CARIBBEAN REGIONAL
HIV AND AIDS
PARTNERSHIP FRAMEWORK

2010 – 2014

FIVE-YEAR STRATEGIC FRAMEWORK TO SUPPORT
IMPLEMENTATION OF CARIBBEAN REGIONAL AND NATIONAL EFFORTS
TO COMBAT HIV AND AIDS

A COLLABORATIVE EFFORT OF THE GOVERNMENT OF THE UNITED
STATES OF AMERICA, THE CARIBBEAN COMMUNITY, THE ORGANIZATION
OF EASTERN CARIBBEAN STATES AND THE GOVERNMENTS OF ANTIGUA
AND BARBUDA, THE BAHAMAS, BARBADOS, BELIZE, DOMINICA,
GRENADA, JAMAICA, ST. KITTS AND NEVIS, ST. LUCIA, ST. VINCENT AND
THE GRENADINES, SURINAME, AND TRINIDAD AND TOBAGO
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<tr>
<td>CAREC</td>
<td>Caribbean Regional Epidemiology Centre</td>
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<td>CARICOM</td>
<td>The Caribbean Community</td>
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<td>CARPHA</td>
<td>Caribbean Public Health Agency</td>
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<td>CBOs</td>
<td>Community-based organizations</td>
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<tr>
<td>CCNAPC</td>
<td>The Caribbean Coalition of National AIDS Program Coordinators</td>
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<td>CD4</td>
<td>CD4 lymphocyte count</td>
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<td>CHRC</td>
<td>Caribbean Health Research Council</td>
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<td>Clinton Foundation</td>
<td>The William J. Clinton Foundation</td>
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<td>CRSF</td>
<td>Caribbean Regional Strategic Framework 2008 – 2012</td>
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<td>CVC</td>
<td>The Caribbean Vulnerable Communities Coalition</td>
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<td>DFID</td>
<td>The British Department for International Development</td>
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<td>EU</td>
<td>European Union</td>
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<td>FRAMEWORK</td>
<td>The USG-Caribbean Regional Strategic Framework</td>
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<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GIPA</td>
<td>Greater Involvement of People Living with HIV/AIDS</td>
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<td>HAPU</td>
<td>HIV/AIDS Project Unit of the OECS</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HR</td>
<td>Human resources</td>
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<tr>
<td>MARPs</td>
<td>Most at-risk populations</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>NGOs and CSOs</td>
<td>Non-governmental organizations and civil society organizations</td>
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<tr>
<td>OCEC</td>
<td>The Organisation of Eastern Caribbean States</td>
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<td>OIs</td>
<td>Opportunistic infections</td>
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<td>PAHO</td>
<td>The Pan American Health Organization</td>
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<td>PAHO/PHCO</td>
<td>PAHO HIV Caribbean Office</td>
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<td>PCAP</td>
<td>Pan Caribbean Partnership against HIV/AIDS</td>
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<td>PEPHRBs</td>
<td>Persons Engaged in High Risk Behaviors</td>
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<td>PEPFAR II</td>
<td>The United States President’s Emergency Plan for AIDS Relief</td>
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<td>PFIP</td>
<td>Partnership Framework Implementation Plan</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PITC</td>
<td>Provider-Initiated Counseling and Testing</td>
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<td>PLHIV</td>
<td>People Living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>Prevention of mother-to-child HIV transmission</td>
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<td>PwP</td>
<td>Prevention with people living with HIV and AIDS</td>
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<tr>
<td>QA</td>
<td>Quality assurance</td>
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<td>QC</td>
<td>Quality control</td>
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<td>RRL</td>
<td>Regional Referral Laboratory</td>
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<tr>
<td>S&amp;D</td>
<td>Stigma and discrimination</td>
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<td>SI</td>
<td>Strategic Information</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infections</td>
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<tr>
<td>SW</td>
<td>Sex worker</td>
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<tr>
<td>TA or TS</td>
<td>Technical assistance / Technical support</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TWG</td>
<td>Technical working group</td>
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<td>USG</td>
<td>United States Government</td>
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<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>UNGAASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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BACKGROUND

Comprised of an archipelago of developing island nations and mainland countries, the Caribbean region is characterized by high levels of interdependence and migration between countries. Geographic proximity, cultural similarities, and existing political and economic cooperation make regional coordination essential to address the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic. With varying levels of economic development and health system capacity, Caribbean countries face a host of common challenges in developing and sustaining well-coordinated, effective national responses to the epidemic. The Caribbean region has the second highest HIV prevalence in the world after sub-Saharan Africa. The AIDS epidemic continues to be the leading cause of death among Caribbean adults 25 to 44 years of age and has orphaned approximately 250,000 Caribbean children. In 2007, some 14,000 Caribbean nationals died of AIDS, an estimated 20,000 people were newly infected with HIV, and an estimated 234,000 people were living with HIV, with three quarters of those infected living in the Dominican Republic and Haiti.

Though high quality epidemiological data are limited across the Caribbean region, the region’s estimated adult prevalence (15 - 49 years of age) is 1.1 percent with a male-to-female ratio of approximately 2:1. National prevalence in the general population ranges from nearly zero to 3 percent (0.1 percent in Cuba to 2.1 percent in Belize and 3 percent in the Bahamas). Despite lower infection rates, women now represent about 45 percent of reported AIDS cases, perhaps due to nearly universal antenatal HIV testing of pregnant women. In many cases, the HIV epidemic is shifting to younger populations, but with different gender patterns across countries. For example, in 2007, HIV prevalence in young males 15 - 24 years of age in the Bahamas, Barbados, and Jamaica was twice as high as prevalence in the corresponding female cohort. The opposite was true in the Dominican Republic, Haiti, and Trinidad and Tobago, where HIV prevalence in young females 15 - 24 years of age was at least twice as high as prevalence in the corresponding male cohort.

National averages mask alarmingly higher prevalence among persons engaging in high risk, often highly stigmatized behaviors. A 2005 study among sex workers in Jamaica found a sero-prevalence of 9 percent and studies supported by the Pan American Health Organization (PAHO) and the Caribbean Epidemiology Centre (CAREC) documented sex worker prevalence as high as 31 percent in Guyana (2000) and 21 percent in Suriname (2004). HIV prevalence in populations of men who have sex with men (MSM) was as high as 33 percent in Kingston, Jamaica (2000), 8.2 percent among MSM surveyed in the Bahamas (2007), 6.7 percent in Suriname (2005), and 20 percent in Trinidad and Tobago, where 25 percent of the Trinidadian respondents reported also regularly having sex with women (2006). Researchers estimate that at least 12 percent of reported HIV infections in men were likely caused by unprotected sex between men. In 2004-2005, HIV prevalence among prisoners in six Organization of Eastern Caribbean States (OECS) countries ranged from 2 to 4 percent. Mobile and migrant populations as well as sexually transmitted infections (STI) clinic attendees also represent vulnerable groups with higher HIV prevalence relative to the general population. Overall, the primary mode of HIV transmission in the Caribbean is through unprotected sexual intercourse. Persons selling and buying sex and persons engaging in other forms of transactional sex – including tourists – are key drivers of the Caribbean HIV epidemic. However, sex between men, although generally denied by society, is also a significant factor in several national epidemics. Crack cocaine use is emerging as a driver of HIV infection, with

1 USAID Caribbean HIV/AIDS Health Profile, February 2008, p.4
2 UNAIDS Fact Sheet: Key facts by region—2007 AIDS Epidemic Update, p.2 (Caribbean)
3 2008 UNGASS Country Progress Reports of Cuba, Belize and the Bahamas
8 From UNAIDS 2007 AIDS Epidemic Update.
11 CAREC/PAHO, The Caribbean HIV/AIDS Epidemic and the Situation in Member Countries of the Caribbean Epidemiology Centre (CAREC), February 2007
women crack users at particular risk, but also male crack users through unprotected sex. In contrast, injection drug use is rare in the Caribbean and is responsible for only a small minority of the region’s HIV infections. Risk of HIV infection is also closely intertwined with poverty which remains as high as 15 to 30 percent in some Caribbean countries. Individuals living in poverty are often more likely to engage in high-risk behaviors associated with higher rates of HIV infection.

The Caribbean region has achieved significant progress towards its goal of universal anti-retroviral treatment (ART), having extended ART to approximately 43 percent of treatment-eligible Caribbean people by 2007. Yet, with over half the region’s estimated number of treatment-eligible persons still not receiving ART services, a significant coverage gap remains. While considerable progress is being made to improve access to HIV-related care and treatment services to People Living with HIV/AIDS (PLHIV), most Caribbean nations lack sufficient health system and workforce capacity to meet the estimated need. In addition, measurements of quality and outcomes of current treatment, care and support services are limited. If current trends persist, the HIV epidemic will continue to grow in the Caribbean. WHO/UNAIDS projections estimate a 13 percent growth in HIV infections by 2015. Pan Caribbean Partnership against HIV/AIDS (PANCAP) anticipates that the demand for ART will double in the same time period. With infections increasingly affecting the most productive segments of society, the epidemic may begin to significantly impact national economies. Left unchecked, rising prevalence in the Caribbean region could adversely impact North, Central, and South America. Clearly, though Caribbean nations face other high priority public health challenges such as the prevention and treatment of diabetes and heart disease, HIV and AIDS is a significant, long-term threat to socio-economic development and health security in the region.

PURPOSE

In light of the threat posed by HIV and AIDS worldwide, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) was reauthorized by the U.S. Congress in July 2008. The new legislation encourages U.S. Government (USG) agencies supporting HIV and AIDS activities abroad to work closely with national, regional, and international partners to develop a joint strategic plan or Partnership Framework based upon shared goals and objectives, mutual contributions, and measurable outcomes. The purpose of the U.S. – Caribbean Regional HIV and AIDS Partnership Framework (hereafter, the “Framework”) is to reduce HIV and AIDS incidence and prevalence in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs.

By coordinating HIV and AIDS initiatives and combining USG and Caribbean regional and national resources, this Framework should further strengthen Caribbean national government and regional capacity for a more robust and effective response to mitigate the epidemic’s impact across the region. This Framework represents an understanding between the U.S. Government and Caribbean partners to establish strategic alignment in the fight against HIV and AIDS through joint decision-making in setting programmatic priorities and partner contributions. This Framework, developed through extensive consultations with national and regional Caribbean stakeholders, utilizes and builds upon the respective strengths and technical expertise of all partners. The Framework is designed in alignment with the national HIV and AIDS strategic plans of each partner country and with the Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012 (CRSF). The CRSF articulates the vision and collective priorities of Caribbean governments through their membership in The Caribbean Community (CARICOM) and their support for CARICOM’s Pan-Caribbean Partnership against HIV/AIDS (PANCAP).

14 See footnote 4
16 PANCAP, Caribbean Strategic Framework on HIV and AIDS (2008-2012), pgs. 9-15
17 The U.S. Government, in partnership with PANCAP, hosted a consultative meeting from April 29-30, 2009 in St. Lucia to solicit stakeholder input regarding strategy development for this Partnership Framework. Initial input from the St. Lucia meeting was used to develop a first draft of the Framework which was then circulated in June and July for review by over seventy-five Caribbean stakeholders from Ministries of Health and National AIDS Programs in all twelve partner countries as well as CARICOM, the OECS, and numerous non-governmental and international organizations involved with HIV/AIDS in the Caribbean region. The USG received many substantive responses in writing and by phone and underwent internal deliberations to produce this final draft of the U.S. – Caribbean Regional HIV and AIDS Partnership Framework.
Through mutual ownership and accountability, shared principles and joint oversight, this Framework supports the achievement of Caribbean national and regional goals and objectives as well as PEPFAR’s global goals. Further USG investment in the Caribbean, in addition to substantial earlier and ongoing PEPFAR engagement in Haiti, Guyana, and the Dominican Republic, should help ensure that participating Caribbean national governments and regional partners better leverage existing and new resources to improve or scale-up essential HIV and AIDS prevention, care and treatment services. A priority, overarching goal of this Framework is to enhance the capacity of Caribbean national governments and regional organizations to even more effectively lead and manage the national and regional HIV and AIDS response. Ultimately, the Framework aims to increase partner countries’ capacity to develop, lead, finance, and implement sustainable, comprehensive and effective national HIV and AIDS programs with the understanding that national governments should increasingly assume primary strategic and financial responsibility over the long-term.

PARTNERS, ROLES AND CONTRIBUTIONS

Twelve Caribbean countries are [proposed] signatory partners to this Partnership Framework: Antigua and Barbuda; the Bahamas; Barbados; Belize; Dominica; Grenada; Jamaica; St. Kitts and Nevis; St. Lucia; St. Vincent and the Grenadines; Suriname; and Trinidad and Tobago. Ministries of Health, Ministries of Finance, Ministries of Education, National Defense Forces, National AIDS Commissions, and National HIV/AIDS Programs are all important public sector counterparts under this Framework. Two regional organizations mandated to coordinate the Caribbean HIV and AIDS response at the regional level are [proposed] signatory partners: the CARICOM Secretariat, on behalf of PANCAP and the Secretariat of the Organisation of Eastern Caribbean States (OECS), on behalf of its HIV/AIDS Project Unit (HAPU).

In addition, a host of national, regional, and international non-governmental, civil society, and private sector organizations, many of whom already play an active role in the Caribbean’s HIV and AIDS response, are anticipated as non-signatory partners and potential implementers under this Framework. While official signatories are the primary partners under this Framework, other non-signatory organizations may receive funding or technical assistance as implementing partners. The USG may directly fund or provide technical assistance to national and regional NGOs and civil society organizations if such assistance is consistent with the achievement of Partnership Framework goals and with the national strategic plans of Framework partner governments. In addition, the USG seeks to collaborate with other international partners such as The Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, the William J. Clinton Foundation (Clinton Foundation), and the PAHO HIV Caribbean Office (PAHO/PHCO) to ensure complementarities of efforts and avoid duplication of activities. The participation and specific roles of all signatory and non-signatory partners are defined either in this document or the subsequent Partnership Framework Implementation Plan (PFIP).

Under the leadership of the U.S. Department of State, the following six USG agencies intend to support implementation of this Framework:

I. U.S. Department of State with Missions to: Bridgetown, Barbados and the OECS; Kingston, Jamaica; Paramaribo, Suriname; Port-of-Spain, Trinidad and Tobago; Nassau, the Bahamas; and Belmopan, Belize.

II. U.S. Agency for International Development with Missions to: Bridgetown, Barbados and the OECS (Eastern Caribbean Program); and Kingston, Jamaica.

III. U.S. Department of Health and Human Services:
   a. Centers for Disease Control and Prevention, Caribbean Regional Program based in Bridgetown, Barbados.
   b. Health Resources and Services Administration based in Rockville, Maryland.

IV. U.S. Peace Corps Eastern Caribbean Regional Program and Suriname, Belize, and Jamaica Country Programs.

V. U.S. Department of Defense.

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18 PEPFAR’s global goals include treatment for at least 3 million people, prevention of 12 million infections, care for 12 million people, including 5 million orphans and vulnerable children, and training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

19 The U.S. Government is developing separate bilateral Partnership Frameworks with the Dominican Republic, Guyana, and Haiti. This U.S. - Caribbean Regional Partnership Framework and the subsequent Implementation Plan seek to incorporate the sharing of best practices and technical expertise from HIV and AIDS programs in these three countries with the wider Caribbean region.
Under this Framework, the United States’ senior representative representing all six USG agencies working on HIV and AIDS in the Caribbean region is the U.S. Ambassador to Barbados and the OECS. This Ambassador, along with the U.S. Ambassadors to Jamaica, Suriname, Trinidad and Tobago, the Bahamas, and Belize, as well as representatives from the USG agencies listed above, intend to partner with the national and regional Caribbean Framework signatory and non-signatory partners to jointly guide and implement this Framework over the next five years. (See the Management and Communications section below for further details).

Caribbean national governments and regional organizations partnering under this Framework have identified specific contributions and responsibilities to achieve the Frameworks goals and objectives. Expected macro-level partner contributions are outlined in this document in the tabular section (pgs. 18-27) entitled “Goals, Strategic Objectives, and Expected High-Level Partner Contributions.” Any additional contributions from signatory partners, non-signatory partners and the U.S. Government should be finalized during the development of the PFIP. Proposed USG contributions were determined by identifying how best to utilize the USG’s comparative advantage and expertise to achieve Framework goals, primarily through a model of technical assistance emphasizing focused technical support, mentoring, and capacity building of healthcare systems and personnel. To ensure that this Framework accurately reflects Caribbean regional and country-level strategic priorities and represents the best roadmap for the allocation of USG funds and technical assistance over the next five years, consultations with partners should be ongoing throughout PFIP development and over the life of this Framework. Extensive consultations should ensure ongoing dialogue to clarify and update partner contributions and to strike the appropriate balance between bilateral and regional as well as public sector and non-governmental investments of USG resources.

PRINCIPLES

This Framework is a non-binding, joint strategic planning document to be governed by the following guiding principles during implementation:

- High-level national government leadership and continued country ownership of national HIV and AIDS programs;
- A clear definition of the roles and concrete, mutual contributions of governments and other partners;
- Astute management of and accountability for resources, with attention to sustainability, cost effectiveness and performance evaluation;
- Major focus on building country capacity to lead and manage sustainable national HIV and AIDS programs, transitioning responsibilities and control to government-coordinated systems over an agreed timeframe;
- Alignment with the CRSF, national HIV and AIDS strategic plans of all participating countries, and plans and initiatives of other bilateral and multilateral agencies in the region;
- Alignment with the “Three Ones” principle: one national HIV/AIDS strategy, one national HIV/AIDS coordinating authority, and one national monitoring and evaluation system;
- Consensus on measurable goals and objectives, including national and regional target-setting and flexibility to review and revise priorities, targets, and implementation strategies over time;
- Utilization of scientific evidence, data, and best practices to improve decision-making, program outcomes and impact;
- Annual monitoring and evaluation to measure progress against benchmarks;
- Joint management of the Framework by USG and Caribbean national and regional partners;
- Maintenance of a comprehensive communication strategy that facilitates transparency, information sharing, and meaningful involvement of all signatory and non-signatory partners;
- Development and utilization of those Caribbean regional “public goods” which are most efficiently provided at the regional rather than the national level;
- Meaningful involvement of People Living with HIV/AIDS (PLHIV) in Framework development, management and implementation;
- Integration of HIV and AIDS services into other health programs such as primary healthcare, maternal and child health, reproductive health, and care for chronic non-communicable diseases;
- Intention to implement regional, sub-regional and national policies and practices that enable more effective HIV and AIDS responses;
- Compliance with the Paris Declaration on Aid Effectiveness and the Monterrey Consensus, which emphasize effective leadership by developing countries, alignment of donor support with receiving countries’ national development
strategies, harmonization of actions by donor countries, mutual accountability for results, and efficient mobilization of
domestic and international financial resources in support of development; and

- Recognition that the resources of the USG, regional organizations and national governments are limited and
  investments are subject to the availability of funds. Achievement of Framework goals requires resource flows beyond
  the ability of any one partner; constraints on availability of funding from signatory partners or from other key partners
  could lead to a review and revision of goals and objectives.

FIVE-YEAR STRATEGIC OVERVIEW

Over the next five years, this Framework should contribute to the achievement of the CRSF’s strategic vision “to substantially
reduce the spread and impact of HIV in the Caribbean through sustainable systems of universal access to HIV prevention,
treatment, care and support.”20 The core premise of the new CRSF is that an effective response to the HIV epidemic depends
on the commitment, capacity, and leadership of the region’s national authorities.21 This Framework, like the CRSF, adopts a
country-centered approach, recognizing that sustainable, comprehensive and country-driven HIV programs are essential to
overall regional success in reducing the spread and impact of HIV and related sexually transmitted and opportunistic infections,
including tuberculosis. The central focus of this Framework is to expand partner countries’ capacity to plan, oversee, and
manage their national response to HIV and AIDS and deliver quality services with the participation of local civil society and
communities, and ultimately, to finance health programs. However, this Framework is also designed to strengthen regional
public health agencies, regional non-governmental organizations and regional multilateral initiatives. The overall result should
be robust national government and regional agency leadership in policy-formulation and cost-effective provision of national and
regional public goods and services, as well as strengthened capacity to provide key financial and technical resources, all of
which are vital to a well-coordinated, effective response to the Caribbean region’s HIV and AIDS epidemic.

The strategic goals for this Framework are aligned with the CRSF, which is organized into the following six priority areas:

1. An enabling environment that fosters universal access to HIV prevention, treatment, care and support services;
2. An expanded and coordinated multi-sectoral response to the HIV epidemic;
3. Prevention of HIV transmission;
4. Treatment, care and support;
5. Capacity development for HIV/AIDS services; and
6. Monitoring, evaluation and research.

This Framework shares the fundamental priorities of the CRSF, but places a specific emphasis on bolstering the region’s HIV
prevention services and resources; improving national and regional capacity for surveillance, monitoring, and evaluation;
strengthening national and regional laboratory diagnostic and monitoring capacity; developing human resources for improved
healthcare service delivery; and supporting national governments’ capacity to implement effective, sustainable national HIV and
AIDS programs. Because national governments provide treatment, care and support services with financial and technical
assistance from other partners such as the GFATM and the Clinton Foundation, this Framework does not place an emphasis
on drug procurement or direct scale up of these services. The Framework seeks to contribute to the improvement or scale up of
these services via systems strengthening and human capacity development. Overall, this Framework should support the
realization of the CRSF vision through strategic objectives and interventions designed to achieve the following five high-level
Partnership Framework goals developed through consultations with Caribbean partners:

1. **HIV Prevention**: To contribute to achievement of the CRSF goal of reducing the estimated number of new HIV infections
   in the Caribbean by 25 percent by 2013;

2. **Strategic Information**: To improve the capacity of Caribbean national governments and regional organizations to increase
   the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-
   based decision-making for improved programs, policies, and health services;

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20 PANCAP, CRSF, pg. 21
21 PANCAP, CRSF, pg. 7
3. **Laboratory Strengthening:** To increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV and AIDS and related sexually transmitted and opportunistic infections, including tuberculosis, under a regional network of tiered laboratory services;

4. **Human Capacity Development:** To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards; and

5. **Sustainability:** To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national, and community levels over the long-term.

The following cross-cutting themes have also been identified as critical to the Framework’s effectiveness in combating the Caribbean’s HIV epidemic. Each of the following cross-cutting themes is intended to shape the interventions developed to achieve each Framework goal during implementation. In concert with priority area one of the CRSF, this Framework seeks to support national policies, practices, and programs which contribute to more effective HIV and AIDS responses by:

- Reducing stigma and discrimination against PLHIV and persons most vulnerable to HIV infection, as well as reduction of homophobia
- Translating advocacy into actual changes in harmful gender and social norms, such as sexual relationships between adults and minors
- Adopting legislation and policies to protect human rights
- Improving patient-centered prevention, care and support with professionalism and confidentiality in health service delivery settings
- Promoting a multi-sectoral response with linkages between the public, private and non-governmental health sectors, as well as to other health and development programs

The following sections articulate the strategy, objectives, program areas and proposed policy work identified to achieve each Framework goal.

**GOAL 1: HIV PREVENTION** – To contribute to achievement of the CRSF goal of reducing the estimated number of new HIV infections by 25 percent by 2013.

In the absence of a vaccine or cure for HIV/AIDS – along with the high human suffering and lifetime costs associated with care and treatment – it is imperative that countries in the region make significant investments to reduce HIV incidence. HIV prevention corresponds to CRSF Priority Area 3: “Prevention of HIV Transmission” and is also a major priority in each partner country’s national strategic plan for HIV and AIDS. The HIV epidemic in the Caribbean is primarily due to sexual transmission, with epidemiological and behavioral data suggesting concentrated epidemics with much higher prevalence among persons engaged in high-risk behaviors (PEHRBs) relative to the general population. These PEHRBs include men having sex with men (MSM), sex workers (SW), and those engaged in transactional sex. High risk behaviors by these groups are exacerbated by the influence of tourism in the region. Cross border mobility, coupled with socioeconomic challenges and harmful cultural norms – especially gender-based disparities, sexual coercion, multiple concurrent sexual partnerships, and transgenerational sex – further contribute to HIV transmission within vulnerable, most at-risk populations (MARPs), as does the stigma and discrimination faced by many high-risk groups.

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22 Rather than the classical tier structure for laboratories (national, provincial, community), the Framework intends to support the development of a regional reference laboratory which should promote increased capacity of national laboratories.

23 The field of HIV Prevention makes an important distinction between persons engaged in high risk behaviors (PEHRBs) and most-at risk populations (MARPs). In order for HIV prevention efforts to be most successful, interventions should target the source of increased HIV risk. While most at-risk populations are often associated with one or more specific high risk behaviors, non-behavioral economic, social or environmental factors such as poverty, orphan status, gender disparities, incarceration or migration may also increase the risk of HIV infection.
PLHIV with essential “prevention with people living with HIV/AIDS” (PwP) services, such as support for sero-discordant couples and expanded access to high quality, community-based care services.

Interventions should focus on reaching underserved PEHRBs and MARPs with a comprehensive combination HIV prevention strategy integrating multiple evidence-based prevention methodologies. “Combination prevention” is a strategic approach that includes behavioral, structural, and biomedical HIV prevention interventions adapted and prioritized to specific contexts (UNAIDS, 2004). This Framework intends to focus on behavioral interventions by scaling up the scope and use of evidence-based, gender-sensitive, and culturally appropriate HIV prevention interventions aimed at early detection of positives, behavior change and HIV risk reduction among PEHRBs, particularly sex workers (SWs) and their partners, MSM, military personnel, mobile/migrant populations, drug users, and at-risk youth. The Framework seeks to also emphasize PwP, which may be closely linked to home-based care and adult care and treatment programming. The generation and use of high quality strategic information under this Framework, especially related to MARPs, continues to be crucial to informing the development and implementation of effective, well-targeted and evidence-based prevention programs.

In terms of structural interventions, this Framework seeks to change harmful cultural and normative contexts contributing to HIV vulnerability and risk. An effective HIV prevention strategy should focus on the reduction of stigma and discrimination and expanded access to quality, community-based prevention, treatment and care services for PLHIV, PEHRBs, and MARPs. Reducing stigma and discrimination related to HIV and AIDS in the region is crucial to remove barriers driving PLHIV and PEHRBs underground and disrupting access to rapid HIV testing and counseling, prevention and other essential HIV services. Removing infrastructural barriers to HIV prevention services, such as clinical contexts where MARPs feel unwelcome, should be addressed through Goal 4, Human Capacity Development, by emphasizing the training of health care workers in non-stigmatizing, patient-centered health service delivery.

In addition to HIV prevention programs at the regional, national, and community levels focused on behavioral, normative and social change, the USG plans to also support the introduction of biomedical prevention methods such as male circumcision. The USG intends to explore the feasibility of adult male circumcision as a prevention method in close collaboration with partner nations receptive to piloting this intervention. One such country that might be approached is Suriname, where responses to a past pilot of male circumcision were very positive. Based on feasibility studies and evidence obtained from initial pilot projects, national programs of Framework partner countries interested in adopting male circumcision as a prevention intervention would receive technical assistance to pilot this intervention.

Overall, the USG expects to leverage its expertise and resources primarily to improve or supplement the existing HIV prevention initiatives of national and regional Framework partners. Where appropriate, the Framework also seeks to support collaboration with the Caribbean programs of partners such as the Global Fund, the British Department for International Development (DFID), (whose programs address stigma and discrimination) and the Clinton Foundation (which focuses in this region on programs for prevention of mother-to-child transmission). Through collaboration to develop and implement this comprehensive combination HIV prevention strategy, this Framework should help ensure success in reducing HIV incidence and vulnerability in the region.

STRATEGIC OBJECTIVES

1.1: Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up, and sustain comprehensive, “combination” HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs, and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk

1.2: Increase access to and use of targeted HIV prevention information and services by MARPs and PEHRBs through expanding HIV testing and counseling and STI treatment services, using a wider array of community-based workers and facilities, and studying the feasibility of biomedical prevention interventions such as male circumcision

1.3: Facilitate and support cultural, legislative, regulatory, and policy changes to reduce stigma and discrimination, especially focused on enabling populations at elevated risk of infection to access and use HIV prevention-related services without fear of violence, loss of confidentiality, or discrimination
1.4: Strengthen appropriate linkages and referral systems between HIV prevention, care, treatment, and other support services within and across countries included in this Partnership Framework.

TECHNICAL AREAS: Sexual Prevention; Biomedical Prevention (Male Circumcision); HIV Counseling and Testing; Adult Care and Treatment; Strategic Information; Health System Strengthening; and Human Resources for Health

KEY POLICY AGENDA ITEMS

Regional authorities and agencies are prepared to provide policy support in the following areas:

- Advocating for and implementing policies, programs and legislation that promote human rights, especially for HIV-vulnerable persons (MARPs), PEHRBs or other persons likely to experience stigma or discrimination
- Promoting the adaptation and implementation of practices and guidelines in biomedical prevention methodologies accepted and adopted by the World Health Organization (WHO)

National authorities are prepared to support policy changes in the following areas:

- Enabling and improving access to effective, non-discriminatory prevention, care, treatment and support services for PEHRBs and MARPs
- Addressing legislative barriers to the provision of effective prevention, care, treatment and support services for at-risk youth
- Expanding existing national policies on counseling and testing to allow for the accreditation of non-medical personnel and the use of non-traditional sites for rapid HIV testing
- Developing, implementing and enforcing policies to reduce attitudes of stigma and discrimination by health care workers, employers and other service providers against PLHIV and PEHRBs
- Engaging religious and community leaders and other prominent opinion shapers as advocates in developing a human rights advocacy framework to reduce stigma and discrimination
- Ensuring that laws regarding sexual abuse and gender-based violence are implemented and enforced
- Advocating for access to effective legislative redress for HIV and AIDS-related stigma, discrimination, and acts of violence
- Supporting policy reform to promote partner notification of Tuberculosis (TB), Sexually transmitted infections (STI), and HIV status as a public health strategy

GOAL 2: STRATEGIC INFORMATION – To improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies, and health services.

The three areas of strategic information (SI) and epidemiology – surveillance, monitoring and evaluation, and health information systems – are the cornerstones of highly effective planning and decision-making for successful health systems and programs. Strategic information corresponds to CRSF Priority Area 6: Monitoring, Evaluation and Research and is also a major priority across national HIV and AIDS strategic plans. Yet, the technical capacity for epidemiology, surveillance, monitoring and evaluation, and health informatics, is seriously constrained in most Caribbean countries. Critical gaps in data quality and availability prevent many countries from “knowing their epidemic”: being able to pinpoint how many persons are infected with HIV, where new infections are occurring, and where the epidemic is most likely to spread. Nor are countries able to track patterns of HIV infection comprehensively over time and across countries. As a result, there is a lack of reliable data for decision-making, patient case management, policy formulation and the development of well-targeted, evidence-based prevention, treatment and care programs. Steep challenges are posed by extreme shortages of skilled staff and unique methodological problems with data collection and sampling due to small population sizes in the majority of the Framework partner countries. In addition, HIV-vulnerable populations fear stigma and discrimination; their concerns about confidentiality in small-island and small-town settings make these most vulnerable persons least likely to come forward for HIV testing and

24 These practices and guidelines include provider-initiated counseling and testing (PITC); decentralization of counseling and testing services to include STI and family planning clinics; use of trained, non-traditional community-based workers and facilities; use of HIV rapid testing with same day results; introduction of male circumcision for HIV sero-negative men; and others.
participation in surveys and other research. Legal and cultural discrimination against many PEHRBs drives underground the behaviors that fuel the region’s HIV epidemic.

The Caribbean and international communities have reached general consensus regarding the use of globally standardized indicators such as the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and, led by multilateral agencies such as PAHO/PHCO, UNAIDS and PANCAP, as well as the Caribbean Health Research Council (CHRC) and the CDC, the Caribbean is poised to begin harmonizing SI approaches across the region. This Framework presents a special opportunity to work together intensively with partners to focus mutual resources and USG technical support to strengthen SI at national and regional levels. Working within the context of existing national SI structures, this Framework expects to improve human capacity and systems to better monitor and evaluate national responses to HIV, including the enhancement of surveillance and reporting systems. Emphasis should be placed on building technical capacity of partner countries to implement SI activities and assisting partner countries to embark on the collection of data that are both meaningful and essential to characterize the epidemic and to develop an effective response. Data generated from surveillance and research activities should be key to informing the development of HIV prevention programs – as well as other programs – and providing baseline information for impact evaluation and policy development. As surveillance activities are planned, close consultations with prevention specialists and other stakeholders should take place.

This Framework intends to complement current initiatives to set regional SI standards and strengthen existing systems and structures for data collection, interpretation and reporting. Partnerships should be forged by working collaboratively with country-level counterparts to harmonize data gathering and surveillance methodologies and to reach consensus on indicators to monitor progress for all Framework goals and objectives, in alignment with regional and international recommendations. Overall, strengthened surveillance and program monitoring and evaluation should enable countries to better track their HIV epidemics over time as well as providing data for comparisons across countries in the region to verify the effectiveness of programs and ensure optimal alignment of resources and interventions to most effectively combat the epidemic.

STRATEGIC OBJECTIVES

2.1: Build the capacity of national governments to implement surveillance and surveys to accurately characterize the socio-cultural, epidemiological, and behavioral dynamics driving the epidemic in the region (including an expanded focus on PEHRBs and MARPs), inform policy implementation, and support the implementation of evidence-based HIV programming at national and regional levels

2.2: Support the implementation of monitoring and evaluation (M&E) strategies by national governments to increase the use of strategic information for monitoring, evaluation and improvement of HIV program quality, performance and accountability

2.3: Strengthen the capacity of partner countries and Caribbean regional entities to strategically generate, collect, interpret, disseminate, and use quality strategic information

2.4: Ensure the use of harmonized data collection methodologies by national governments and regional entities for strategic information and behavioral operations research at national, facility, and community-levels to facilitate trend analyses and comparisons of HIV and AIDS data

TECHNICAL AREAS: Strategic Information and Human Resources for Health

KEY POLICY AGENDA ITEMS

Regional and national authorities and agencies are prepared to provide policy support in such areas as:

- Promoting acceptance of and cooperation toward harmonized SI methodologies, formats, approaches and a common reporting framework for the Caribbean
- Supporting policy and research focused on PEHRBs and MARPs in order to alleviate barriers to HIV/AIDS services and programming faced by these persons.

National level authorities are prepared to support policy changes for:
• Adapting and implementing disease reporting laws and practices, including HIV, TB and STI partner notification, to ensure procedures are in place for using and disseminating HIV strategic information
• Ensuring confidentiality, patient-centered service provision, and human rights in connection with HIV/STI/TB-related data collection and reporting
• Ensuring adequate and sustainable strategic information staffing at all levels – including, national, facility/program, and community

GOAL 3: LABORATORY STRENGTHENING – To increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV and AIDS and related sexually transmitted and opportunistic infections, including tuberculosis, under a regional network of tiered laboratory services.

In the past, several international donors, including the USG and CAREC Member Countries, supported laboratory strengthening in partnership with the CAREC. The USG specifically supported the introduction of point-of-care HIV diagnosis at the national level and the building of a molecular biology laboratory located in Port-of-Spain, Trinidad. However, plans for Caribbean Regional Epidemiology Centre (CAREC) to provide referral or downstream laboratory support to countries with underdeveloped laboratory capacity did not result in sustainable laboratory capacity in the region. Shortfalls in organizational infrastructure and restructuring within PAHO redirected PAHO and CAREC to focus on internal epidemiological activities. Therefore, the need for an alternate, immediate and sustainable laboratory referral system for the long-term is an urgent, high priority. Such a referral system should provide quality data within the region to support epidemic surveillance and improved patient care and treatment practices.

Recent laboratory needs assessment visits to medical laboratories within the Caribbean region were conducted by the USG in collaboration with other international donors. These assessments indicate that laboratory services and infrastructure are still weak in the region, with populations lacking access to timely, low cost, and high quality laboratory services. The USG and other international partners intend to offer assistance in alignment with existing national and regional health service plans to expand programs that endeavor to lead to affordable, high standard HIV laboratory support in the Caribbean. Recent PEPFAR laboratory strengthening in Haiti and Guyana has shown that developing a tiered laboratory system with access to reference laboratories could lead to overall laboratory strengthening with improvements in staff proficiency and results. However, other countries within the region, particularly the OECS countries, cannot benefit from current expertise in the Haiti and Guyana laboratories because coordination between these countries, particularly the transportation of samples, is a significant challenge. In partnership with PAHO, CARICOM, PANCAP, the Caribbean Public Health Agency (CARPHA), the Clinton Foundation, and key laboratory stakeholders within the region, this Framework seeks to support a new laboratory strategy to create a regional reference laboratory (RRL) for the OECS countries and “subregional clinical laboratory nodes” to serve the other Caribbean countries based upon local and national transportation alignments. This regional reference laboratory, together with the sub-regional nodes, is expected to develop full capacity to provide timely, accurate and quality-assured results to support current and future surveillance, detection, care and treatment activities in alignment with existing national and regional health service plans.

STRATEGIC OBJECTIVES

3.1: Support Caribbean-led reorganization to create a sustainable regional laboratory network

3.2: Coordinate with governments and regional public health agencies to improve the scope and quality of HIV diagnostic and laboratory services and systems

TECHNICAL AREAS: Laboratory Infrastructure and Human Resources for Health

KEY POLICY AGENDA ITEMS

Regional authorities and agencies are prepared to provide policy support in such areas as:

• Creation and support of a regional reference laboratory and “nodes”
• Strengthening Caribbean-led regional strategies, policies, and plans to increase the quality of laboratory services
• Supporting laboratory accreditation in accordance with regional and international standards

National level authorities are prepared to support policy changes for:

• Prompt formulation and implementation of national testing algorithms and point-of-care diagnosis and clinical monitoring
• Prompt establishment of policies and strategic plans to facilitate laboratory accreditation
• Standardization of reporting across all public and private national laboratories

**GOAL 4: HUMAN CAPACITY DEVELOPMENT** – To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards.

The capacity of Caribbean health systems to effectively deliver HIV-related services and implement regional and national interventions is compromised by inadequate human resources. This is due not only to small populations, but also to “brain drain” and extreme shortages of people trained to perform essential health system tasks. Human capacity development to improve health service outcomes corresponds to CRSF Priority Area 5: “Capacity Development for HIV/AIDS Services.” Building human resource capacity for sustainable national HIV and AIDS service delivery is also a priority objective of each of the partner countries under this Framework. Recognizing that a well-trained, strategically deployed, and efficiently utilized health workforce is critical for partner countries and the region to achieve the goal of universal access to quality HIV and AIDS services, this Framework aims to provide the necessary technical support to enable national governments and regional educational and public health institutions to build sustainable human capacity in key HIV management and health service delivery functions. While prior U.S. government investments may have emphasized direct program implementation to develop human capacity, this Framework intends to emphasize implementation by partner countries, nongovernmental organizations, and regional agencies. USG technical assistance expects to focus on strengthening the capacity of these partners to develop and implement human capacity development programs and activities.

To contribute directly to a more robust regional response to the epidemic, including improved HIV service delivery outcomes; this Framework’s strategy for human capacity development plans to focus on four major approaches:

- Strengthening human resource management systems;
- Training and mentoring of government and NGO health workers, especially career and clinical personnel, but also, where feasible, PLHIV and other HIV-vulnerable persons;
- Improving quality and outcome measurement of national and regional training institutions; and
- Furthering professional growth and leadership development of Caribbean counterparts.

Because local labor markets and associations of health professionals are essential factors in any effort to increase and retain the pool of competent health care providers, the USG expects to follow the leadership of national Framework partners as each country determines best use of local and national resources to develop human resource capacity. The USG intends to strengthen public health leaders and managers in their efforts to improve and implement national and regional HIV-related human resource protocols, determine the most appropriate national strategies for the decentralization of HIV-related services, and implement task-shifting for high-demand HIV and AIDS services. Overall, this human capacity building effort should strengthen national governments, regional agencies, and non-governmental organizations to develop sustainable national human resource capabilities and leadership for the long-term.

**STRATEGIC OBJECTIVES**

4.1: Coordinate with partner countries to develop and implement human capacity development strategies based on “Human Resources for Health” plans that include human resources management systems, training, mentoring, and leadership development

4.2: Strengthen partner country and regional entity capacity to measure quality and outcomes of Caribbean HIV-related training and human capacity development programs
4.3: Enable governments and regional educational institutions to establish standardized HIV and AIDS training curricula and competency standards for HIV-related service delivery

4.4: Build the capacity of governments to maximize the deployment and retention of health personnel through task-shifting, skills building, decentralization of HIV-related service provision, integration of HIV services into wider health programs, and personnel recognition systems

4.5: Facilitate improved attitudes and skills of healthcare providers to decrease HIV-related stigma and discrimination, increase patient confidentiality, and expand the use of patient-centered approaches

TECHNICAL AREAS: The over-arching technical areas for this goal are Health Systems Strengthening and Human Resources for Health. Trainings to build Caribbean health care providers’ expertise in HIV-related service delivery should also include such technical areas as: Adult Treatment, Adult Care and Support, Pediatric Treatment, Pediatric Care and Support, Diagnosis and Clinical Management of Opportunistic Infections and TB/HIV Co-infection, Prevention of Mother-to-Child-Transmission, and HIV Testing and Counseling.

KEY POLICY AGENDA ITEMS

National and regional partners are prepared to provide policy support in such areas as:

- Improving recruitment, training and retention of healthcare workers
- Enabling task shifting for high-demand services that can be appropriately delivered by trained cadres other than physicians and/or nurses
- Decentralizing HIV service delivery where efficient and cost effective
- Integrating HIV services into existing health systems, where feasible and cost-effective
- Adopting policies, as necessary, to ensure maximum efficacy of health workers and HIV-related health service delivery
- Promoting health systems strengthening

GOAL 5: SUSTAINABILITY – To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national, and community levels over the long-term.

Current evidence indicates that HIV and AIDS may persist indefinitely as a major public health problem in the Caribbean. Consequently, it is imperative that existing and new programs be designed and implemented using approaches with proven effectiveness and sustainability over the long-term. While donor technical and financial resources may continue to be available to the Caribbean region to address the HIV and AIDS epidemic after completion of this five-year Framework, sustainability has been identified as an important cross-cutting issue to ensure Caribbean Framework partners are able to maintain key activities after the Framework has ended. The selection of Sustainability as a priority goal is a direct response to specific recommendations made by Caribbean partners during Framework development. Focusing on sustainability also supports the CRSF vision statement: “To substantially reduce the spread and impact of HIV in the Caribbean through sustainable systems of universal access to HIV prevention, treatment, care and support.”

“Sustainability” is defined in this Framework as the ability of national governments and regional partners to increasingly assume full strategic and financial responsibility for their HIV and AIDS response over the long-term. Sustainability requires the development and strengthening of infrastructure, policies, skills, processes and resources to ensure that communities and public, private and non-governmental organizations survive, adapt, and thrive in a fast changing world. Successful change management is key to organizational progress over the long-term. Programmatic focus areas under this goal should include health systems strengthening and improved financing. Achieving sustainability is also dependent upon Framework Goal 4, Human Capacity Development, which emphasizes building human capacity, including strengthened human resource management and improved training, recruitment and retention of qualified health workers, through human resources for health planning. Health systems strengthening should involve consulting and working with national governments to identify unmet needs, strengthen partnerships among national, regional and international partners, and enhance the sharing and adoption of best practices to build national health system capacity for a sustainable response to HIV and AIDS. Improved financing expects
to emphasize the mobilization and diversification of funding, planning for long-term sustainability, and development of improved financial management capacity. Sustainability of the national response to HIV and AIDS is also inextricably linked to community ownership to ensure sustainability at the grassroots level. Implementation strategies to address these focus areas should be developed in close consultation with individual partner countries to ensure activities designed to achieve the objectives below also reflect each country’s existing sustainability plans, priorities, needs and preferred approaches. The USG recognizes that “one size does not fit all,” that dynamic, diverse and country-driven strategies are essential to increase sustainability within each national context. By the end of the Framework period, the role of USG Agencies should transition completely from implementation to technical assistance through strategic transfer of capacity to national governments.

**STRATEGIC OBJECTIVES**

5.1: Coordinate with national governments to develop more robust financial management through strengthened financial planning; improved coordination, effective deployment and expenditure of existing resources; and mobilization of an array of diversified domestic and international resources

5.2: Increase the capacity of key national agencies and non-governmental and civil society organizations to fully deploy their respective strengths to improve the efficiency and cost-effectiveness of their respective contributions to the national HIV and AIDS response

5.3: Promote creative, multi-sectoral arrangements among the public, private and non-governmental sectors to increase the effectiveness of resource utilization and the efficiency of HIV-related service delivery

5.4: Collaborate with partner national governments to design specific strategies for sustainable HIV and AIDS programs and support governments to assume full responsibility and leadership for their ongoing national HIV and AIDS response

5.5: Build capacity in key national agencies, non-governmental and civil society organizations as well as key regional partners to assume leadership roles in the national and regional responses to HIV and AIDS

**TECHNICAL AREAS:** Health Systems Strengthening and Human Resources for Health

**KEY POLICY AGENDA ITEMS**

Regional and national authorities and agencies are prepared to provide policy support in such areas as:

- Decentralization of HIV service delivery where this would be efficient and cost-effective
- Integration of HIV services into current primary health care services and facilities where appropriate and feasible
- Improved coordination and leveraging of donor and private sector resources
- Promotion of a multi-sectoral HIV response to leverage complementary resources and strengthen the various sectors involved in HIV-related service provision
- Documentation and sharing of best practices for increasing sustainability
- Development and maintenance of long-term national and community-level partnerships to support long-term success by diversifying the resource base, maximizing skills and expertise and strengthening advocacy

**PLANS FOR PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN DEVELOPMENT**

The success of this Framework is dependent upon developing an effective and comprehensive Partnership Framework Implementation Plan detailing how the Framework expects to be jointly implemented over the five-year period by U.S. Government agencies, participating Caribbean countries, and national, regional, and international partners. The PFIP should be developed in a comprehensive and timely manner and should include the following:

- Regional profile with baseline data by country
- Specific activities by program area to achieve Framework 5-year goals and objectives
- Clarification of indicators and 5-year targets
- Projected funding trends
• Clarification of resource contributions by Framework partners
• Monitoring and evaluation plan

The PFIP should flow from the Framework document, should be developed in close consultation with all relevant partners, and should provide the level of detail necessary to determine the allocation of USG funds and technical assistance by country and Framework goal. The USG plans to consult with all relevant partners to determine how best to implement Framework goals and objectives. The USG recognizes that both national and regional investments are integral to the success of this Framework and plans to work with Caribbean partners to strike the appropriate balance between country-level and regional assistance. Implementation should focus on strengthening and supplementing existing efforts to achieve Framework goals and objectives and promote sustainable, comprehensive and effective national and regional HIV and AIDS responses. The expected high-level partner contributions articulated in the tabular section entitled “Goals, Strategic Objectives, and Expected High-Level Partner Contributions” should be further developed and finalized in the PFIP. Once the PFIP has been fully developed, the document should be reviewed, negotiated and signed by official Partnership Framework signatories or appropriate designees. To ensure that there will be no duplication of efforts and that resources may be well-coordinated, ongoing joint planning and programming should take place over the five-year period with annual reviews to assess progress and implement any necessary mid-course adjustments. If necessary, the PFIP may be modified or renegotiated to ensure optimal alignment of resources and interventions to achieve Framework goals and most effectively combat the epidemic.

All decisions regarding the allocation of U.S. Government funding and technical assistance should be based upon the goals, strategic objectives and partner contributions articulated in this Framework and the PFIP. Funding and technical assistance should be distributed primarily through USG grants, contracts, or cooperative agreement mechanisms. Where appropriate and feasible, multi-country approaches to implementation should be pursued to realize efficiencies or utilize existing mechanisms and arrangements. USG investments should be costed to ensure that the scope and nature of activities implemented under this Framework are consistent with the available USG and partner funding and resources. Though this Framework does not guarantee direct funding to signatory governments and regional organizations, the PFIP is designed to produce tangible benefits for Framework partners by strengthening both regional and national HIV and AIDS responses in accordance with the goals and objectives outlined herein. If U.S. assistance is provided directly to any national government under this Partnership Framework, then the national government is expected to meet host country cost sharing requirements for U.S. foreign assistance programs or provide a sufficient justification to waive cost sharing requirements. Details regarding national government financial and/or in-kind contributions to programs under this Partnership Framework are to be provided in the Partnership Framework Implementation Plan. Annual work plans should be developed through PEPFAR’s Regional Operational Plan process and annual reporting on Framework achievements should take place to develop an Annual Program Results report. During PFIP development, monitoring, evaluation and reporting requirements should be established in close consultation with Framework partners to minimize the reporting burden and strengthen existing national systems. This monitoring and evaluation plan expects to measure progress towards the achievement of the 5-year goals and objectives of this Framework and ensure the development and maintenance of effective partnerships throughout Framework implementation.

Development of the Implementation Plan should be guided by the following principles:

• Clear articulation of expected contributions of all signatories and key partners to the Framework
• Joint planning of activities through extensive use of consultative processes
• Intention of participating countries and organizations to implement policies, strategies and programs that enable successful achievement of Framework goals and objectives
• Joint annual review of Framework performance to identify successes and areas requiring improvement to achieve Framework goals and objectives

MANAGEMENT AND COMMUNICATIONS

U.S. GOVERNMENT LEADERSHIP
The U.S. Embassy in Bridgetown, Barbados expects to serve as the central focal point for management of this Framework. The PEPFAR Coordinator’s office in Bridgetown, supervised by the U.S. Ambassador to Barbados and the OECS, intends to maintain primary responsibility for overseeing management and implementation of this Framework. The PEPFAR Coordinator also intends to form the following two management bodies to oversee Framework implementation following signature of this Framework.
1. **STEERING COMMITTEE**

Executive leadership for the Framework should be provided by a Steering Committee composed of the U.S. Ambassadors to the Bahamas, Barbados, Belize, Jamaica, Suriname, and Trinidad and Tobago, the PEPFAR Coordinator, and one representative from each Framework signatory country and regional organization. The Steering Committee may also include representatives from one or more non-signatory, non-governmental Caribbean partner organizations as well as from the community of PLHIV or from other HIV-vulnerable communities in the region. The U.S. Ambassador to Barbados and the OECS (or his designee) intends to chair the Steering Committee. The Steering Committee should be established immediately upon signature of this Framework document and should convene an initial meeting to review the Committee’s scope of work and develop a schedule of activities. The Committee should meet at least once per year at the Framework annual meeting to review implementation progress and provide guidance to ensure regular progress is made towards the achievement of Framework goals and targets. As necessary, the Chairperson may request additional meetings of the Steering Committee to provide high-level guidance or address matters of importance to Caribbean partners.

2. **TECHNICAL ADVISORY GROUP**

Oversight of implementation, monitoring, and evaluation of the Framework should be provided by a Technical Advisory Group (TAG) composed of approximately twenty individuals from partner countries, organizations and participating USG agencies. Rotation of membership may be necessary to ensure appropriate representation over the five-year implementation period. Membership on the TAG should be determined during the development of the PFIP. The PEPFAR Coordinator should chair the TAG which is expected to meet quarterly or as needed to provide leadership for the following: 1) annual operational planning; 2) monitoring, evaluation and reporting; 3) preparation of communications and/or meetings to inform the Partnership Framework Steering Committee; and 4) support for planning the Framework annual meeting. Given the high expense of convening meetings in this region, costs should be reduced whenever possible by using internet-based communication as well as phone or video conferencing.

**ANNUAL MEETING**

The Framework expects to support an annual meeting of U.S. Government Chiefs of Mission, signatories and key partners to report on Partnership Framework progress, identify and share best practices and address any necessary readjustments of strategic interventions to ensure the achievement Framework goals and objectives. Given the intention to develop and maintain partnerships based upon learning and progress, this annual meeting may be an important forum to track the effectiveness of partnerships under this Framework. Lessons learned at regional and national levels should be shared to improve partner initiatives and support a multi-sectoral response to the epidemic. If possible, this Framework annual meeting should be scheduled to coincide with other key regional meetings to minimize the costs and time commitment associated with regional travel.

**PARTNERING WITH EXISTING COORDINATING BODIES**

Given PEPFAR’s preference for utilizing existing coordinating bodies to avoid duplication of existing regional management structures, the PFIP intends to clarify the roles of CARICOM, the OECS, national governments and multilateral partners in the management and oversight of this Framework. For instance, National AIDS Commissions or National AIDS Program Coordinators might provide valuable management and coordination capabilities to support Framework implementation. Some Framework partner countries may have existing coordination bodies or HIV-related technical work groups developed in conjunction with UNAIDS, or may have oversight bodies developed pursuant to World Bank arrangements. Others have existing GFATM Country or Regional Coordinating Mechanisms which might serve as fora for Framework coordination. Efficiencies should be realized wherever possible and appropriate.

**ACCOUNTABILITY**

A guiding principle under this Framework is astute management of programs and accountability for resources, with attention to sustainability, cost effectiveness, and performance evaluation. The Framework supports activities and mutual partner investments that endeavor to further the success of this Framework. The focus on sustainability and leadership by national governments and regional coordinating agencies intends to ensure the continuation of vital activities and initiatives beyond the life of this Framework. The Table below entitled “Goals, Strategic Objectives, and High-Level Partner Contributions” sets forth Framework partners’ macro-level, over-arching contributions for the five-year Framework implementation period. More specific
Framework partner contributions and detailed activities to achieve Framework goals and strategic objectives are expected to be developed and implemented through the PFIP with close collaboration among Framework partners. Specific deliverables and outcomes expect to be tied to USG grants, contracts and cooperative agreements to ensure accountability for results and track progress against benchmarks and targets. Newly developed programs may require semi-annual reporting and review to track progress and implement programmatic refinements, while more established programs may require only annual reporting and review. A strong monitoring and evaluation plan with reporting requirements linked to existing national systems should be built into the PFIP to ensure the success of all activities. The Framework’s Technical Advisory Group, with support from USG staff, is responsible for holding partners accountable for the implementation of activities, policies, strategies, and programs. If performance under a USG grant, contract or cooperative agreement is unsuccessful, funding or technical assistance to support that award should be adjusted or terminated accordingly. Mutual accountability amongst Framework partners and shared monitoring and evaluation of progress under this Framework is intended to ensure the successful implementation of policies, strategies, and programs and the achievement of measurable outcomes from mutual investments that expect to result in a more effective Caribbean HIV and AIDS response.

SIGNATURES

All signatory partners have been engaged collaboratively in developing this Framework. This Framework is not legally-binding. The Signatories have mutually determined the goals, strategic objectives and mutual contributions outlined herein and are prepared to engage in ongoing collaboration with the USG to finalize expected partner contributions and ensure effective implementation of this Framework. By signing this Framework, signatory partners are entering into a shared good faith understanding to work collaboratively with the U.S. government over the next five years to achieve the Framework’s stated goals and objectives in a collective effort to create a more robust, effective and sustainable response to combat the HIV and AIDS epidemic in the Caribbean region.

SIGNATORIES SHOULD INCLUDE:

- One signatory for each participating country: Prime Minister, Minister of Health, or designee
- Heads of the main Caribbean HIV and AIDS regional coordinating organizations: CARICOM Secretariat and OECS Secretariat
- U.S. Ambassadors to the Bahamas, Barbados, Belize, Jamaica, Suriname, and Trinidad and Tobago
RESULTS FRAMEWORK

OVERARCHING PURPOSE: To reduce HIV and AIDS incidence and prevalence in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs and strengthen the effectiveness of regional coordinating agencies to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs.

<table>
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<tr>
<th>GOAL 1 - HIV PREVENTION</th>
<th>GOAL 2 - STRATEGIC INFORMATION</th>
<th>GOAL 3 - LABORATORY STRENGTHENING</th>
<th>GOAL 4 – HUMAN CAPACITY DEVELOPMENT</th>
<th>GOAL 5 - SUSTAINABILITY</th>
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<td>To contribute to achievement of the CRSF goal of reducing the estimated number of new HIV infections by 25 percent by 2013</td>
<td>To improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies, and health services</td>
<td>To increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV and AIDS and related sexually transmitted and opportunistic infections, including tuberculosis, under a regional network of tiered laboratory services</td>
<td>To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers — including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations — capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards</td>
<td>To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at national, regional, and community levels over the long-term</td>
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**Objective 1.1** Build capacity to effectively implement, scale-up, and sustain comprehensive, “combination” HIV prevention strategies

**Objective 1.2** Increase access to and use of targeted HIV prevention services through wider array of services, providers, facilities and combined evidence based behavioral, biomedical, and structural approaches

**Objective 1.3** Reduce stigma and discrimination through cultural, legislative, regulatory, and policy change to increase access and use of HIV prevention-related services by MARPs and PEHRBs

**Objective 1.4** Strengthen referral systems between HIV prevention, care, treatment, and other support services within and across PF countries

**Objective 2.1** Build national government capacity to implement surveillance and surveys to accurately characterize the dynamics driving the epidemic in the region (including an expanded focus on PEHRBs and MARPs) to inform policy implementation, and enable implementation of evidence-based HIV programming at national and regional levels

**Objective 2.2** Support implementation of national M&E strategies to increase the use of strategic information for monitoring, evaluation, and improvement of HIV program quality, performance and accountability

**Objective 2.3** Strengthen the capacity of partner countries & Caribbean regional entities to strategically generate, collect, interpret, disseminate and use quality strategic information

**Objective 2.4** Ensure harmonized data collection methodologies by national governments and regional entities for strategic information and behavioral operations research at national, facility, and community-levels to facilitate trend analyses and comparisons of HIV and AIDS data

**Objective 3.1** Support Caribbean-led reorganization to create a sustainable regional laboratory network

**Objective 3.2** Coordinate with governments and regional public health agencies to improve the scope and quality of HIV diagnostic and laboratory services and systems

**Objective 4.1** Coordinate with partner countries to develop and implement human capacity development strategies based on “Human Resources for Health” plans

**Objective 4.2** Strengthen partner country and regional entity capacity to measure quality and outcomes of Caribbean HIV-related training and human capacity development programs

**Objective 4.3** Enable governments and regional educational institutions to establish standardized HIV and AIDS training curricula and competency standards for HIV-related service delivery

**Objective 4.4** Build capacity of national governments to maximize deployment and retention of health personnel

**Objective 4.5** Facilitate improved attitudes and skills of healthcare providers to decrease HIV-related stigma and discrimination, increase patient confidentiality, and expand the use of patient-centered approaches

**Objective 5.1** Coordinate with national governments to develop more robust financial management through strengthened financial planning; improved coordination, effective deployment and expenditure of existing resources; and mobilization of an array of diversified domestic and international resources

**Objective 5.2** Increase national agency and NGO/CSOs capacity to deploy their strengths to improve efficiency and cost-effectiveness of their contributions to national HIV response

**Objective 5.3** Promote creative, multi-sectoral arrangements to increase effectiveness of resource utilization and efficiency of HIV service delivery

**Objective 5.4** Enable partner national governments to design strategies for sustainable HIV programs and to assume full responsibility and leadership for national HIV response

**Objective 5.5** Build capacity in national agencies, NGOs, CSOs and regional partners
GOALS, STRATEGIC OBJECTIVES
AND EXPECTED HIGH-LEVEL PARTNER CONTRIBUTIONS

**GOAL 1: HIV PREVENTION** – To contribute to achievement of the CRSF goal of reducing the estimated number of new HIV infections by 25 percent by 2013

<table>
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<tr>
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<tbody>
<tr>
<td>1.1 Build human, technical and institutional capacity in partner countries to effectively develop, implement, scale-up, and sustain comprehensive, “combination” HIV prevention strategies, including behavior change interventions for PEHRBs, PwP programs, and structural interventions that help address cultural, gender-specific and normative factors contributing to HIV risk</td>
<td>CRSF 3.1 Prevent sexual transmission of HIV</td>
<td>Capacity building in design and implementation of behavior change communication and intervention strategies, particularly those targeting PEHRBs</td>
<td>Support and conduct research on behavioral, social, and structural determinants of vulnerability to HIV</td>
<td>Increased fiscal and human resource contributions to HIV prevention programs, especially those targeting PEHRBs</td>
<td>Support to local organizations that focus on reducing HIV transmission through behavioral and structural approaches that address conditions underlying and influencing behavior (PSI, AIDS Alliance, UNFPA, KfW, CVC)</td>
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<td></td>
<td>CRSF 3.2 Reduce vulnerability to sexual transmission of HIV</td>
<td>Capacity building to support design and implementation of comprehensive, gender-sensitive, culturally relevant, evidence-based prevention strategies</td>
<td>Advocacy w/ governments to create an enabling environment to support safer sexual practices</td>
<td>Development and implementation of gender-sensitive BCC and BCI strategies, particularly those targeting PEHRBs and other vulnerable groups (MARPs), including young people and members of the uniformed services</td>
<td>TA to strengthen public/private partnerships for HIV/AIDS risk reduction (PSI, KfW, PANCAP)</td>
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<td></td>
<td>CRSF 3.3 Establish comprehensive, gender-sensitive and targeted prevention programs for children (9-14) and youth (15-24)</td>
<td>Capacity building in monitoring and evaluation of impact of prevention interventions</td>
<td>Facilitate regional and national level dialogue to reduce legislative and structural barriers to HIV prevention</td>
<td>Better integration of civil society organizations into coordinated national prevention response</td>
<td>Facilitation of South-to-South technical exchanges for HIV prevention practitioners (With other PEPFAR programs in Haiti, Guyana and the DR, eg. COIN)</td>
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<td>CRSF 3.4 Achieve universal access to targeted prevention interventions among MARPs</td>
<td>TA to strengthen existing systems &amp; develop new programs that focus on reducing the risk of HIV infection among women and girls and addressing harmful male norms</td>
<td>Resource mobilization to maintain sustained, focused investments in HIV prevention</td>
<td>Adaptation and utilization of evidence-based interventions that focus on reducing the risk of HIV infection among women and girls and address harmful male norms</td>
<td>Leadership and guidance to address the vulnerability of women and girls to HIV infection and to address male norms (PAHO, UNIFEM, PANCAP, CVC)</td>
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<td></td>
<td>CRSF 3.6 Strengthen prevention efforts among PLHIV, as part of comprehensive care</td>
<td>Disseminate regional and international best practices to reduce the vulnerability of women and girls to HIV and address harmful male norms</td>
<td>Disseminate regional and international best practices to ensure access to HIV prevention services for minors, including counseling and testing</td>
<td>Development of national policies to ensure access to HIV prevention services for minors, including counseling and testing</td>
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<td>CRSF 5.2 Strengthen health and social systems and improve infrastructure to provide</td>
<td>Support guidelines for potentially effective</td>
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</table>

IMPORTANT NOTE: The expected USG contributions set forth below are not exhaustive and focus primarily on technical assistance inputs to national and regional partners rather than funding. All partner contributions, including USG funding priorities and more detailed activities, apply to the 5-year implementation period and may be further defined in close consultation with signatory partners during PFIP development.
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<tr>
<td><strong>1.2 Increase access to and use of targeted HIV prevention information and services by MARPs and PEHRRs through expanding HIV testing and counseling and STI treatment services, using a wider array of community-based workers and facilities, and studying the feasibility of biomedical prevention methods, such as male circumcision</strong></td>
<td>CRSF 3.1 Prevent sexual transmission of HIV</td>
<td>Capacity building to support introduction of rapid testing in all participating countries</td>
<td>Support for policies that promote provider initiated testing and counseling (PITC) and rapid testing in all countries</td>
<td>Decentralization of HIV testing and counseling sites and implementation of PITC</td>
<td>Advise on development of guidelines/protocols and support QA/QC for PITC, STI treatment, male circumcision and other prevention-related programs</td>
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<td></td>
<td>CRSF 3.7 Reduce the vulnerability to HIV through early identification and treatment of other sexually transmitted infections (STIs)</td>
<td>Capacity building of non-medical personnel to participate in HIV testing and counseling activities</td>
<td>Support for policies that allow for greater community-based involvement in HIV testing and counseling</td>
<td>Introduction and use of HIV rapid testing and delivery of same day results in all participating countries.</td>
<td>Coordination with countries to decentralize HIV testing and counseling services, adopt PITC, and increase uptake of rapid testing</td>
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<td>In coordination with Goal 2: Strategic Information: Support strengthening of HIV &amp; STI surveillance at the country level</td>
<td>Support for negotiations to reduce the cost of tests</td>
<td>Removal of policies constraining PEHRRs and MARPs from accessing prevention, care and treatment services</td>
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<td>• TA to support behavioral &amp; serological (biological) surveillance studies of PEHRRs</td>
<td>Updating regional guidelines for the diagnosis and management of STIs</td>
<td>Offering HIV testing and counseling to all STI clinic attendees</td>
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<tr>
<td><strong>1.3 Facilitate and support cultural, legislative, regulatory, and policy changes to reduce stigma and discrimination (S&amp;D), especially focused on enabling populations at elevated risk of infection to access and use HIV prevention-related services without fear of violence, loss of confidentiality, or discrimination</strong></td>
<td>CRSF 1.1 Develop policies, programs and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access</td>
<td>Support for use of evidence-based initiatives that have successfully reduced S&amp;D</td>
<td>Advocacy for development of policies, programs and legislation that promote human rights especially of HIV vulnerable persons.</td>
<td>Political commitment and action to combat S&amp;D</td>
<td>TA to strengthen public/private partnerships to fight S&amp;D (PANCAP)</td>
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<td>CRSF 1.2 Reduce S&amp;D associated w/ HIV &amp; vulnerable groups</td>
<td>Capacity building in advocacy leadership among NGOs/CBOs and individuals from within vulnerable groups</td>
<td>Lead regional S&amp;D Unit to provide guidance, operational research support, communication strategy development for use at national levels</td>
<td>Creation of recourse mechanisms for persons who experience S&amp;D</td>
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<td>Improvement of access to prevention services for MARPs.</td>
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<td>Establishment of a legislative framework to ensure protection of legal, ethical &amp; human rights of persons infected w/ &amp; affected by HIV</td>
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<td>Commitment to strengthen national referral systems</td>
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<td>Adopt innovative approaches to ensure access to HIV prevention</td>
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<tr>
<td><strong>1.4 Strengthen appropriate linkages and referral systems between HIV prevention, care, treatment, and other support services within and across</strong></td>
<td>CRSF 3.2 Reduce vulnerability to sexual transmission of HIV</td>
<td>TA in proven approaches to strengthen national level referral systems</td>
<td>TA in proven approaches to strengthen national level referral systems</td>
<td>Commitment to strengthen national referral systems</td>
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<td>CRSF 3.4 Achieve</td>
<td>Collaboration with USG</td>
<td>Facilitate establishment of regional guidelines and policies to standardize national referral systems for HIV prevention services</td>
<td>Adoption innovative approaches to ensure access to HIV prevention</td>
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### GOAL 1: HIV PREVENTION

**PF Strategic Objectives**
- Support of Other Partners

**CRSF Objectives**
- Universal access to targeted prevention interventions among MARPs

**Expected USG Contributions**
- Bilateral HIV/AIDS programs to develop models for a regional referral system for access to HIV prevention services

**Expected Regional Agency Contributions**
- Services by migrant/mobile populations

**Expected National Government Contributions**

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<tr>
<td>Coordinate with other partners to strengthen M&amp;E systems (PANCAP, CHIRP, PAHO,</td>
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**GOAL 2: STRATEGIC INFORMATION** — To improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies and health services

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<td>To improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV and AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies and health services</td>
<td>creation of routine systems and structures for collection, analysis and reporting of M&amp;E data</td>
<td>collection as part of integrated national health information systems</td>
<td>generation of quality data for output, outcome and impact reporting</td>
<td>CARPHA</td>
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<tr>
<td>governments to increase use of strategic information for monitoring, evaluation, and improvement of HIV programs</td>
<td>Support completion of surveys and special studies for outcome and impact monitoring</td>
<td>Establish regional standards and protocols for data quality</td>
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<td>quality, performance and accountability</td>
<td>Establish regional data repository to support evidence-based decision making at regional level</td>
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<td>Make political commitment to strengthening SI systems</td>
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<td>Adopt national SI sustainability strategies, including staff development, resource allocation for sustained SI functions at all levels</td>
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<td>Promote culture of data use and evidence-based decision making</td>
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<td>Develop supportive policies for the hiring, placement, and retention of trained SI Staff</td>
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<td>Facilitate network development, peer support, and supportive supervision for sustained SI capacity and sharing of best practices</td>
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<td>Participate actively in SI “Harmonization Initiative” and adopt harmonized SI methodologies and standardized indicators</td>
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<td>Implement policies promoting human rights, confidentiality, data release, and ethics related to surveillance, surveys, and operational research</td>
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<td></td>
<td>Promote and reinforce harmonized collection as well as use of quality HIV/AIDS data</td>
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<tr>
<td></td>
<td>Identify and promote adoption of policies promoting human rights, confidentiality, data release, and ethics related to surveillance, surveys, and operational research</td>
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</table>
### GOAL 3: LABORATORY SYSTEMS

To increase the capacity of Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV and AIDS and related sexually transmitted and opportunistic infections, including tuberculosis, under a regional network of tiered laboratory services.

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<tr>
<td>3.1 Support Caribbean-led reorganization to create a sustainable regional laboratory network</td>
<td>CRSF 4.1 To increase access to quality assured diagnosis, care and treatment services</td>
<td>Support renovation and/or construction of regional reference laboratory and sub-regional laboratory referral nodes</td>
<td>PAHO/CARICOM leadership to formalize and utilize regional laboratory network beyond the CAREC laboratory referral systems to achieve CARPHA and PANCAP objectives</td>
<td>Contribute to decisions to develop HIV/AIDS referral laboratory &amp; “subregional laboratory nodes” to compliment other clinical laboratory programs</td>
<td>Clinton Foundation to support establishment of regional and nodal laboratories</td>
</tr>
<tr>
<td>3.2 Coordinate with governments and regional public health agencies to improve the scope and quality of HIV diagnostic and laboratory services and systems</td>
<td>CRSF 4.2 To improve clinical laboratory diagnosis and monitoring services</td>
<td>Support the region to scale-up high standard, quality assured laboratory services and systems by providing training, establishing policies and plans, and facilitating accreditation</td>
<td>PAHO/CARICOM to develop and coordinate a five-year laboratory work/training scheme and ensure equitable participation of laboratories from all countries within the region</td>
<td>To hire and train local personnel, sustain infrastructure and ensure country level scale-up of HIV diagnosis and management services and systems</td>
<td>GFATM (Round X) to provide funding for HIV and TB commodities and laboratory supplies</td>
</tr>
</tbody>
</table>

### GOAL 4: HUMAN CAPACITY DEVELOPMENT

To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards.

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<tr>
<td>4.1 Coordinate with partner countries to develop and implement human capacity development strategies based on “Human Resources for Health” plans that include human resources management systems, training, mentoring, and leadership development</td>
<td>CRSF 5.2. To strengthen health and social systems and improve infrastructure to provide comprehensive and integrated HIV services</td>
<td>TA to develop, cost, and implement national and regional Human Resources for Health (HRH) plans</td>
<td>Establish and lead regional Human Resources for Health strategic planning technical work group</td>
<td>Secure political commitment for Human Resources for Health plans</td>
<td>Coordinate and support related Human Resources for Health initiatives with Framework partners to maximize cost savings, efficiencies in capacity building, and other regional benefits</td>
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<td>Capacity building in development of Human Resource Information Systems for evidence</td>
<td>Coordinate development, costing &amp; implementation of regional HRH Plans</td>
<td>Develop and implement costing national Human Resources for Health plans</td>
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<td>Build public health leadership and management capacity</td>
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<td>Identify and prepare persons suitable for</td>
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### GOAL 4: HUMAN CAPACITY DEVELOPMENT

To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers — including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations — capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards.

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<tr>
<td>4.2 Strengthen partner country and regional entity capacity to measure quality and outcomes of Caribbean HIV-related training and human capacity development programs</td>
<td><strong>CRSF 5.1:</strong> To train relevant workers in all sectors to provide HIV prevention, treatment, care, and support services</td>
<td>TA in development of systems to track trained health care workers post-training and measure health service delivery outcomes from training</td>
<td>Lead and coordinate regional efforts to strengthen outcome measurement of Caribbean regional training institutions and human capacity development programs</td>
<td>Implement strengthened systems to measure outcomes of training institutions and human capacity development programs</td>
<td>Provide technical and financial support to regional training and capacity building programs</td>
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<td>Technical assistance in state-of-the-art HIV-related training program design</td>
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<td>Dedicate personnel skilled in instructional design, training program management, and monitoring and evaluation to help support strengthening of national level in-service and pre-service training facilities</td>
<td>Collaborate to complement ongoing initiatives to strengthen outcomes of training institutions and programs at national and regional levels</td>
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<td>Technical assistance to strengthen organization and management of training institutions</td>
<td>Make political commitment to strengthen health provider capacity</td>
<td>Dedicate funding and staff time to review and revise competency standards for HIV-related service delivery</td>
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<td>Include appropriate competency standards in pre-service and in-service training programs and provide opportunities for skills use once trained</td>
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<tr>
<td>4.3 Enable governments and regional educational institutions to establish standardized HIV and AIDS training curricula and competency standards for HIV-related service delivery</td>
<td><strong>CRSF 5.2:</strong> To strengthen health and social systems and improve infrastructure to provide comprehensive and integrated HIV services</td>
<td>TA in setting competency standards and standard operating procedures</td>
<td>Lead stakeholders in setting normative guidelines for regional competency standards and standardized training curricula</td>
<td>Make political commitment to strengthen health provider capacity</td>
<td>Development partners, including GFATM, PAHO, UNAIDS, Clinton Foundation, World Bank and ILO, support improved service delivery</td>
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<td>Include appropriate competency standards in pre-service and in-service training programs and provide opportunities for skills use once trained</td>
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<tr>
<td>4.4 Build capacity of national governments to maximize deployment and retention of health personnel through task-shifting, skills building, decentralization of HIV service</td>
<td><strong>CRSF 5.1:</strong> To train relevant workers in all sectors to provide HIV prevention, treatment, care, and support services</td>
<td>Coordinate with partner countries to retain health care professionals, paraprofessionals and community health workers</td>
<td>Review and adjust guidelines/policies to shift tasks (“de-medicalize” or “decentralize”) selected services that could be appropriately delivered by</td>
<td>Dedicate staff time and financial resources to strengthening national capacity to deliver critical services for prevention, treatment, care and support care and treatment of HIV/AIDS and related diseases such as TB and STIs</td>
<td>PAHO; UNAIDS; GFATM; World Bank; other development partners to support HR costs; Clinton Foundation to provide specific trainings</td>
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</tbody>
</table>
**GOAL 4: HUMAN CAPACITY DEVELOPMENT** – To improve the capacity of Caribbean national governments and regional organizations to increase the availability and retention of trained health care providers and managers – including public sector and civil society personnel, as well as PLHIV and other HIV-vulnerable populations – capable of delivering comprehensive, quality HIV-related services according to national, regional, and international standards

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<td>provision, integration of HIV services into wider health programs, and personnel recognition systems</td>
<td>TA for expanded pre-service and in-service training for nurses, lab technicians, health managers and community health workers</td>
<td>Support strengthened regional training and mentoring initiatives to build management and leadership skills</td>
<td>Cadres other than physicians/nurses</td>
<td>Improve quality of priority services through supportive supervision &amp; skills training</td>
<td>UN family and other multilaterals contribute policy, legal, normative and technical models for strengthening human rights of HIV-vulnerable populations</td>
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<td>Coordinate with countries and regional training institutions to train health care workers in provision of state-of-the-art essential HIV/AIDS/TB and STI diagnostic, treatment, care and support services</td>
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<td>Regional public health agencies to form and lead Human Resources Retention technical work group</td>
<td>Adopt and implement human resource strategies to increase the hiring, placement and retention of health workers</td>
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<td>Support strengthened regional training and mentoring initiatives to build management and leadership skills</td>
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<td>Advocate for review and revision of public sector recruitment, promotion and remuneration regulations</td>
<td>Meet shortages in personnel by enhancing skills and capacity of communities and civil society organizations working on national AIDS response</td>
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<tr>
<td>4.5 Facilitate improved attitudes and skills of healthcare providers to decrease HIV-related stigma and discrimination, increase patient confidentiality, and expand use of patient-centered approaches</td>
<td>CRSF 5.1: To train relevant workers in all sectors to provide HIV prevention, treatment, care, and support services</td>
<td>Targeted inputs to train in patient-centered health care provision</td>
<td>Leadership for patient-centered, non-discriminatory HIV/AIDS-related services with focus on PEHRBS, MARPs and HIV-vulnerable persons</td>
<td>Adopt and enforce national standards and protocols that equate quality health services with patient-centered, confidential, non-stigmatizing service delivery</td>
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<td>Support for regional and national campaigns against stigma and discrimination and human and legal rights promotion for HIV-vulnerable populations</td>
<td>Lead regional initiatives for policy and legal approaches to strengthening human rights of HIV-vulnerable populations</td>
<td>National-level implementation of regional initiatives for policy and legal approaches to strengthening human rights of HIV-vulnerable populations</td>
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### GOAL 5: SUSTAINABILITY – To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national, and community levels over the long-term.

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| 5.1 Coordinate with national governments to develop more robust financial management through strengthened financial planning; improved coordination, effective deployment and expenditure of existing resources; and mobilization of an array of diversified domestic and international resources | CRSF 2.1  
To enhance, in all Caribbean countries, the ownership of national HIV programs and the responsibility for driving the response to the epidemic | TA to partner countries to strengthen financial management for HIV and AIDS programs through cost benefit analysis, financial planning, budgeting, accounting software and training | Coordination and leveraging of donor and private sector resources at regional level to support national financial management strengthening | Action to improve, upgrade & modernize in-country HIV & AIDS financial management skills, systems & processes | PAHO/WHO has the mandate from national governments for health systems strengthening in the region and expects to continue to collaborate with USG and other agencies to support improved financial management |
| 5.2 Increase the capacity of key national agencies and non-governmental and civil society organizations to fully deploy their respective strengths to improve the efficiency and cost-effectiveness of their respective contributions to the national HIV and AIDS response | CRSF 2.1  
To enhance, in all Caribbean countries, the ownership of national HIV programs and the responsibility for driving the response to the epidemic | Identify strategies and models of good practice and successful approaches to efficient and effective funding of national HIV and AIDS programs | Improve efficiency and cost-effectiveness of regional HIV and AIDS coordination and provision of regional public goods | Improve coordination, efficiency and cost-effectiveness of national response | Capacity building in improving cost effectiveness and efficiency |
| 5.3 Promote creative, multi-sectoral arrangements among the public, private and non-governmental sectors to increase the effectiveness of resource utilization and the efficiency of HIV-related service delivery | CRSF 2.2  
To strengthen the multi-sectoral response to HIV, including involvement of key government ministries, NGOs, CBOs, FBOs, PLHIV networks, the private sector, trade unions and vulnerable groups | TA to national governments and regional organizations to identify and leverage multi-sectoral partnerships efficiently and effectively | Promote and facilitate a strong multi-sectoral partnership for HIV and AIDS at national and regional levels with greater involvement of PLHIV and MARPs as well as NGOs, CBOs, FBOs and the private sector | Develop/strengthen partnerships with civil society organizations and the private sector to increase the resources available for HIV/AIDS and maximize core expertise of all partners | Multilateral and bilateral agencies share lessons learned and best practices from other countries and regions to develop an effective, well-coordinated multi-sectoral approach to HIV and AIDS programming |

Donor funding decisions prioritize cost-effectiveness,
GOAL 5: SUSTAINABILITY – To improve the capacity of Caribbean national governments and regional organizations to effectively lead, finance, manage and sustain the delivery of quality HIV prevention, care, treatment and support services at regional, national, and community levels over the long-term.

<table>
<thead>
<tr>
<th>PF Strategic Objectives</th>
<th>CRSF Objectives</th>
<th>Expected USG Contributions</th>
<th>Expected Regional Agency Contributions</th>
<th>Expected National Government Contributions</th>
<th>Support of Other Partners</th>
</tr>
</thead>
</table>
| 5.4 Collaborate with partner national governments to design specific strategies for sustainable HIV and AIDS programs and support governments to assume full responsibility and leadership for their ongoing national HIV and AIDS response | CRSF Vision Statement: To substantially reduce the spread and impact of HIV in the Caribbean through sustainable systems of universal access to HIV prevention, treatment, care and support. | Capacity building of national and regional partners in development and/or implementation of long-term strategies to achieve sustainability | Support national governments to develop and implement long-term strategies to achieve sustainability | Take positive incremental action to:  
- Develop and/or implement long-term plans to achieve sustainability  
- Integrate HIV and AIDS services into primary healthcare service delivery  
- Decentralize HIV and AIDS services where feasible and appropriate | Share best practices and support complementary efforts to achieve sustainable national and regional HIV and AIDS responses |
| 5.5 Build capacity in key national agencies, non-governmental and civil society organizations as well as key regional partners to assume leadership roles in the national and regional responses to HIV and AIDS | CRSF 2.1 To enhance, in all Caribbean countries, the ownership of national HIV programs and the responsibility for driving the response to the epidemic | Provide opportunities for ongoing strategic dialogue to strengthen and maintain national government, NGO, CSO and regional partner leadership to promote long-term sustainability | Actively support national governments, NGOs, CSOs and key regional partners to establish and maintain leadership in national and regional responses to HIV and AIDS | Provide comprehensive leadership for the national HIV and AIDS response  
- Create annual procedures to support leadership roles for national and regional NGOs and CSOs  
- Lead collaborative strategic planning with key partners including NGOs, CSOs and regional partners to improve initiatives, optimize resource utilization & strengthen advocacy on HIV-related issues | Support strong partnerships and leadership between national, regional and multi-lateral entities to ensure a well-coordinated, comprehensive, effective and sustainable HIV and AIDS response |
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of Antigua and Barbuda hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Mr. Edson Joseph
Permanent Secretary
for Hon. Willmoth Daniel
Minister of Health
Government of Antigua and Barbuda
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of Barbados hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Hon. Donville Inniss
Minister of Health
Government of Barbados
UNITED STATES-CARIBBEAN
PARTNERSHIP FRAMEWORK
FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean
Regional and national Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America and the
Government of Belize

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean
region, build the capacity of national governments to develop and maintain sustainable,
comprehensive and effective national HIV and AIDS programs, and strengthen the
effectiveness of regional coordinating agencies and non-governmental organizations to
provide quality, cost-effective goods and services to bolster national HIV and AIDS
programs, the Government of the United States of America and the Government of Belize
hereby confirm their participation as signatory parties to the Caribbean Regional

Done in duplicate in Belmopan, Belize, this 3rd day of June 2010.

Ambassador Vinai Thummalapally
Embassy of the United States of America

Mrs. Kathleen Esquivel
Chairperson National AIDS
Commission, Belize
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of Dominica hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Hon. Julius Timothy
Minister of Health
Government of Dominica
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of Grenada hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Hon. Sen. Ann L. Peters
Minister of Health
Government of Grenada
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of St. Vincent and the Grenadines hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Hon. Douglas Slater
Minister of Health
Government of St. Vincent and the Grenadines
UNITED STATES-CARIBBEAN
PARTNERSHIP FRAMEWORK
FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of St. Lucia hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

Dr. D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Mr. Felix St. Hill
Permanent Secretary for
Hon. Keith Mondesir
Minister of Health
Government of St. Lucia
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of St. Kitts and Nevis hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Honorable Marcella Liburd
Minister of Health
Government of St. Kitts and Nevis
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America, the Caribbean Community, the Organization of Eastern Caribbean States, and the Governments of Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Organisation for Eastern Caribbean States hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Bridgetown, Barbados, this 20th day of April 2010.

D. Brent Hardt
Chargé d’Affaires, a.i.
Embassy of the United States of America
Barbados and the Eastern Caribbean

Dr. James St. Catherine
Director
HIV/AIDS Program Unit
Organization of Eastern Caribbean States
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and national Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America and the CARICOM Pan Caribbean Partnership Against HIV/AIDS.

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the CARICOM Pan Caribbean Partnership Against HIV/AIDS hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Georgetown, Guyana, this 11th day of May 2010.

Karen Williams
Chargé d’Affaires
Embassy of the United States of America
Georgetown, Guyana

Lolita Applewhaite
Deputy Secretary General
CARICOM Secretariat
Georgetown, Guyana
Agreement of Cooperation

On this day, Friday, April 16, 2010, we, the Governments of the United States of America and the Republic of Suriname through our authorized signatories, formalize our cooperation on the fight against HIV and AIDS through the signing of the Caribbean Regional HIV and AIDS Partnership Framework 2010 – 2014 Document (further referred to as the Framework Document).

This Framework Document serves as our agreed upon comprehensive strategic outline for the sustained support of our joint fight against HIV and AIDS, and further specifies the intent of the United States of America to provide programmatic cooperation over a five year period to the Caribbean Region in the areas of prevention, laboratory strengthening, strategic information, capacity building, and sustainability. As such, the Framework Document does not include or describe in detail the specific activities on which the United States, the Republic of Suriname, and other Caribbean countries will cooperate. We agree that the goal of this Framework is to support the work that is already being done, in both Suriname and the Caribbean, to achieve the goals and objectives of the National Strategic Plan on HIV and AIDS, as well as the Caribbean Regional Strategic Framework for HIV and AIDS.

We recognize that the Framework Document is not a legally binding document, and agree that we are entering into a good faith agreement to work collaboratively over the next five years to achieve the agreed upon goals and objectives in a collective effort to create a more robust, effective, and sustainable response to combat the HIV and AIDS epidemics in the Caribbean Region, and more specifically, here in Suriname.

We identify that the United States of America intends to contribute up to US$100 million to the development and execution of this regional program through the United States President’s Emergency Plan for AIDS Relief (PEPFAR). We further recognize that the Framework Document does not specify an explicit amount for the Republic of Suriname and understand that funding per signatory partner will be based on activities identified per signatory per year.
We further concur that the Republic of Suriname will have the opportunity to amend the agreed upon strategy if and when the need occurs, understanding that any changes will have to fall within the overall strategy as put forth in the Framework Document and will have to be agreed upon by both Governments.

We agree that the activities as they relate to the fight against HIV and AIDS in Suriname will be identified and developed through regular consultations between the working level teams representing both Governments. All activities will have to be agreed upon by both Governments before execution. The agreed upon strategy and activities will be compiled on an annual basis in a Partnership Framework Implementation Plan (PFIP) that clearly articulates the contributions of the United States of America, the Republic of Suriname, and national, regional, and international partners.

We further agree that all activities executed under the PFIP will be managed by the working level teams for both countries, and/or designated program executors, and that regular result updates will be provided to the Technical Oversight Board. Further management of the Partnership Framework will be as specified in the Framework Document.

We agree that the signatory representative for the Government of the United States of America to this Agreement of Cooperation will be the United States Ambassador to the Republic of Suriname.

We agree that the signatory representative for the Republic of Suriname to this Agreement of Cooperation will be the Minister of Health of the Republic of Suriname.

Done in duplicate in Paramaribo, Suriname, this 16th day of April 2010

H.E. John R. Nay  
U.S. Ambassador to the Republic of Suriname

H.E. Dr. Celsius Waterberg  
Minister of Health  
Republic of Suriname
UNITED STATES-CARIBBEAN
PARTNERSHIP FRAMEWORK
FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean
Regional and National Efforts to Combat HIV and AIDS

A Collaborative Effort of the
Government of the United States of America and The Government of the Commonwealth
of The Bahamas

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean
region, build the capacity of national governments to develop and maintain sustainable,
comprehensive and effective national HIV and AIDS programs, and strengthen the
effectiveness of regional coordinating agencies and non-governmental organizations to
provide quality, cost-effective goods and services to bolster national HIV and AIDS
programs, the Government of the United States of America and the Government of the
Commonwealth of The Bahamas hereby confirm their participation as signatory parties to

Done in duplicate in The Ministry of Health, this 24th day of June 2010.

U. S. Ambassador
Embassy of the United States of America

Minister of Health
Government of the Commonwealth
of The Bahamas
UNITED STATES-CARIBBEAN
PARTNERSHIP FRAMEWORK
FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean
Regional and national Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America and the
Government of Jamaica

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean
region, build the capacity of national governments to develop and maintain sustainable,
comprehensive and effective national HIV and AIDS programs, and strengthen the
effectiveness of regional coordinating agencies and non-governmental organizations to
provide quality, cost-effective goods and services to bolster national HIV and AIDS
programs. the Government of the United States of America and the Government of
Jamaica hereby confirm their participation as signatory parties to the Caribbean Regional

Done in duplicate in Kingston, this 21st day of June 2010.

Isah L. Parnell (Signature)
U.S. Chargé d’Affaires
Embassy of the United States of America

Hon. Rudyard Spencer (Signature)
Minister of Health
Government of Jamaica
UNITED STATES-CARIBBEAN PARTNERSHIP FRAMEWORK FOR HIV/AIDS

A Five-Year Strategic Framework to Support Implementation of Caribbean Regional and national Efforts to Combat HIV and AIDS

A Collaborative Effort of the Government of the United States of America and the Government of Trinidad and Tobago

To reduce the incidence and prevalence of HIV and AIDS in the Caribbean region, build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, and strengthen the effectiveness of regional coordinating agencies and non-governmental organizations to provide quality, cost-effective goods and services to bolster national HIV and AIDS programs, the Government of the United States of America and the Government of Trinidad and Tobago hereby confirm their participation as signatory parties to the Caribbean Regional HIV/AIDS Partnership Framework 2010-2014.

Done in duplicate in Port of Spain, this 30th day of June 2010.

Beatrice Welters
U. S. Ambassador
Embassy of the United States of America

Therese Baptiste-Cornelis
Minister of Health
Government of Trinidad and Tobago