

**PROJECT INFORMATION DOCUMENT (PID)
CONCEPT STAGE**

Report No.: AB3363

Project Name	Barbados HIV/AIDS
Region	LATIN AMERICA AND CARIBBEAN
Sector	Health (100%)
Project ID	P106623
Borrower(s)	GOVERNMENT OF BARBADOS
Implementing Agency	
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1. Key development issues and rationale for Bank involvement

1. The Caribbean Region has the highest HIV prevalence among adults outside Sub-Saharan Africa (1.2%). Although Barbados has achieved significant results in the prevention and control of the epidemic, HIV prevalence in the country is currently estimated to be higher than the regional average (1.7%). HIV/AIDS is one of the main causes of burden of disease in the country. While new AIDS cases and AIDS mortality significantly declined (46% and 85%, respectively) since the advent of anti-retroviral treatment in 2001, estimated HIV prevalence continues to rise. This is due to the increasing number of new and old cases, respectively due to the lack of adoption of safer sexual practices and the rising life span of people under treatment.

2. There are about 2,100 people living with HIV (PLHIV) identified in Barbados, but recent estimates suggest that the real number may be closer to 5,000 infected adults. In 2006, over 75% of reported infections occurred in the age group 15-49 years. As in other countries, the epidemic has been feminizing in Barbados, so that the current gender ratio among PLHIV is close to 1, with many women lacking the power in their relationships to negotiate condom use. Behavioral survey findings suggest a mixed epidemic, with HIV having spread from highly vulnerable groups such as men who have sex with men (MSM) and sex workers (SWs) to heterosexual men and women of childbearing age. The first case of HIV/AIDS was detected in Barbados in 1984, at a time when the epidemic was confined to MSM. However, the number of reported HIV cases

continued to rise, particularly among self-reported heterosexual men and women of reproductive age.

3. Despite the numerous achievements of the national program, much remains to be done regarding HIV/AIDS and other sexually-transmitted infections (STIs) in Barbados. The single greatest gap in Barbados' HIV/AIDS and STI programming is the fact that the monitoring and evaluation (M&E) system is not fully functional. Based on the available data, knowledge, attitudes and practices relevant for the prevention and control of the epidemic do not seem to have significantly changed, especially among younger people. The percent of youth able to correctly identify ways of preventing the sexual transmission of HIV, and who had no misconceptions about HIV transmission, increased only slightly from 0.1% in 2001 to 1% in 2005. Outreach for vulnerable groups needs to be improved. While the National HIV/AIDS Program has engaged in voluntary counseling and testing (VCT), further collaboration with community groups and NGOs will make VCT more available. Social care of poor PLHIV also needs strengthening. Finally, multi-sector institutional roles and relations have to be further developed, especially between NHAC and key ministries such as the Ministries of Health (MOH), Social Transformation, Education, Labor and Tourism.

4. **Government Strategy.** The Government of Barbados (GoB) is fully committed to containing the epidemic. The government has done extensive work on the UN "Three Ones" principles: there is (i) one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; (ii) one national AIDS coordinating authority (NHAC), with a broad-based multisectoral mandate; and (iii) a monitoring and evaluation system has been designed, including an operationally oriented framework. However, as mentioned before, the M&E system remains the element of the "Three Ones" that most needs additional work.

5. A KAPB survey will be carried out in November-December 2007, and results will be available early in 2008. Recognizing the need for a paradigm shift in HIV, a national Behavior Change Communication (BCC) Strategy for Barbados was developed with Bank assistance, and it was recently approved. The blood supply is reported to be safe due to universal HIV screening of blood and blood products. There is some evidence that SW use condoms 70% of the time with clients, and condom use among MSM is reported to have increased. Attitudes towards PLHIV changed positively. The number of primary schools providing life skills training increased. The percentage of lab and HIV testing increased by 22% and 17%, respectively, from 2002 to 2007. Laboratory capacity was built up, with the reference lab (LRU) being able to test all identified PLHIV for viral load and CD4. The government is considering providing this service at a cost to other OECS countries. The lab is also making arrangements to initiate testing of viral resistance to ART drugs.

6. The GOB has put in place a free, comprehensive treatment and care program for PLHIV. Of the 2,100 PLHIV who know their status, 1,128 are registered with the government clinic for treatment of PLHIV, and 635 are receiving anti-retroviral treatment (all those who require ART from those registered). Following the provision of ART free of cost, HIV/AIDS mortality decreased by 85% from 2001 to 2006. Hospital admissions for treatment of opportunistic infections (OI) among PLHIV decreased by 42%, and total number of hospital days fell by 59% in the same time period. Maternal transmitted HIV/AIDS has been substantially eliminated, with

only one child born HIV positive in the last three years. The percentage of infants born to HIV infected mothers decreased from 4.3% in 2002 to 2.6% in 2006.

7. **Bank Assistance.** Bank financial and technical assistance has been contributing to the achievement of these results. The first Barbados HIV/AIDS Prevention and Control Project (\$23.65 million total cost, \$15.15 million loan) will close on December 31, 2007, after satisfactory implementation and expected full loan disbursement. Given the success of the first project and the remaining unfinished work, the government has requested a follow-on project that would contribute to tackling the outstanding challenges posed by the HIV epidemic.

8. HIV/AIDS continues to increase in all regions of the world, including in the Caribbean, and to be a key global development issue. Although Barbados graduated from Bank lending in 1993, the HIV/AIDS Prevention and Control Project was included in the 2001 Eastern Caribbean CAS due to the public good nature of this program, and the leadership role Barbados has in the highly inter-related economies of this sub-region. Additional Bank assistance would further leverage Barbados' position in the Caribbean to continue serving as a role model for other regional countries that have been less aggressive toward HIV/AIDS. Addressing the epidemic in Barbados has other regional benefits, as the country is a regional hub for transit tourists and Caribbean citizens traveling within the region and further. The Bank is the only source of external funding for HIV/AIDS in Barbados – other sources of funding such as the GFATM, and private foundations, target lower-income countries.

Proposed objective(s)

9. The project would support the implementation of the 2007-2012 Barbados National HIV/AIDS Strategic Plan, and the approved behavior change strategy, striving to achieve a better balance between prevention and treatment, specifically to increase:

- Adoption of safe behaviors, in particular amongst most vulnerable groups.
- Access to prevention, treatment and social care, in particular for the most vulnerable groups.
- Strengthening of organizational and institutional structures that govern the NAP, focusing on use of quality data for problem identification, strategy definition and measuring results.

10. The proposed Project aims to build on the successful increase in access to HIV/AIDS testing, treatment and care accomplished by the Barbados HIV/AIDS Multisector Program, with assistance from the Bank-financed Barbados HIV/AIDS Prevention and Control Project. The new project would further expand this success into increased knowledge and effective, sustainable behavior change. An additional major focus would be to improve monitoring and evaluation of the HIV/AIDS epidemic and program, and its ability to make mid-course corrections. The project would finance HIV/AIDS programs to be implemented in 5 years (2008-2013). The project would consist of two components. The first one would support the implementation of the GOB new HIV/AIDS Strategic Plan, and the second would finance training and technical assistance to support the implementation of the Strategic Plan.

Component 1: Prevention and Care

11. This component would contribute to the implementation of the 2007-2012 Barbados National HIV/AIDS Strategy, specifically of the following three programs:

- **National Program Coordination and Monitoring.** This program aims at strengthening the ability of the public sector, private sector and civil society partners to coordinate, monitor and evaluate their activities and use data to continually increase the quality of their programs.
- **Scaling up Prevention Efforts.** This program aims at increasing access to preventive services, particularly behavior change communication, HIV/AIDS and STI prevention and treatment, and condoms.
- **Diagnosis, Treatment and Care.** The goal of this program is to increase the length and quality of life of PLHIV. The program aims at increasing PLHIV access to diagnostic services, treatment services (ART and treatment for opportunistic infections) and social care and support (counseling, support groups, drug addiction therapy, and home care).

Component 2. Institutional Strengthening

12. This component would finance training and technical assistance on M&E, management, and prevention, diagnosis, treatment and care of HIV/AIDS and other STIs, to support the implementation of the Strategic Plan. The component would follow traditional Bank disbursement methods.

Safeguard policies that might apply

13. Only one safeguard policy, Environmental Assessment (OP/BP/GP 4.01), is expected to be triggered. Given that this is a follow on project, no new environmental assessment will be required.

2. Contact point

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