PEPFAR
U.S. Caribbean Regional HIV/AIDS Partnership Framework

First Annual Meeting and Caribbean Region Chiefs of Mission HIV/AIDS Meeting
12 – 13 January 2011
Hilton Hotel, Barbados

Meeting Report
Executive Summary

The First Annual Meeting of the Caribbean Regional HIV/AIDS Partnership Framework was held on January 12 and 13, 2011 at the Hilton Hotel in Barbados. Seventy-eight persons attended from 15 countries, nine U.S. Embassies, and six U.S. Government Agencies working on the PEPFAR Program in the Caribbean Region. Both the Regional Program and bi-lateral PEPFAR Programs were represented at this meeting. The overarching purpose of the First Annual PEPFAR Caribbean Regional Meeting was to recognize the first year of the PEPFAR activities in the Caribbean Regional Program and continue the planning process for successful implementation of the Partnership Framework. A Caribbean Regional Chiefs of Mission Meeting followed on Friday, January 14, 2011 at the U.S. Embassy, Barbados.

The meeting theme of country ownership was woven throughout the sessions that were conducted through panels of Ministers of Health and other key partners and partner government representatives. The participants came ready to engage fully in the discussion and provided rich contextual information for PEPFAR Program implementation of technical assistance to National AIDS Programs in the Region. Ministers of Health were front and center both days of the meeting. The focus was on understanding the country and regional contexts, building partner relationships, and putting the PEPFAR Caribbean Regional Program in context to understand how it will function as a technical assistance model in the Region.

Chargé Brent Hardt opened the meeting along with the Honorable Denzil Douglas, Prime Minister of St. Kitts and Nevis, and CARICOM Lead for Human Resource Development, Health and HIV/AIDS, and the Honorable Donville Inniss, Minister of Health of Barbados. All of the key speakers helped to set a positive tone of active participant engagement that continued throughout the two-day meeting, this included building on successes and the importance of coordination to move the program forward toward country ownership. Dr. Jacob Gayle, Director of Caribbean Programs, National Institutes of Health, the guest speaker on country ownership, moved his luncheon presentation up to the morning session to fill-in for the late arrival of Ambassador Goosby due to weather and travel conditions from Washington.

Following the Opening Session, a panel was presented on Success and Lessons Learned in HIV/AIDS Programming. This panel discussed the important role of civil society in the response, the need to support the “Zero Transmission” elimination of mother-to-child HIV transmission in the Region, the role of the Church in Prevention, and the importance of including the financial officers in the program planning early. Three concurrent meetings were held.

"We cannot and we must not ease up our battle to fight the spread of HIV in the Caribbean."  
Hon. Donville Inniss
working group sessions were convened on Day One in the afternoon: The Steering Committee, comprised of Ambassadors and Ministers of Health, the Technical Advisory Group (TAG) and Technical Working Group (TWG) meeting staff (covering Prevention, Strategic Information, Health Systems Strengthening and Laboratory Strengthening technical areas), and a Country Ownership plenary, involving delegates representing U.S. agencies, Ministries of Health in the region and other government and non-governmental institutions. Selected action items from the respective sessions were:

**Steering Committee**
- Set up web-based central communication to share PEPFAR information with Steering Committee and others
- Conference calls throughout the year with an Annual Meeting, if possible
- Link the PEPFAR Annual Meeting to other regional meetings and include PEPFAR representation at regional meetings

**TAG and TWG**
- Share contact list of TAG and TWG members
- Improve communication between TAG and TWG by including TWG members on quarterly TAG calls
- Find a mechanism to share information including partner reports

**Country Ownership**
- Importance of identifying alternative funding and including the private sector
- Twinning national officers with technical experts
- Integration of HIV/AIDS programs with national health systems

See Table 1 for more action items.

Three plenary panels were convened on Day Two and focused on the following: 1. Country Ownership: Country Perspectives on Leadership and Sustainability, 2. Combating Stigma and Discrimination, and 3. Maximizing Available Resources and Planning for Ownership and Sustainability. In the Leadership and Sustainability Panel, government officials representing Grenada, Antigua, Belize and Suriname emphasized that Ministers of Health should take the lead in the HIV/AIDS response, but that all sectors need to participate. The panel asked the questions, “Can we sustain the program? Can we live within our means?” The concept of country ownership should be agreed upon by donors and country governments.

Ambush Theater, a local AIDS education youth group, provided a dramatic start for the Combating Stigma and Discrimination Panel. Honorable Ministers and the Ambassador participating on that panel stressed that stigma and discrimination need to be approached from a public health and human rights stance. There is still a need for widespread dissemination of HIV/AIDS information in schools, churches, workplace, and among healthcare providers. Each table discussed the topic and offered ideas like public testing of leaders as examples, educating professionals, changing laws, and including the Church, among others.
The panelists contributing to the Maximizing Available Resources session highlighted the gap in funding for national strategies and noted that PANCAP has a structure to monitor and coordinate donor funds. The PEPFAR Steering Committee and PANCAP should work together on reviewing the existing structure and making recommendations. We need more evidence to make the case in the region for more resources. Existing data is not analyzed or used to the benefit of the program. Including civil society support in the national budget to support the AIDS program is an important spin-off from USG support. The need to engage PLWHA and recognize them as valuable resources to the program was also emphasized.

Ambassador Eric Goosby, Global AIDS Coordinator, addressed the plenary and applauded the region in taking the lead in the area of country ownership to ensure program sustainability. He highlighted the instrumental role of civil society both in terms of filling gaps and in helping to address sustainability issues. Ambassador Goosby stressed the importance of access to testing and care for most-at-risk populations and their potential to become the conduit through which the virus enters into the general population if access to testing and care does not happen. This can only be interrupted by strong leadership to enhance awareness and reduce judgment and remove barriers to services. The Ambassador reaffirmed the U.S. Government commitment to the region and continuing Congressional support of HIV/AIDS programming.

Chargé Brent Hardt delivered closing remarks that summarized the key topics from both days, and recommended actions and agreements reached during each of the very dynamic, highly interactive sessions. (See Table 1) He placed particular emphasis on developing the roles of the Steering Committee and Technical Advisory Group and their input into the process of program implementation of the Caribbean Regional PEPFAR Program. He acknowledged all the work already done toward PEPFAR work plan development by the country partners and their commitment to country ownership and sustainability of the National AIDS Programs. He thanked Ambassador Goosby for his support in attending this meeting, the Ministers and other Ambassadors, and the U.S. Government commitment to HIV/AIDS programs in the Region.

William Conn, the PEPFAR Caribbean Regional Program Coordinator, expressed a vote of thanks for the active participation by Chiefs of Mission and Ministers of Health and all attendees, especially the Ministers and Ambassadors for chairing and participating as members of the panel discussions. He concluded with a commitment to follow-up on the issues discussed at the
meeting and for more regular communication to be established with the Caribbean Regional PEPFAR Program country and regional partners.

**Table 1. 2011 Annual Meeting Action Items**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Responsible</th>
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<tr>
<td><strong>Administrative</strong></td>
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<tr>
<td>1. Share contact information of the Steering Committee and TAG with all members</td>
<td>February</td>
<td>PEPFAR Coordinator’s Office</td>
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<tr>
<td>2. Develop web-based central communication system for sharing PEPFAR information and documents, blog for interactive communication on PEPFAR issues</td>
<td>Feb/March</td>
<td>PEPFAR Coordinator’s Office</td>
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<td>3. In addition to bi-annual conference calls, plan at least one annual meeting of the Steering Committee and TAG</td>
<td>Semi-annual and annual</td>
<td>PEPFAR Coordinator’s Office</td>
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<td>4. Plan to include PEPFAR representative in other regional meetings to provide an update of activities</td>
<td>Ongoing</td>
<td>USG interagency team</td>
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<td><strong>Programmatic</strong></td>
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<tr>
<td>1. Check with PANCAP to disseminate Policy Report</td>
<td>February</td>
<td>PEPFAR Coordinator’s Office</td>
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<td>2. Follow-up with Ambassador Goosby on Global Fund Reform issues and how the Caribbean Regional Program can provide feedback into the process</td>
<td>Feb/March</td>
<td>OGAC and PEPFAR Coordinator’s Office</td>
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<td>3. Follow-up on how the Steering Committee can coordinate the flow of HIV/AIDS funding streams in the region with PEPFAR and OGAC support</td>
<td>Feb/March</td>
<td>PEPFAR Coordinator’s Office and Steering Committee</td>
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<td>4. Follow-up OGAC and the upcoming Prevention Summit meeting to focus on Prevention Successes, supporting best practices, and piloting Prevention activities in the Caribbean Region</td>
<td>March 15-17</td>
<td>USG interagency team</td>
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<td>5. Highlight public-private partnership (PPP) successes and prospects in the region</td>
<td>Ongoing</td>
<td>HSS work group</td>
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<td>6. Support the integration of HIV prevention/anti-stigma messages into other clinical services that address other diseases</td>
<td>Ongoing</td>
<td>Prevention work group</td>
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<td>7. Support the integration of HIV prevention programs into other developmental programs (education, agriculture, finance) supported by the USG</td>
<td>Ongoing</td>
<td>USG interagency team</td>
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<td>8. Encourage Ambassadors to use their official platforms to disseminate HIV awareness messages, more program visibility</td>
<td>Ongoing</td>
<td>U.S. Embassies</td>
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**Purpose**

The First Annual PEPFAR Caribbean Regional Meeting brought together representatives of government of the PF countries, Chiefs of Missions, U.S. agencies’ team members, the Office of the US Global AIDS Coordinator (OGAC), and other key stakeholders to recognize the first year of PEPFAR activities in the Regional Caribbean PEPFAR Program, and continue the planning process for successful implementation of the Partnership Framework. The PEPFAR II theme of country ownership and partnership with local government was emphasized at this meeting. This meeting included Ambassadors from the Caribbean Region and was followed by a one-day U.S. Chiefs of Mission Regional Meeting at the U.S. Embassy in Barbados.

**Goal**

Increased country ownership and sustainability of HIV/AIDS programs in partner countries and the region

**Objectives**

1. To review successes and lessons learned in HIV/AIDS programming in the region and the PF process thus far
2. To review the changing environment of the Caribbean that impact the health systems and which may present challenges for the Partnership Framework
3. To clarify roles and responsibilities for governments as they address the challenges impacting their health systems
4. To share current strategies for governments to maximize the available resources and to plan for country ownership and sustainability
5. To identify and discuss ways in which the Chiefs of Mission can support the commitment to the PF, prioritize HIV/AIDS in their overall health program and identify any barriers to implementation of PF activities

**Meeting Proceedings**

*Day One*

*Wednesday, January 12, 2011*

Welcome and Statement of Objectives was delivered by Pam Foster, who shared the Master of Ceremonies role with Kira Gnesdilloff, both of Training Resources Group (TRG). A brief introduction of participants by grouping was done for Chiefs of Mission, Ministers of Health, Permanent Secretaries and Chief Medical Officers, NGOs and civil society, representatives of USG agencies, and other partners and stakeholders.
I. Opening Remarks
D. Brent Hardt, Chargé d’Affaires, U.S. Embassy, Barbados and the OECS
Honorable Donville Inniss, Minister of Health, Barbados

1. Reviewed purpose of PEPFAR activities – a collaborative effort
2. Success depends on work of many partners
3. PEPFAR represents the largest commitment in history to combat a single disease.
4. We must have partner commitment to pursue shared goals and make progress to reduce HIV incidence and prevalence in the Caribbean.
5. Through the USG PEPFAR Technical Workgroups four goal areas are being addressed
   - Prevention
   - Strategic Information
   - Laboratory Strengthening
   - Health Systems Strengthening (including Capacity Building and Sustainability)
6. Work plans have been developed in each country with technical assistance to address:
   - Gender equality
   - Human Rights
   - Effective HIV Counseling and testing
   - Progress to strengthen country leadership and impact HIV in the Caribbean
   - Sustainability

II. Status of HIV in the Region and the CARICOM Response
Honorable Denzil Douglas, Prime Minister, St. Kitts and Nevis
CARICOM Lead for Human Resource Development, Health and HIV/AIDS

1. The PEPFAR initiative has been an outstanding example of the attempts to control HIV/AIDS.
2. The financial commitment has been the largest commitment by any nation to combat a single disease in world history, 48 billion dollars.
3. Applauded the celebrated U.S. Caribbean dialogue in 2007 and expanded the USG commitment for 5 more years.
4. USG has been firm in their support when other developed countries had waived.
5. Expressed deep appreciation for the enlightened approach of PEPFAR.
6. Endorses that strengthening regional capabilities is one way of maximizing the resources and the region had demonstrated that working together strengthens outcomes.
7. The Nassau summit was in response to Kofi Anon call for a Global Fund for HIV.
8. PANCAP has attracted over US $80 million for its strategic plan. CARPHA will come on board to consolidate five agencies to address public health in the Caribbean.
9. The 10th Anniversary of the Nassau declaration provides an example of best practices by bringing together regional organization to focus on HIV.
10. Reminded of the 10 areas of the focus on the UN framework to combat HIV/AIDS
✓ UNAIDS outcome framework 2009-2010 to be discussed ten areas
✓ Reduce sexual transmission of HIV
✓ Prevent mothers from dying and babies from becoming infected at birth
✓ To ensure that the infected get adequate treatment
✓ To prevent HIV positives from dying with tuberculosis
✓ Prevent Intravenous Drug Users from becoming infected with HIV
✓ Equip MSM and others to prevent HIV infection and gain access HIV treatment
✓ Remove stigma of HIV
✓ Meet the needs of women and girls to prevent HIV infection
✓ Empower young girls to protect themselves
✓ Enhance social protection for those infected with HIV/AIDS

11. The establishment of CARPHA, 10th Anniversary of the Nassau declaration and the UN special assemble, linked to the Port of Spain declaration has been important moments in the development against the fight against HIV/AIDS

III. Guest Speaker Presentation, “Owning the Franchise: Successes and Pitfalls”
Dr. Jacob Gayle, Director, Caribbean Programs, National Institutes of Health

1. Jacob Gayle spoke on what the concept of country ownership and the HIV/AIDS response could learn from the McDonald’s franchise model. This is relevant to the region and to Barbados specifically since one of the few McDonald’s franchise failures happened in Barbados in the 1990’s.
2. In the presentation Dr. Gayle suggested that organizations need to invest locally and to focus on the most marginal communities in order to have a successful outcome. The principle of targeting those at highest risk first as they will become a conduit for the spread of HIV into the general population if not targeted, was referenced.
3. Gayle recommended that we need to learn from the global community while adapting for the local community and at the same time, maintain program quality.

IV. Panel Discussion
Successes and Lessons Learned in HIV/AIDS Programming in the Caribbean Region and the Partnership Framework (PF) process; Addressing MARPs; Factors that could impact PF implementation
Panel Members
Honorable Donville Inniss, Barbados; Honorable Marcella Liburd, St. Kitts and Nevis; Dr. Ernest Massiah, UNAIDS; Dr. Morris Edwards, PANCAP; Chair: Honorable Donville Inniss
The importance of highlighting successes was underscored and referred to as integral to the regional response by Minister Donville Innis in his opening remarks as chair for this session. Other panel members endorsed this position and it was noted that successes also need to be recognized within the context of challenges that exist. Some of the challenges articulated include:

**Sustainability**

In discussing the issue of sustainability, panel members and other participants noted that there are both global and regional factors that are affecting resources for HIV. One example given was that of the position of many Caribbean Governments that need assistance in finding resources for second-line drugs. Countries were urged to continue programs that have shown success, specifically the PMTCT program; and to offer universal access to care and treatment. It was highlighted throughout the meeting that with the issue of universal access addressed, mother-to-child transmission of HIV (PMTCT) could be eliminated in this region. In addition, it was noted that there is the need to improve mainstreaming and integrating of HIV testing, diagnosis, and care into the health system.

In discussing the role of civil society, there were questions about how best this sector could be strengthened, as well as how countries could best marshal and develop civil society to enable them to advocate to higher governmental levels. The issue of sustaining Civil Society activities in the face of scarce funds was also addressed. It was noted that countries would best benefit from a coordinated approach since this would be one way of ensuring that the majority of scarce dollars are spent on program implementation and less on management. It was also noted that there is a need to provide some assurances on the security of the PEPFAR program given the fact that a new Congress has been convened.

**Legal environment**

Countries were encouraged to begin by identifying the “low hanging fruit” to start affecting change before moving on to the “more difficult to reach fruits.” It was noted that legal discussions should not only be about the removal of some elements of current law but support for laws that never existed (e.g., procurement of alcohol, parental consent for HIV testing, demand for HIV testing by civil institutions and insurance companies). An inventory of legislative policies and laws that do not support HIV prevention was compiled in April by PANCAP. It was recommended that this study be shared with colleagues when available. Participants urged that if the report is not yet finalized, this should be an urgent task.

**PANCAP’s role**

In providing a summary of the role of PANCAP, the two representatives pointed out that the role of PANCAP specifically addresses three mandates that include:

- resource mobilization,
- coordinate regional response,
harmonious attainment of milestones.

For the benefit of all participants, the PANCAP team reviewed six indicators they support from the Caribbean Regional Framework. These are:

1. Promotion of enabling environment for universal access
2. Expanded coordinated approach to HIV control in regions
3. Prevention of HIV transmission
4. Health care and support limitations in-service training, need pre-service trainings
5. Capacity development for HIV services
6. Monitoring and evaluation and research

Bringing about Change

It was agreed by participants that there are limited successes in the Region for eliminating stigma and discrimination to use as models to expand across the region. Each Caribbean island has proclivities that prevent changes, including laws on the statute books, e.g. sodomy laws, prostitution; as well as rules and regulations on swimming in public pools, food handling, and others. It was noted that civil society may be better suited to tackle this as politicians have challenges with getting re-elected or getting sponsorship if they are not careful about how they advocate for change in relation to culturally sensitive topics. In addressing the gathering, the Panel Chair noted that sometimes it is the way an issue is approached that can impact how successful the change initiative is. He noted that often it would be more effective if persons approached issues from a human rights perspective, particularly as it relates to provision of and access to services.

Moving forward

In moving forward, the group noted that there is the need to also think of the Caribbean from a linguistic perspective when addressing issues. For example, there are sex workers from Spanish, Dutch, and French speaking Caribbean countries who cross borders very easily. Participants also urged that program developers and implementers need to take the term “MARPs” out of the sexual dimension which limits an expanded approach as well as how these populations are viewed by society.

Observations and offerings made during this panel include:

- Though HIV is important, the reality is that 60% of persons that die do so from chronic non-communicable diseases (CNCDs). Thus, HIV funding streams are threatened.
- It was also pointed out that while diagnosis, treatment and care have made quantum leaps, prevention efforts have not been shown to be as successful. The concept of Prevention as an Outcome vs. Prevention as a Strategy was put forth by a participant.
- There is a role for civil society organizations, particularly PLWHA entities, and a role for politicians in the response to HIV. In fact, in the comprehensive response to HIV, there is a defined role for all sectors. Remember the importance of civil society in the HIV response and that there is a cost involved for continuing the work of that sector.
• The UNAIDS Report mentioned that sexual debut and the role of alcohol have perhaps not been properly addressed or included in the HIV response in this region.
• Zero transmission of mother-to-child transmission of HIV in the region was emphasized as an important goal for the program to support.
• The role of The Church and religious leaders in prevention efforts should not be overlooked in the region.
• How to include the funding and budgeting decision makers in the country infrastructure by including Ministers of Finance and including private sector involvement to help strengthen NGO skills.
• What is the role of the Peace Corps Volunteers in the PEPFAR program?

V. Concurrent sessions

Understanding PEPFAR

A. Steering Committee Meeting – Role and Expectations, addressing health policy issues to facilitate HIV/AIDS program implementation

All Chiefs of Mission, Ministers of Health, and Ambassador Eric Goosby
Chair: D. Brent Hardt, Chargé d’Affaires

The session objective was for all Chiefs of Mission and Ministers of Health to discuss the terms of reference (TORs) of the role, function and expectations of the Steering Committee. The Steering Committee is chaired by the Chief of Mission at the U.S. Embassy Barbados and the OECS, with members that include the other Chiefs of Mission and Ministers of Health from PF signatory country and regional partners. The function of the Steering Committee is to provide guidance and feedback to the Regional PEPFAR Program. Some potential TORs were discussed and timing and type of communication with the PEPFAR Coordinator Office was addressed. The Coordinator’s Office will follow-up on issues brought forth by the Steering Committee. Ambassador Goosby outlined his and OGAC commitment to the Caribbean Region. He suggested important ways for the Steering Committee to support the PEPFAR Program and help in the process to reform the Global Fund.

• Key Issues/Questions:
  – The Steering Committee can be a valuable tool for sharing information and communicating major issues.
  – The governing structure of the Committee was discussed.
  – Ministerial engagement is critical to the success of PEPFAR and there is an important role for Ministers involvement, not only the National AIDS Program Managers with respect to PEPFAR implementation in their respective countries.
  – The structure of the PEPFAR program was described and how multiple agencies with different implementing mechanisms are involved.
  – Can the Steering Committee play a role to help coordinate all the funding streams coming into the Region?
– Can the Steering Committee do more to engage and leverage the multi-lateral organizations? Sustainability by guiding the Global Fund on meeting unmet needs of programs in multi-lateral programs and in the heaviest burden countries.
– Expanding the capacity of country governments to manage programs, merging resources to expand care and treatment.
– Targeting those most-at-risk first, i.e. prevention for MARPs so they do not become the conduit for the spread of HIV to the general population.
– The medical delivery system should not create barriers to access for high-risk groups.
– Governments need to engage civil society in the national response to HIV.
– In small countries, there should be strategic and creative ways of working with faith-based organizations and bringing in the Church.
– Linking other countries in the region to the regional program as appropriate to take advantages of economies of scale savings through CARICOM or PEPFAR or any other regional program.

• Action Points

  **Administrative**
  – Develop web-based central communication system to have information flowing and getting persons more engaged and provide access to Steering Committee and National AIDS Program Managers
  – Share contact information of the Steering Committee with all members
  – In addition to bi-annual conference calls, plan at least one annual meeting of the group
  – Plan to include representative from PEPFAR in other regional meetings to provide an update of activities
  – PEPFAR Program visibility and linkages to OGAC and U.S. Congress with Ministers of Health as needed

  **Programmatic**
  – Follow-up with Ambassador Goosby on Global Fund Reform issues and how the Caribbean Regional Program can provide feedback into the process
  – Follow-up OGAC and the upcoming Prevention Summit meeting to focus on Prevention Successes, supporting best practices, and piloting Prevention activities in the Caribbean Region
  – Follow-up on how the Steering Committee can coordinate the flow of HIV/AIDS funding streams in the region with PEPFAR and OGAC support
  – Highlight public-private partnership (PPP) successes and prospects in the region

**B. Technical Area Work Groups (TWGs) and Technical Advisory Group (TAG)**

Technical Work Group Members of the USG interagency PEPFAR team including Prevention Work Group, Strategic Information Work Group, Laboratory Strengthening Work Group, and Health Systems Strengthening Work Group and TAG members

Chair: Brian Rettmann
1. Session objective was to update the TAG and receive feedback on activities of the four PEPFAR TWGs
   - Laboratory Strengthening
   - Health Systems Strengthening
   - Strategic Information
   - Prevention
2. Each TWG presented,
   - Key Accomplishments
   - Current Activities
   - Issues, Challenges, and Opportunities
   - Key Areas for consideration by the TAG
3. Clarified the Role of the TAG
   - Advocacy with stakeholders and policymakers
   - Support to the technical areas by providing feedback on country programs
   - Advise on implementation, opportunities, and synergies at country and regional levels
   - Advise on HR, trainings, technical assistance, and other capacity building activities in the Caribbean context
4. Key Points and Next Steps
   - Share a contact list of all TAG and TWG members
   - Improving Communication between TAG and TWGs with participation of TWG chairs on PEPFAR conference calls
   - Find a mechanism to share information including partner reports
   - Set up opportunities for TAG and TWG chairs to liaise regularly to discuss technical and coordination issues

C. Country Ownership with Regional Stakeholders
   All other participants from partner countries and regional programs, not Steering Committee or Technical Advisory Group
   Co-chairs: Dr. Debbie Birx, Director, Global AIDS Program, CDC
   Dr. Robert Clay, Director, Office of HIV/AIDS, USAID

1. Session objectives were to solicit stakeholder feedback on issues of country ownership and sustainability.
2. Questions and Challenges
   - Difficulty in measuring country ownership
   - Distinguishing between country versus regional deliverables
   - Problems with definition and demonstration of success
   - Determining strategies for sustainability
     - Technical
     - Financial
3. Solutions to ownership
   - Consultative process
1. USG funding of country-owned goals
2. Country ownership means government and civil society ownership
3. Country programs are the foundations -- Regional programs are the gaps
4. Financial sustainability
   - Alternative funding
   - Private-sector involvement
   - Integrating HIV programs with national health systems
5. Technical sustainability
   - Twinning of national officers with technical experts
   - Peace Corps Response Volunteers
   - Investment in younger, committed individuals for future leadership
   - Early engagement of Ministries of Finance
   - USG TA should include knowledge transfer

Day Two
Thursday, January 13, 2011

I. Panel Discussion
Country Ownership, Leadership and Sustainability: The Country Perspective;
Panel Members
Mr. Edson Joseph, Permanent Secretary, Ministry of Health, Antigua; Honorable Celsius Waterberg, Suriname; Honorable Pablo Marin, Belize; Honorable Ann Peters, Grenada; Chair: Honorable Ann Peters

Led by Grenadian Minister of Health, Senator Ann Peters, there were many points raised by this panel, including the following:

- At the country level, Ministries of Health should take the lead and collaborate with all sectors in society to tackle HIV.
- It was noted that as countries, we need to ask ourselves are we going to be able to sustain the program. Can we live within our means? We need to see what we can do to maximize available resources; and ensure that there is a programmatic/systems approach.
- Countries were urged to ensure that administrative and financial structures are addressed to support PEPFAR, as well as the longer term sustainability of systems and services. This includes addressing issues of staff retention to ensure continued gains.
- It is the joint responsibility of Ministers and the USG to promote program sustainability and prioritize PEPFAR technical assistance. It was underscored that HIV/AIDS is not a Caribbean disease; but a global one.

There was also discussion on the issue of country ownership and it was noted that there may be differences in the way country ownership is defined by countries and donors. It was
suggested that consensus building should be ongoing and if changes need to be made to country work plans those changes should be made at the appropriate time to not have a negative effect on program implementation.

II. Panel Discussion

Prevention: Combating Stigma and Discrimination

Panel Members

Ambassador Pamela Bridgewater, Jamaica; Honorable Celsius Waterberg, Suriname; Honorable Keith Mondesir, St Lucia; Dr. Kevin Harvey, Director, National AIDS Program, Jamaica; Co-chairs: Ambassador Bridgewater and Dr. Harvey

Ambush Acting Troupe

Four actors presented sketches on stigma & discrimination in the work place and community – presented “Mr. CEO Where is Your Policy?” done by Drama Connections of Barbados. The AIDS Foundation of Barbados commissioned this piece by the Ambush Theatre using PEPFAR funding through the Ambassador’s HIV/AIDS Prevention Program.

Panel Discussion Points

1. Stigma and Discrimination needs to be approached from Public Health and human rights stance. Ethical and not Moral issues should be emphasized and help guide activities.
2. There is a continued need for widespread dissemination of HIV education in schools, church, workplaces and among healthcare providers etc.
3. Implementing support systems for anti-stigma and discrimination legislation activities could help mobilize action.
4. Fear can prevent knowledge of HIV translating into the correct behavior.
5. There is still the need to broaden the discussion beyond the usual MARP groups that we normally discuss (MSM, FSW).

There was also a ten minute table discussion around how to approach stigma and discussion and what the USG could do. This discussion opened up many issues including the need for appropriate legislation; confidentiality, education for school aged children as well as other groups; gender and sexuality; testing and counseling in a range of settings (including access to testing and counseling); presence of political debate and the sharing of best practices.

USG role

The following specific roles were outlined by participants:
1. Supporting the integration of HIV prevention/anti-stigma messages into other clinical services that address other diseases.
2. Integration of HIV prevention programs into other developmental programs (education, agriculture, finance) supported by the USG.
3. Ambassadors using their official platforms to disseminate HIV awareness messages.
III. Panel Discussion

Maximizing available resources and planning for country ownership and sustainability: current strategies

Panel Members
Honorable Leslie Ramsammy, Guyana; Dr. Marvin Monzanero, Belize; Dr. Brian Armour, Trinidad and Tobago; Mr. Nahum Jean-Baptiste, St. Lucia; Dr. David Johnson, Dominica; Chair: Honorable Leslie Ramsammy, Guyana

Discussions took place under three broad headings noted below.

Ownership and Coordination

Panelists noted that the “Three Ones” principles of coordination, M&E and strategic planning, is key to making this happen; and also spoke on the need to harness civil society and build their capacity to support a national program. They also spoke of the need for a multi-sectoral response to addressing the issue of HIV/AIDS, and noted that impacts of the disease are multi-sectoral and not just confined to health. Countries were urged to involve their Ministries of Finance early in budget discussions. It was mentioned that there is a huge gap in financial resources (6.1M) to fund national strategies, even after the PEPFAR and government support. PANCAP’s representatives informed participants that there is a structure within PANCAP to monitor and coordinate donor funds, and that this mechanism is available to the steering committee.

Sustainability

Sustainability was referred to as a common goal of Ministries and was noted that at the country level, many countries are now planning and programming to support civil society organizations and agencies. PEPFAR’s USG partners were credited with supporting this change. Participants also reiterated the need to engage PLHIV and other target populations, recognizing them as valuable resources.

Evidence based approach to programming

A recurring statement from participants addressed the lack of reliable data; the absence of data analysis where data exists; and the non-utilization of data where it does exist. They noted that this situation also impacts countries’ ability to develop comprehensive programs since for example, without a multi-sectorial response, a patient may only get ARVs and not get the nutrition support, mental health support, financial or social support because agencies are not communicating or do not have the data to support the provision of these services where they are needed.

IV. Closing Remarks and Vote of Thanks

D. Brent Hardt, Chargé d’Affaires
William Conn, PEPFAR Regional Coordinator

Chargé Hardt summarized the two-day meeting in detail and highlighted several important key points as take away messages from the meeting. These action items are summarized in Table 1.

William Conn provided the vote of thanks for all meeting participants, especially Chiefs of Mission and Ministers of Health. A commitment was made to improved communication of PEPFAR issues to all partners and follow-up on the action items discussed during the meeting and outlined in Table 1.
Appendices

1. Meeting Agenda

2. Background

3. Opening Session, Presentations, Full Text
   a. Chargé D. Brent Hardt
   b. Honorable Donville Inniss
   c. Honorable Denzil Douglas
   d. Ambassador Eric Goosby
   e. Dr. Jacob Gayle

4. Evaluation summary

5. List of participants

Attachments

Presentations

Photos
## 1. Meeting Agenda

### Day One: Wednesday, 12th January, 2011

<table>
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<tr>
<th>Time</th>
<th>Event</th>
<th>Facilitator</th>
<th>Presenters/Participants</th>
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<tr>
<td>8:00 – 9:00</td>
<td>Registration</td>
<td>Outside Conference Room, Ground Floor Needham’s Point Ballroom Sections 1 &amp; 2</td>
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<tr>
<td>9:00 - 10:00</td>
<td>Welcome and statement of objectives</td>
<td>Master of Ceremonies</td>
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<td></td>
<td>Opening Remarks</td>
<td>D. Brent Hardt, Chargé d’Affaires</td>
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<td></td>
<td>Status of HIV in the Region and the CARICOM Response</td>
<td>Honorable Donville Inniss, Minister of Health, Barbados</td>
<td>Honorable Denzil Douglas, Prime Minister, St Kitts and Nevis, CARICOM Health Representative</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Feature Address: Country Ownership, Regional Cooperation and Sustainability of HIV/AIDS programs</td>
<td>Ambassador Eric Goosby, U.S. Global AIDS Coordinator</td>
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<tr>
<td>10:30-11:00</td>
<td>Break</td>
<td>Press Briefings</td>
<td>Garrison Rooms 2 &amp; 3</td>
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<tr>
<td>11:00-1:00</td>
<td>Panel Discussion - Country and Regional Presentations: Successes and lessons learned in HIV/AIDS programming in the region and in the PF process; Addressing MARPs; Factors that could impact PF implementation</td>
<td>(Honorable Rudyard Spencer, Jamaica; Honorable Donville Inniss, Barbados; Honorable Marcella Liburd, St Kitts and Nevis; Dr. Ernest Massiah, UNAIDS; Dr. Morris Edwards, PANCAP)</td>
<td>Chair: Honorable Donville Inniss</td>
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<tr>
<td>1:00-2:30</td>
<td>Lunch with Guest Speaker</td>
<td>Jacob Gayle, Director, Caribbean Programs, National Institutes of Health</td>
<td>Lighthouse Restaurant</td>
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<tr>
<td>2:30-5:00</td>
<td>Breakout Sessions</td>
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<td>Understanding PEPFAR</td>
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<td></td>
<td>Steering Committee Meeting – Role and Expectations, addressing health policy issues to facilitate HIV/AIDS program implementation</td>
<td>All Chiefs of Mission and Ministers of Health</td>
<td>Chair: D. Brent Hardt, Chargé d’Affaires</td>
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<td></td>
<td>Country Ownership with Regional Stakeholders</td>
<td>All other participants (not SC or TAG) from partner countries and regional programs</td>
<td>Chair: Ambassador Eric Goosby, U.S. Global AIDS Coordinator</td>
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**Technical Area Work Groups (TWGs) Present to Technical Advisory Group (TAG)**

*Prevention, Strategic Information, Health Systems Strengthening and Laboratory Strengthening*

TAG members, PEPFAR Work Groups
Chair: Brian Rettmann, OGAC
Needham’s Point Ballroom Sections 1 & 2

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<th>Time</th>
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<tr>
<td>5:00</td>
<td>Adjourn</td>
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**Day Two: Thursday, 13th January, 2011**

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<tr>
<th>Time</th>
<th>Event</th>
<th>Facilitator</th>
<th>Participants</th>
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| 8:30 – 9:00 | Recap of Day One  
Overview of Day Two Agenda | Master of Ceremonies  
Needham’s Point Ballroom Sections 1 & 2 | (Honorable Wilmoth Daniel, Antigua; Honorable Pablo Marin, Belize; Honorable Bautista Rojas Gomez, Dominican Republic; Honorable Senator Ann Peters, Grenada)  
Chair: Honorable Ann Peters |
| 9:00 – 10:30 | Panel: Country Ownership: Leadership and Sustainability: the country perspective |                                     |                                                                              |
| 10:30 – 11:00 | Break |                                     |                                                                              |
| 11:00 – 1:00 | Panel: Prevention - Combating Stigma and Discrimination | (Ambassador Pamela Bridgewater,  
Honorable Rudyard Spencer,  
Jamaica; Honorable Celsius Waterberg,  
Suriname; Honorable Keith Mondesir,  
St Lucia)  
Co-chairs: Ambassador Pamela Bridgewater and Honorable Rudyard Spencer |                                                                              |
| 1:00 – 2:30 | Lunch  
Lighthouse Restaurant |                                     |                                                                              |
| 2:30 – 4:30 | Panel: Maximizing available resources and planning for country ownership and sustainability: current strategies | (Honorable Leslie Ramsammy, Guyana; Dr. Marvin Monzanero, Belize; Dr. Brian Armour, Trinidad and Tobago; Mr. Nahum Jean-Baptiste, St Lucia; Dr. David Johnson, Dominica)  
Chair: Honorable Leslie Ramsammy, Guyana |                                                                              |
| 4:30 – 5:00 | Closing  
Summary and concluding remarks | D. Brent Hardt, Chargé d’Affaires |                                                                              |
| 5:00 – 5:15 | Vote of Thanks | William Conn, Regional Coordinator, PEPFAR |                                                                              |
| 5:15 | Adjourn |                                     |                                                                              |
| 6:00-8:00 | Reception  
Needham’s Point Ballroom Patio |                                     |                                                                              |
2. Background

The U.S. Caribbean Regional HIV/AIDS Partnership Framework (PF) and its accompanying Implementation plan (PFIP) were developed in 2009 in close consultations with Caribbean partners and stakeholders in Ministries of Health and National AIDS Programs as well as with the Pan Caribbean Partnership Against HIV/AIDS Program (PANCAP) of the Caribbean Community and Common Market Secretariat (CARICOM), the HIV/AIDS Program Unit (HAPU) of the Organization of Eastern Caribbean States (OECS),¹ and numerous non-governmental and international organizations involved with HIV/AIDS in the Caribbean region. Twelve countries (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) and two Pan-Caribbean partner organizations (PANCAP and OECS/HAPU) are committed to the PF. This Framework complements other PEPFAR programs in the region, in the Dominican Republic, Haiti and Guyana, and intends to coordinate with, take advantage of lessons learned and use expertise from those programs where possible and appropriate. The Central America Regional Program and the Caribbean Regional Program are linked in support to Belize, coordinate a combined USG work plan, and intend to share information and best practices across the regions.

The Framework is embodied in the fundamental priorities of the PANCAP Caribbean Regional Strategic Framework (CRSF) and describes a shared vision by the region with 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/AIDS programs.

Under the PFIP, there should be greater transparency of joint planning between the governments of the signatory countries, PEPFAR, civil society and other donors. This should permit all parties to clearly see their roles and responsibilities, where gaps are, and what activities need to be implemented to ensure coverage.

The Framework and Implementation Plan take a country-centered approach, recognizing that sustainable, comprehensive, gender sensitive and country-driven HIV programs are essential to overall regional success in reducing the spread and impact of HIV. The focus of this Technical Assistance (TA) Framework model is to expand partner countries’ capacity to plan, oversee, finance, and manage their national response to HIV/AIDS and to deliver quality services with the participation of local civil society, groups of persons living with HIV/AIDS (PLWHA), and the private sector.

¹ CARICOM is the Caribbean Community Secretariat and covers 23 countries. Their HIV/AIDS program is the PANCAP program. PANCAP is the PEPFAR counterpart coordination agency in the region. The GFATM funds PANCAP HIV/AIDS activities under the Round 9 award. OECS is the Eastern Caribbean body that represents nine countries. HAPU is the OECS HIV/AIDS program. OECS/HAPU is a sub-recipient to PANCAP under Round 9. Both PANCAP and OECS/HAPU are signatories of the Partnership Framework.
The overall result of the PFIP activities at the end of five years should be robust national government and regional agency leadership in policy-formulation and in providing cost-effective national and regional public goods and services, as well as strengthened capacity to provide key financial and technical resources to sustain HIV service delivery ensuring access to those persons most in need. The five goal areas of the Framework (four in the PFIP) were chosen strategically to be in line with the CRSF and the National Strategic Plans (NSPs) of the country partners and to enable national partners to build capacity in the areas where they may be weak, thus creating the greatest possibility for achieving sustainable systems in planning, financing, managing, and evaluating programs.
3. Opening Remarks,

On behalf of the entire team at the U.S. Embassy in Bridgetown, I am delighted to welcome you to Barbados for our first annual Caribbean-U.S. PEPFAR Partnership Framework Meeting.

We are especially pleased and honored to have Prime Minister Douglas with us here today to speak on behalf of the CARICOM Heads of Government. Prime Minister Douglas is the lead Prime Minister on health issues for CARICOM, and has been in the forefront of the region’s response to the HIV/AIDS epidemic for many years. Mr. Prime Minister, I thank you for your leadership on this issue and for your close collaboration with the United States. Your presence with us speaks clearly to both your personal commitment to the battle against HIV/AIDS and to that of all the leaders of the Caribbean Community.

We are equally pleased to have with us today Ambassador Eric Goosby, President Obama’s Global AIDS Coordinator. Ambassador Goosby has over 25 years of experience dealing with the HIV/AIDS epidemic both as a medical doctor treating patients when the epidemic first emerged to the highest levels of policy leadership in the White House, State Department, and Department of Health and Human Services. He brings to his position extensive experience working with multilateral institutions including UNAIDS, the Global Fund, and the WHO.

I would like to extend a warm welcome to each of the ministers of health present and their colleagues from our Caribbean Partner nations. Your personal engagement and leadership within your ministries and public health institutions is critical to the success of our common effort. Thank you for your strong and consistent support this past year of our PEPFAR Partnership Framework and for joining us today in this, the first Caribbean Regional Annual Meeting.

Finally, I would like to welcome my diplomatic colleagues from throughout the Caribbean. Thank you for your close collaboration this past year as we worked with your country teams and host governments to move this program from an interesting concept to a programmatic reality. Our PEPFAR team greatly appreciates the support and active engagement from your missions as we work across the Caribbean seas to forge an effective response to the HIV/AIDS epidemic and meet the President’s ambitious public health goals. I should note that we have also invited our colleagues from the original bilateral PEPFAR Program countries of Guyana, Haiti and the Dominican Republic to participate. In this regard, we also recognize that this morning marks the one-year anniversary of the terrible earthquake that devastated Haiti. We take a moment to remember those who lost their lives in Haiti as we continue to work together to rebuild and revitalize that nation.
Today's gathering represents an important milestone. It marks the completion of the first year of activities under the Caribbean Regional Partnership Framework PEPFAR Program. This milestone offers a perfect occasion to take stock and review with all of our partners and colleagues where we are and where we are going in the program.

So where are we? As you are aware, the PEPFAR Caribbean Regional HIV/AIDS Partnership Framework has been developed as a five-year program that seeks to build directly on the HIV/AIDS National Strategic Plans of each participating country and operate in close alignment with the PANCAP’s Caribbean Regional Strategic Framework. This is, as it states on the first page of the Partnership Framework text, a "collaborative effort." And while the U.S. Embassy in Barbados and the Eastern Caribbean plays the primary coordinating role in the program as the PEPFAR Coordinator’s Office and many key staff from USAID, CDC, DOD, Peace Corps and the State Department are located here, the success of the program depends critically on the active participation of all 12 partner countries, the two regional organizations, the six U.S. embassies, and the five U.S. government agencies.

The Caribbean Partnership Framework adds a new wrinkle to PEPFAR, the worldwide program launched by former President Bush in 2003 to reduce the incidence and limit the spread of HIV/AIDS while assisting those who have contracted the disease. Worldwide the PEPFAR program has so far treated over 2 million HIV-infected persons, provided care for over 10 million, and prevented 7 million new infections. As is often noted, PEPFAR represents the largest commitment in history made by a nation to a single disease.

In 2008, Congress reauthorized PEPFAR for five more years and $48 billion dollars with a strong spirit of bipartisanship. PEPFAR II, as it is called, brings a new focus on sustainability and country ownership. It commits all partners to pursue shared goals, make mutual contributions, and commit to measurable outcomes. And, significantly for us, it opened the door to the first ever regional PEPFAR programs, where the initial PEPFAR program had targeted 15 nations individually.

The PEPFAR Caribbean Regional Program -- the first of the regional programs established -- has a straightforward purpose: to reduce HIV and AIDS incidence and prevalence in the Caribbean region. To achieve this, it will provide over $100 million over five years to build the capacity of national governments to develop and maintain sustainable, comprehensive and effective national HIV and AIDS programs, while strengthening the effectiveness of national coordinating bodies and NGO’s to provide quality, cost-effective services that support national HIV/AIDS programs.

Planning for the Caribbean Regional Partnership five-year strategy began in 2009. Participating countries, including 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, met in St. Lucia in April 2009. This meeting allowed us to solicit valuable input from stakeholders to shape a first draft of the Framework. This was then shared with
governments, NGO's, regional organizations to solicit input and comment, which resulted in the final draft Framework that was signed in ceremonies throughout the region earlier this year.

With a Framework in hand, then hard work began of developing the Partnership Framework Implementation Plan, Operational Plan, and National Plans. In meetings, conference calls, and countless country consultations with national stakeholders our PEPFAR team managed to pull this all together and within deadlines designed for single country national plans. This has been a truly impressive collaborative effort, and I would like at this time to take a moment to recognize the leadership and hard work of our entire PEPFAR team: Bill Conn, our PEPFAR Coordinator, and his team of Faithe Best and Lisa Thompson, USAID Director Jim Goggin and his team of Angela Davis, Kendra Phillips, CDC acting Director Hussain Baseer, George Alemnji, Karen Hymbaugh, Shelly Holder, and Suzanne Smith, and from DOD, Fay Clarke. Thank you for your extraordinary teamwork and dedication.

The result of all this hard work and collaboration is the Caribbean Regional Program Partnership Framework, a five-year plan for programmatic cooperation in five key areas: HIV prevention, strategic information, laboratory strengthening, human capacity development, and sustainability.

To this end, work plans have been developed for all country and regional partners based on our extensive consultations. I am pleased to say that technical assistance activities have begun with the goal of strengthening national HIV/AIDS programs throughout the region.

The Partnership Framework seeks to implement policies and practices that will advance efforts in related areas, including gender equality, the protection of human rights, effective HIV counseling and testing, and other areas to be identified as the Partnership evolves. Progress in these areas will further strengthen national HIV/AIDS programs and ultimately lead to greater country ownership.

This two-day Annual Meeting is designed to bring together the Ministers of Health and other country stakeholders to discuss key issues around HIV/AIDS in the region and to develop action steps to address any barriers to program implementation that Ministers, Ambassadors and our many other stakeholders may be able to identify. This meeting is for you and will be led by all of us with panel discussions led by Ministers of Health from our partner countries and our Chiefs of Mission.

In your positions as Ministers of Health, diplomats, public health professionals and leaders in diplomacy, you all play vital roles in the success of the Partnership Framework. Your support, ideas, vision, and expertise are essential to the effective implementation of the Framework and achievement of our ambitious goals. We need your continued support to build responsive government systems and appropriate public health policies. We need your help to remove any bureaucratic or social barriers to the implementation of PEPFAR HIV/AIDS related activities. And, we are committed to working with you to address the needs of each national HIV/AIDS program as well as Caribbean regional programs as we work side by side to implement the Partnership Framework.
It is our sincere hope that, through our vigorous outreach to and collaboration with national and regional programs, the United States' efforts and engagement through PEPFAR will create an enduring foundation for an effective HIV/AIDS response in the Caribbean region.

Throughout the duration of this Presidential program, we look forward to continued strong support to the health sectors throughout the Caribbean region. We will continue to participate in joint decision-making as dedicated partners in setting programmatic priorities and establishing clear and realistic commitments that will move us toward our ultimate goal: reducing the incidence and impact of HIV/AIDS throughout the Caribbean.

Thank you again for your support and your personal commitment to this common effort. I wish you a productive meeting. Thank you.

b. Opening Remarks, Honorable Donville Inniss, Minister of Health, Barbados

It is a great pleasure for me to welcome you to the first annual meeting of the “The United States President’s Emergency Plan for AIDS Relief (PEPFAR) Caribbean Regional Programme and to the Caribbean Region Chiefs of Missions HIV/AIDS Meeting.” Your presence here today is a reflection of your commitment and an embodiment of a spirit of true partnership. I am often reminded that the fight against HIV is an on-going battle which requires our sustained, concerted efforts and expertise. Therefore our goals and objectives must remain firm and clear in spite of the many challenges we will no doubt continue to face as a result of this epidemic. However I am confident that as we remain committed and unified in our response, we will reap success.

The US President’s Emergency Plan for AIDS Relief (PEPFAR) is the Global HIV/AIDS Programme launched in 2003 to combat global HIV/AIDS, TB and Malaria. In 2008 the Plan was re-authorised for an additional five years. To date the PEPFAR programme has treated over 2 million HIV-infected persons, provided care for over 10 million people, and prevented 7 million new infections.

The PEPFAR programme is a collaborative effort of the government of the United States, the Caribbean Community, the Organization of Caribbean States and the 12 Caribbean country national governments in support of the 5 year Caribbean Regional Strategic Framework on HIV and AIDS. The focus is on partnership: working with national governments and regional organisations in support of their public health programmes. The goal areas of the Partnership Framework include Prevention, Strategic Information, Laboratory Strengthening, and Health Systems Strengthening.

The next two days will provide an opportunity to review lessons learnt in the HIV/AIDS programmes in the region and the Partnership framework thus far, a review of the changing
Caribbean environment, and a clarification of roles and responsibilities. With these objectives as our focal point/primary focus, I believe that our work over the next two days will be fruitful, bringing us closer to the realization of our goal of increase country ownership and sustainability of HIV/AIDS Programmes.

PEPFAR’s success around the world has been well documented in its work and support of countries and their national programs. These successes have been achieved through the power of partnerships with governments, non-governmental organisations, and the private sector. We in the Caribbean are especially pleased and thankful to be recipients of this support. I would like to take this opportunity to extend appreciation to our collaborators the United States Government and our International partners for their valuable contributions in assisting us towards further developing our collective capacity to respond aggressively and effectively to this epidemic.

Here in Barbados, I am pleased to announce that for the upcoming year funds have been allocated under the PEPFAR programme of activities in the areas of Prevention, Health Systems Strengthening, Laboratory Strengthening, and Strategic Information.

Over the past several years, countries of the Caribbean have made tremendous strides in improving our prevention, care and treatment services for those infected with, and affected by, HIV/AIDS. As has been noted, although small in absolute number of cases when compared with other global “hot spots,” the Caribbean’s fragile small-island economies and second-highest regional HIV prevalence rate in the world make it a high-profile region in the global fight against AIDS. The high levels of intraregional mobility and interdependence make regional coordination an important part of addressing common concerns in the response to HIV/AIDS, which is easily transmitted across borders. All Caribbean countries have taken measures to control the epidemic. By the end of 2006, 21 Caribbean countries had national strategic plans on HIV/AIDS. However, the national health care infrastructure in many countries is not adequately equipped to address the individual and societal challenges posed by the epidemic, the cost of prevention, treatment, care, and support services; income and job losses; reduced tourism revenue; and diminished labour productivity in key sectors due to illness and the reduced life expectancy of young people.

We cannot and we must not ease up in our battle to fight the spread of HIV in the Caribbean. Here in Barbados, rapid testing initiatives and continuous training and educational programmes will continue to assist us. We are doing quite well in respect of treatment of those affected by the illness but I am deeply concern over our number of new cases being reported each year. Greater effort need to be made in respect of behavioural change in our society.

When we think of where we have started in this journey we are encouraged and reinvigorated to put in a renewed effort to achieve our stated objectives and mission. This being the beginning of the New Year, it is hoped that we can begin with a positive outlook which captures the energy and drive to meet the challenges ahead.
It is hoped that, together, we will be able to build on lessons learned and the experiences shared so that we can have a positive response to the epidemic. The fundamental goal of the PEPFAR program is to forge strong partnerships and enhance the capacity of regional and national entities to design and deliver effective programs. Therefore, this two-day meeting will allow us to build on the foundation that we have achieved through past successes.

I would now like to wish you all a successful and productive deliberation and a healthy and prosperous New Year. To those visiting our shores for the first time, I hope you take some time to enjoy all that our beautiful island has to offer. Thank you.


It is my pleasure to have been invited to speak to you at this very important session convened by the United States Government. I wish to convey special thanks to Mr. William Conn, PEPFAR Regional Coordinator, and staff for your kind invitation to address this first annual meeting of the Caribbean Regional Framework for HIV/AIDS. This initiative has been one of the outstanding examples of the technical assistance of the USA to the World as it grapples with this pernicious disease of HIV and AIDS.

It has to be noted that since the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 to combat global HIV/AIDS, the financial commitment of up to US$ 48 Billion for the accelerated approach to global HIV/AIDS, tuberculosis, and malaria, has been the largest commitment by any nation to combat a single disease in history. While in the earlier dispensations of bilateral arrangements, the Caribbean beneficiaries were limited to the highly indebted poor countries (HIPC) including the Dominican Republic, Guyana and Haiti from this Region, the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, expanded the US commitments to all CARICOM countries.

This Act is very significant. It accords with the spirit of CARICOM’s response to these diseases and to the position which the CARICOM Heads of Governments articulated to the then Bush Administration during the celebrated US Caribbean Dialogue held in Washington DC in June 2007. This legislation expands the U.S. Government commitment to a program of activities for five additional years, from 2009 through 2013. It is a lesson to the other partners in the developed world, nowhere is this better illustrated than in the consistently high level of contributions of the US Government to Global Fund for HIV/AIDS TB and Malaria at a time when other developed countries are wavering in their support and when to do so could immeasurably reverse the gains of the past decade that have resulted in the modest but steady decline in prevalence rates, reductions in mother to child transmission (MTCT), increased in access to anti-retroviral treatment (ART) and increased emphasis on human Rights.
In the case of the collaboration between the USA and the Caribbean we are deeply appreciative of the enlightened approach that has been taken to link the support from PEPFAR to the Caribbean Regional Strategic Framework 2008-2013. This Framework is the flagship of the Pan Caribbean Partnership against HIV/AIDS to which all CARICOM Member States and other partners of the French, Dutch and English Speaking Caribbean, including the Dominican Republic and Cuba subscribe. This investment by the US through PEPFAR fully endorses the philosophy of CARICOM Heads of Government that strengthening the regional capabilities to combat HIV, especially for small countries like those in the Caribbean is one way to maximize resources and to foster a collective and viable response.

While there is no need to repeat the statistics in a gathering such as this one, it is necessary to reflect on the fact that this region has demonstrated to the World what can be achieved through acting collectively in the face of adversity. The Nassau Declaration; The Region is the wealth of the Region resulting from the conference of Heads of Government in the Bahamas (July 2001) was the very first activity anywhere in the World that followed up on the bold call at UN Special Assembly (UNGASS), by the then Secretary General Kofi Annan for a Global Fund for HIV/AIDS on June 23, 2001. Stimulated by the outcome of that UNGASS, the CARICOM Heads of Government in Nassau, resolved, among others, that the Pan Caribbean Partnership against HIV and AIDS would be one of its two pillars, with the Caribbean Cooperation in Health, as the other,

History has since revealed the prescience of the Nassau Declaration. First PANCAP, with its unique network and composition of governmental, private sector, non-governmental and development partners has attracted over US$80M in ten years for its strategic framework and in the process has been designated, an international best practice. The Caribbean Cooperation in Health, on the other hand, is about to take on new meaning with the establishment of the Caribbean Public Health Agency (CARPHA) in another couple of months with the consolidation of five regional health institutions into one agency.

While others will speak to the technical details of the regional and country programs that fall under the framework that is being discussed, I wish to deal with the parameters that define the tasks that confront us. In this regard the conjuncture of PANCAP and CARPHA is indeed consistent with the prevailing regional discussion resulting from the seminal Report of the Caribbean Commission on Health and Development (2006), chaired by Sir George Alleyne, and Port of Spain Declaration: Unifying to fight the non-communicable diseases (2007). It is also consistent with the global discussions on the achievement of the millennium development goals on health and HIV and the health sector response to HIV that featured in the discussions at the International HIV/AIDS Conference in Vienna in 2010. It is moreover consistent with the initiatives of the current US administration for a coalition of global health advocacy organizations to consider how US development assistance for health should be structured in the future.

It seems to me that the celebration of the 10th anniversary of the Nassau Declaration in July 2011 provides the Caribbean with a golden opportunity to provide another regional best
practice to the World by bringing together organizations focused on HIV/AIDS and infectious
diseases, child health, maternal health, sexual and reproductive health and rights, health
workforce, neglected diseases, and comprehensive primary healthcare. This would no doubt help in breaking down silos that too often prevent coordinated advocacy efforts and a progressive vision of what the next phase of global health and development could look like. Maybe that discussion could begin right here at this consultation.

In this regard UNAIDS’ ten priority areas in the Joint Action for Results: UNAIDS Outcome Framework 2009-2011 seem most appropriate to the objectives of the PEPFAR program for 2010-2015. They ten areas are:

- reduce sexual transmission of HIV
- prevent mothers from dying and babies from becoming infected with HIV:
- ensure that people living with HIV receive treatment
- prevent people living with HIV from dying of tuberculosis
- protect drug users from becoming infected with HIV
- empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy
- remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS
- meet the HIV needs of women and girls and can stop sexual and gender-based violence
- empower young people to protect themselves from HIV
- enhance social protection for people affected by HIV

The UNAIDS Outcome Framework therefore covers all the priority areas in the Caribbean Regional Strategic Framework. What, however is critical for the discussions at this PEPFAR Forum, is how the priority areas identified, and could be implemented so that they directly contribute simultaneously toward achieving the country-set universal access targets for HIV/AIDS prevention, care and treatment and the Millennium Development Goals by 2015. This is possible only if we see our priorities as interlinked, and hence, progress in one area contributing to progress in others.

The significance of this Forum is that it launches a year in which we have an opportunity to benchmark a series of successes in activities that will mark the 10th anniversary of the signing of the PANCAP Agreement which took place right here in Barbados on 14th February 2001, the establishment of CARPHA possibly in Grenada in March, the 10th Anniversary of the Nassau Declaration (July 2001) and the UN Special Assembly on the Non Communicable Diseases that is intricately linked to the Port of Spain Declaration (2007).

Let us therefore use this occasion well. Let us continue the proud tradition of health and Development in the Caribbean.
d. Feature Address: Country ownership, Regional Cooperation and Sustainability of HIV/AIDS Programs, Ambassador Eric Goosby, Global AIDS Coordinator

I am pleased to be here with you all and I would like to thank Minister Inniss and Chargé Hardt for hosting us. Beyond that I will choose to say All Protocols Observed, but I do wish to thank all of the Chiefs of Mission and Ministers of Health who have been able to attend. I’ve had the honor of meeting some of you during my travels to see our PEPFAR programs around the world and look forward to getting to know the rest of you.

I am delighted to see so many of the decision makers in the room today from the region—from the USG side and the partner government side, as well as other partners both on the donor and implementer sides. I am looking forward to a frank discussion on how we can better coordinate activities in the Caribbean region.

Noting the date, January 12—one year from the earthquake in Haiti, I would especially like to thank those attending from Haiti. I commend the efforts of those across the region who responded to that devastating event. It serves as an example for regional cooperation and this meeting could not come at a better time to help build partnerships across the programs in the region.

I know there has been substantial interchange between the Caribbean PEPFAR team and each local government during the creation of the Caribbean Regional HIV and AIDS Partnership Framework, and I congratulate all of you for completing and signing that document last year. In addition, the Dominican Republic signed their PF in November 2010, and should be congratulated as well.

I understand that the teams in Haiti and Guyana are still negotiating theirs, and that progress is steadily being made.

I would like to thank the Ministers of Health for supporting the PF process, as well as their staff. I can’t overemphasize that successful programs rely on the building of solid relationships between partner Ministries and the U.S. Government team in country.

The extensive efforts that were undertaken by each of the country teams to put their Partnership Frameworks together demonstrate a theme that underpins this entire conference which is country ownership.

It is my personal priority to approach countries in a spirit of true partnership to identify, prioritize and meet health needs. PEPFAR’s support for country ownership is demonstrated through Partnership Frameworks. These are concrete demonstrations of our respective and joint commitment to battling HIV/AIDS.
As part of sustainable country ownership, we want to work with you to empower communities – including those directly affected by programs, such as people living with HIV and the most at risk populations. Across the region the two groups with the highest prevalence rates are men who have sex with men – known as MSM - and sex workers. Many Caribbean nations have strict laws that apply to sexual minorities, which sometimes reflect a high level of stigma and discrimination against these most at risk groups. In many countries in the Caribbean, most at risk populations are afraid to seek services in public venues out of fear of harassment, which means they don’t know their status and remain as unknowing transmitters of the virus. Because of this, stigma and discrimination against these groups directly contribute to the continuation of the epidemic that has claimed so many lives.

To help fill a gap in programming, the United States has been willing to shoulder the burden of supporting services for these most at risk groups, but this is not a sustainable strategy. We need to work together to find unique and innovative ways to respect local laws while ensuring that we are respecting the human right of access to health care for all populations, especially those most at risk for the HIV virus. A key component of “country ownership” is that the partner governments need to own and respond to the epidemic that they have. The culture surrounding these attitudes will not change until governments change how they address stigma and discrimination of these marginalized groups. These groups need to have the ability to provide needed feedback to government ministries, Global Fund Country and Regional Coordinating Mechanisms, and other country structures. That dialogue is essential for true sustainability. I am encouraged by the discussion that has taken place with country leadership on this issue during the negotiations for the Partnership Frameworks and would like to offer any assistance we can to help countries in the region increase their dialogue and actions.

GHI
On a broader note, our investments in global health are currently being strengthened through the Global Health Initiative. GHI builds on the deep experience of PEPFAR, and continues U.S. leadership in global health internationally.

All countries with health programs are part of GHI. Guatemala has worked with us as part of the initial tranche of GHI countries developing strategies, and over the next year we will be working to roll out GHI more intensively in countries around the region and the world.

Second Phase of PEPFAR
Like GHI, we are working in the second phase of PEPFAR to ensure that we are not only responding to the emergency of HIV – because it IS still a crisis in so many countries – but the long-term needs created by HIV. Our response has helped to strengthen health services, and now our goal is to make sure these services are integrated into an overall national and regional response that is led by the government, with the US in a supportive role, and drawing upon the work of organizations from the private, nonprofit, and public sectors.

Finally, as you may know, the U.S. made our first-ever multiyear pledge of $4 billion to the Global Fund in October 2010, a 38% increase over our Global Fund appropriations for the
previous three years. The Global Fund has helped countries achieve impressive health gains, but more can and must be done to improve the impact of Global Fund grants on the ground.

In announcing our pledge, the USG issued a Call to Action, urging Global Fund stakeholders to work together to strengthen the Fund and support key reforms so that the Fund can save more lives through smarter investments. We are also providing additional technical assistance to support Global Fund grant implementation and oversight at the country level. I encourage all of you to continue join us in improving how the Fund is working in the countries where you work and live.

Again, thank you for your dedication and commitment and all you do in the fight against HIV/AIDS. I’d now like to open it up for questions.

e. Guest Speaker: “Owning the Franchise: Successes and Pitfalls”
Dr. Jacob Gayle, Director, Caribbean Programs, National Institutes of Health

- **SLIDE 1:** Finding a topic that is relevant to the circumstance of this meeting on HIV/AIDS, that is timely given the context of a luncheon speech, that also respects and reflects our presence in the Caribbean and, more specifically, here in Barbados, was a challenge. So I decided that, within the course of the next fifteen minutes or so, I intend us to learn a few “savory” lessons from the McDonalds global corporate experience.

- There is a memory that will always stay with me was from when, in the early 1990s, I was attached to the US Embassy in Pretoria, South Africa, serving as the CDC Technical Advisor on HIV/AIDS to USAID. At that time, South Africa was a voluntary post: people were not involuntarily assigned to serve there because of Apartheid and the uncertainty of South Africa’s stability and future. My family and I experienced firsthand the ending of the Apartheid system, culture and regime; the near-miraculous social transition to democracy and the installation of Nelson Mandela as newly-democratic South Africa’s first president. Soon after his inauguration, the Embassy had a visitor from the Department of State who all senior staff were summoned to hear. This person asked us what our purpose for being in South Africa was and, not surprising, some Embassy official proudly stated it was to continue to help our South African sisters and brothers to establish democracy, equality and freedom. [This was most likely a USAID senior staff person speaking! (joke)] Anyway, the Washington visitor laughed and said, “That may be what brought you here, but NOW your primary goal is to sell McDonalds and Chevrolet.” All but a few Econ officers visibly disagreed (joke!), but the point was salient from any side one viewed it. The sinking of the McDonalds flag into foreign soil carries with it deep symbolism and even deeper realities. I think the HIV response can learn a lot from both.
SLIDE 2: Anyway, I intend to share with you the basic details regarding the Big Mac Index of *The Economist*, the UBS Big Mac Index, Ritzer’s “*McDonaldization*” social change theory, Friedman’s “*Golden Arches Theory of Conflict Prevention*” and then, as we contemplate the relevance of these paradigms and the corporate practice of franchising to the attainment of Country Ownership and Operation of Global Standard, Universally- Accessible Comprehensive HIV Services, I will posit what, in fact, Ronald McDonald might do should HE be the next UN Special Envoy for AIDS in the Caribbean (casting no aspersions upon the excellent leadership we have had over the years of my mentor and friend, Sir George, in that esteemed position).

No, really: this is how we are going to spend the next 15 minutes or so! And then I will welcome lively discussion amongst us all.

Thereafter, I will ask you to indulge me for a moment as I update you on the plans for this year’s Caribbean HIV Conference, the third of its kind.

SLIDE 3: McDonalds Restaurants began around 1940 in California as a concept of two brothers, Dick and Mac McDonald, originally of New Hampshire, that built upon a hamburger restaurant their father, Patrick McDonald, had opened three years prior. Ray Kroc, the guy who sold them their first milkshake machines, later became a partner and eventually created the McDonalds franchise concept, spread the restaurants across the United States, and created the McDonalds Corporation.

At one point, McDonalds was said to be the second-largest trainer of American boys, following only after the US military. Now, Hamburger University is an accredited academic institution that provides coursework towards undergraduate and graduate degrees.

Not only has McDonalds responded to global shifts toward healthier foods, but it also has incorporated culinary diversity in its menus across the world: where cows are sacred, burgers are not made of beef. In cultures where pork is prohibited, beef may be the staple. More McDonalds franchises are providing vegetarian options. And McDonalds serves locally-inspired selections in countries worldwide, while creating them using the basic limited ingredients that it combines in different recipes to meet the needs of taste and tradition.

Even as a socially-responsible corporation, McDonalds has demonstrated successes. It has launched an environmental campaign for a greener globe. It sponsors local events pertaining to youth or girls and women. Within the US, it has launched the 365Black campaign, which says that African American achievement should be celebrated every day, and not only relegated to the shortest month of the calendar year. The “Me Encanta” website is focused upon the Latino or Hispanic populations within the US, and the “Myinspirasian.com” website highlights Asian and Pacific Island Americans. Racism
or relevance: you be the judge; however, McDonalds is “Macking” its way to the bank, no matter what we say.

- Probably the best-known community effort of McDonalds is the Ronald McDonald House, which has provided family-like housing and services for parents and siblings of children who are hospitalized for long time frames away from their own communities.
- These are the more successful sides of McDonalds. Let’s talk about lessons from its failures.

- **SLIDE 4:** Barbados is well-known within the history of McDonalds, as it is one of a very select number of so-called “failed states,” having launched a franchise in mid-1996 and closed it before the year’s end.

- **SLIDE 5:** Now, the only visible vestige of McDonalds’ having been here is the structure of the building that still exists, albeit as a used car dealership.

- Perhaps McDonalds forgot to replicate some of its own success lessons about cultural adaptability: had McDonalds highlighted its Chicken McNuggets or Chicken Tenders or grilled chicken sandwiches, perhaps it would be here today. Maybe it should have sold flying fish or dolphin sandwiches, too. Actually, McDonalds might have learned from KFC how to maintain its global identity while also cultivating its Barbadian residency.

- Another thing McDonalds has not done is invest in the community from the standpoint of corporate social responsibility or neighborliness. Last year, even before Target opened its first store in Harlem, in New York City, it had already sponsored community events in Harlem, landscaped local parks, supported local craftsmen and designers and become a local supporter of community development. Maybe McDonalds should have sponsored a Ronald McDonald House near Queen Elizabeth Hospital, or sponsored the creation of the “green” mixed-zone community nearby. How does a country or community say “no” to a company willing to invest before it exacts a profit?

- **SLIDE 6:** There are a few concepts that arise from the McDonalds experience that have entered the hallowed halls of academia. The economic concept of *burgernomics* arises from the use of the Big Mac sandwich as an economic unit of comparison. In 1986, Pam Woodall of *The Economist* magazine introduced the concept of the “Big Mac Index.” In theory, since all Big Macs are to be made the same anywhere in the world they are sold, their composite ingredients are purchased locally and, hence, should be able to provide a good proxy for a comparison between many countries’ currencies. The Big Mac Purchasing Power parity, or PPP, exchange rate between two countries is calculated by dividing the price of a Big Mac in one country (in its currency) by the price of a Big Mac in another country (in its currency). This value is the compared to the actual exchange rate; if it is lower, then the first currency is under-valued compared with the second and conversely, if it is higher, then the first currency is over-valued.
• UBS Wealth Management Research expanded the Big Mac Index concept by focusing upon the amount of time that an average worker in a given country must work in order to earn enough money to buy a Big Mac. It is thought that this might give a more realistic view of the purchasing power of the average worker, as it takes into account more factors, such as local wages. In Tokyo, the worker earns enough in ten minutes; in Nairobi, Kenya, it takes 158 minutes.

• **SLIDE 7:** In 1993, sociologist George Ritzer wrote a book entitled *The McDonaldization of Society.* When a society takes on four primary components of the fast food restaurant operational paradigm, it has been “McDonaldized”:

  - **Efficiency:** in other words, getting from point A to point B as fast as possible, whatever it takes. This is what puts the “fast” into “fast food.” So that might include having all the basic ingredients ready, or keeping food warming under lights or in heating units, painting restaurants in the reds/yellows/oranges that psychologically make people eat fast and move on;
  - **Calculability:** if quantity equals quality, then it is better to deliver higher volumes at the same time it would take to deliver lower volumes. Super-size me! Success is seen as having delivered a large quantity as fast as possible. The quality of customer service becomes a lower value.
  - **Predictability:** no matter where, you will receive the same service and the same item.
  - **Control:** McDonald’s staff should appear and behave the same everywhere and, where possible, move toward non-human, automated technologies.

• **SLIDE 8:** Thomas Friedman (I called him FRIEDman) published a book in 2000 called *The Lexus and the Olive Tree.* In it, he describes the Golden Arches Theory of Conflict Prevention, which states that no two countries with a McDonalds franchise had ever gone to war with one another. The explanation was that when a country has reached an economic development where it has a middle class strong enough to support a McDonalds network, it will not be interested in fighting wars anymore.

• **SLIDE 9:** However, shortly after the publishing of the book, the NATO bombing of Serbia seemed to contradict Friedman’s theory. He explained, however, that Serbia was actually an excellent example of the theory’s success: the war ended quickly, partly because the Serbian population did not want to lose its place within the global system “symbolized by McDonalds.”

• Before, in 1998, India and Pakistan battled against each other over Kashmir; both countries are McDonald’s hosts. Friedman argues that this was not actually a full scale war; however, both DID emphasis their nuclear capabilities. However, undeniably contradictory with the theory are the 2006 war between Israel and Lebanon and the 2008 conflict between Georgia and Russia over South Ossetia. In any case, Friedman has moved on and now revised his theory to be the Dell Theory of Conflict Prevention.
• **SLIDE 10:** I think these *McFactoids* could go on forever! I actually came here to talk about HIV/AIDS and country ownership and leadership. So, let’s shift gears a moment and look at what, in the early 2000s emerged as global agreement on HIV leadership; that being, The Three Ones. It was clear from over two decades of the global response to HIV that “success” was to be evidenced on the country level. Only in countries where local leadership owned the epidemic and its response would there be success in containing or controlling it. At the same time, however, the dynamic nature of global movement and inter dependencies meant that global success would need to be more than simply the composite of country-level successes. In order to really impact HIV worldwide, we would need to approach it from the concept of “Local ownership and leadership, global partnership and solidarity.”

• So, just like a McDonalds global franchise system, there needs to be a way whereby global HIV standards and guidelines are created and adopted by all country-level HIV service delivery franchises. These country-level operations must be held to the quality controls that ensure that all who receive services do so expecting and receiving the standard quality of services that would be provided from any such franchise anywhere within this global network. However, local leadership and ownership must allow for local adaptations to be made, which culturally contextualize the delivery of goods and services, thereby increasing the likelihood of consumption. For instance, access to HIV testing is imperative. In cultures whereby needles are feared, oral testing may be the better option. However, under no circumstance would a franchise omit to providing HIV testing. In delivering HIV treatment, each country will need to ascertain what the specific drug regimen might be that is most effective and also cost-appropriate. But, in order to maintain franchise certification, each must provide a comprehensive menu that meets the global standards to which all have committed. No room for stigmatizing or marginalizing key vulnerable populations or choosing only one aspect of the comprehensive menu versus another. Each local franchise owner is empowered by its local ownership and committed to its global membership.

• HIV represents not only a public health challenge that must be owned and confronted by countries, but also all the underlying social, cultural, traditional and fundamental pieces of a social culture that enable, even drive, the continuation of disparities and discriminations that ultimately evidence themselves symptomatically in epidemics like HIV. In order to confront these kinds of social ills, the first responsibilities for the response must be born locally. Unless a country accepts its roles, it will be seen as a consequence of external forces, to be relegated to external wills and resources. Franchises succeed and are highly profitable because the local owner-leader takes responsibility while benefitting from global lessons and opportunities.
• **SLIDE 11:** So, back to McDonalds. If there had been a campaign, WWRMD?, I think these would have been his answers:

**Follow the Big Mac Index:** Especially using the UBS model of the Big Mac Index, compare the costs paid by the average person as she or he accesses local services from the comprehensive package that is provided under local franchisement. Costs include social and economic costs. Lower those costs while strengthening the services. People should not have to choose between social support and respect and accessing needed HIV services.

**McDonaldize the Response:** Within reason, be efficient, calculable, predictable and controlled, without losing sight of the important fact that quality goes well beyond mere quantity. Our goal must remain people-centered. PEPFAR, in its first phase, was critiqued as having been a McDonaldized approach to delivering services, drugs and commodities in an almost-air drop fashion: just get the numbers! When PEPFAR and WHO’s “3- by- 5” were jointly determining how to attribute credits for increased access to HIV treatment, decisions included ascertaining which entity provided the door or access portal to the clinics! In all cases, we must always remember that, as easy as it is to slip into a numbers-reporting perspective, we are here not simply to sell more McDonalds and Chevrolets, but to help improve lives: their qualities, their potentials, their impacts.

**Stay under The Golden Arches:** Whether they are literally present or not within each Caribbean country, the theory that countries living under the Golden Arches will live cooperatively is an inspirational one. The Caribbean lives under the HIV-related arch of the Pan Caribbean AIDS Partnership (PANCAP), which continues to be a unique regional model for cooperation. Because of scales of scope and economies, the Caribbean is accustomed to regional partnerships which, at the same time, allow for individuality. Furthermore, with the Partnership Framework in effect, the second arch across this precious region serves as a bridge between the US and the Caribbean, to foster communication, cooperation and collaboration. Just as our region and peoples are intertwined, so, too, are our HIV epidemics. We cannot speak of the Caribbean HIV epidemic without including Puerto Rico or the US Virgin Islands; we cannot accurately depict the epidemics of New York or Boston or Miami, amongst others, without speaking of the Caribbean people they represent, often hidden within the US statistics of African Americans, Latinos or others. We are a community that is **joined together** by the Caribbean Sea; we must protect and cherish our common treasure: our people and ourselves. But it starts at home, with our ownership and leadership. This is an essential of self-determination.

• **SLIDE 12:** As a former professor, former Caribbean resident, and former McDonalds consumer, I’m lovin’ this presentation! But it is now time to open it further and solicit your comments, questions and other interventions.
4. Participant Evaluations

<table>
<thead>
<tr>
<th>Annual Meeting Objectives:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I now have a better understanding of PEPFAR's role and the support PEPFAR can provide.</td>
<td>1 (15)</td>
<td>2 (21)</td>
<td>3 (6)</td>
<td>4</td>
<td>5</td>
<td>(2)</td>
</tr>
<tr>
<td>The Annual Meeting enabled participants to share strategies for resource maximization.</td>
<td>1 (10)</td>
<td>2 (26)</td>
<td>3 (5)</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>The Annual Meeting was, or will be, useful to me in identifying priority actions I can take that will lead to increased country ownership.</td>
<td>1 (12)</td>
<td>2 (20)</td>
<td>3 (9)</td>
<td>4</td>
<td>5</td>
<td>(1)</td>
</tr>
</tbody>
</table>

There was broad coverage of familiar topics. Participants left the meeting better informed about the PEPFAR CRP program, and having established new/stronger networks with stakeholders in the region. Future meetings should cover topics in more depth, including better practices in specific program areas.

**Illustrative comments:**

- Very comprehensive objectives, a lot of areas covered. Not many new areas introduced but a good scope for scaling-up activities.
- For me personally, it was useful especially in terms of professional and programmatic networking.
- It is now clear we need to utilize PEPFAR resources to build systems/mechanism for ownership and sustainability.
- I have a better understanding of PEPFAR's role and TAG.
- Strategic [information] sharing and best practices could be more specific and actionable.

<table>
<thead>
<tr>
<th>Annual Meeting Utility</th>
<th>Very much</th>
<th>Somewhat</th>
<th>Some</th>
<th>Not very much</th>
<th>Not at all</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Annual Meeting was useful, and will inform my thinking going forward.</td>
<td>1 (27)</td>
<td>2 (13)</td>
<td>3 (2)</td>
<td>4 (1)</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

The working sessions and panels were useful and informative, particularly in clarifying roles and responsibilities. Participants believed the sessions provided a good overview of programming issues and challenges. One respondent noted that in the future, last-minute changes to sessions should be avoided.

**Illustrative comments:**

- I was informed of some useful/important changes in the TWG/TAG session of which I was not previously aware.
- [The meeting]... served as a very good introduction to the trends and issues facing HIV policy development.
- Interesting format.
- Several sessions ad hoc, spur of the moment.

**What did you most appreciate about the Annual Meeting? What, if anything, would you change?**

**General:**

Respondents overwhelmingly cited their fellow participants and presenters as one of the strongest aspects of the meeting. The diversity, seniority, and mix of USG, partner government, and technical experts were praised for allowing opportunities for action, meaningful exchanges of better practices, and networking to occur.
The tone and structures of the meeting were also lauded for being honest, open and focused (in general) on relevant information and solutions. Meeting participants were particularly appreciative of the engaging nature of the discussions. Several noted that both small and large group conversations were useful, and others complemented the variety of methods utilized in sessions. The TAG and SC meetings were described as particularly helpful in defining roles and responsibilities for those two bodies. Many liked the wide coverage of topics.

Recommendations for future meetings included a stronger tie-in to results-oriented work, and inviting a broader range of community voices. At least one participant recommended more thorough briefings for panelists and chairs prior to presentations.

**Illustrative comments:**

- I appreciated hearing the host country representatives and their discourse with leadership/peers... this was expertly planned and implemented and was incredibly insightful [as a result].
- The participants were widely and wisely selected. Topics for the meeting very relevant. The facilitator was excellent.
- I mostly appreciate the possibility to speak up your mind and all the experiences and ideas I could share with the other participants.
- Environment [was]... created for open, frank discussions.
- It was a great opportunity (first since PEPFAR II started) for the TAG and Steering Committee to meet and further understand their roles and responsibilities.
- The introduction of variety in the methods used in the sessions was useful.
- Small group work useful, interactive and interesting.
- Organized and timely.
- I would lessen the philosophy and rhetoric and increase the actionable factor.

What new topics, subject areas or agenda items would you recommend for future meetings?

Comments in this area varied widely. Several respondents noted the need for more thorough review of country-specific plans and successes, including the increased need for reporting that would accompany subsequent meetings. Some suggested a more regional focus of discussion.

Other participants suggested a more strategic focus on practical actions in future meetings, including engagement of the private sector, civil society and other regional partners. Prevention and the integration of the HIV response into countries’ health systems and more detailed integration of the TAG and technical groups were mentioned as specific topics for future conversation.

**Illustrative Comments:**

- More focus on reporting results as we go forward.
- Focus on successful strategies/intervention/policy changes... [in future meetings].
- More specific focus on practical strategies for sustainability, financing, etc.
- Have each country present a specific case study of a best practice in their country. Should be tangible and potentially translatable.
- Engaging the private sector and examples of successful public private partnerships.

What is one priority action you will take as a result of this meeting? What should be the three main priorities for OGAC as a result of this meeting?

Many respondents commented on their own need to take actions to increase country ownership such as reviewing PEPFAR country plans, communicating with in-country partners, and generally keeping the energy and momentum from the meeting alive once they return home. Many participants noted the need for collaborative strategic planning, private-sector partnership, and active civil society engagement with country-specific actors as action areas for themselves and their teams. Others noted that they would
be in contact with other TAG, TWG or SC members to follow-up on items discussed during the meeting; in addition, one participant specifically noted the need for a “public affairs” approach to the SC’s work.

Participants recommended OGAC share information and connect activities at both the country and regional levels; specifically, respondents suggested that OGAC identify appropriate measurements for country ownership and disseminate lessons learned in PEPFAR programming. Others urged OGAC to ensure follow-up from the meeting and advocate for continued funding.

**Illustrative comments:**

- **Review of work-plans to ensure country ownership is achievable.**
- **Communicate this vision and transfer this energy back to my host country.**
- **Obvious need for PEPFAR structure to better link to already existing regional structures rather than separate structures.**
- **OGAC... [should]... define metrics for progress on country ownership ASAP. Increase focus on/strategizing about/identifying best practices for the non-governmental aspects of “ownership” and bottom-up complements to what is so far a very “top down” approach to the subject.**
- **OGAC ... [should]... follow-up with delegates with developments.**
- **OGAC ... [should]... collaborate with several US agencies to ensure funding cycles can be good transitioning to country ownership.**

**What other comments or advice for the meeting’s organizers do you have?**

Respondents generally praised the logistics and management of the meeting, with the significant exception being the communication of logistics and the timely payment of per diem and other expenses. Although respondents appreciated the use of different formats and structures, several commented that panelists and chairs could be better, and earlier, prepared in the future.

Suggestions for future meetings included alignment with other regional meetings, providing a list of participants and their contact information, and formal debriefings (particularly among the USG team) to discuss feedback and lessons learned.

**Illustrative comments:**

- **Meeting was well organized – good time management!**
- **Excellent production and coordination.**
- **The facilitators were highly skilled. The use of panels, different speakers and chairs came alive.**
- **Engage TRG again. They were excellent. Great to have such high level engaged.**
- **It was not communicated in the letter of invitation that participants would be responsible for meal, transportation expenses, so they would have prepared themselves sufficiently. This should be stated clearly in the letter of invitation.**
- **Panel members and chairs should have been informed of their expected roles and topics earlier in the planning process.**

**THANK YOU!**