# Initial Project Information Document (PID)

<table>
<thead>
<tr>
<th><strong>Project Name</strong></th>
<th>TRINIDAD AND TOBAGO-T&amp;T: HIV/AIDS Prevention and Control Project</th>
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<tr>
<td><strong>Region</strong></td>
<td>Latin America and Caribbean Region</td>
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<tr>
<td><strong>Sector</strong></td>
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<td><strong>Project ID</strong></td>
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<td><strong>Supplemental Project</strong></td>
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<td><strong>Implementing Agency</strong></td>
<td>MINISTRY OF HEALTH</td>
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<tr>
<td><strong>Address</strong></td>
<td>National AIDS Council/Ministry of Finance</td>
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<td></td>
<td>Address:</td>
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<tr>
<td></td>
<td>Contact Person: Michael Mendez, Director, Ministry of Finance</td>
</tr>
<tr>
<td></td>
<td>Tel: (868) 627-9700, ext. 3126</td>
</tr>
<tr>
<td></td>
<td>Fax: (869) 627-5631</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:mofcmu@tstt.net.tt">mofcmu@tstt.net.tt</a></td>
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<td><strong>Environment Category</strong></td>
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<td><strong>Date PID Prepared</strong></td>
<td>May 22, 2003</td>
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<td>May 22, 2003</td>
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<td><strong>Bank Approval Date</strong></td>
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## 1. Country and Sector Background

Trinidad and Tobago enjoys a relatively good health status based on evidence such as a low infant mortality rate of 14/1000 (1999), a crude birth rate of 14/1000 (1999) and a life expectancy at birth of 74 (1998). However, a maternal mortality rate of 90/100,000 is too high for a country of this income level. Overall, considering such factors as prevailing income and education levels, and investments that have been made in the sector, the health system in Trinidad and Tobago has performed relatively poorly compared to its potential according to the WHO World Health Report, 2000. Corrected for incomes, education and past investments made in the system, Trinidad and Tobago has realized a significantly lower level of its potential than Jamaica, Dominican Republic, Cuba and a number of smaller island states. In order to improve equity and social solidarity, the Government has started a Health Sector Reform Program, whose first phase is (1996-2002) aimed at strengthening policy-making, planning and management capacity, separating financing from provision of health care, and improving health sector regulatory role and the stewardship of the Ministry of Health (MOH). At the same time, it promoted the strengthening of the 4 regional authorities by devolving them the service delivery and management responsibilities, and setting them as independent statutory authorities, accountable to the MOH.

The MOH has reliable data trends of the epidemic, showing a relentless growth of HIV/AIDS cases in the last 15 years reaching a cumulative total of 18,000 cases (2000). These estimates exceed official epidemiological estimates by about 300%, showing a low level of performance on testing and diagnosis. Only 15% of diagnosed cases are receiving appropriate care, and 1.5 persons die daily because of AIDS.
This poor performance compounded with a most worrisome reversal in the decrease of mother-to-child transmission, which started to be recorded at 2.8% in 1990, went down dramatically, and rose again to 3% in 2000. Likewise, the ratio of HIV positive infections between men/women has been reversed in the age group 25-40, now being higher in women, possibly due to increased commercial sex and the increasing practice of older men having sex with younger girls. Teenage pregnancy is also high with an age-specific fertility rate of 46%, and STIs among adolescents is on the increase along with HIV incidence. Prevalence in the general population is 2.0 - 2.5%, which indicates a generalized epidemic.

The risk of economic and social loss attributable to the epidemic is enormous. It is estimated that in 2007, about 5% of Trinidad and Tobago’s achievable GDP could be foregone owing to lost savings (10.3%), investment (15.6%) labor supply (5.2) and employment (3.5-6.7% depending on the sector); accompanied by a rise of expenditures on Opportunistic Infections (OI) related to HIV/AIDS of about 25%.

The MOH and a number of national and international agencies have been active in addressing HIV/AIDS issues. The MOH, for example, has followed a National Aids Program since the late 1980s. Main activities of the many stakeholders include Information, Education and Communication (IEC), Voluntary Testing and Counseling (VTC), Mother-to-Child Transmission (MTCT) prevention, control of STIs, and blood bank safety and quality assurance. However, quality of care is a major problem as evidenced by the fact that laboratories in the country observe strict QA/QC requirements, and all District Health Facilities lack basic clinical laboratory facilities. This undermines the capacity of doctors to make differential diagnosis, reduces effectiveness in emergency care, increases unnecessary referrals and hinders a much needed expansion of HIV screening and diagnosis. In addition, care and treatment is now in the process of being improved in hospitals of Port of Spain. However, the program has serious limitations, especially related to laboratory services, organized routines and protocols for care and treatment, skills for managing HIV/AIDS patients, and broad surveillance systems. A pervasive fact has been the stigma attached to HIV/AIDS patients in all segments of society, including health workers. Advocacy to protect human and civil rights has been very weak, and multi-sectoral participation in a coordinated fashion to deal with this issue is limited. National leadership to achieve inter-sectoral participation and action is also required.

2. Objectives

The present project is designed to contribute to the achievement of the following strategic goals that the Government of Trinidad and Tobago (GOTT), has set through the National HIV/AIDS Task Force: (a) to reduce the incidence of HIV infections; and (b) to mitigate the negative impact of HIV/AIDS on persons infected and affected in Trinidad and Tobago.

3. Rationale for Bank’s Involvement

Through its participation, the Bank would re-enforce the GOTT adoption of institutional arrangements for sustaining the HIV/AIDS prevention and control program, and would provide necessary incremental resources to invest in this development. It would also re-enforce GOTT’s policy to introduce universal ART by assisting it to establish conditions for a successful project. The Bank would also strengthen the partnerships that GOTT has and is building with PAHO/CAREC, UNAIDS, and in the dialogue with suppliers of ARV drugs.
4. Description
The activities for project support have been selected from discussions with the GOTT, NGOs and other stakeholders and grouped into the 5 components, based on the priority areas contemplated in the Five-Year National HIV/AIDS Strategic Plan (2003-2007). The priority areas are: (a) Prevention: curb the spread of new HIV infections; (b) Treatment, Care and Support: reduce the morbidity and mortality attributed to HIV/AIDS; (c) Advocacy and Human Rights: increase the quality of life of People Living with AIDS (PLWAs); and (d) Surveillance, Research and Management: build sustainable institutional capacity for managing HIV/AIDS prevention and control activities for the longer term.

COMPONENT 1: PREVENTION OF THE SPREAD of HIV/AIDS (US$8.06 MILLION)
Component 1 will prevent the spread of the epidemic through the following activities: a) promotion of behavior change through the design and implementation of a Communications Program to intensify HIV/AIDS education and awareness programs, using multiple communication channels to target messages to different audiences; b) improve availability and accessibility of condoms; support the continuation and expansion nationwide of the MTCT Prevention Program under implementation by the MOH; d) support a national voluntary testing and counseling (VTC) Program using the network of public health facilities strategically located throughout the country; e) diagnosis, treatment and counseling of STIs would be provided throughout the primary health care network; f) support training and improve practices for the management of bio-medical wastes; and g) improvement in blood bank and transfusion services.

COMPONENT 2: TREATMENT, CARE AND SUPPORT (US$11.13 MILLION)
A key element for establishing treatment, care and support for HIV/AIDS patients, is an appropriate health network, both public and private. The project would finance the installation capacity for HIV testing in selected health centers, as well as in all Enhanced Health Centers and District Health Centers (DHC). General hospitals in Port of Spain (Northwest Region), San Fernando (South West Region), Sangre Grande (Eastern Region), and Scarborough (Tobago Region) would also be supported by the project financing to install lab equipment and staffing for diagnostic and confirmatory HIV testing, as well as CD4 testing. The project would finance the construction of a new building for the National Public Health Laboratory in a neighbouring site, and would complement the required equipment to ensure appropriate performance of the public health laboratory functions. It would also finance the training of a medical epidemiologist overseas. Rapid confirmation testing and PCR would also be financed as well as the best alternative between leasing Viral Load equipment by the National Health Laboratory or contracting with CAREC or other overseas facilities for the supply of required Viral Load testing services.

COMPONENT 3: ADVOCACY AND HUMAN RIGHTS (US $0.45 million)
The project would support enactment of anti-discriminatory legislation in the workplace and human rights education in the wider community of the Caribbean, and inclusion of HIV/AIDS in the Equal Opportunity Act that protects all citizens. A dedicated HIV/AIDS desk at the Ombudsman’s office and the publication of human rights (HR) abuses in the media will be encouraged in order to monitor such abuses and provide an avenue for redress.

COMPONENT 4: SURVEILLANCE AND RESEARCH (US$2.52 million)
The project would support the implementation of standardized protocols for behavioral ("second generation") and biological surveillance with the assistance of CAREC and MRF. These institutions
would also assist the MOH in providing technical support towards the strengthening of the STI/HIV/AIDS surveillance system and execution of surveys. Integrity and confidentiality of the electronic medical records would be ensured with encrypting technology.

**COMPONENT 5: PROGRAM MANAGEMENT, COORDINATION AND EVALUATION (US$2.59 million including US$ 450,000 unallocated)**

The project would support the establishment and initial operations of a sustainable institutional structure and management team that would allow the country to effectively control and prevent the spread of HIV/AIDS, and care for PLWAs over the long term. This would be accomplished by providing the necessary leadership, technical advisory services, staffing, goods, and general operating costs of the participating institutions and community organizations, including NGOs.

5. **Financing**

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<th>Source</th>
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<td>BORROWER</td>
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<td><strong>Total Project Cost</strong></td>
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6. **Implementation**

The project would be implemented through an institutional and management structure that would permit the widest participation of stakeholder, NGO and community groups and that would elevate public accountability for results. To accomplish the project’s objectives, the GOTT has approved the formation of a National AIDS Multi-sectoral Coordination Committee (NACC), under the Office of the Prime Minister, which would include the participation of major HIV/AIDS stakeholder groups, such as representatives of relevant public and private institutions, NGOs, PLWAs, health care providers, civil society advocates, and international agencies working on the field (such as CAREC/PAHO/WHO, UNAIDS, UNDP).

This structure would also recognize the differences in the unique social and cultural differences between Trinidad and Tobago, and the opportunities this presents confronting the epidemic in these two islands.

7. **Sustainability**

Initiatives begun under the project are expected to become sustainable through the development of institutional arrangements that are light, flexible, and financially supportable (the NACC and PCU/Secretariat); and project activities would become progressively mainstreamed into the public sector with budgetary space created for them. Incremental recurrent costs of the program, including the provision of ARV drugs, are estimated at about US$2.5 million per year, representing a small fraction of the overall GOTT annual budget of US$1.6 billion.

8. **Lessons learned from past operations in the country/sector**

The project adapts design features that underpin the Multi-Country HIV/AIDS Prevention and Control Program, and have been successful in other countries. These include the following:

- Demonstrating a high level of Government commitment and providing clear national leadership for a program;
- Building collaboration networks with NGOs and community groups as a complement to public sector agencies;
• Deconcentrating the initiatives for efforts to address the epidemic;
• Including the focus on treatment and care as a continuum in the program;
• Providing focus on behavior change of specific groups practicing risky life-styles as a key element of prevention and control; and
• Adopting implementation measures that provide flexibility and responsiveness to the epidemic as it evolves.

The proposed project also adapts lessons from the previous experience with the National Task Force and AIDS Program, in that it would create an advisory body – the NACC – with direct involvement in project implementation and would be reporting to the Cabinet to ensure a stronger institutional structure. Second, the project is being driven by pre-identified monitorable goals with financial resources allocated through Ministries to achieve them. Third, management of the HIV/AIDS activities is being assigned to dedicated persons both within agencies (focal points) and within the new Secretariat to the NACC, which brings managerial accountability. Finally, the implementation of the project would be on the basis of annual work plans, and on a contracted services basis, to allow for maximum flexibility and adaptability of successful experience in the project during its implementation period.

9. Environment Aspects (including any public consultation)
   Issues : Category B. See Annex on Environmental aspects.

10. List of factual technical documents:

11. Contact Point:

   Task Manager
   Patricio V. Marquez
   The World Bank
   1818 H Street, NW
   Washington D.C. 20433
   Telephone: (202) 473-0163
   Fax: (202) 522-1201

12. For information on other project related documents contact:

   The InfoShop
   The World Bank
   1818 H Street, NW
   Washington, D.C. 20433
   Telephone: (202) 458-5454
   Fax: (202) 522-1500
   Web: http://www.worldbank.org/infoshop

   Note: This is information on an evolving project. Certain components may not be necessarily included in the final project.

Tables, Charts, Graphs:

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