

TAC REPORT 2006

2nd General Meeting of the Technical
Advisory Committee on HIV/STI
Pan American Health Organization

(Brasilia, Brazil, January 16-19, 2006)



**Pan American
Health
Organization**



*Regional Office of the
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Content

INTRODUCTION	4
BACKGROUND	6
OPENING CEREMONY	7
PROGRESS REPORT ON THE “3 BY 5 INITIATIVE”	10
DEVELOPING A COMMON UNDERSTANDING OF THE REGIONAL HIV/STI PLAN FOR THE HEALTH SECTOR 2006-2015	14
PRESENTATION OF THE REGIONAL PLAN	14
COUNTRY PERSPECTIVE	15
PERSPECTIVE OF A PERSON WITH HIV	15
SIMULTANEOUS WORKING GROUPS ON THE CRITICAL LINES OF ACTION IN THE REGIONAL PLAN	17
Working group for critical line of action 1: Strengthening health sector leadership and stewardship and fostering the engagement of civil society	17
Working group for critical line of action 2: Designing and implementing effective, sustainable HIV/AIDS/STI programs, and building human resources capacity	18
Working group for critical line of action 3: Strengthening, expanding, and reorienting health systems	19
Working group for critical line of action 4: Improving access to medicines, diagnostics, and other commodities	19
Working group for critical line of action 5: Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination	20
CONCRETE INITIAL STEPS TOWARDS THE ROLL OUT OF THE REGIONAL PLAN	21
Roll out of the Plan at the country level	22
Roll out of the Plan at the subregional level	23
Roll out of the Plan at the regional level	23
GROUP VISITS TO HIV/STI PROGRAM SITES IN BRASILIA	24
CTA Rodoviária	24
UNIMISTA Day Hospital	24
Grupo Estruturação	24
University of Brasília—Multilateral Cooperation Center for Education and Health	24
University of Brasília—University Hospital “Com Vivencia”	25

EXAMPLES OF BRAZIL’S CAMPAIGNS ON HIV/AIDS PREVENTION AND TREATMENT	25
PARTNERS’CONTRIBUTIONS TO THE IMPLEMENTATION OF THE REGIONAL PLAN	26
Panel 1: Contributions of Civil Society	26
Panel 2: Contribution of the TAC and TAC members.....	27
Panel 3: Contribution of the Development Partners	28
JOINT TAC/GCTH AFTERNOON MEETING	31
SECOND MEETING OF THE PAHO TECHNICAL ADVISORY COMMITTEE ON HIV/STI	33
EMERGING ISSUES FROM PAHO, SUB-REGIONAL, AND COUNTRY STAFF	34
SUGGESTIONS FOR THE 2007 MEETING	35
CONCLUSION	36
ANNEXES	37
ANNEX 1 List of participants	38
ANNEX 2 Meeting Agenda.....	54
ANNEX 3 Summary of meeting evaluations.....	59
ANNEX 4 Subregional mechanisms identified in working groups for involvement in the roll out of the Regional HIV/STI Plan for the Health Sector 2006- 2015.....	61
ANNEX 5 Recommendations of PAHO’s Technical Advisory Committee on HIV/STI.....	62

Introduction

HIV has become a major threat to health in the countries of the Americas. The numbers of people who are HIV positive and the number of people dying of AIDS have increased significantly in recent years, and are projected to continue increasing in the coming decade. In Latin America the epidemic remains concentrated in vulnerable populations such as youth, men who have sex with men, injecting drug users, commercial sex workers and migrants. In the Caribbean, with the second highest prevalence rates in the world, a generalized epidemic prevails in most countries. This means that women are becoming increasingly affected, having a devastating effect for the quality of life of individuals affected as well as their families and communities.

In 2003, WHO launched the “3 by 5” Initiative, a worldwide effort fully embraced by PAHO to provide three million people with antiretroviral treatment (ART) by the end of 2005. Ultimately this initiative aimed for universal access to ART for those in need of care. The 3 by 5 Initiative also coincided with and was reinforced by the Nuevo Leon Declaration emerging from the 2004 Summit of the Americas, which established the target of treating 600,000 in the Region of the Americas. The 3 by 5 Initiative also took into account two 2004 PAHO Directing Council resolutions: (1) Scaling up treatment within a comprehensive response to HIV/AIDS and (2) Access to medicines.¹ The resolutions urged both Member States and the PAHO Secretariat to intensify actions on these fronts, expanding prevention and treatment programs, prioritizing access to ART, and collaborating with key partners.

¹ 45th Directing Council Resolutions CD45.R10 and CD45.R7

Taking advantage of the valuable experiences contributed by other PAHO programmatic units, such as the Expanded Program of Immunization, PAHO created in 2004 a Technical Advisory Committee (TAC) to guide the efforts to achieve the goals of the “3 by 5 Initiative” with the ultimate aim of providing universal access to both prevention and treatment of HIV. The TAC is composed of 10 technical experts, including representatives of organizations of people with HIV and civil society, which meet officially once a year to review PAHO’s plans and programs, monitor progress achieved and make concrete recommendations for further action.

The first TAC meeting was held in Santo Domingo, Dominican Republic, January 22-24, 2005 and developed a series of recommendations which have helped guide PAHO’s HIV/AIDS efforts in the Region. (See Annex 5)

During 2005, member countries, PAHO and its partners implemented actions to achieve the “3 by 5” targets. The operational strategy for implementing 3 by 5 in the Region focused on three main areas: (1) intensifying support to countries, (2) scaling up PAHO/WHO’s response at regional and sub-regional levels, and (3) mainstreaming HIV within PAHO/WHO. In December 2005, 680,000 people in the Americas² were reported under ARV treatment. Of these, close to 46% were in Latin America and the Caribbean.

All countries of the Americas committed to the UNGASS accords and the UN Millennium Declaration’s Goal 6 to reduce the prevalence and incidence of HIV/AIDS. In order to fulfill these goals and in response to PAHO’s Directing Council, PAHO’s Secretariat in tandem with the countries, international agencies, NGOs representing civil society and some members of the TAC, developed in September 2005 the **Regional HIV/STI Plan for the Health Sector 2006-2015** (Regional Plan) as a tool to assist the health sector to more effectively respond to the HIV epidemic and to prevent and control STI. The Plan focuses on achieving universal access to comprehensive care, including prevention, care and treatment in an integrated manner.

² Total is likely low due to not all countries reporting. Numbers of people under treatment in the US and Canada are from March 05 and July 04 respectively, and numbers from several Latin American and Caribbean countries date to March or May 05.

Background

It is with this backdrop, and as part of the Pan American Health Organization's regional level response to HIV in the Americas, that the HIV/AIDS Unit of the Family and Community Health Area held the second meeting of the Technical Advisory Committee (TAC), combined with the annual meeting of National AIDS Program Coordinators, bilateral partners, and PAHO HIV/STI staff, in Brasilia, Brazil, from January 16th to 19th, 2006. This meeting provided an opportunity, for the second year in a row, to exchange information between countries, to share regional and sub-regional perspectives on the response to the epidemic, and for the team of experts comprising the TAC to learn more about progress and challenges in countries and to make recommendations.

This document contains the Agenda and list of participants of this important regional meeting, synthesizes the various presentations, summarizes the results of the group discussions, provides the recommendations of Second TAC meeting and includes the participants' evaluation of the event. The full text of the power point presentations, documents presented and TAC recommendations are available at http://www.paho.org/English/AD/FCH/AI/TAC_2006.htm.

The general objectives of this meeting were as follows:

1. Review progress on the "3x5" in the Americas.
2. Exchange experiences on progress and challenges in countries with an emphasis on the integration of HIV/STI prevention and care in health services.
3. Develop a common understanding of the PAHO Regional HIV/STI Plan for the Health Sector 2006-2015 (Regional Plan), links with existing National HIV/AIDS Plans, and roles/collaboration of different stakeholders.
4. Define steps for the roll out of the Regional Plan at regional, sub-regional and country levels.
5. Review progress on TAC 2005 recommendations, revise *modus operandi* of the TAC and make recommendations for 2006.

Attending the meeting were representatives from National AIDS Programs from 35 countries in the Region, UN agencies and bilateral partners, and civil society organizations. Nine of the ten TAC members were in attendance, including two new members as of 2006, and PAHO HIV/STI staff from country and regional offices. A full list of participants and invitees unable to attend is included in Annex 1.

The four-day conference began with the annual meeting of National AIDS Program Coordinators, bilateral partners, and PAHO HIV/AIDS staff which took place during days 1-3. Though TAC members were present throughout, day 4 was reserved for the TAC to meet internally and with PAHO staff. The conference coincided with a 5 day meeting of the Horizontal Technical Cooperation Group meeting on Universal Access, convened by UNAIDS, WHO/PAHO and other partners also in Brasilia. As some attendees were present for both meetings, a joint closure was held on January 18th.

Opening Ceremony

Presenters:

Dr. Horacio Toro, PAHO/WHO Representative in Brazil
Dr. Mercedes Weissenbacher, TAC Co-Chair
Dr. Antonio Gerbase, Regional Responsible Officer, WHO
Dr. Carissa Etienne, Assistant Director, PAHO
Dr. Jarbas Barbosa, Secretary of Health Surveillance, Ministry of Health Brazil
Dr. Mariângela Simão, National AIDS Program, Brazil
Dr. Carol Vlassoff, Chief, HIV/AIDS Unit, PAHO

Horacio Toro gave the welcoming remarks, discussing expectations for the meeting and highlighting the need for clear national policies, quality services that humanize care and address the needs of people with HIV and their families, and early and safe diagnosis. He emphasized the need to achieve the greatest possible impact with the funding available in the Region and the positive role of the TAC in helping PAHO work with countries to generate an effective and efficient response to HIV.

Following the welcoming remarks, Mercedes Weissenbacher, chair of the session, introduced the two new TAC members present: Elsa Palou and Alberto Nieves Alberti. Elsa Palou is a medical doctor and university professor from Honduras who founded and currently runs a center for HIV care in Tegucigalpa. Alberto Nieves is an advocate and representative for people with HIV/AIDS in Venezuela. He is currently Executive Director of the NGO Acción Ciudadana Contra el Sida. All members of the Technical Advisory Committee were then introduced:

- ✚ **Dr. Paul Farmer** (Chair), Executive Vice President of Partners in Health and member of the Infection Diseases and Social Change Program, Harvard University, USA.
- ✚ **Dr. Mercedes Weissenbacher** (Co-Chair), Lead Researcher for the National Council on Scientific and Technical Research (CONICET), Microbiology Dept, Faculty of Medicine, University of Buenos Aires, Argentina
- ✚ **Dr. Rosa Maria Alfaro Moreno**, Director, Calandria Association of Communicators, Peru
- ✚ **Dr. Brendan Bain**, Professor and Author, University of the West Indies, Jamaica
- ✚ **Dr. Euclides Castilho**, Department Head in Preventive Medicine, São Paulo University, Brazil
- ✚ **Dr. Jane Galvão**, Senior Program Officer HIV/STI/AIDS, International Planned Parenthood Federation Western Hemisphere Region, USA
- ✚ **Mr. Alberto Nieves Alberti**, Activist and Executive Director, Acción Ciudadana Contra el Sida (ACCSI), Venezuela
- ✚ **Dr. Elsa Palou**, Chief, Infectious Disease Center, National Institute of Tórax, Honduras
- ✚ **Dr. Silvia Panebianco Labbé**, Human Rights Coordinator, MEXSIDA, Civilian HIV/AIDS Observation and Surveillance Technical Committee, Mexico
- ✚ **Dr. Richard Stern** (unable to attend), Director of the Human Rights Association Agua Buena, Costa Rica

Antonio Gerbase of WHO spoke next and reiterated WHO headquarters' support to the Region of the Americas. He emphasized the importance of local level action and the benefits of PAHO's decentralization of staff to countries. Carissa Etienne then identified specific achievements made in the Region since the 2005 TAC meeting, including increased ARV coverage in many countries and expanded technical support from

PAHO, as well as the challenges that lie ahead. Dr. Etienne also discussed the new Regional HIV/STI Plan for the Health Sector 2006-2015, published by PAHO in 2005. She thanked the many stakeholders in countries who contributed to the development of the Regional Plan and cited the effort as a key step toward achieving universal access and meeting Goal 6 of the United Nations Millennium Declaration by the year 2015.

The meeting's keynote address was given by Jarbas Barbosa, Brazil's Secretary of Health Surveillance, on behalf of the Ministry of Health of Brazil. The address acknowledged the commitment of Ministries of the Health and civil society organizations in the Region and their contribution to the achievement of the goal set at the 2004 Summit of the Americas,³ but laid out challenges in the areas of access and drug prices that must be overcome in order to reach universal access in all countries. Citing public health successes in the areas of polio and measles eradication, Dr. Barbosa spoke optimistically about the potential in the Region to advance the response to HIV.

Mariângela Simão of Brazil's National AIDS Program gave a presentation on the status of the HIV epidemic in the country and an overview of the ongoing response. In Brazil, the number of accumulated AIDS cases in June 2004 was 362,364, and the number of people with HIV was approximately 600,000. The epidemic is currently stabilizing though increasingly affecting the general population, as well as "interiorizing" – becoming more present in the interior of the country. Features of the Brazilian response include longstanding political will and investment, a human rights-based framework in the constitution, and the participation of civil society as well as multiple sectors.

Brazil's approach to prevention focuses on condom use and sexual education programs in schools. As a result of prevention strategies, rates of condom use among sexually active young people as well as adults are as high as 67% with casual partners. Harm reduction strategies also are part of the country's prevention plan. National laws in Brazil have supported universal access to treatment since 1996, and the country is currently producing many of the ARV medications distributed through the public health system. A new monitoring and evaluation framework developed with the Centre for Disease Control and Prevention (CDC) is currently being implemented in the country. Brazil is engaged in

³ National leaders at the 2004 Summit of the Americas in Nuevo Leon, Mexico set the goal to treat 600,000 people in the Region with ART by the 2005 Summit of the Americas; the goal was met and exceeded (683,.

South-South Cooperation with countries in the Region and elsewhere in the world, and has partnered with many UN agencies and other development agencies.

Carol Vlassoff of PAHO gave an overview of the conference schedule, as well as the meeting's objectives and expected outcomes including an organizational overview of the conference and focal points for dialogue. A question and answer period following the opening ceremony included a discussion of discrimination in Brazil, its impact on universal access, and Brazil's work with NGOs and civil society to alleviate this problem.

Progress report on the "3 by 5 Initiative"

Presenters:

Dr. Antonio Gerbase, Regional Responsible Officer, WHO

Dr. Amalia Del Riego, Project Manager, PAHO

Dr. Marco Urquía, National AIDS Program, Honduras

Dr. Shanti Singh, National AIDS Program, Guyana

Ms. Amrita Paul, CIDA, Canada

Remarks from WHO on 3 x 5 initiative

Antonio Gerbase opened with several remarks regarding the development of the 3 by 5 Initiative. Three by Five marked a change in global initiatives by stating not only what should be done, but how and when targets were to be met. Though the global target 3 million people by 2005 was not reached, ART access increased significantly. Europe and the Americas were the two regions of the world that achieved the stated goals. The Andean subregion in particular has seen extraordinary progress. Globally, there was an impact on advocacy at all levels and the Initiative motivated further steps to be taken. Priorities for the future include further decentralization of services; integration of prevention in care and treatment; utilization of current, relevant, evidence-based policies; and the mobilization of funding.

Presentation of the 3x5 regional report

An overview of the development of 3 by 5 in the Americas was presented by Amalia Del Riego, coordinator of the Initiative in the Region. Three by Five in the Americas was modified somewhat from the global initiative to include prevention as well as treatment. Five strategic orientations were developed specifically for the Region, based on the WHO's five pillars:

1. Political commitment and leadership, partnerships, and community mobilization.
2. Health systems/services strengthening, including the adaptation and application of appropriate tools.
3. Effective, reliable supply of medicines, diagnostics, and other commodities.
4. Links with health promotion and prevention of STIs and HIV/AIDS within health services.
5. Strategic information and dissemination of lessons learned.

PAHO's implementation of 3 by 5 was country-focused, and included direct funding to countries as well as additional support through added staff in countries and at subregional levels. Over 30 countries in the Region developed 3 by 5 work plans describing activities by strategic orientation.

Dr. Del Riego presented examples of country level planning efforts, interventions, and capacity building efforts that were supported by 3 by 5. Dr. Del Riego gave an overview of the state of prevention and treatment in the Region, including PMTCT and condom use coverage, ARV pricing, and ART coverage overall and by sex. Information was given on when the 3 by 5 Regional Report would be published. The continuation of 3 by 5-related efforts in the Region was linked to the roll out of the Regional HIV/STI Plan for the Health Sector 2006-2015.

Country perspective

The achievements of the 3 by 5 Initiative in **Honduras** were presented by Marco Urquía. Numbers of AIDS cases in Honduras declined markedly from a peak in the late 1990s of over 14,000 to under 100 in 2005. The majority of AIDS cases in the country have occurred among those aged 20-40 years. The overall objective of 3 by 5 in Honduras was to reduce social inequalities through the development of effective and equitable health systems, and the specific objectives were based on the five strategic orientations. Expected results included the establishment of a community care strategy, creation of an emergency fund for medicines, development of a training program for health providers, and improved coordination between laboratories for the study of ARV resistance.

The 3 x 5 efforts achieved gains on many fronts. Fourteen community networks were organized in areas where care to people with HIV is provided, and studies were undertaken to assess the feasibility of new centers for integrated care (CAI). Improvements to CAI establishments included equipment upgrades and improved monitoring and evaluation. Health professionals were trained on integrated care and to reduce stigma and discrimination. In addition, laboratory networks were strengthened to improve the supply of reactive agents. Limitations to implementing the 3 by 5 Initiative in Honduras included delays in the disbursement of funds leading to a reduced time period for the project, and complications related to climate conditions and flooding in the northern part of the country.

Guyana's experience with 3 by 5 was presented by Shanti Singh. The HIV/AIDS prevalence rate among adults in Guyana is 2.5 and is the third highest in the Region, after Haiti and the Bahamas. The country is advancing as more resources become available. Treatment with ARV began in 2002, and 8 treatment sites currently operate in the country. A target of 1000 people on ART was set for 3 by 5, and at the end of 2005, 986 people were on treatment. There is a high level of political support for fighting HIV in Guyana and the country has universal access to treatment. Financial contributors include the Global Fund, the World Bank, and PEPFAR. The presence of a 3 by 5 officer in Guyana as well as close collaboration between the Ministry of Health (MoH), PAHO/WHO, and other partners helped to facilitate 3 by 5 efforts.

Highlights of the Initiative in Guyana included supporting the development of a new 5-year National Strategic Plan for HIV/AIDS, the revision of ARV guidelines, and a new strategy for monitoring and evaluation. In addition, health workers were trained, a new national STI strategy was developed, and resources were mobilized to fill existing gaps. Implementation of 3 by 5 in Guyana involved multiple partners, increasing the level of collaboration between government sectors, NGOs, and UN agencies.

Development partner perspective

Amrita Paul of the Canadian International Development Agency (CIDA) stated that HIV/AIDS is a priority at both the national and international levels and in this regard, CIDA continues to support initiatives related to HIV/AIDS. CIDA will continue to support PAHO with its prevention, care, and treatment efforts and will ensure that all vulnerable groups are targeted. Ms. Paul emphasized that systems for HIV/AIDS are linked to those of sexual and reproductive health, primary care and blood borne pathogens. She announced that Canada will be hosting the next International HIV/AIDS Conference in Toronto and hopes that all will attend in order to share their experiences and lessons learned.

Developing a Common Understanding of the Regional HIV/STI Plan for the Health Sector 2006-2015

Presenters:

Dr. Carol Vlassoff, Chief, HIV/AIDS Unit, PAHO

Dr. Pearl D. McMillan, Ministry of Health, Bahamas

Mr. Rodrigo Pascal, HIV/AIDS Activist, Chile

Dr. Mariângela Simão, National AIDS Program, Brazil

Presentation of the Regional Plan

The background, development, and goals of PAHO's Regional HIV/STI Plan for the Health Sector 2006-2015 were presented by Carol Vlassoff. The Regional Plan was developed at the request of PAHO's Directing Council and in collaboration with Ministries of Health, National AIDS Programs, development partners, and representatives from civil society including people with HIV. Its purpose is to put the Three Ones into effect and help governments maximize resources and mobilize support. The Regional Plan specifically outlines the health sector response to HIV, which is only one part of an overall response that includes the financial sector, education, development, and other sectors.

The overall objective of the Plan is to halt and begin to reverse the spread of HIV/AIDS as well as STIs in the Region by providing a vision of attainment of universal access to prevention, care, and treatment, in line with Goal 6 of the UN Millennium Declaration and the UN Universal Access Initiative. The Plan contains five critical lines of action to be addressed in countries as well as PAHO's commitments at the regional and subregional levels. The Plan may be used by countries to guide long-term planning or update existing plans as needed. PAHO's role in supporting countries with the Plan's implementation involves advocacy, technical cooperation, and monitoring and evaluation.

Country perspective

Pearl McMillan presented a country perspective from **the Bahamas** on the Regional HIV/STI Plan for the Health Sector 2006-2015. In the Bahamas, estimated adult prevalence of HIV is 3%. The epidemic is primarily heterosexual and the male to female ratio is close to even. As of September 2005, there were over 10,000 HIV infections and over 5,000 AIDS cases. The HIV/AIDS program is a national priority in the Bahamas, and the national response includes blood screening, a PMTCT program, and the provision of ART to all infected pregnant women and children regardless of legal status. The Bahamas has been successful in developing regional and international partnerships and offers technical cooperation to other countries in the Region. Dr. Perry Gomez of the Ministry of Health represented the Bahamas in the steering group that oversaw the development of the Regional Plan and the country has taken steps toward its implementation. The Regional Plan was launched in the Bahamas in December 2005 and an in-depth consultation took place in which national authorities analyzed each line of action to determine how the Plan could provide guidance to the country's national HIV response. Challenges to be overcome in scaling up the response are in the areas of human and financial resources, monitoring and evaluation, and reducing stigma and discrimination.

Perspective of a person with HIV

Rodrigo Pascal presented the perspective of a person with HIV on the Regional Plan. Mr. Pascal discussed the importance of State policies that equitably allocate resources and promote wealth distribution. He mentioned the participatory nature of the Regional Plan's development and stressed that civil society participation is essential for the sustainability of plans and policies. Mr. Pascal discussed the 3 by 5 Initiative, its failure to achieve the global target but success in bringing universal access to the agenda, and stressed the need for harmonization of efforts between agencies and with local and bilateral policies.

The **regional consultation on universal access to HIV/AIDS prevention, treatment, and care in Latin America** (in **Brasilia, Jan 12-14, 2006**) resulted in the identification of obstacles and recommendations for the global, regional, and national levels. Mariângela Simão was in attendance at the meeting and presented a summary of the agreements and commitments. Obstacles to universal access in the Region include, at the governmental level, insufficient political will, unfamiliarity with international agreements relating to the epidemic, public policies with little gender perspective, national budget shortfalls, and lack of coordination between sectors. Within the health system, obstacles include shortcomings in plans for human resource management, a lack of planning for supply acquisition, lack of baselines for program evaluation, prevention programs with little emphasis on the population in general, and high levels of stigma and discrimination against vulnerable groups. A lack of resources at all levels is also a persistent obstacle.

After the presentation, a questions and answers period ensued. Recommendations for the global level included the evaluation of universal access at country and regional levels, the formation of alliances between agencies and countries to obtain reduced drug prices, and a review of the indicators for countries' eligibility for international resources. Additionally, it was recommended that HIV/AIDS prevention research be based on scientific evidence, that the discussion of vulnerable groups consider a wider social context, and that important documents be available to countries in their national languages.

At the regional level, recommendations entailed specific actions and identified responsible parties and deadlines. They included follow-up on the regional consultation, the planning of national consultations, a continued regional response for drug price negotiations, improved technology transfer, and the development of regional project proposals for the Global Fund and other agencies. In addition, the provision of technical support was recommended for strengthening monitoring and evaluation systems with a gender perspective and establishing prevention baselines focusing on vulnerable groups. National level recommendations were in the areas of resource allocation, involvement of civil society, emphasizing sexual health and combating homophobia through education, and promoting human rights.

Simultaneous Working Groups on the Critical Lines of Action in the Regional Plan

In order to examine the Regional Plan in depth, meeting participants were organized into 5 working groups, each addressing one of the Plan's critical lines of action. Working groups were moderated by a member of the group and presentations were made, in keeping with the group's theme, by one development partner and one country representative. Participants were asked to address the following questions in the course of the group discussion:

1. What mechanisms must be in place for national AIDS programs to be able to develop the critical line of action and target the appropriate groups?
2. What are the necessary steps to ensure that the critical line of action led by the health sector can be articulated with other sectors and therefore impact the daily life of the target groups?
3. What are the institutional and contextual challenges and opportunities for national AIDS programs to carry out the critical line of action and what are the necessary actions to face them?
4. How can national AIDS programs ascertain and demonstrate the effect and impact of the critical line of action?
5. What synergies exist between the Global Agenda on Universal Access and the Regional HIV/STI Plan?

Results of the working groups are as follows:

Working group for critical line of action 1: Strengthening health sector leadership and stewardship and fostering the engagement of civil society

A representative from **UNAIDS** gave a presentation highlighting the achievements of civil society and the ever-increasing interactions between civil society and the United Nations.

A representative from **Venezuela** presented an overview of opportunities, successes, and goals for health sector reform and scaling up HIV programs in his country.

Conclusions of the working group

More training is required for health sector leadership as well as civil society leadership. It is important to increase communication and coordination between governmental and civil society actions. Intersectoral coordination is key, and can be facilitated by theme groups.

It is important to increase capacity for strategic planning and conduct monitoring and evaluation with clear indicators that can assist in resource mobilization. Registry systems must be improved to generate evidence for decision-making and to be able to measure the impact of actions. HIV information must be made available to all sectors and must be considered in poverty reduction strategies.

Working group for critical line of action 2: Designing and implementing effective, sustainable HIV/AIDS/STI programs, and building human resources capacity

Several aspects of **CIDA's** cooperation were presented, including priority countries, the small grants funding program, and the focus on harmonization in program management and reporting.

A representative from **Barbados** gave an overview of HIV in Barbados, including the epidemiology, as well as the successes, strengths, and weaknesses of programs.

The working group discussed definitions of universal access and comprehensive care. It was noted that access to comprehensive care does not equal access to treatment. A proposed definition of comprehensive care was “a continuum that includes self-care, community-based care, and care provided by formal health systems.” In relation to question 1, the group felt that needed mechanisms included legal systems, engagement by all stakeholders, and empowerment of people with HIV for self-care and self-advocacy. For question 2, necessary steps included naming focal points in all sectors, using economic arguments, and clarifying roles and responsibilities of national AIDS programs and committees. An opportunity identified in relation to question 3 was the use of community health workers, both salaried and volunteers. Challenges were the exclusion of vulnerable groups and the need for strong political will at all levels.

Working group for critical line of action 3: Strengthening, expanding, and reorienting health systems

UNICEF gave a presentation focusing on prevention and comprehensive care among youth and adolescents as well as vulnerable youth including street children and orphans.

A representative from **El Salvador** presented HIV/AIDS data from the country and an overview of the national program with multimedia communications campaigns promoting VCT and prevention, as well as decentralization of ARV treatment sites.

Discussion in the group focused on reorienting health systems toward a public health approach and integrating HIV and STI services within primary care settings as well as into drug abuse treatment programs, tuberculosis centers, blood safety programs and domestic violence and gender services,. Voluntary testing, counseling and prevention programs need to be highlighted during the integration of the Regional Plan into national plans, and participation of youth and PLWHA were also essential to achieving universal access. The group debated the feasibility of measuring the impact of prevention campaigns, as well as an approach to health promotion that integrates prevention and care. Universal access was defined as access to comprehensive care including ARV, condoms, and information on prevention and rights. Opportune and effective treatment of syphilis and other STIs is essential to lowering vertical transmission during pregnancy. Challenges and opportunities brought up in the group included positive prevention, conducting educational campaigns in schools, improving information about ARV coverage, establishing real indicators of progress, and improving collaboration between sectors.

Working group for critical line of action 4: Improving access to medicines, diagnostics, and other commodities

PAHO provided an overview of the **Strategic Fund** as a cost containment mechanism whose purpose is to procure medicines and diagnostics and other commodities for member countries at the lowest possible price as well as assure efficient procurement, management and distribution systems as well as quality. PAHO's representative described what negotiation processes were underway and their results at the country, subregional and regional levels. PAHO will continue to work with countries to develop

procurement plans. Presentations were also given by the representative of the Global Fund and a representative from Argentina, who noted that negotiations successfully lowered the cost of ARVs and increased coverage without increasing expenditures.

Conclusions of the working group

Reasons why countries do not negotiate prices include lack of information, established purchasing mechanisms through distributors rather than companies, and the marketing of products within countries. Regional or subregional negotiation is preferable and promotes consistency in pricing between countries. Efforts should be placed on the procurement of diagnostics as well as on negotiating the cost of second line treatment which is currently high. CAFTA may have an effect on future negotiations. PAHO's role in this area includes building national consensus and working with countries to improve planning and procurement of medications, diagnostics, and other commodities. PAHO should assist with training for procurement and play a role in addressing compulsory licensing and the transfer of technology.

Working group for critical line of action 5: Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination

PAHO in introducing the topic highlighted the importance of strengthening surveillance and measurement systems. A DFID presentation was made on critical aspects of information management such as *simple consistency checks*, *feedback loops*, and agreement on a modest number of indicators. The CDC gave a presentation on the Brazilian experience based on a collaborative effort to build a culture of Monitoring and Evaluation (M&E) and the utilization of MonitorAIDS, a web-based AIDS monitoring system with 100 indicators based on the principles of: relevancy, utility, ability to guide programs and equity. A representative from the Dominican Republic gave a presentation on the country's integrated care information system, SIAI, a tool that informs health care providers, maintains privacy and integrates all necessary clinical information and management. The Dominican Republic utilizes SIAI as the principal source of decision making and planning, which allows decentralization of information.

Recommendations of the working group

Monitoring and evaluation (M&E) systems should be defined and assessed in countries. Adequate resources must be allocated for M&E and the system must be decentralized and developed gradually in multiple stages based on the level of development of health services. Important aspects of systems include standardized data collection methods, timely collection and dissemination, accuracy and representativeness of data. Data bases should be available and accessible, and there must be capacity for dissemination of the data. Steps to be taken in countries include addressing human resource training needs and taking a multi-sectoral approach to improving monitoring and evaluation that makes optimal use of partnerships.

Concrete Initial Steps toward the Roll Out of the Regional Plan

Presenters:

Dr. Bilali Camara, Advisor on STI/HIV/AIDS, PAHO

Rapporteurs from country, subregional and regional working groups

The monitoring and evaluation framework for the Regional HIV/STI Plan 2006-2015 was presented by Bilali Camara. Key planning activities to begin the process of implementing and monitoring the Regional Plan include a review of existing plans, the development of national monitoring and evaluation frameworks, and the establishment of regular meetings to assess progress. Indicators to be used as a baseline include estimates of the number of people with HIV, new infections, and deaths due to AIDS, as well as the number of people on treatment and rates of condom use. A list of useful publications was presented. For each target and milestone in the Regional Plan, three aspects have to be considered: measurement (a definition of what should be measured), method (epidemiological and behavioral methodologies), and frequency (period of time between measurements). Examples were given of how to measure the three overall targets of the Regional Plan using these three aspects. In closing, it was recommended that countries produce one single consolidated annual report for planning, reporting, and advocacy purposes.

Roll out of the Regional Plan at the country level

The roll out of the Regional Plan was discussed by participants in working groups focusing on the country, subregional, and regional levels. The results of the working groups are:

The Regional Plan carries political importance and can be a useful tool to direct the health sector response. The Regional Plan was considered to be adaptable to countries' needs, but some of the goals were not considered achievable. Countries must determine appropriate targets and milestones for themselves. Necessary steps to roll out the Regional Plan in countries include having in-depth discussion between the Ministry of Health and PAHO to examine the Regional Plan, increasing its visibility and circulation, involving multiple sectors and levels, and adapting the Regional Plan to country contexts.

In order to harmonize the Regional Plan with national plans, goals must be reexamined, and indicators must be harmonized with monitoring and evaluation capacity in countries. Challenges to country level roll out include reassessing the situation in countries to find channels for the Regional Plan's integration, variations in levels of strategic planning between countries, and improving health sector leadership to involve other sectors. Weaknesses in the health sector common to many countries include: lack of resources, stigma and discrimination, and the difficulty generating reliable and comparable surveillance information. Facilitating factors include the fact that many of the Regional Plan's concepts are already included in country plans and programs, as well as the possibility of using portions of the Regional Plan for specific purposes. In addition, there are facilitating factors in the Region such as the goal of universal access, existing partnerships, and the strong advocacy of civil society and people with HIV.

Conclusions and recommendations include using the Regional Plan as an advocacy instrument, expanding the definition of care outside of the medical paradigm, creating national and regional synergies with the Regional Plan, and increased consensus on goals and lines of action.

Roll out of the Regional Plan at the subregional level

To address the roll out of the Regional Plan at the subregional level in the Caribbean, Central America, and South America, three separate working groups were formed. Each identified subregional mechanisms that should be actively involved in the roll out process (listed in Annex 4) as well as steps to harmonize the Regional Plan with existing initiatives.

For the Caribbean, proposed steps included linking the Regional Plan with consultations at the subregional level concerning universal access , including discussion of the Regional Plan in upcoming subregional events, and linking it to discussions and planning of CHART. Necessary actions at the country level included targets establishing ownership of the Regional Plan, as well as coordination among partners for planning workshops and events.

Proposed steps for the Central American subregion included roll out at the national level and the establishment of a subregional communication strategy. For South America, it was recommended that PAHO develop an advocacy plan that includes presentation of the Regional Plan to subregional organizations and institutions. Following that first step, the Regional Plan should be introduced to multiple sectors, including education, labor, and tourism. Additional resources must be assigned and existing resource allocation reevaluated in order to achieve the Regional Plan's goals. The development of a monitoring and evaluation plan and use of information from the UNGASS 2005 indicators as a baseline were recommended as well.

Roll out of the Regional Plan at the regional level

It was noted that the Regional Plan has already been endorsed by countries as a common framework directing universal access efforts and that buy-in exists.

Nonetheless, harmonization of the Regional Plan needs to continue at the regional level. Mechanisms to facilitate harmonization, identify needs, and share experiences include PAHO Directing Council meetings, a meeting among partners that could be organized by PAHO, country consultations, and the 2006 International AIDS Conference in Toronto. Additional recommendations include keeping a country perspective and maintaining regional level support to countries.

Group Visits to HIV/AIDS Program Sites in Brasilia

In order to learn from efforts to combat HIV in the host country, three tours were organized for participants, each visiting two of the following sites in Brasilia:

CTA Rodoviária

CTA Rodoviária is a testing and counseling center located in Brasilia's main bus and metro stations. The center is financed by the Ministry of Health, and services are free of charge. The staff consists of medical doctors, nurses, psychologists, and social workers. Both individual and group counseling are available, and testing is anonymous and confidential. Results are available by phone within 2 weeks. Approximately 50 patients are seen daily, and 90% ask for results.

UNIMISTA Day Hospital

In the UNIMISTA Day Hospital, patients are provided with day care and treatments that cannot be provided in outpatient clinics. HIV patients as well as others are treated on an outpatient basis and receive complex interventions. The hospital includes a pharmacy with an online database of patient histories as well as an immunization unit. Staff include: HIV specialists, nutritionists, psychologists, nurses, and dentists.

Grupo Estruturação

This gay rights group targeting youth defends the rights of homosexual men and women and provides a social space as well as support to families and allies. Activities include community HIV prevention as well as meetings of specific groups such as Afro-Brazilians, people with HIV, and transgender people. Grupo Estruturação is financially supported by the government of Brazil, the European Community, and other donors.

University of Brasilia—Multilateral Cooperation Center for Education and Health

This center at University of Brasilia trains foreign students and professionals primarily from Afro-Brazilian heritage in HIV/STI education and prevention. Those attending the program include psychologists, sociologists, economists, and educators, among others. The university program also functions as a research center and works on community-based projects. Financing comes from the government of Brazil and international organizations.

University of Brasilia—University Hospital “Com Vivencia”

This project of the University Hospital provides psycho-social support to people with HIV and their families/caregivers. Additional services include pre and post HIV test counseling, prevention counseling and condom distribution, and support for treatment adherence. Currently, 300 patients attend the clinic. The hospital also works in community outreach, trains professionals from many fields in HIV/AIDS, and conducts research.

Examples of Brazil’s Television Campaigns on HIV/AIDS Prevention and Treatment

Presenters: Alexandre Magno Aguiar Amorim, Head of Communication Brazilian AIDS Program

Myllene Müller Nunes, Marketing Coordinator (Brazilian AIDS Program)

Moderator: Paulo Lyra, Regional Communications Officer, PAHO

An evening event was organized by PAHO and the Brazilian HIV/AIDS program in order to share Brazil’s communication efforts. Examples of successful TV spots about education, prevention and treatment campaigns were aired that included well known entertainment personalities, people with HIV, family dynamics and cultural events such as Carnival. The presenters shared how these campaigns were conceived, what made them successful and what were the lessons learned from those campaigns which were controversial for some stakeholders.

The participants were enthusiastic about the PSAs and requested copies of the TV spots in order to share these in their respective countries. As a response to this request, and as part of PAHO’s communication efforts, the HIV/AIDS unit is putting together a DVD which will contain most of Brazilian TV campaigns as well as similar examples from most countries of the Region. The DVD, named VIHDEO AMERICA, will be available for distribution in September 2006. For more information contact: sida@paho.org.

Partners' Contributions to the Implementation of the Regional Plan

Panel 1: The contribution of civil society – REDLA+, ICWlatina, Youth Representative from Jamaica, CARE Barbados, Partners in Health

Panel 2: The contribution of the TAC – All TAC members

Panel 3: The contribution of development partners – UNAIDS, UNICEF, UNFPA, Andean Health Organization, Horizontal Technical Cooperation Group, Global Fund, CIDA, Health Canada, and GTZ.

Panel 1: Contributions of Civil Society

Representing the Latin American Network of Organizations of PLWHA – **RED-LA+** and civil society, Rodrigo Pascal emphasized that the RED-LA can participate in the Regional Plan's implementation at both the local and regional levels. In particular, RED-LA+ can support the design and implementation of programs for policy monitoring and evaluation. Arely Cano Mesa of ICWlatina discussed the participation of women with HIV in monitoring and reiterated their commitment to the Regional Plan. She pointed out that acquired technical capacity among these women must be recognized.

The contribution of **young people** in the Regional Plan was presented by Jenelle Babb of Jamaica. Involving young people in the objectives of the Regional Plan can be done through establishing youth friendly services, confidential counseling, and sexual education. Everything proposed in the Regional Plan regarding the involvement of youth should be done "for and with" youth. Youth should be regarded as partners and not only beneficiaries. It is critical to invest in developing health promotion strategies specifically for youth rather than transferring strategies targeted at adults.

Patricia Phillips of **CARE Barbados** presented an overview of the organization as well as recommendations. CARE (Comfort, Assess, Reach and Educate) is run by medical professionals, and provides peer support and treatment to people with HIV. Activities include human rights work and advocacy against stigma and discrimination. Recommendations include involving high-level people with HIV in campaigns and country strategies.

Paul Zintl of **Partners in Health** presented examples of the organization's work. PIH is funded by the Clinton Foundation, the Global Fund, and others and works in 5 countries. PIH provides direct HIV services including utilization of community health workers to assure treatment adherence. PIH's work is conducted in coordination with Ministries of Health and donor agencies. Care and support were emphasized to assure successful outcomes. Examples were given of PIH's activities in Haiti, Peru, and Rwanda.

Panel 2: The Contribution of the TAC and TAC members

Brendan Bain presented the TAC's contributions to the implementation of the Regional Plan. Background information was given on the roles of the Family and Community Health Area and the HIV/AIDS Unit at PAHO and the composition of the TAC. The TAC's contributions include: (1) technical support for planning, monitoring, and evaluation of the PAHO HIV/STI program; (2) giving feedback on specific aspects of the Regional Plan; (3) critically examining the evidence base for activities (4) supporting advocacy in partnership with PAHO; (5) encouraging, provoking, and supporting PAHO in the fight against HIV/AIDS/STI; (6) spotlighting special difficulties and challenges and proposing recommendations.

Paul Farmer recognized that the national aids programs have made great strides in the past 5 years. The TAC is concerned about problems with drug stock outs, long distances patients have to travel to health centers to obtain medications, political turmoil and the difficulty this poses on continuity of treatment and growing evidence of lack of adherence to treatment in some countries. These problems impact on treatment options since increasing numbers of patients have to utilize second line drugs, augmenting treatment cost and ultimately impacting access. PLWHA need to be engaged in

advocating and formulating policies as well as being engaged as community health workers to assure adherence with drug treatment.

Panel 3: The Contribution of Development Partners

In the panel of donor agencies, each presented overviews of their work in HIV/AIDS as well as available funding opportunities. All were supportive of the Regional Plan's implementation and viewed the Plan as a guide which will help countries and donor agencies to harmonize their efforts and more comprehensively address the epidemic.

The panel began with a presentation from **UNAIDS**. Libsen Josefina Rodriguez stated that the contribution of UNAIDS centers around broadening the consultation process on universal access to include all involved stakeholders at the regional and national levels. Three principles guiding UNAIDS' implementation of the Regional Plan are the Three Ones, the integration of care and treatment, and universal access. Mechanisms for support from UNAIDS include regional offices, the Regional Directors Group, and at the country level, Theme Groups, Technical Groups, and UCC (country UNAIDS coordinators).

Mark Connolly presented **UNICEF**'s main areas of concentration in the Region: the 4 Ps: prevention among youth, prevention of mother-to-child transmission of HIV, protection of orphans and vulnerable children, and pediatric AIDS. UNICEF works to reinforce national responses for universal access and reduce discrimination against young people. Mechanisms in which UNICEF participates include Theme Groups, the Horizontal Technical Cooperation Group, and networks of people with HIV, MTV, and South-South cooperation under the leadership of Brazil.

Representative Raquel Child from **UNFPA** expressed the commitment of the organization to do everything possible to include the Regional Plan in country and regional coordination mechanisms. UNFPA advocates for human rights and the participation of diverse sectors of civil society. UNFPA specifically supports prevention among youth, condom use, assuring access, and the integration of HIV prevention into sexual and reproductive health.

Lourdes Kusunoki Fuero of the Andean Health Organization discussed the role of **ORAS** as a facilitator for countries' efforts in accordance with the mandates of REMSAA. In regard to HIV, countries have existing commitments to UNGASS, the MDGs, the Global Fund, 3 by 5, and now the Regional Plan. In the Andean sub-region an agreement on surveillance exists as well as a technical commission for access to medicines. Every country has a focal point that is responsible for medicines. ORAS participated in the 2003 price negotiations and continues to address access to medicines. It was proposed that ORAS can support PAHO in monitoring at the Andean subregional level, and can work in alliance to form a monitoring system to include in REMSAA. The access to medicines component of the Regional Plan can be supported by the subregional commission on medicines.

Ricardo Luque presented an overview of the **Horizontal Technical Cooperation Group's (HTCG)**, recommendations and observations concerning the Regional Plan, and opportunities for the Plan's roll out. The HTCG currently has a membership of 19 heads of national AIDS programs in Latin America and the Caribbean. Goals of the group include exchange of experiences transfer of technology and knowledge as well as strengthening the development of national AIDS programs and national responses to the epidemic. The Region Plan was recognized as offering more visibility to the Region, supporting resource mobilization, reinforcing national responses, and taking a comprehensive health sector approach. However, the Regional Plan does not necessarily take precedent over existing plans and must be in alignment with UNGASS, the Three Ones, donor priorities, and groups like HTCG and PANCAP. Plans and goals already exist in countries, and there has been consensus that the Regional Plan must fit into these and the Plan's goals must be realigned in some cases.

The HTCG proposed that the Regional Plan be considered and adapted at the country level and indicators be prioritized and harmonized with existing monitoring and evaluation systems. In addition, countries and the Region should be represented in the TAC through the HTGC. Opportunities include the consideration of the Regional Plan in upcoming national consultations on universal access and the prioritization at that time of key aspects of the Regional Plan to be adopted by countries.

Margarita Quevedo from the **Global Fund** emphasized the fact that it is a funding mechanism and does not set programmatic priorities for the countries or agencies or provide technical support. The Global Fund promotes an integrated approach to HIV/AIDS including prevention, care, and support, and encourages the participation of civil society. Eligibility criteria currently exclude 20 countries in the Region from receiving funding. An alternative during Round 6 would be submission of regional proposals, which may include ineligible countries. A call for Round 6 proposals is likely to be announced in the near future.

Amrita Paul presented **CIDA's** perspective on the Regional Plan, including critical issues such as inequity, decreasing attention from donors to Latin America and the Caribbean, a lack of political commitment, and the influence of conservative forces combined with stigma and discrimination. Reasons for a Regional Plan include identifying regional priorities for HIV/AIDS, setting common objectives, increased coordination, and increased action and advocacy. For development partners, the Regional Plan provides guidance and direction on HIV/STI priority areas in the Region as well as a framework for action. It also focuses partnerships and promotes collaboration, and was endorsed by all Ministers of Health at PAHO's Directing Council. PAHO's comparative advantage lies in its leadership role in the health sector and strong relationship with ministries of health, as well as in its ability to facilitate relationships and bring together multiple stakeholders. Challenges to the implementation of the Regional Plan include a lack of political will, lack of ownership, and insufficient human and financial resources. Engaging multiple sectors in the response to HIV and facilitating coordination among partners may also present difficulties. Strong political advocacy and a focus on high quality technical cooperation may help overcome challenges to the Plan's implementation.

CIDA's role in supporting the Regional Plan involves financial and technical support, enhancing partnerships among key stakeholders, and the promotion of activities that are consistent with CIDA's development priorities. Additional opportunities are available from CIDA, including small grants, specific funds, and Canadian partnerships.

Nick Previsich of **Health Canada** discussed aspects of available funding for collaboration between Canadian experts and professionals and Latin America and the Caribbean. Health Canada is currently working in St. Kitts and Nevis and Colombia, and

preparing interventions for Haiti. Funds for technical cooperation between countries exist as part of PAHO's Canadian BPB funds.

Claudia Herlt of the **GTZ**, based in Brasilia, described the GTZ's support for South-South exchange. The GTZ is currently moving away from vertical programs and offering instruments for programming interventions. They are promoting triangular South-South-North cooperation. GTZ views the role of the Regional Plan as providing guidance for establishing priorities and as a tool to harmonize work plans within UN Theme Groups.

Joint TAC/GCTH Afternoon Meeting

Presenters:

Dr. Michèle Ooms, Regional Adviser, PAHO

Dr. Paul Farmer, TAC Co-Chair

Dr. Carlos Passarelli, National AIDS Program, Brazil

Dr. Carissa Etienne, Assistant Director, PAHO

The joint TAC/GCTH afternoon meeting began with a presentation by Michèle Ooms summarizing the feedback from countries on **links between national plans, the Regional Plan, and the BPB**. A total of 13 countries had completed a table comparing the two plans and the BPB: Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay. Countries identified priorities including overall care, prevention of mother-to-child transmission, IEC development, and post-exposure prophylaxis. Support to other countries may be provided by Argentina in supply of medicines, training in ARVs and STIs, and development of prevention projects. Costa Rica may offer support in the areas of clinical care and counseling, epidemiological surveillance, and nutritional support to HIV/AIDS patients. For more details, please refer to the completed tables available in ***Americas HIV e:forum*** library.

Paul Farmer presented the main conclusions of the Annual Meeting of NAPC, Bilateral Partners, and PAHO Staff:

- Universal access is an established goal in the Region
- Supportive legal frameworks, effective leadership, and sound policies are required for scaling up prevention, care and treatment.
- A lack of human resources is widespread and hinders efforts to scale up programs. Human resource needs and roles must be evaluated. Planning and training should be based on necessary competencies.
- The Regional Plan provides a strategic framework for the health sector to move forward universal access in the Region.
- The Regional Plan may be a roadmap to meet the MDG goals
- Prevention targets may need reassessment but there is widespread agreement that prevention is an urgent priority.
- Though some discrepancies exist, there is consensus on the main principles of the Regional Plan: universal access, integration of prevention, care and treatment and a multisectoral approach. The Regional Plan provides a major opportunity to harmonize efforts with the Universal Access Initiative.
- The involvement of civil society is essential. PLWHA need to be accompanied through their treatment. The TAC will be providing specific guidance and information on adherence.

Carlos Passarelli presented information on the mission, organization and role of the **Brazilian International Center for Technical Cooperation (ICTC)**. ICTC is a joint initiative between Brazil and UNAIDS to strengthen South-South cooperation in order to improve access to care. Some of the partners involved in this effort are: CDC, DFID, GTZ and the UN system agencies.

In closing, Carissa Etienne thanked participants for their many contributions to the meeting. She emphasized the value of joint work in the roll out of the Regional Plan and

the need to work with all stakeholders at the country level for optimal effectiveness and harmonization of efforts.

SECOND MEETING OF THE PAHO TECHNICAL ADVISORY COMMITTEE ON HIV/STI

An internal Technical Advisory Committee (TAC) meeting was held in the morning of January 19th, for the TAC to consider its terms of reference, reflect on the input from countries during the previous 3 days, consider revisions to their 2005 recommendations and make further recommendations.

In addition to the recommendations made in 2005 (see recommendations classified by critical lines of action in Annex 5), the TAC issued new recommendations for PAHO to advocate for supportive legal frameworks, effective leadership, and sound policies required to scale up prevention and care, such as evidence based policy making, utilization of clear and relevant indicators and recognition of the importance of adherence to treatment:

1. PAHO should encourage member countries to use modern information technology to improve program performance (e.g. a database for standardized clinical and epidemiological information and for management of supplies and commodities).
2. PAHO should commission a critical review of barriers to adherence and barriers to access to comprehensive prevention, care, treatment and support.
3. PAHO should promote harmonization of case definitions in relation to HIV infection and disease and standardization of valid diagnostic algorithms in cases of HIV infection and disease, as well as in conditions related to HIV, including clinical and laboratory algorithms.
4. PAHO should develop a comprehensive communication strategy that includes all relevant stakeholders and that leads to wide adoption of the health sector plan (Regional HIV/STI Plan for the Health Sector 2006-20015).

5. PAHO should, through its national representatives, advocate for elimination of double standards, including the use of suboptimal prevention strategies, treatment practices and monitoring.

The TAC also refined one recommendation issued in 2005:

PAHO should demonstrate progress in promoting the establishment of national ethics committees (where these do not exist now) and the terms of reference of these committees should include review and monitoring of issues related to HIV/AIDS/STIs. These include issues related to prevention, care, treatment and support.

Finally, the TAC reviewed its internal structure.

Emerging issues from PAHO Regional, sub-regional, and country staff

PAHO staff held an internal meeting to discuss links between the Regional Plan, national HIV/STI plans, and the BPB, and to consider priority areas for 2006. Several working groups were formed, according to language preference and subregion.

Conclusions from these meetings are as follows:

- Although the Regional Plan was approved by the Directing Council, there still must be ownership on the part of Ministries of Health. Several aspects of the Plan including selection of indicators must still be clarified. Roll out can begin at the subregional level where priorities are already defined.
- The BPB can be a tool to establish activities for the roll out of the Regional Plan, to program strategies contained in the Plan, and to mobilize funding.
- Most countries have begun consultations, led by PAHO Representations, on the Regional Plan. In order to advance the roll out of the Plan in countries, internal meetings must be held first, followed by wider consultations. Further clarification is necessary in many cases, and more information needs to be made available.

- The TAC page on the PAHO website would be an ideal venue to post updates, questions, and answers.

Suggestions for the 2007 Meeting

1. The agenda should be prepared several months in advance and with the participation of TAC members, sub-regional advisers and country representatives.
2. The agenda should include more technical information and presentations, particularly in the areas of patent law, drug and condom procurement, prevention, monitoring & evaluation, scenarios with AIDS epidemic projections and the Strategic Fund (What is it? How to access it?).
3. Subsequent TAC meetings could be used for monitoring of the roll out of the Regional Plan and evaluation of the progress made to reach milestones and targets.
4. More youth representatives should be invited to participate and perhaps a few other partner organizations and networks (e.g. CCNAPC).
5. Site visits should be maintained and a market place could be considered with other development partners.
6. The quality of translation services should be checked before the meeting and the people in charge should be provided with a glossary of terms.
7. Having two projectors with two presentations respectively in English and Spanish would be useful. If not possible, then oral presentations in English should be accompanied by slides in Spanish and vice versa.
8. The number of questions to be answered in working groups should be limited to two.
9. Some space should be provided for parallel sub-regional meetings.
10. Clear recommendations regarding next steps should be disseminated widely including to the ministries of health.

CONCLUSION

The objectives of the meeting were achieved: progress on the “3x5” Initiative in the Americas was reviewed and experiences and challenges on integration of HIV/STI prevention and care in health services were exchanged. Furthermore, a common understanding of the PAHO Regional HIV/STI Plan for the Health Sector 2006-2015 (Regional Plan) was attained including how it links with existing National HIV/AIDS Plans. Roles and collaboration of different stakeholders were defined including specific steps for the roll out of the Regional Plan at all levels. The TAC was able to review progress on its 2005 recommendations, revise its *modus operandi* and make recommendations for 2006.

By bringing together the GCTH, which is working closely with UNAIDS and WHO/PAHO on universal access; stakeholders representing civil society; funding agencies; UN partners; and a cross section of partners and PAHO personnel, efforts were synchronized. Universal access to HIV/STI prevention, care and treatment was fully embraced by those present, who committed themselves to achieving this goal by 2015.

Those present agreed that this type of meeting should be convened on an annual basis, to provide an opportunity to evaluate progress achieved on the Regional HIV/STI Plan for the Health Sector 2006-2015; to permit networking among stakeholders working in the field; and to allow participants to gain new knowledge and plan together for the future. This meeting also provided a venue for PAHO personnel at the local, subregional and regional levels to discuss technical as well as administrative issues and to coordinate activities and future endeavors.

TAC members reported that this meeting allowed them time to build consensus; monitor progress achieved on previous recommendations; to update each other and the field about what are the current trends, best practices, challenges and achievements and continue fulfilling its mission to guide PAHO’s work by elaborating concrete and viable recommendations.

The next meeting of the TAC and stakeholders will be held in January 2007 at a location to be defined.

ANNEXES

ANNEX 1 List of participants

ANNEX 2 Meeting Agenda

ANNEX 3 Summary of meeting evaluations

ANNEX 4 Subregional mechanisms identified in working groups for involvement in the roll out of the Regional HIV/STI Plan for the Health Sector 2006-2015

ANNEX 5 Recommendations of PAHO's Technical Advisory Committee on HIV/STI



**Pan American
Health
Organization**



Regional Office of the
World Health Organization



Technical Advisory
Committee on HIV/STI

List of Participants

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Brasilia, Brazil, 16-19 January 2006

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YOUTH REPRESENTATIVE			
42	Portland AIDS Committee Youth Arm	Kerril Mc Kay	Jamaica



AGENDA

2nd GENERAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE (TAC) ON HIV/STI

16-19 January 2006
Brasilia, Brazil

GENERAL OBJECTIVES

1. Review progress on “3x5” in the Americas
2. Exchange experiences on progress and challenges of countries with emphasis on integration of HIV/STI prevention and care
3. Develop a common understanding of the PAHO Regional HIV/STI Plan for the Health Sector 2006-2015, links with existing National HIV/AIDS Plans, and roles/collaboration of different stakeholders
4. Define steps for the roll out of the Regional Plan at regional, sub-regional and country levels
5. Review progress on TAC 2005 recommendations, revise <i>modus operandi</i> of TAC and make recommendations for 2006

MEETING OUTCOMES

1. Recommendations for roll out of the Regional Plan at country, sub-regional and regional levels
2. Recommendations on how people with HIV, civil society and development partners can be involved in implementation of Regional Plan
3. Consensus on baseline required for monitoring and evaluating the Regional Plan
4. Identification of needs and gaps between NAP, RP and BPB as well as priority areas for 2006
5. Updated <i>modus operandi</i> for the TAC, comments on progress in 2005 and recommendations for 2006

Organization overview: link with the meeting of the Horizontal Technical Cooperation Group (GCTH) on the Global Initiative for Universal Access (AU) to Prevention, Treatment and Care by 2010 (Brasilia, 12-14 January, 2006)

UA Day1 Thursday Jan. 12	UA Day2 Friday Jan. 13	UA Day3 Saturday Jan. 14	Sunday Jan. 15	TAC Day1 Monday Jan. 16	TAC Day2 Tuesday Jan. 17	TAC Day3 Wednesday Jan. 18	TAC Day4 Thursday Jan. 19
GCTH (horizontal technical cooperation group) meeting on universal access							
				Annual meeting of National NAPC, bilateral partners and PAHO HIV/STI staff at all levels		Joint closure with GCTH	
				Second Technical Advisory Committee (TAC) meeting			

Guiding principles for the second TAC meeting:

1. Make the process as participatory as possible, creating opportunities for PAHO staff to work together with National HIV/AIDS Program Coordinators and Development Partners, including other UN agencies
2. Share lessons learned among countries, partners and PAHO staff
3. Provide country input for TAC deliberations
4. Make the event an important working meeting with clearly identified expected results

Simultaneous translation / 3 languages (English, Spanish, Portuguese)

Materials distributed:

- Agenda of the meeting
- List of participants
- Regional HIV/STI Plan for the health sector 2006-2015
- Follow-up of 2005 TAC recommendations
- Report on TAC 1
- Manual de capacitación en el manejo integral de personas adultas que viven con el VIH/Sida para equipos de atención primaria y comunitarios en Latinoamérica y el Caribe

Reporting: Overall responsibility: Sarah White and Jeannette Noltenius

Monday, 16 January 2006 (morning)

Rapporteurs:

English presentations: Bilali Camara + Leah-Marie Richards

Spanish presentations: Bertha Gomez + Diddie Schaaf

Time	Activity	Time	Methodology	Responsibilities
8:30	Registration	30'		PAHO staff
OPENING CEREMONY - Chairperson : Mercedes Weissenbacher				
9:00	Welcoming remarks	5'	Speech	Horacio Antonio Toro, PAHO/WHO Representative
9:05	Introduction of the TAC Members	10'		Mercedes Weissenbacher , TAC
9:15	Remarks by WHO	5'	Speech	Antonio Gerbase
9:20	Remarks by PAHO	10'	Speech	Carissa Etienne
9:30	Keynote address	20'	Speech	Jarbas Barbosa
COFFEE BREAK				
10:00	National Response to HIV/AIDS in Brasil	20'	Presentation	Mariangela Simão
10:20	Policy directions and meeting objectives	10'		Carol Vlassoff
10:30	Q & A	10'		All participants
PRESENTATION OF THE 3 BY 5 REGIONAL REPORT				
10:40	Remarks from WHO on 3x5 initiative	5'	Speech	Antonio Gerbase
10:45	Presentation of the 3 by 5 regional report	10'	Presentation	Amalia del Riego
10:55	Country experience with 3x5	10'	Presentation	Honduras (Marco Urquía)
11:05	Country experience with 3x5	10'	Presentation	Guyana (Shanti Singh)
11:15	Development partner perspective	10'	Presentation	CIDA (Amrita Paul)
11:25	Q & A	35'		All participants
LUNCH				

Monday, 16 January 2006 (afternoon)

DEVELOP A COMMON UNDERSTANDING OF THE REGIONAL HIV/STI PLAN FOR THE HEALTH SECTOR 2006-2015				
Chair: Paul Farmer				
2:00	Presentation of Regional Plan	15'	Presentation	Carol Vlassoff
2:15	Country perspective	15'	Presentation	Bahamas (Pearl D. McMillan)
2:30	Perspective of person with HIV	15'	Presentation	Rodrigo Pascal
2:45	Agreements and commitments /GCTH	15'	Presentation	Mariangela Simão
3:00	Q & A	30'	Panel	All participants
Coffee break				
SIMULTANEOUS WORKING GROUPS ON CRITICAL LINES OF ACTION OF THE REGIONAL PLAN				
WORKING GROUP 1 - Strengthening health sector leadership and stewardship and fostering the engagement of civil society				
Moderator : Rosa María Alfaro				
3:45 5:30 p.m.	Critical line of action 1 presentation	5'	Presentation	Paulo Lyra
	Development partners presentations	2x5'	Presentation	UNAIDS
	Country presentation	20'	Presentation	Venezuela
	Group discussion	70'	Working group	Group 1
WORKING GROUP 2 - Designing and implementing effective, sustainable HIV/AIDS/STI programs, and building human resources capacity				
Moderator: Brendan Bain				
3:45 5:30 p.m.	Critical line of action 2 presentation	10'	Presentation	Rafael Mazin
	Development partners presentation	2x5'	Presentation	CIDA , Health Canada
	Country presentation	20'	Presentation	Barbados
	Group discussion	70'	Working group	Group 2
Coffee break				
WORKING GROUP 3- Strengthening, expanding, and reorienting health services				
Moderator : Jane Galvão				
3:45 5:30 p.m.	Critical line of action 3 presentation	5'	Presentation	Amalia Del Riego
	Development partners presentation	5'	Presentation	UNICEF
	Country presentation focused on prevention and comprehensive care among youth and adolescents	20'	Presentation	El Salvador
	Group discussion	75'	Working group	Group 3
WORKING GROUP 4 - Improving access to medicines, diagnostics, and other commodities				
Moderator : Paul Farmer				
3:45 5:30 p.m.	Critical line of action 4 presentation	5'	Presentation	James Fitzgerald /OPAS
	Development partners presentation	10'	Presentation	Global Fund
	Country presentation	20'	Presentation	Argentina
	Group discussion	70'	Working group	Group 4
WORKING GROUP 5 - Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination				
Moderator : Euclides Castilho				
3:45 5:30 p.m.	Critical line of action 5 presentation	10'	Presentation	Paloma Cuchi
	Development partners presentation	2x5'	Presentation	DFID, CDC
	Country presentation	20'	Presentation	Dominican Republic
	Group discussion	70'	Working group	Group 5
7:00 p.m	Special event (optional): bus tour ending in a bar/restaurant by the lake (at participants' expenses)			All participants

Tuesday, 17 January 2006 (morning and afternoon)

Rapporteurs : Monica Alonso + Karoline Fonck

9:00	Brief Report on Day 1	5'	Presentation	Bilali Camara
DEVELOP A COMMON UNDERSTANDING OF THE REGIONAL PLAN (cont'd)				
Chair: Gina Tambini				
9:05	Feed-back of the 5 working groups	5x10'	Presentation	Rapporteurs
CONCRETE INITIAL STEPS TOWARDS AN OPERATIONAL FRAMEWORK				
9:55	BASELINE FOR FOLLOW-UP OF THE REGIONAL PLAN (RP) AT COUNTRY LEVEL: consensus building on indicators in the framework of the RP	20'	Presentation on monitoring and evaluation	Bilali Camara
10:15	Q & A	25'		All participants
COFFEE BREAK				
11:00	Working groups on ROLL-OUT OF THE REGIONAL PLAN			All participants
	- on the country level	90'	2 Working groups	
	- on the sub-regional level	90'	3 Working groups	
	- on the regional level	90'	1 Working group	
LUNCH				
2:00	Feed-back of working groups	6x10'	Presentations	All participants
COFFEE BREAK				
3:00	Technical Advisory Committee	180'	Internal meeting	TAC members
3:00	3 Site visits in Brasilia	150'	Site visit	All participants (optional)
7:00	Happy hour with exhibition of Brazilian HIV/AIDS TV campaigns	60'	Convention center	Elective activity Cocktail offered by hotel

Wednesday, 18 January 2006 (morning and afternoon)

Rapporteur(s) : Julia Valderrama + Enias Baganizi

9:00	Brief Report of Day 2	5'		Mónica Alonso
OPERATIONALIZATION OF THE PLAN WITH THE PARTNERS				
Chair: Jorge Bermudez				
9:05	How people with HIV and civil society can contribute to Regional Plan (RP)	30'	Panel : moderator: M. Maddaleno	Representatives of people with HIV and civil society
9:35	Q & A	30'		All participants
10:05	How TAC members can contribute to RP	30'	Panel	TAC members
10:35	Q & A	30'		All participants
COFFEE BREAK				
11:15	How development partners can collaborate in Regional Plan	30'	Panel Chair : UNFPA	All development partners and UN agencies
11:45	Q & A	15'		All participants
LUNCH				
JOINT TAC / GCTH AFTERNOON MEETING				
Moderator : Carol Vlassoff				
3:30	Feed-back on tables to compare National Plan, Regional Plan and BPB	10'	Presentation	Michèle Ooms
3:30	Meeting evaluation	10'	Evaluating form	All participants
3:40	Main conclusions of the 2 nd General TAC meeting	15'	Presentation	Paul Farmer
3:55	International Center for technical Coopera-tion : strengthening South-South Cooperation	15'	Presentation	Carlos Passarelli
4:10	Q & A	15'		All participants
4:15	Closing session	5'	Speech	Carissa Etienne

Thursday, 19 January 2006 (morning and afternoon)

Rapporteur(s) : Sarah White + Mónica Brana

SECOND TAC MEETING				
9:00	Technical Advisory Committee: Update (terms of reference, objectives, challenges)	45'	Internal meeting + Presentation	TAC members + Michèle Ooms
9:45	Follow-up of Recommendations of 1 st TAC Meeting and implications for PAHO	120'	Panel	Chairman : Paul Farmer
11:45	Q & A	75'		All participants
LUNCH				
2:00 3:30	TAC internal meeting to prepare recommendations	90'	Conclave	TAC members
2:00 3:30	PAHO staff internal meeting on links between Regional Plan, National HIV/AIDS Plans and BPB, and priority areas for 2006	90'	Working groups	PAHO staff
3:30	Recommendations of second TAC meeting	30'	Presentation	TAC members
4:00	Q & A	10'		
COFFEE BREAK				
4:25	Closing session	10'		Mercedes Weissenbacher
5:30	Elaboration of final TAC conclusions	60'	Internal meeting	TAC members

Friday, 20 January 2006

Rapporteur and moderator : Rafael Mazin

9:00	Debriefing on technical and logistical elements of the meeting	120'	Internal meeting	PAHO staff
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List of abbreviations

BPB	Biennium Program Budget (PAHO)	OPAS	PAHO office in Brazil
CAREC	Caribbean Epidemiology Centre	PAHO	Pan American Health Organization
CDC	Centers for Diseases Control and Prevention	Q & A	Questions and answers
CIDA	Canadian International Development Agency	RP	Regional HIV/STI Plan for the Health Sector 2006-2015
DFID	U.K. Department for International Development	TAC	Technical Advisory Committee
GCTH	Horizontal Technical Cooperation Group	USAID	US Agency for International Development
NAPC	National HIV/AIDS Program Coordinator		



2nd GENERAL MEETING OF THE TAC ON HIV/STI

16-19 January 2006 - Brasilia, Brazil

Evaluation

Summary

Seventy percent (70) of the 115 participants registered for the second global Technical Advisory Committee (TAC) meeting completed the evaluation form, of which 47% were English speaking and 53%, Spanish speaking. All countries or territories of the region were represented excepted Bonaire, Cayman Islands, Curacao, Dominica, French Guiana, French St Martin, Grenada, Guadeloupe, Martinique, Saba, St Eustatius, St Martin and St Bartholomew. Sixty three percent (63%) of the evaluation respondents were globally satisfied or very satisfied with the meeting. All respondents provided very detailed feedback.

The second general meeting of the Technical Advisory Committee (TAC) on HIV/STI was widely perceived by the participants (more than one third of them) as an opportunity to exchange national experiences and networking and an effective mechanism to create linkages between regional and country levels. It brought together a wide range of participants (9 out of the 10 members of the TAC, national AIDS program coordinators from 34 Member States, 50 PAHO professionals from regional, sub-regional and country levels, 15 representatives of the development partners and 7 persons from the civil society including youth and persons with HIV). The duration and size of the meeting as well as the composition of the group, were considered, by the vast majority of the participants (75%, 73% and 88% respectively), as appropriate.

The meeting was a good forum for leadership and advocacy issues. However, participants noted that future meetings should concentrate more on technical content. TAC members also requested more time to work together as a group. The major difficulty experienced was the poor quality of translation services provided (mentioned by 25% of respondents).

The proximity of this meeting to the one conveyed by the Global Technical Horizontal Group (GCTH) on Universal Access to Prevention, Treatment and Care by the year 2010 (Brasilia, 12-14 January, 2006) provided a good opportunity to discuss the respective roles of the various stakeholders. Nonetheless, it meant that the AIDS program coordinators and several other participants had to stay for nearly two weeks in Brasilia and it was perceived as somewhat of an overload on people's ability to take full advantage of both meetings.

The site visits were considered a good addition to the program and it was recommended that they be considered as a regular feature for future TAC meetings. The video spots presentation from Brazil was also considered to be excellent and generated ideas for health promotion in other settings.

Suggestions

11. The agenda should be prepared several months in advance and with the participation of TAC members, sub-regional advisers and country representatives.
12. The agenda should include more technical information and presentations, particularly in the areas of patent law, drug and condom procurement, prevention, monitoring and evaluation, scenarios with AIDS epidemic projections and the Strategic Fund (What is it? How to access it?).
13. Subsequent TAC meetings could be used for monitoring of the roll out of the Regional Plan and evaluation of the progress made to reach milestones and targets.
14. More youth representatives should be invited to participate and perhaps a few other partner organizations and networks (eg. CCNAPC).
15. Site visits should be maintained and a market place could be considered with other development partners.
16. The quality of translation services should be checked before the meeting and the people in charge should be provided with a glossary of terms.
17. Having two projectors with two presentations respectively in English and Spanish would be useful. If not possible, then oral presentations in English should be accompanied by slides in Spanish and vice versa.
18. The number of questions to be answered in working groups should be limited to two.
19. Some space should be provided for parallel sub-regional meetings.
20. Clear recommendations regarding next steps should be disseminated widely including to the ministries of health.

**Subregional mechanisms identified in working groups
for involvement in the roll out of the
Regional HIV/STI Plan for the Health Sector 2006-2015**

Caribbean

CAREC

CARICOM

PANCAP

Commission on Health and Social Development—CMO Meetings

Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC)

National epidemiologist meetings

CHART / University of West Indies

Central America

COMISCA

RESSCA

SISCA

SICA

GCTH

OSC

South America

GCTH

Sistema Andino de Integración con sus organismos REMSA y ORS

MERCOSUR

PARLATINO

REDES y FOROS de ONGs y PVVS

Red de Universidades

Organización Iberoamericana de Seguridad Social

Cooperación Amazónica

Grupo de Río

Cooperación SUR-SUR de Brazil

Agencias Multilaterales: ONU (ONUSIDA y la agencias que la integran)

Agencias Bilaterales: GTZ, ACIDI, AECI, JICA

REMSAA

ORAS

CAN

REDSUR

Comisión Latin American Professional Association Networks

LACCASO

TAC Recommendations 2005 - 2006 by Critical Line of Action

Critical Line of Action 1 Strengthening health sector leadership and stewardship and fostering the engagement of civil society	Critical Line of Action 2 Designing and implementing effective sustainable HIV/AIDS/STI programs, and building HR capacity	Critical Line of Action 3 Strengthening, expanding, and reorienting health services	Critical Line of Action 4 Improving access to medicines, diagnostics, and other commodities	Critical Line of Action 5 Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination	Strengthening PAHOs capacity to support Regional Plan
1. PAHO should endorse a policy that supports access to treatment of HIV disease with antiretroviral therapy (ART). This should be considered a “public good” as in the case of tuberculosis. Prevention and control of HIV is a public health mandate - PAHO’s continual technical cooperation and advocacy in system changes for countries to develop and deliver effective programs, the cost of which should not be borne by people living with HIV.	4. PAHO should advocate for a policy supporting free and confidential voluntary counseling and testing (VCT), linked to medical and social services, and the use of rapid and reliable low-cost methods of screening for HIV as they become available.	5. PAHO should advocate for and support the full recognition of the critical role of health promoters, community groups / members and family members in the fight against HIV/AIDS and the need to ensure the sustainability of their actions.	14. PAHO should ensure, through collaborative efforts in countries, that medicines and supplies, diagnostics and commodities, as well as tools for primary prevention, are available within countries and throughout the region.	7. PAHO should encourage ongoing and sustained strengthening of national surveillance programs - including sero-surveillance - as the basis for the development and modification of HIV/STI and tuberculosis prevention and care programs based on these data and the enhancement of national and local capacity building.	12. PAHO should communicate to countries WHO’s policy on HIV/AIDS and breast-feeding, keeping in mind the issue of cost when promoting the use of formula.
2. PAHO should advocate for and support the development of country-specific goals in Latin America and the Caribbean (LAC) that are attainable and consistent with clearly defined targets. Even where goals are reached, intensified efforts must be made to work towards achieving equitable and universal access to treatment, prevention and care, including ART.	23. PAHO should recommend to national authorities that they expand linkages between national programs in HIV/AIDS and mental health to ensure early detection of problems and proper access to quality care and services within a context of human rights for PLWHA.	31. (Also for Blood Safety Regional Plan) PAHO should intensify its efforts to ensure blood safety in every country of LAC.	16. PAHO should work towards an effective cost containment strategy relevant to HIV care and treatment, as bulk purchases of ARV and the use of generic medicines can cut costs dramatically. Transparency about pricing and diagnostics and medications will strengthen PAHO’s role in making VCT and care available to all those who need it.	8. PAHO should advocate for and support prevention of new HIV cases by strengthening surveillance within health services, and by providing clear orientations for the development of promotion and prevention policies and strategies aimed at specific age groups.	15. PAHO should communicate to countries and regions the WHO/PAHO standards for generic drugs.

Critical Line of Action 1	Critical Line of Action 2	Critical Line of Action 3	Critical Line of Action 4	Critical Line of Action 5	Strengthening PAHOs capacity to support Regional Plan
<p>3. PAHO should advocate for, and support the application of established human rights principles to HIV/AIDS policies in the Americas, and support countries in the development of optimal public policy and legislation.</p>	<p>30. PAHO should assure that health promotion and HIV/STI prevention activities are framed within a human rights context and, to the extent possible, are based on evidence and on models that have proven to be effective.</p>	<p>32. PAHO must work with countries to apply effectively the primary health care approach to prevention and care of HIV/AIDS and STIs in all LAC countries, using contemporary principles of health promotion, and ensuring a strong community component.</p>	<p>17. PAHO should play a leadership role in negotiating agreements with pharmaceutical manufacturers for access to affordable second-line drugs and new diagnostic tools. Protocols for appropriate use of these drugs should be developed collaboratively with appropriate partners.</p>	<p>9. PAHO should advocate for and support the establishment of approved methods and high standards for monitoring and evaluating HIV prevention and care programs in the Region.</p>	<p>21. PAHO should re-evaluate policies related to supervision and management across PAHO, with specific reference to HIV/AIDS and STI programs, in order to ensure that the Secretariat's goals and priorities are success-fully implemented in the field, and that there is consonance between the regional and field offices vis-à-vis the level of priority given to HIV/AIDS and other STI.</p>
<p>6. PAHO should declare its opposition to discrimination against, and stigmatization of, people because of their sexual orientation and sexual behaviors, including such laws and policies that perpetuate discrimination and stigmatization, increase vulnerability to HIV infection and interfere with participation in effective prevention and control programs.</p>	<p>10. PAHO should advocate for and support scaling up of the Region's human resource capacity in the member countries to effectively respond to the goals and targets set in HIV/AIDS prevention, care and treatment, and for ways of addressing the problem of brain drain.</p>		<p>18. PAHO must be vigilant to create awareness at the highest level within LAC that trade agreements that are based on protection of intellectual property rights and that place limits on the negotiation of prices for drugs and other medical supplies can become obstacles to the equitable delivery of care to people with HIV.</p>	<p>28. PAHO should support the establishment of a single HIV registry process for persons with HIV.</p>	<p>22. PAHO should ensure that in-country and regional staff advocate for the active participation or organizations and individuals, to include people with HIV, people at risk for HIV infection, formal and informal NGOs that represent marginalized populations, e.g. homeless, poor, racial minorities, indigenous populations, the disabled, the mentally ill, children and sexual minorities. These people should provide constructive criticism of existing programs and play a role in the development of programs that will serve them more effectively.</p>

Critical Line of Action 1	Critical Line of Action 2	Critical Line of Action 3	Critical Line of Action 4	Critical Line of Action 5	Strengthening PAHOs capacity to support Regional Plan
<p>20. PAHO should engage, within and across LAC, in a public communications strategy to promote a broad-based consensus, with an ongoing sense of urgency, that the AIDS epidemic is a public health emergency in the Western Hemisphere.</p>	<p>11. PAHO should advocate for and support a gender sensitive approach to HIV/AIDS, including assurance of gender equality in access to and provision of services, VCT, PMTCT, and comprehensive care and treatment of HIV positive women.</p>		<p>19. PAHO should play a leadership role in promoting the rational use of ART, drugs for opportunistic infections, HIV diagnostic tests and other diagnostic tools for medical management for people with HIV disease.</p>	<p>29. PAHO should disseminate best practices and lessons learned and stimulate the exchange of experiences to optimize the use of available and incoming resources and ensure results.</p>	<p>24. PAHO should work with other agencies to improve the coordination of efforts in the fight against HIV/AIDS, help to stream-line bureaucracy, and clarify roles and responsibilities in order to facilitate country programs and reduce duplication of processes.</p>
<p>26. PAHO should facilitate and support the rapid implementation of Global Fund projects through culturally appropriate interventions, giving special consideration to early warning systems for countries facing difficulties with implementation of current grants.</p>	<p>13. Revised 2006 <i>PAHO should advocate for and support the establishment of national ethics committees (where these do not exist) and make sure that the terms of reference of these committees include review and monitoring of issues related to prevention, care, treatment and support of HIV/AIDS/STI.</i></p>			<p>33. PAHO should be actively involved in shaping an operational research agenda for HIV/AIDS and STI that focuses on the needs within the Americas.</p>	<p>25. PAHO should identify two or three themes where PAHO's comparative advantage lies, and develop concrete actions in the short, medium and long terms. Countries that are of particular concern should be prioritized.</p>

Critical Line of Action 1	Critical Line of Action 2	Critical Line of Action 3	Critical Line of Action 4	Critical Line of Action 5	Strengthening PAHOs capacity to support Regional Plan
<p>37. 2006 Recommendation PAHO should advocate for and support a comprehensive communication strategy that includes all relevant stakeholders and that leads to wide adoption of the health sector plan.</p>	<p>35. 2006 Recommendation PAHO should advocate for and support a critical review of (a) barriers to adherence and (b) barriers to access to comprehensive prevention, care, treatment and support, with the goal of eliminating these barriers.</p>			<p>34. 2006 Recommendation PAHO should support member countries in the utilization of modern information technology to improve program performance (for example, a database with standardized clinical and epidemiological information and to manage supplies and commodities).</p>	<p>27. PAHO should evaluate the underlying principles of PAHO's policies and strategies to ensure that these policies are based on the best available scientific evidence.</p>
	<p>38. 2006 Recommendation Through its national and international representatives, PAHO should advocate for and support the elimination of "double standards" such as the use of sub-optimal prevention strategies, treatment practices, and monitoring.</p>			<p>36. 2006 Recommendation PAHO should advocate for and support the harmonization of case definitions and standardization of valid diagnostic algorithms for HIV infection and disease, as well as for conditions related to HIV. This includes clinical and laboratory algorithms.</p>	