

## **National HIV AIDS Commission**

Since its establishment in 2001, the Barbados National HIV/AIDS Commission (NHAC) has remained ever vigilant in executing its mandate of creating and strengthening partnerships which in turn foster an expanded response to HIV across all sectors.

This vision of the Prime Minister to move the coordination of the National AIDS Programme (NAP) from the Ministry of Health to the Prime Minister's Office and the establishment of the NHAC in 2001, was a signal that AIDS was no longer been seen as primarily a health issue but one which affected national development.

No longer should the national response to HIV be medical in orientation but social, economic, cultural and legal. No longer was HIV to be regarded as the sole purview of the Health Ministry but of each and every Barbadian working towards the sustainable development of our nation. Essentially gone were the days where the national strategic partners did their own thing. The national multi-sectoral expanded response was born.

These partnerships saw the training of HIV coordinators and educators in all government ministries and over time connecting and sensitising government, the private sector, and civil society about the shared responsibility of mitigating the impact of this epidemic on our population.

The NHAC was now the flagship of the NAP and faced the daunting task of harmonising the various micro-level responses. This difficulty was further compounded by the diversity of programming, agency territoriality, limited knowledge and understanding of HIV and AIDS and a dearth of funds with which to implement programmes.

The successful harmonisation of partners within the NAP was achieved in a very systematic way: the formation of a coordinating body representing government, private sector and civil society including a member of the persons living with HIV (PLHIV) community; development of a tiered approach to national involvement of partners; sensitisation of in excess of 75% of government employees about HIV and related issues; initially working with eight (8) ministries to develop and strengthen their ministry-level AIDS Programmes and develop programme monitoring tools and an monitoring and evaluation plan, with the gradual extension of the programme to all Ministries; ongoing training in programme planning, implementation, monitoring and evaluation to build capacity to enable strategic partners to engage in programming activities; and monthly HIV Coordinators' meetings which create a forum for idea and information sharing, programme planning and coordination, problem resolution and general NAP feedback.

### **NHAC notable milestones**

Much has been achieved by the Commission since its inception. The most recent, being the 2007 – Cricket World Cup HIV Prevention Mass Media Campaign. The objectives of this intensive programme was to remind persons participating in cricketing events that they should behave responsibly by using condoms every time they engaged in sexual activities and to communicate the message that anyone could be infected, and that everyone should seek to and could protect themselves.

It was clear from the results that the campaign achieved most of the stated aims and objectives. Among the notable achievements was the fact that a significant number of the

respondents indicated that they made changes to their lifestyle as a direct result of the messages emanating from the campaign.

The Commission remains fully involved in all aspects of HIV awareness in Barbados and has been coordinating a HIV sensitisation programme for public service, carrying out capacity building of government, private sector and civil society partners in: programme management; behaviour change communication; and monitoring and evaluation. There has also been the formation of active sub-committees of the Commission in the following areas: abstinence, youth, research, prevention and faith-based. Sports persons and entertainers have also been mobilized to form the Sports Champions and Entertainment Champions respectively.

To date, the Commission continues to execute a vibrant HIV Coordinators and Focal Point partnership forum as epitomised by the monthly coordinators' meetings; inter-agency collaborations and involvement of government, private sector and civil society. Through this partnership the Commission has been able to develop an Monitoring and Evaluation Framework and Behaviour Change Communication Strategy with major input from all stakeholders.

### **Universal Access: Engaging our Civil Society Partners**

Universal access (UA) is certainly not a new initiative merely a new approach to ensuring all persons in need have access to treatment. However, this process of Anti Retro Viral provision should not occur in isolation, instead the push was for the scaling up towards universal access to prevention, treatment, care and support services. In Barbados, this is especially important given the country's size and extreme resource limitations.

Experience has taught the National HIV/AIDS Programme that standard mobilisation efforts will capture government and private sector partners. Conversely, engaging civil society partners is neither easy nor is it straightforward. Unanimous agreement that our civil society partners must be fully involved, started with inviting them to the three-day Universal Access Consultation held from January 31 – February 2, 2006 and ensuring they were active participants in formulating targets for attaining universal access by 2010.

Subsequent meetings to refine the targets did not preclude civil society involvement. These meetings have been interspersed with UA-related capacity building activities.

Assured of the commitment of its government and private sector partners, the National HIV/AIDS Commission (NHAC) hosted a special consultation on UA for its civil society partners on July 16, 2007 at the Blue Horizon Hotel. What was unique about the consultation was the movement away from a mere sharing of ideas to orienting our partners on the nuances of UA and encouraging discussion and interventions to clarify any pressing concerns or issues. The highlight of the consultation was the review of the UA targets by our partners and their willing commitment to work alongside other partners to realise the goal of universal access to prevention, treatment, care and support by 2010.

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