

AN ASSESSMENT OF THE FINANCIAL DEPENDENCY OF THE CARIBBEAN REGION'S RESPONSE TO HIV

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KEY QUESTIONS

- IS THERE FINANCIAL DEPENDENCY ASSOCIATED WITH THE REGION'S HIV RESPONSE?
- IF SO, WHAT IS THE EXTENT OF THIS DEPENDENCY
- WHAT ARE THE SUGGESTED RECOMMENDATIONS FOR ARRESTING THIS PROBLEMS

STUDY BACKGROUND AND APPROACH

- **METHODOLOGY**

- A Cross-sectional Analysis Drawing On Secondary Data
- Data Compiled From Country Programme Reports
 - National AIDS Spending Assessments
 - UNGASS And GARP Country Reports

- **LIMITATION**

- Incomplete Country Data
- Absent Of A Consistent Format For Presenting Country Data Which Allows For Summary Tables





ECONOMIC PROFILE

COUNTRY REVIEW

THE CARIBBEAN – WHO ARE WE?

- **SMALL, OPEN, VOLATILE, “MONOCROP” ECONOMIES**
 - **VULNERABLE TO EXTERNAL FORCES**
 - PRICES
 - ACTS OF GOD
 - EXTERNAL SUPPORT
 - **NOT HOMOGENOUS**
- **EXPERIENCING THE SIMILAR POPULATION TRANSITIONS AS THE WIDER GLOBAL COMMUNITY**
 - **DEMOGRAPHIC TRANSITION**
 - **EPIDEMIOLOGICAL TRANSITION**
- **CLASSIFIED AS MIDDLE (UPPER/LOWER) INCOME**

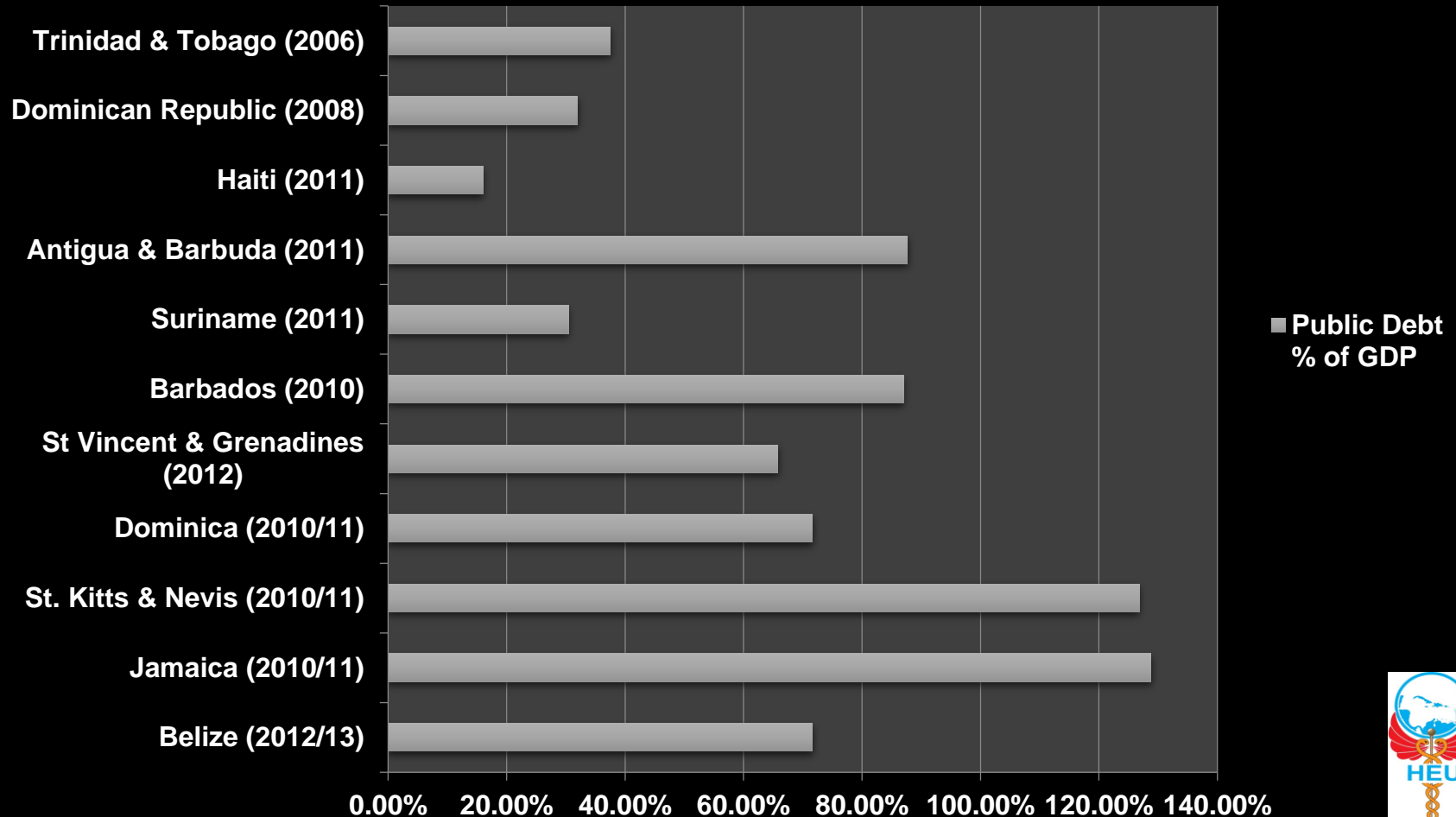
CARIBBEAN GDP GROWTH RATES 2010-2015 (PERCENTAGES)

	2010	2011	2012	2013	2014_a	2015_a
Caribbean	-0.6	1.7	0.7	1.1	2.0	2.5
Service Producers	1.9	1.4	-0.3	0.5	1.5	2.0
Goods Producers	3.0	2.6	3.5	3.0	3.4	3.7



ECONOMIC PROFILE

Public Debt % of GDP



ECONOMIC PROFILE

- PUBLIC DEBT IS A MAJOR CHALLENGE TO DEVELOPMENT IN THE CARIBBEAN
- DEBT > 50% GDP A PROBLEM
- SITUATION MODERATED SLIGHTLY IN 2013, BUT DEBT STILL CONSTRAINING GROWTH AND SHIFTING RESOURCES AWAY FROM DEVELOPMENT PROJECTS TO DEBT SERVICING
- “MIDDLE-INCOME” STATUS OF MOST CARIBBEAN COUNTRIES PREVENTS ACCESS TO CONCESSIONARY FINANCE



WORLD BANK CLASSIFICATION OF COUNTRIES BY GROSS NATIONAL INCOME PER CAPITA (2012 DATA)

Low Income (Less than US\$1006)	Lower Middle Income (US\$1006— US\$3976)	Upper Middle Income (US\$3977— US\$12275)	High Income (US\$12276 and above)
Haiti	Belize	Antigua	Bahamas
	Guyana	Dominica	Barbados
		Grenada	Trinidad and Tobago
		Jamaica	Bermuda
		St Kitts-Nevis	Curacao
		St Lucia	UK territories
		St Vincent	St Maarten
		Suriname	French territories





COUNTRY ASSESSMENT

DEPENDENCE ON EXTERNAL FUNDING FOR ART BY CARIBBEAN COUNTRIES, 2011/2012

	High	Medium	Low	No Dependence
	>75%-100% external funding of ARV	>20%-75% external funding of ARV	>5%-20% external funding of ARV	0%-5% external funding of ARV
Caribbean	Guyana, Haiti, Jamaica, Dominican Republic, Antigua and Barbuda, Dominica, Granada, St. Kitts and Nevis, St. Vincent and the Grenadines	Anguilla, Barbados Cuba, British Virgin Islands, Montserrat, St. Lucia		Belize, Bahamas, Trinidad and Tobago, Suriname

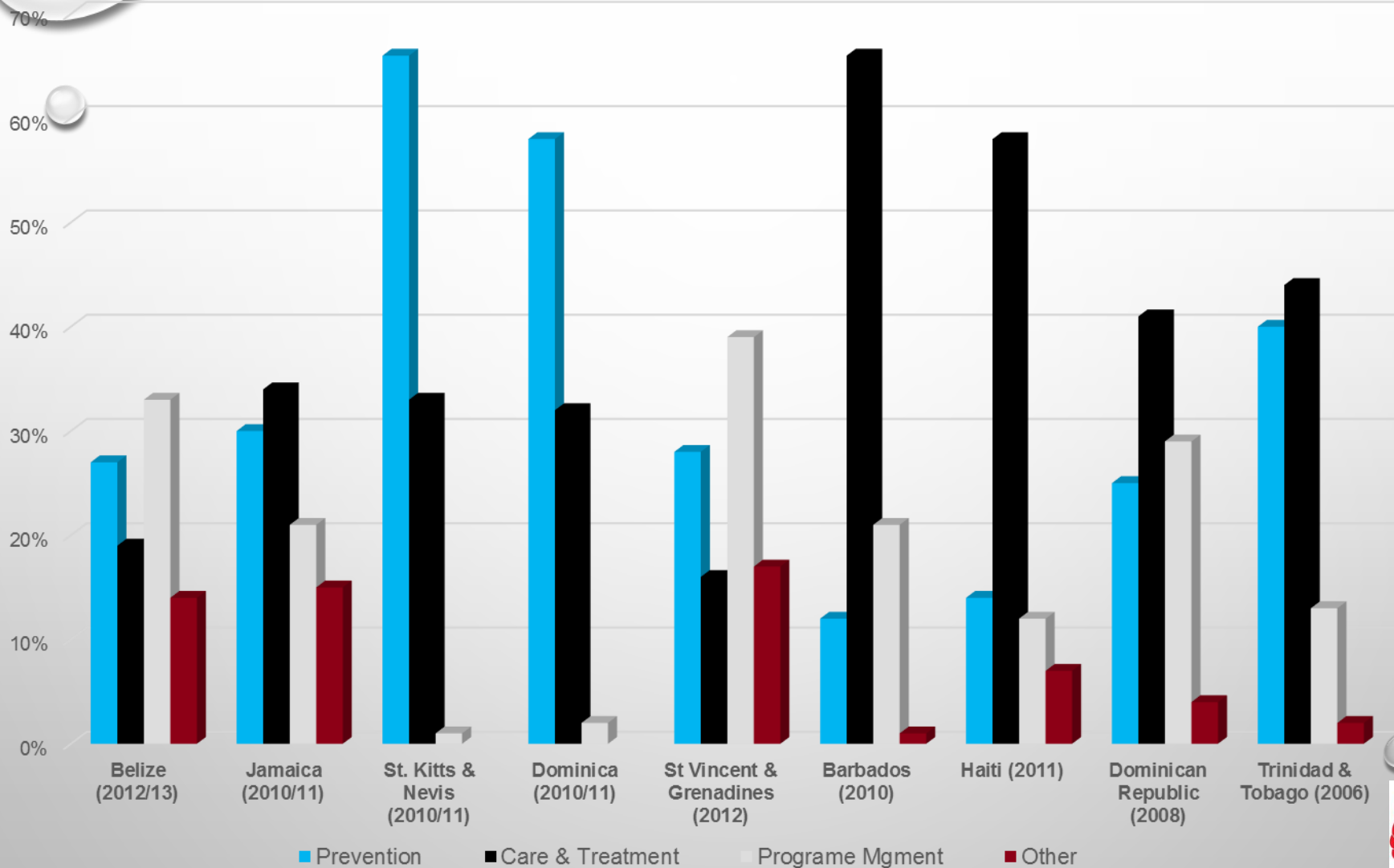


WHAT DO THE SPENDING & FUNDING PATTERNS SUGGEST?

HEALTH FINANCING IN THE CARIBBEAN

Country	Public	Private	External
Belize	29%	4%	66% (GF - 18%)
Jamaica	26%	1%	73% (GF - 61%)
St. Kitts & Nevis	64%	1%	27%
Dominica	56%	0%	44%
St Vincent & Grenadines	42%	2%	56%
Barbados	34%	0%	66% (WB - 62%)
Antigua & Barbuda	52%	2%	46% (USG - 29%)
Haiti	1%	0%	99% (Bi-lateral -67%)
Dominican Republic	26%	25%	49% (GF - 40%)
Trinidad & Tobago	91%	5%	4%
Grenada	10%	0%	90% (USG - 87%)
Average	39.2%	4.0%	56.3%

HIV SPENDING BY PROGRAMME AREA



WHAT DO THE SPENDING & FUNDING PATTERNS SUGGEST?

HIV SPENDING (TOTAL & PER CAPITA)

Country	HIV Spending per Capita (US\$)	HIV Spending per PLHIV (US\$)	HIV Spending (US\$)
Barbados (2010)	25.35	4514.4	6,997,287
Haiti (2011)	20.65	1336.0	200,405,393
Belize (2012/13)	17.09	1830.2	5,673,543
St Vincent & Grenadines (2012)	15.11	2202.1	1,466,612
St. Kitts & Nevis (2010/11)	12.24	1327.2	621,143
Trinidad & Tobago (2006)	11.56	990.78	13,870,967
Dominica (2010/11)	12.24	2765.3	718,988
Suriname (2011)	8.67	1168.6	4,674,508
Antigua & Barbuda (2011)	6.96	872.73	612,657
Jamaica (2010/11)	5.45	528.06	14,785,807
Dominican Republic (2008)	3.21	696.24	31,331,008

HIV SPENDING AS A % OF GDP AND TOTAL HEALTH EXPENDITURE (THE)

Country	HIV Spending as % GDP	HIV Spending As % THE
Belize (2012/13)	0.20%	4.52%
Jamaica (2010/11)	0.14%	1.40%
St. Kitts & Nevis (2010/11)	0.09%	1.40%
Dominica (2010/11)	0.15%	2%
St Vincent & Grenadines (2012)	0.24%	2.90%
Barbados (2010)	0.16%	1.75%
Suriname (2011)	0.11%	1.72%
Antigua & Barbuda (2011)	0.05%	0.66%
Haiti (2011)	2.95%	20.45%
Dominican Republic (2008)	0.07%	0.62%
Trinidad & Tobago (2006)	0.08%	0.84%
Grenada (2013)	0.11%	1.30%
Average with Haiti	0.385%	3.48%
Average without Haiti	0.129%	1.78%

PER CAPITA SPENDING VERSUS KEY INDICATORS

Country	HIV Spending per Capita	THE per Capita -2011	GDP per Capita
Belize	17.09	377.6	8,400
Jamaica	5.45	394.92	5,400
St. Kitts & Nevis	12.24	856	14,095
Dominica	10.12	403	6,597
St Vincent & Grenadines	15.11	519.12	6,316
Barbados	25.35	1449.13	15,756
Suriname	8.67	503.55	7,982
Antigua & Barbuda	6.96	1060.95	12,806
Haiti	20.65	100.97	700
Dominican Republic	3.21	521.23	4,671
Trinidad & Tobago	11.56	1370.33	15,307

KEY SUMMARY POINTS

- **HAVE COUNTRIES FOUND THEMSELVES DEPENDENT ON EXTERNAL FUNDING?**
 - YES
 - **KEY CAUSAL FACTORS**
 - **INTRINSIC**
 - Internal Dynamic In Countries (High Public Debt, Bottlenecks, Etc),
 - **EXTRINSIC**
 - Opportunity Provided By - An International Response To HIV Which Saw It As A Developmental Challenge
 - Hesitant On The Part Of Local Stakeholders To Assume Equal Responsibility In The Face Of Support (Opportunities)

KEY SUMMARY POINTS

- **EXTERNAL SOURCES REMAIN A KEY ASPECTS OF THE REGION'S RESPONSE**
 - USG, GF And WB Playing Key Roles
 - Funding Sources Cover All The Key Programmatic Areas
- **HIV SPENDING HOWEVER IS A MINISCULE PORTION OF THE REGION'S WEALTH**
- **HIV SPENDING REPRESENTS A SMALL PORTION OF TOTAL HEALTH EXPENDITURE PER CAPITA**
- **THE SPECIAL CIRCUMSTANCES OF HAITI MUST BE NOTED**



WAY FORWARD

•THE CASE OF HAITI

- New and/or Renewed Funding Sources Needed To Support Haiti
- Closer Engagement With Haiti & DR On All Aspects Of The Response

•REST OF THE CARIBBEAN

- A Look At Existing Health Financing Arrangements Required
 - Minimize OPP (Out Of Pocket Payments)
- Improve Utilization And Generation Of Revenue
- More Efficient Use Of Resources At Service Delivery Points
 - More Integrated Approach
 - Training Of Staff – Retooling
- Strengthening CSO's
- Continuous Measuring Of Resource Use And Costs



WAY FORWARD

•EXPLORE MORE PUBLIC PRIVATE PARTNERSHIPS

•SUSTAINABILITY

- Recognise The Importance Of Addressing The Social Determinants Which Impact On
 - Adherence
 - Accessing Treatment
 - Testing
 - New Infections
 - And Driven By Stigma
- The Importance Of Linking HIV Plans To National Health Plans To National Development Plans



THANK YOU
