

## Signature Page

Country: Member States of the Organisation of Eastern Caribbean States

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## United Nations Development Programme

Implementing partner:

OECS Secretariat

Other partners:

Governments of Antigua and Barbuda and Grenada

Programme period: July 2006 – April 2007

Programme Component:

Project Title: Preparatory Assistance For HIV and AIDS Programming in the OECS sub-region

Project Duration: 9 months

Management Arrangement:

Budget 70,000

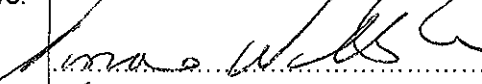
In kind contributions

Total budget 70,000

This project is designed to facilitate and strengthen the development of a localized framework for UNDP assistance to the OECS sub-region in the area of HIV and AIDS. This will include capacity building support and inputs to the OECS Secretariat in the formulation of a framework for a sub-regional HIV and AIDS programme and national level support to key Member States to advance the achievement of Global Fund targets.

During the preparatory Assistance Phase, the following activities will be undertaken:

1. **Support at the country level:**
  1. **Programme support to Countries by the provision of "additional personnel" as additional project support** – one each for Antigua and Barbuda and Grenada.
  2. **Technical support to Antigua and Barbuda to support follow-up implementation activities of its recent socio-economic impact assessment**
2. **Technical support to the OECS Programme** including a meeting of key persons to define the main thrust of an OECS approach to HIV and AIDS in the medium-term.
3. **Support to the RCM in the preparation/definition of a framework for Phase II components.**
4. **Strategy formulation for UNDP Barbados and the OECS support for HIV and AIDS in the next 3-4 years.**

Signature:  (UNDP)Signature:  (OECS Secretariat)

# PREPARATORY ASSISTANCE GRANT – TECHNICAL ASSISTANCE PROGRAMME FOR MAINSTREAMING HIV AND AIDS AND UPSCALING PREVENTION

## 1. Background

Despite the significant progress made in key social sectors particularly the advances in access to education and the provision of health care resulting generally in low child and maternal mortality rates, poverty levels in the OECS persist at high rates coupled with on-going structural inequalities in the areas of education, health and employment opportunities. The Gini Coefficients for the sub-region indicate a significant level of inequality ranging from 0.23 in the BVI to a high of 0.56 in St. Vincent and the Grenadines. St. Vincent has recorded one of the highest rates of poverty in the sub-region at approximately 33% (STV IPRSP, 2003)<sup>1</sup>. The increasing incidence of HIV/AIDS also serves to constrain national and sub-regional efforts towards development, with levels ranging from 37.8% in St. Vincent and the Grenadines, 20.0% in Montserrat to 5.3% in BVI.<sup>1</sup> Much of the recent hike in poverty has been linked to the shrinking economies and the challenges faced by agriculture and rural development.

In 2005 approximately 30,000 people in the Caribbean acquired the HIV virus, with prevalence exceeding 2% in the Bahamas, Belize, Guyana, Haiti and Trinidad. Additionally, it is important to note that with over 20 million visitors each year, the main economic activity in the majority of Caribbean nations is tourism related, accounting for approximately half of the GDP in some countries, sometimes more. (Bahamas 59%, Barbados 51%, Antigua and Barbuda 55% and Saint Lucia 69%). Furthermore, countries and territories dependent on tourism rank amongst those most highly affected by HIV/AIDS. This disease is now the leading cause of death in adults in the age group 15-44, the most economically active group of the population. Loss of earnings and increased expenditure due to both illness and death will have adverse effects on any household, regardless of initial financial status, as well as the national economy.

Taking one example of an OECS country, Antigua and Barbuda, the HIV and AIDS epidemic takes a sharper perspective. Located in the Eastern Caribbean, at the southern end of the Leeward Islands, Antigua and Barbuda has an area of 170 square miles and a population of approximately 75,741, of which 98% resides in Antigua, 23,056 (30.4%) are 0-14 years, 13,986 (18.5%) are 15-24 years and 32,456 (42.9%) are 25-64 years.<sup>2</sup> The first cases of HIV in Antigua were recorded in December 1985, mostly amongst males. However, there has since been an increased feminization of the disease worldwide and Antigua and Barbuda are no exception. The average sex ratio at the end of 2002 was close to 4 males to 1 female. (3.87). From 1985 until the end of 2004, there were a total of 502 reported cases. By 2004, the % distribution of reported HIV and AIDS cases by Gender in Antigua and Barbuda was about 54% male and 38% female for HIV and 73% male and 27% female for AIDS.<sup>3</sup> However, statistics suggest that the growth of

<sup>1</sup> This data was taken from the Table: "HIV-AIDS by country with incidence rates per 100,000 population 1998", OECS HDR (2002).

<sup>2</sup> 2001 Population, Information Systems Section, Statistics Division, Antigua & Barbuda.  $23,056 + 13,986 = 37,042$  (48.9%) are 0-24 years.

<sup>3</sup> (Camara, et al, 2004 – Status and Trends Analysis of the Caribbean HIV-AIDS Epidemic 1982-2002 Port of Spain. Caribbean Epidemiology Centre.

new cases between 1986 and 2002 for females averaged 25%, almost doubling the average of males<sup>4</sup>.

A general review of the progress of the MDGs in 2003-4 for Barbados and the OECS by UNDP confirmed also that the region seems to be also lagging in the area of HIV and AIDS and in Partnership for Development (MDG# 6 and 8 respectively). Specific country reports for Grenada, Barbados, Dominica and St. Kitts and Nevis supported by UNDP and in some cases the OECS Secretariat, together with a report from a review meeting in Antigua and Barbuda in 2005; confirm that these goals continue to be of concern. Issues relating to poverty in the OECS only serve to greater challenge the response to HIV and AIDS.

While abject poverty and hunger are not prevalent, poverty estimated at an OECS-adjusted poverty line still show high levels – in some countries reaching as high as 40%. Increasing job-less growth and high unemployment amongst men and particularly women have resulted in the increased incidence of transactional sex and commercial sex work. Gender inequality in a number of streams also remains troubling with increasing violence against women likely precluding a woman's capacity to safely negotiate sex.

At the OECS level, the issue of "*strengthening programme outputs and impacts and linkages across the social sector*" has become a priority as the sub-region faces the challenge of meeting the Global fund targets and deadlines and as reporting at the country level remains infrequent and of poor quality. *At a broader level, it is recognized that for MDG 6 to be achieved in the OECS sub-region we must change "business as usual" and must focus on both "universal access" and within that "upscaling prevention"*. UNAIDS has recently released a Guidance Note on upscaling prevention in 2006 which should serve as a guide to ongoing efforts. The UNGASS Review of HIV and AIDS in May 2006 in the context of the Global commitment also urged for renewed efforts and commitment. The review and discussions on upscaling universal access in early 2006 led by UNAIDS highlighted the need for strategic focus on the following:

- **Human rights, stigma, discrimination and gender equity**
- **Affordable commodities and low-cost technologies**
- **Human resources and health and social systems**
- **Sustainable financing; and**
- **Targets and milestones.**

A number of initiatives are ongoing in the OECS countries in addressing the HIV and AIDS epidemic. The wider regional strategic framework is provided by the Pan Caribbean Partnership or PANCAP which is administrated by and implemented through the CARICOM Secretariat – financial resources have been provided by the Global Fund and the EU as well as other sources. The OECS sub-region itself is a recipient of a grant from the Global Fund; Phase I of this project ends in February 2007. Several Member States including St. Kitts and Nevis, Grenada Saint Lucia and St. Vincent and the Grenadines are also recipients of World Bank funds for HIV and AIDS. Further the UN system, mainly through the UN Joint Programme for HIV and AIDS – UNAIDS has provided significant support to the region through the Programme Accelerated Fund (PAF) mechanism and through individual agency programmes. More recently, Grenada,

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<sup>4</sup> Camara, et al, 2004 – Status and Trends Analysis of the Caribbean HIV-AIDS Epidemic 1982-2002 Port of Spain. Caribbean Epidemiology Centre.

Dominica, Saint Lucia and St. Vincent and the Grenadines have qualified for country level access to the Global Fund. It is expected that these countries will initiate applications for their own country Global Fund projects in the next few months in preparation for the Call for Proposals in 2007.

The OECS sub-region has also benefited from long-standing support from the Clinton Foundation particularly in accessing low-cost anti-retroviral therapy (ART). The main thrust of the programming for the last 3-4 years has been on:

1. Enhancing access and the quality of Voluntary Counselling and Testing (VCT) services;
2. Prevention of Mother to Child Transmission (PMTCT);
3. Awareness building in the general population;
4. Enhancing access to medical care; and
5. Enhancing access to anti-retroviral therapy.

This has in the main been successful and we have seen significant reductions of MTCT and progress in all of the above. Access to ART is now relatively simple and inexpensive.

Notwithstanding national and regional initiatives, at the international level, infection rates remain steady, numbers continue to increase for the 15-24 age group particularly girls, stigma and discrimination remain of concern and many persons are still acting in a risky manner despite the significant awareness material available on HIV and AIDS. Knowledge Attitude and Practice studies in countries, for example, Saint Lucia indicate that condom use is still inconsistent. It has become increasingly clear that knowledge is not sufficient to change behaviour and that a different approach must be undertaken. Behaviour Change Communication is one discipline or approach which has taken on increasing significance in this context.

In the 2006 Report on the Global AIDS epidemic by UNAIDS, it was noted that infection levels have decreased in urban parts of Haiti and in the Bahamas and remained stable in the Dominican Republic and Barbados. **These efforts, though, the report noted, have not been enough to undo the Caribbean's status as the second-most affected region in the world** (*Global Report – executive Summary, pg 9*).

The UNAIDS Caribbean Co-sponsor Agencies convened under the leadership of UNAIDS RST, Caribbean region a one day meeting in Barbados, 17<sup>th</sup> March 2006 with the overall objective of enhancing collaboration and strengthening coordination among the Co-sponsors in the response to HIV/AIDS in the Caribbean. One of the main objectives of the meeting was to agree on the establishment of a Caribbean Implementation Support Team (CIST) along the line of the Global Implementation support team (GIST) and also a framework for the operationalization of the former; and to coordinate our response to requests coming from PANCAP, the OECS and individual countries for support in the implementation of major HIV/AIDS GF and WB grants as mandated by the Regional Directors' Group (RDG) when they met in NY, 7-8 February 2006. The meeting also provided an opportunity to discuss the way forward regarding implementation of these global initiatives: GTT recommendations, universal access to prevention, treatment, care and support and also the prevention policy. The meeting was

attended by eighteen participants from UNAIDS, UNDP, PAHO, UNODC, UNIFEM, UNICEF and UNESCO.

UNDP as a UNAIDS co-sponsor also will be an active partner in the Caribbean Implementation Support Team to the OECS and CARICOM GFATM (CRIST). As such, support to implementation of activities - Global Fund and otherwise to accelerate access, to scale-up prevention and to address rights-based approaches and to support Monitoring and Evaluation will be high on its programme agenda. Coming out of this meeting, the CRIST through the UNTG met with the OECS Secretariat and agreed on support to the GFATM – resulting from those discussions UNDP Barbados and the OECS committed to support in 2006 additional technical support to Grenada and Antigua and Barbuda towards the achievement of the GFATM targets.

Further, UNDP as a UN co-sponsor and as a recognized action within the Division of Labour amongst the Global Task Team, has been accorded responsibility specifically for stigma **and discrimination**. Traditionally, UNDP's main support in this area has been through the Leadership for Development Programme (LDP) focusing on Barbados and St. Kitts and Nevis based on Change Agent training including Emotional Intelligence provided by UNDP Barbados and the OECS in 2003. More recently, through the RC function, UNDP has been more involved also in the implementation of the UNAIDS PAFs in the OECS region. Internally, UNDP has decided to focus on three main service areas: (i) HIV AIDS and Human Development including enabling a multi-stakeholder response; (ii) Governance of HIV and AIDS Responses; and (iii) HIV, Human Rights and Gender. In response to the recent OECS GFATM challenges, UNDP committed itself to providing programmatic support and recognized also the need to upscale its support to the region on a more consistent level.

Coming out of the socio-economic impact of HIV and AIDS in Antigua and Barbuda funded by UNDP and through discussions with the Government, key follow-up actions identified include: (i) a review of existing governance arrangements and the establishment of a National AIDS council; (ii) addressing Stigma and Discrimination in the Public sector and (iii) support to dialogue and action on the intersection between HIV and AIDS, Poverty and Gender.

## **2 Objectives of the Preparatory Assistance**

This Preparatory Assistance Project is set against the background of the work that has been undertaken at various levels in addressing HIV and AIDS and in recognition of new and emerging activities and opportunities. Its approach will inform the activities to be undertaken by UNDP, the OECS and PANCAP. It also builds on a growing common interest between the OECS and UNDP to put in place a programmatic approach to HIV and AIDS which is wider and more sustainable than projects. It will further address a number of the gaps which still remain despite the plethora of agencies and projects that have emerged as a response to the epidemic.

The objectives of this Preparatory Assistance Project are to:

1. Initiate critical support at the country level in support of meeting the GFATM targets due by February 2007 as agreed in the discussions with the OECS and the UNTG on HIV and AIDS as part of the CRIST response;
2. Support a programmatic thrust for the OECS in HIV and AIDS including consultations and support to missions to MS;

3. Support ongoing policy initiatives in Antigua and Barbuda on HIV and AIDS relating to governance of HIV and AIDS and addressing Poverty, Gender and HIV/AIDS linkages;
4. Support the initiation of discussions on GFATM Phase II in a timely manner; and
5. Define a UNDP Strategy for HIV and AIDS for Barbados and the OECS which would provide framework for support under the existing Sub-regional Cooperation Framework including a UNDP role in OECS GFATM Phase II.

### **3 The Outputs**

The main outputs under the objectives identified above will include the following:

- a. Enhanced/accelerated programme implementation in Antigua and Barbuda and Grenada;
- b. A framework for an OECS HIV and AIDS programme including strategic thrust for BCC amongst youth;
- c. Expanded dialogue on HIV and AIDS in Antigua and Barbuda and Grenada at the policy level including linking poverty and HIV and AIDS and gender and also enabling a multi-stakeholder mechanism in support of the long term strategy;
- d. Preliminary outline of the potential scope for GFATM II; and
- e. A strategy document for UNDP Support to Barbados and the OECS in HIV and AIDS 2006-2011.

### **4 Justification**

The Caribbean region remains the second most affected region in the world after Sub-Saharan Africa and HIV and AIDS presents a significant threat to the human resource capacity and the long term development of the OECS states. It is one of the single most significant threats to the achievements of the Member States in the last 20-30 years. Prevalence rates are near 1% in many cases for small societies some as small as 45,000 persons and as large as 160,000 persons. Significant challenges exist also due to the tourism industry and the significant amount of tourists visiting these islands who interact with locals on a varying number of levels and the response to needs of both tourists and crew of cruise ships has seen an upsurge in clubs and bars and visible signs of commercial sex work.

It has also been recognized that without significant enhancement to support programme management and implementation as well as in monitoring and evaluation that HIV and AIDS programming will grind to a halt at the country level. This can be seen in the precarious nature of the programmes, the near losses of financial resources due to late or non-reporting and the slow execution of resources. Equally, national programmes are plagued with a high turnover of staff particularly at the Programme Coordinator level. The UN system has a clear role in addressing these gaps and enhancing national capacity to sustain HIV and AIDS programming.

The time to address HIV and AIDS in the OECS is now. It is critical to make this input at this time to halt any further upsurge and to begin to turn the tide.

### **5. Strategy**

In view of the limited resources available at the country level and the challenges and delays in obtain global resources, this initial phase allows the OECS Secretariat and

UNDP to respond to the urgent needs of countries belonging to the Organization of Eastern Caribbean States (OECS). A full project document should be finalized by early to mid 2007.

The UN system has recognized clearly the need for joint programming on HIV and AIDS. The past year has seen unprecedented levels of commitment and action towards multilateral reform and aid harmonization in support of national responses to AIDS. The March 2005 high-level meeting "Making the Money Work" in London, the formation of a Global Task Team on Improving AIDS Coordination, and the endorsement of the recommendations made by this Team during the 2005 World Summit, have all helped improve support to national responses to HIV and AIDS. In an effort to accelerate implementation of the Global Task Team's recommendations, the Secretary-General, in his letter of 12 December 2005, directed Resident Coordinators to establish Joint UN Teams on AIDS with one joint programme of support. The UN Theme Group in Barbados has been very effective in the execution of UNAIDS PAF, joint collaboration and a strengthened UNDP response and a clearer programmatic focus from the OECS countries that will assist and facilitate the work of the UN Theme Group.

The role of the UNAIDS RST in Trinidad and Tobago in providing guidance and leadership to the response on HIV and AIDS remains a key one and UNDP and the OECS Secretariat intends to work closely with the UNAIDS RST and the UN Theme Group on HIV and AIDS in the execution of this activity.

The activities under this assistance project will enable the OECS and UNDP to define its response and support in the next 3-5 years in support of up-scaling universal access with a focus on the five key areas which arose from the Universal Access consultations in early 2006. Through programmatic development as well as pilot work in the Antigua and Barbuda and Grenada, insights into the needs on the ground will be further provided.

## **6. Implementation Arrangements**

This regional project will be executed by the Secretariat to the Organisation of Eastern Caribbean States with the United Nations Development Programme (UNDP) providing technical and administrative support to project implementation.

The Secretariat of the Organisation of Eastern Caribbean States (OECS) will also play a role in advising on the implementation of activities related to Antigua and Barbuda and Grenada. Oversight and monitoring of the project activities will be a joint UNDP/OECS Secretariat responsibility. A comprehensive report will be prepared at the end of the preparatory assistance process to share with all parties involved in the programme.

## **7. Monitoring and Evaluation**

Financial resources for this project will be managed jointly by the OECS Secretariat and the United Nations Development Programme and disbursements will be made against approved invoices or the agreed activities as stipulated within the PA. A report will be submitted on completion of all project activities. A report at the end of every three months will be shared between the parties on the progress and results of the activities. The OECS and UNDP will prepare reports on their particular components and finalize a combined report jointly.

UNDP will also report these activities in terms of the agreements at the meeting of UNAIDS co-sponsors in March 2006 as well as to the Caribbean Implementation Support Team with respect to OECS HIV and AIDS programmes and activities.

## 8. Budget

The total budget is estimated at US\$70,000.00 as shown in the Table below.

Activity Type	Budget (US\$)
Support to Programme Implementation through additional personnel in A&B and GRN for GFATM	10,000.00
Support to OECS Programme Formulation	15,000.00
Support to the RCM in the preparation/definition of a framework for Phase II	15,000.00
Support to Antigua and Barbuda in post-socio-economic activities	10,000.00
Support for Grenada on HIV and AIDS including Round 7 country GFATM preparation	8,000.00
BCC Promotion in St. Kitts and Nevis	2,000.00
UNDP HIV and AIDS Strategy Paper	4,000.00
OECS and UNDP Travel (50/50)	5,000.00
Miscellaneous	1,000.00
<b>TOTAL</b>	<b>US\$70,000.00</b>

The budget is allocated over two financial years with USD 49,000 available for 2006 and USD 21,000 available for 2007 under the PA framework.