of PEPFAR's strategic information work are surveillance, M&E, and health information systems. The Caribbean Regional Program will continue to work with countries to improve these three areas. . Key population studies will be conducted in the highest burden countries. The data will be used to describe the HIV epidemic and to plan and prioritize health interventions.

In 2012, the Caribbean Regional Program used the limited data available to identify coverage of and gaps in HIV interventions for KPs. They found that prevention activities are reaching about 20 per cent of key populations and counseling and testing activities are reaching only 15 percent. The new program focus on key populations in the top tier countries will substantially increase coverage of key populations in the region.

The absence of country-specific data is impeding the implementation of effective strategies to address the HIV epidemic among KPs. Scientific studies among Tier One and Tier Two countries will map the KP hotspots estimate KP sizes and the prevalence of HIV infection in KPs, and evaluate HIV risk factors among KPs.

The Caribbean Regional Program and partners developed two training manuals in M&E that were used in FY 2013 to train staff in the region. In an effort to standardize data collection, the Caribbean Regional Program and partners developed a standard operating procedure's manual and template for case-based surveillance. The Caribbean Regional Program will support each of the Tier One and Tier Two countries to conduct further training and capacity building in M&E and surveillance. This will give staff hands-on experience in conducting data analyses and developing annual surveillance reports.

Strategic Information Program Changes

SI will increase focus on building capacity in Tier One and Tier Two countries for gathering the data needed to produce the continuum of care cascade. Key populations coverage for prevention interventions and showing trends of coverage rates by country will also continue in FY 2014. The OECS countries will be supported as a block through our regional partners.

Laboratory Strengthening (HLAB)

Building the capacity of National Reference Laboratories and improving their laboratory quality systems toward eventual accreditation has been the focus of the Caribbean Regional Program Laboratory Strengthening goal area. PEPFAR will continue with laboratory support in the top five disease burden countries focusing on expanding rapid testing, training laboratory staff, CD4 and viral load testing, drug resistance, and procuring reagents and consumables.

The Caribbean Regional Program Laboratory TWG has developed a tiered laboratory network to support integrated laboratory health systems strengthening in the Tier One and Tier Two countries. The purpose of the network is to increase the capacity of national and regional governments to provide quality diagnostic and monitoring services for HIV/AIDS, sexually transmitted and opportunistic infections, and other communicable and non-communicable diseases. Specifically, this network allows laboratories to provide timely, accurate, and reliable results to support surveillance, prevention, care, and treatment in response to the PEPFAR Blueprint document. The Caribbean Regional Program effort focused on the following priority areas: a) developing National Laboratories' Policies and Strategic Plans, b) strengthening a regional referral laboratory and sub-regional hubs, including infrastructure and equipment upgrades, c) increasing access to point-of-care laboratory services, including expanded HIV rapid testing and PMTCT programs, d) enhancing Laboratory Quality Management Systems (LQMS) and accreditation

preparedness, e) supporting training, procurement, supply chain management systems, and Laboratory Management Information Systems (LMIS).

The laboratory strategy for FY 2014 will build on the achievements of the past year. This program will continue to use the recently developed “Caribbean Regional Laboratory Quality Management Systems Stepwise Improvement Process (LQMS-SIP) towards accreditation” tool and SLMTA training package to support laboratories in improving their quality systems as they prepare for accreditation. In addition, the Program will continue to identify and train laboratory staff in key areas such as HIV rapid testing, DNA PCR, viral load, HIV-1 drug resistance testing, and CD4 testing, laboratory management, bio-safety, QA/QC, documentation, QMS, and accreditation.

Countries in the region will continue to benefit from PEPFAR laboratory support through the purchase of Proficiency Testing (PT) Panels and preparation and distribution of Dry Tube Specimen (DTS) HIV technology as important EQA tools to support clinical monitoring of patients on antiretroviral treatment.

The establishment of a tiered laboratory referral system, particularly in the area of HIV molecular diagnostics to support the OECS countries that have less capacity for molecular testing (DNA PCR, viral load, and HIV drug resistance) has been effective. To sustain this, the PEPFAR Caribbean Regional Program is supporting the construction of a national reference laboratory in Barbados with significant cost sharing from the government of Barbados to ensure timely completion of the project and country ownership. This project is in progress. The Caribbean Regional Program Laboratory TWG will continue to work closely with the Government of Barbados to ensure timely completion of this project.

Laboratory Strengthening Program Changes

The Laboratory strengthening program will now put more emphasis on providing support and improving the CD4 and viral load testing capacity available in the region. Point of care (POC) machines for CD4 testing will be procured, which will improve access to CD4 staging and assist with retention in care and treatment of HIV positive patients. Reagents for conducting viral load testing will also be procured for the countries providing these services nationally and regionally. These tests support clinical monitoring and provide an indicator of when viral suppression is achieved. Additionally, the program will ensure that reliable capacity for HIV drug resistance testing is available to the higher priority countries (Tier One), which will also provide these as referral services to the other countries. This testing will provide country specific information on resistance patterns which can assist in the prediction of ART responses as well as inform treatment guidelines for selection of ART regimes, thereby reducing incidents of non-adherence. Transition plans to transfer recurrent costs to government for proficiency testing programs and maintenance service fees will be handed over to governments in 2015.

V. GHI, Program Integration and Central Initiatives

There is no Global Health Initiative (GHI) Regional Strategy for the Caribbean Region. The program is in line with the GHI principles, primarily with the focus on country ownership, and the alignment of our portfolio with the four dimensions of country ownership.

Central Initiatives

Key Populations Challenge Fund

This project aims to strengthen current USG activities supported by HRSA, Peace Corps, USAID and CDC to improve MSMs' access to quality, confidential HTC services through a rights-based approach. This project will also address a key gap in prevention programming: inadequate attention to stigma and discrimination among health care providers, which undermines efforts to increase access to HTC and other HIV services among key populations. This will be achieved through the delivery of, 1) a comprehensive HTC training curriculum for key populations and, 2) training with a stigma reduction tool kit. The providers' trainings will also address gender norms and behaviors that contribute to heightened risk behaviors and lower access to services. The proposed activities will be implemented over an eighteen month period in Barbados and two territories in the Caribbean Region with MSM HIV prevalence rates above 20 percent -- Jamaica, Trinidad and Tobago. The Health Policy Project (HPP) and ICF International (ICF) will serve as lead implementing agencies for this work. They have both implemented USG projects in the region. HPP will build on a long history of stigma and policy work in the region. ICF International will also build on past experience in similar training in the region. The KPCF was awarded for an additional $1.1 million. A gender assessment will be conducted to help understand the issues facing these populations in the Caribbean and to design a more effective program to serve these groups.

These strategies will allow the Caribbean Regional Program to better understand the extent to which GBV is linked to HIV in the MSM community, respond to MSMs' unique needs, and provide referrals as needed. The KPCF HTC training curriculum will address harmful gender norms that lead to increased HIV risk. In addition, ongoing stigma reduction training activities through Caribbean Regional Program partners will help to reduce barriers for MSM, trans-gender (TG), and CSWs to accessing HIV services.

Local Capacity Initiative

The Caribbean Regional Program was awarded the LCI funding to build capacity of key population civil society organizations (CSOs) to become more sustainable and actively engage in policy dialogue and resource decision making. This is coupled with support for a key population CSO consortium of regional partners who are made up of and/or serve MSM, CSW and PLHIV to help coordinate efforts in the region

and enhance the collaboration across organizations and countries. The participating CSOs will conduct activities that will be linked to testing and referral and retention in care and treatment of key populations. There is also an element of the “Equality for All” campaign addressing human rights issues for LGBT as part of LCI. The Intermediate Results are: 1. Coordination Improved through a Regional PLHIV, MSM and CSW Consortium, 2. Capacity built of PLHIV, MSM and CSW CSOs and Regional Bodies to be Sustainable and Engaged. The program will work at a regional level, as well as conduct activities and work with local country specific CSOs in the 11 countries of the PEPFAR Caribbean Regional Program. The work in each country will leverage existing activities that are currently happening in each location so as to minimize costs. PANCAP will manage the small grants to CSOs and UWI/HEU will coordinate the technical assistance and capacity building for the CSOs. The project startup is scheduled for October 2014 and will run for three years.

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