Progress Report 2010
Norway/PAHO Strategic Partnership
June 2008 - June 2013

HIV Prevention in Young People
Using a Human Rights Framework in
Central America and the Caribbean

PAHO/WHO
Family and Community Health Area
Technology, Health Care & Research Area
Gender, Ethnicity & Health Area
February 2010
Table of Contents

Glossary...........................................................................................................3
Overview........................................................................................................5
I. Background..................................................................................................6
   1. Description of Initiative.................................................................6
   2. Internal Context.................................................................8
      - Structural Changes.........................................................8
      - Conceptual Framework................................................9
      - Coordination...............................................................9
   3. External Context.................................................................9
      - Natural Disasters..........................................................9
      - Global Crisis and Shifts in Donor Country Governance............10
II. Overall Regional Achievements............................................................11
   1. Policy and Legal Frameworks....................................................14
   2. Strategic Information Systems...................................................19
   3. Health Sector Response...........................................................20
      - Health Systems and Services........................................20
      - Human Resource Capacity Building................................24
   4. Cross Cutting Themes...............................................................27
      - Gender Equity and Equality..............................................27
      - Human Rights Based Approaches...................................28
III. Monitoring & Evaluation.....................................................................30
    - Sustainability.................................................................31
    - Conclusion...........................................................................32
    - Lessons Learned...............................................................33
    - Recommendations............................................................34
    - Final 2010 Budget Execution..............................................35

Country Reports..........................................................................................Annex A
Materials.....................................................................................................Annex B
Glossary

AD—Assistance Director
ADH—Adolescent Health
AECID—Spanish Agency for International Cooperation
AIDS (sida)—Acquired Immunodeficiency Syndrome
CDC—Center for Disease Control
CDC/GAP—Center for Disease Control’s Global AIDS Program
CSO—Civil Society Organizations
CSS—Caja de Seguro Social
CRC—Convention on the Rights of the Child
DAIF—Departamento de Atencion Integral a la Familia
DDHH—Human Rights
ECOS—equpos comunitarios de salud familiar
ER (RE)—Expected Result
FBO—Faith-Based Organization
GDR—Gender, Diversity and Human Rights
HIV (VIH)—Human Immunodeficiency Virus
HPV (VPH)—Human Papillomavirus
IAT—Indicadores de alerta temprana de VIH/SIDA
IDU—Injecting Drug Users
IMAN—Integrated Management of Adolescent Needs
IPPF—International Planned Parenthood Federation
LGBT—Lesbian, Gay, Bisexual and Transgender
MARP (PEMAR)—Most at Risk Population(s)
MDGs—Millennium Development Goals
MIFC—Mujeres, Individuos, Familias y Comunidades
MOSAFC—Modelo Salud Familiar y Comunitario
MOH—Ministry of Health
MSM (HSH)—Men that have Sex with Men
MSPAS—Ministerio de Salud Publica y Asistencia Social
NGO (ONG)—Non-Governmental Organizations
OAS (OEA)—Organization of American States
PAHO (OPS)—Pan American Health Organization
PAIA—Programa de Atencion Integral del Adoelscente
PASB—Pan American Sanitary Bureau
PEN—National Strategic Plan
PHC (APS)—Primary Health Care
PMTCT (PTMI)—Prevention of Mother to Child Transmission
PNS– Programa Nacional de Sida
PNSIA—Programa Nacional de Salud Integral de Adolescentes
PWR—PAHO/WHO Representative
RBM—Results Based Management
RER—Regional Expected Results
SAM—Mapeo de disponibilidad de servicios de VIH y adolescentes
SI—Strategic Information
SIAS—Sistema Integral de Atencion en Salud
SIDA—Swedish International Development Agency
SIGSA—Sistema Gerencial en Salud
SIP—Sistema informatico perinatal
SNU—Sistema de Naciones Unidas
SO—Strategic Objective
SRH (SSR)—Sexual and Reproductive Health
STI (ITS)—Sexually Transmitted Infection
SUMEVE—Sistema unico de monitoreo, evaluacion y vigilancia epidemiologica
SW (TS)—Sex Workers
TB—Tuberculosis
TC (CT)—Technical Cooperation
TIC’s—Technology, Information, and Communications
WDC—Washington D.C., Headquarters
WHO—World Health Organization
UN (OMS)—United Nations
UNAIDS (ONUSIDA)—The Joint United Nations Programme on HIV/AIDS
UNESCO—United Nations Educational, Scientific and Cultural Organization
UNFPA—United Nations Population Fund
UNICEF—United Nations Children’s Fund
Overview

In 2008, the Royal Norwegian Embassy and the Pan American Health Organization joined forces under one initiative; “HIV Prevention in Young People Using a Human Rights Framework in Central America and the Caribbean 2008-2013”. This is the report for the year 2010, and it outlines the main accomplishments achieved in Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Panama.

The goals of the initiative include supporting priority and high-impact countries to establish a regional legislative and policy environment for gender sensitive and human rights based HIV prevention and sexual and reproductive health programs for young people; building human rights capacity for the provision of gender sensitive and human rights-based HIV prevention and sexual and reproductive health services and programs for young people; assisting six countries to expand HIV prevention services for young people, utilizing gender, sexual and reproductive health, and human rights approaches; and finally strengthening regional, sub-regional and national capacity to generate and use strategic information for the development and monitoring of HIV programs for young people.

During the last couple of years, the majority of the countries of the PAHO/Norway initiative experienced decreases in adolescent fertility rates (births per 1,000 women ages 15-19); decreases in estimated HIV prevalence amongst both males and females aged 15-24; and finally they experienced a sharp increase in the proportion of sexually experienced adolescents (ages 15-19) who reported ever having used a modern contraceptive method. In addition, six of the seven countries also experienced an increase in youth friendly policy and legal frameworks which are based on human rights standards; a strengthening of national strategic information systems to include data disaggregated by age, sex, and ethnicity; an expansion of health systems and services catering to adolescents/youth and their sexual and reproductive health needs; and finally an increase in the national pool of human resources capacitated in integrated adolescent health care including human rights and interculturalism.

These advancements are the results of the harmonization of processes, information systems, youth friendly policies and legal frameworks that this initiative embodies. Basing its activities on human rights frameworks, it has ensured the involvement of all sectors, and has lead to an overall increased efficiency of national systems. It has provided support in a systematic manner, allowed for inter programmatic collaboration and success, and thus institutionalized the initiative framework into the national systems. Indeed, the initiative is currently serving as a model for other donors and agencies who are interested in building their initiatives using this interprogrammatic approach.

Furthermore, the PAHO/Norway partnership have significantly strengthened the commitment of PAHO and host governments to move the human and sexual reproductive rights, and adolescent and youth health agenda forward. And whilst PAHO continues to generate evidence from across the region to improve health outcomes of youth in these countries, host counties continue to adapt laws and policies in a manner consistent with
human rights obligations, implement services, and train human resources to improve the health of its young people.

I. Background

In November of 2008, the Government of Norway and the Pan American Health Organization formed a partnership to implement an initiative. The initiative is a five year project (2008-2013) that aims at reducing the spread of HIV among young people in Central America and the Caribbean using a human rights and gender approach. The agreement integrates topics including adolescent and youth health and sexual and reproductive health, HIV, human rights, gender, and diversity. The initiative has a NOK 35 million ceiling, and the goal is that with this funding, the project will be able to reach success in the most sustainable way possible.

In accordance with the PAHO/Norway agreement, the Pan American Health Organization will submit annual reports in February/March of each year that outlines the progress of the project. Together with this narrative report, a financial report showing budget execution will also be submitted.

The purpose of this report is to give an overview of the progress made—at the country and regional level—with the support of the initiative during 2010. It will present the internal and external context, regional and country achievements, advances in cross cutting themes such as gender equity and equality and human rights, challenges, conclusions, and lessons learned. The report also includes appendices of country reports (Appendix A) and materials developed with the funding from the PAHO/Norway initiative during 2010 (Appendix B).

Description of the Initiative

The initiative covers seven countries; the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Panama. The goal of the initiative is to ultimately halt and begin to reverse the spread of HIV among young people (10-24 years) in Central America and the Caribbean, particularly amongst the most poor and vulnerable. The project proposes to achieve this goal by using an integrated sexual and reproductive health approach that incorporates the tenants of human rights and gender equity. The expected results of the initiative are the following:

1. Supportive regional legislative and policy environment established for gender sensitive and human rights based HIV prevention and sexual and reproductive health programs for young people.
2. Human rights capacity developed for the provision of gender sensitive and human rights-based HIV prevention and sexual and reproductive health services and programs for young people.
3. Six countries have expanded HIV prevention services for young people, utilizing gender, sexual and reproductive health, and human rights approaches.
4. Regional, sub-regional and national capacity strengthened to generate and use strategic information for development and monitoring of HIV programs for young people.

In accordance with the new Pan American Health Organizations strategy of results based management; the Norway grant expected results, the organizational regional expected results (RER) indicators, and the Norway Indicators are outlined in the table below:

<table>
<thead>
<tr>
<th>Norway Grant Expected Results</th>
<th>PAHO RER Indicator</th>
<th>Norway Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive regional legislative and policy environment established for gender sensitive and human rights based HIV prevention and sexual &amp; reproductive health programs for young people.</td>
<td>4.6.1</td>
<td>Number of countries with a functioning adolescent and youth health and development program</td>
</tr>
<tr>
<td></td>
<td>2.2.1</td>
<td>Number of countries with health sector policies and medium term plans in response to HIV in accordance with Universal Access Framework</td>
</tr>
<tr>
<td></td>
<td>4.1.2</td>
<td>Number of countries that have a policy of universal access to sexual and reproductive health</td>
</tr>
<tr>
<td></td>
<td>4.7.1</td>
<td>Number of countries that have reviewed public health policies related to sexual and reproductive health</td>
</tr>
<tr>
<td></td>
<td>7.4.1</td>
<td>Number of countries using 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health</td>
</tr>
<tr>
<td>Human rights Capacity developed for the provision of gender sensitive and human rights-based HIV prevention and Sexual and Reproductive Health services and programs for young people.</td>
<td>2.5.4</td>
<td>Maintain the number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of HIV programs</td>
</tr>
<tr>
<td></td>
<td>2.1.7</td>
<td>Number of countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with STIs diagnosed, treated and counseled at primary point-of-care sites).</td>
</tr>
<tr>
<td>Six countries have expanded HIV prevention services for young people, utilizing gender, Sexual and Reproductive Health, and human rights approaches.</td>
<td>2.1.1</td>
<td>Number of countries that provide prophylactic antiretroviral treatment to at least 80% of the estimated HIV positive pregnant women.</td>
</tr>
<tr>
<td></td>
<td>4.6.2</td>
<td>Number of countries implementing a comprehensive package of norms and standards to provide adequate health services for young people's health and development (e.g. Integrated Management of Adolescents Need [IMAN])</td>
</tr>
<tr>
<td></td>
<td>6.6.1</td>
<td>Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual practices</td>
</tr>
</tbody>
</table>
Regional, sub-regional and national capacity strengthened to generate and use strategic information for development and monitoring of HIV programs for young people.

### 2.4.1 Number of countries reporting HIV surveillance data disaggregated by sex and age to PAHO/WHO guidelines

### 4.2.1 Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent and youth health, with information disaggregated by age, sex and ethnicity.

### 4.2.2 Number of PASB systematic reviews on best practices, operational research, and standards of care

---

**Internal Context**

**Structural Changes**

In 2010, programs within Family and Community Health at the Pan American Health Organization (Nutrition, Maternal Health, Neonatal and Child Health, Adolescent and Youth Health, and Elderly Health) integrated under one umbrella-project—the Healthy Life Course Project. The Healthy Life (HL) Course Project uses an integrated and multisectorial approach to address the health needs of the population of Latin America and the Caribbean throughout the life course. The approach is based on the model that health outcomes for individuals, families, and communities depend on the interaction of various protective and risk factors throughout the life course. These factors are related to psychological, behavioral, biological and environmental influences, as well as access to health services. These efforts are aimed at achieving key health-related Millennium Development Goals (MDGs) 1, 4 and 5; because the MDGs are all closely related, the project also supports the achievement of MDGs three and six. The approach provides a more comprehensive vision of health and its determinants, which calls for the development of health service networks that are centered on people’s needs at each stage of their lives and addresses the social determinants of health. With this integration came a shift in management responsibilities at the Regional level, where Dr Matilde Maddaleno, previously the Adolescent Health Technical Adviser, came to assume a much larger role within the organization as the Healthy Life Course Project Coordinator.

The HIV program at the regional level also experienced shifts in management during 2010, when Dr Kathleen Israel, previously the PAHO/WHO Representative (PWR) in Guyana, came to assume the role of the HIV and STI project coordinator. This shift led to a greater coordination not only within the HIV unit, but also between the HIV unit and other projects. Another important change that developed during 2010 was the integration of the Human Rights program at PAHO into the Gender and Diversity program (indigenous peoples and other ethnic/racial groups’ health) under the office of the Assistant Director (AD).

Apart from these changes, PAHO also faced human resources restructuring process at the country level, generating instability which led to some of the personnel involved in the PAHO/Norway initiative at the country level leaving the organization.
Conceptual Framework
The integration of project areas such as the Healthy Life Course project and the emphasis on coordination between HIV unit and other projects has at times been challenging for the organization. However, it has also created a huge opportunity to integrate HIV into the Healthy Life Course Project at the regional level, and also into the health systems at the country level. Today, most health care systems in Latin America, keep HIV prevention services separate and isolated, and in order to better respond to the epidemic, integration is necessary.

Integration and coordination has also allowed for improved strategic interagency alliances in countries and in the region. In 2010, PAHO increased its role with United Nations institutions in the countries, the Inter-American Commission on Human Rights, the UN Special Rapporteur on the Right to Health, sub-regions and the region, and expanded its country level partners outside of the traditional Ministry of Health, into other ministries and non-governmental and Faith Based organizations who also contribute to the provision of youth health services.

Coordination
The advancement towards greater integration has also created a greater need for an internal coordination of the project at three different levels—regional, sub-regional, and at the country level. Meeting this need has not always been easy. However, documents such as Regional Health Plan’s of Action, assist in aligning perspectives, provide feedback loop from countries and the sub-region to the regional level, and allow for improved coordination. In 2010 for example, the PAHO Regional Strategy and Plan of Action on Youth and Adolescent Health was disseminated for adoption and adaptation to Ministries of Health and stakeholders around the region. PAHO Member States also approved in October 2010 resolution CD50R8 “health and human rights” which establishes clear mandates with regard to the reform of national health policies, plans and laws in a manner consistent with UN and OAS human rights treaties and the collaboration with civil society organizations, including organizations of young people such as LGTBI and others. The technical document CD50/12 “health and human rights” included several activities that are being developed with the support of Norway in PAHO Member States.

External Context
The aftermath of natural and manmade disasters; political turmoil; and global commitments, are all examples of factors within the external context which has created both challenges and opportunities for the PAHO/Norway initiative.

Natural Disasters
Natural disasters—ranging from volcanic eruptions, tropical storms, the opening of a giant sink-hole, to the cholera outbreak in Haiti—forced the organization and host

---

country institutions to shift away from their normal activities and priorities to responding to the various situations. These shifts in activities and priorities hampered plans and decelerated overall processes at the Ministerial level during 2010. In Haiti for example, the aftermath of the earthquake together with the cholera outbreak resulted in the derailing of some of the ongoing effort. It interrupted the programmatic approach making it difficult to proceed with planned activities and required for the modification of plans and strategies to respond to emergency issues.

Global Crisis and Shift in Donor Country Governance

The Global financial crisis, political turmoil and turnover in the region, and shifts in donor country governance have caused host governments and donors to reassess their priorities, resulting in significant adversities for the initiative.

As a result of the global financial crisis for example, there has been an overall decrease in funding for development. One of the repercussions of this decrease can be seen in the area of HIV as 2010 experienced an overall global decrease in funding towards the epidemic. For the region this has meant a shift in priorities, reducing the effort to reverse and halt the spread of HIV. For the HIV unit at PAHO this has meant a deceleration in the ability to carry out planned activities, and to reproduce, disseminate and apply already developed materials in the field.

Political turmoil, in countries such as Honduras, has created a barrier in the relationship between PAHO and the Ministries of Health, and personnel turnover within the Ministries of Health—both in terms of new administration and new national health authorities—in countries around the region has created difficulties in the activities that PAHO jointly with the Ministries of Health are trying to execute.

Furthermore, due to a shift in donor government priorities, Sweden—which has provided assistance to Latin America for over thirty years, and also been a major partner for the adolescent and youth health program at PAHO—has decreased its development assistance to Latin America, and thus reduced its presence from ten to three countries, as well as terminating its large regional program.

The external context has not only been negative however, at times it has created opportunities for the PAHO/Norway initiative. For example, the commitments made by the region’s highest health authorities in the area of universal access to sexual and reproductive health education within the Mexico City Declaration, together with the World Youth Conference which took place in Mexico at the end of August of this year, have jointly created a favorable political environment for the PAHO/Norway initiative. They have provided an opportunity for interagency collaboration in the area of sexual and reproductive health, highlighted the most significant health issues facing youth today, and provided a forum for interagency collaboration with civil society participation.
II. Overall Regional Achievements

Although all advances made during the last couple of years in the countries of the PAHO/Norway initiative cannot solely be attributed to the work carried out through the support of the PAHO/Norway initiative, it is fair to say that the initiative “HIV prevention in Young People Using a Human Rights Framework in Central America and the Caribbean 2008-2013”—together with support from other cooperation’s such as the Swedish and Spanish Cooperation—has significantly contributed towards these advancements.

Recognizing that it is not possible to analyze all relevant health indicators, this report has chosen to focus on three main indicators; Adolescent fertility rates, HIV estimates amongst youth populations (men and women), and the usage of modern contraceptive methods:

a) According to the most recent data of adolescent fertility rates (births per 1,000 women ages 15-19) in the region, all seven countries of the PAHO/Norway initiative seem to have experienced a decrease over the last couple of years.

The following graph shows that Haiti had the lowest adolescent fertility rate out of the seven countries in 2005 (49), and continued to have the lowest in 2008 when the rate dropped to 46. El Salvador had an adolescent fertility rate of 87 in 2005 and 82 in 2008. Guatemala had an adolescent fertility rate of 111 in 2005, and experienced a five point decrease to 106 in 2008. Honduras had an adolescent fertility rate of 98 in 2005, and a rate of 93 by 2008. Panama had an adolescent fertility rate of 86 in 2005, and 82 in 2008. Finally, while Nicaragua had the highest adolescent fertility rate amongst the seven countries in 2005 and in 2009 (116 and 112 respectively), Dominican Republic was the country which had dropped the least in the three years (from 109 in 2005, to 108 in 2008).

![Adolescent Fertility Rate (births per 1,000 women ages 15-19) 2005-2008](image)
b) Although there is not enough data on HIV prevalence estimates amongst males and females ages 15-24 in the region, recent UNAIDS and WHO reports allow us to get a brief overview of the current situation.

The table below shows the estimated prevalence amongst males ages 15-24 in 2007 and 2009. According to the data, three of the seven countries (El Salvador, Honduras, and Nicaragua) have experienced a decrease over the past three years. El Salvador had an estimated HIV prevalence rate of 0.9 in 2007, and a 0.4 in 2009; Honduras had an estimated HIV prevalence rate of 0.7 in 2007, and a 0.3 in 2009. Nicaragua had an estimated prevalence rate of 0.3 in 2007, and a 0.1 in 2009. Guatemala did not have any numbers reported in 2007; however they had an estimated HIV prevalence rate of 0.5 in 2009. Dominican Republic, Haiti, and Panama did not have any data registered for 2009 however in 2007 their rates were 0.3, 0.6, and 1.1 respectively.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated HIV prevalence amongst males ages 15-24 in 2007 and 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>0.9, 0.7, 0.3, 0.5, 0.3, 0.6, 1.1</td>
</tr>
<tr>
<td>2009</td>
<td>0.4, 0.3, 0.1, , , , ,</td>
</tr>
</tbody>
</table>

Source: UNAIDS and the WHO's Report on the Global AIDS Epidemic

The next graph shows that the population of females ages 15-24 in El Salvador experienced a drop from 0.5 to 0.3 in estimated HIV prevalence rates, during the years 2007-2009. Guatemala experienced a drop from 1.5 to 0.3 in estimated HIV prevalence rates, during the years 2007-2009. Honduras had an estimated HIV prevalence rate of 0.4 in 2007, and a 0.2 in 2009. Nicaragua remained stable at 0.1. Finally Dominican Republic, Haiti, and Panama, only had data from 2007, and by then they had estimated HIV prevalence rates of 0.6, 1.4, and 0.6 respectively.
c) According the most recent Demographic Health Surveys carried out in four out of the seven countries, there has been a sharp increase in the proportion of sexually experienced adolescents who reported ever having used a modern contraceptive method.

The following graph shows that adolescents in El Salvador and Honduras reported similar rates at the first surveys (25% and 24%, respectively); by the fourth surveys, these percentages had increased to 60% and 62%, respectively. Guatemalan adolescents had the lowest initial rate of modern contraceptive use—7% in 1987—which almost quadrupled over subsequent surveys, to 27% in 2002. In Nicaragua, the percentage who reported ever having used a modern contraceptive increased from 35% in 1992–1993 to 76% in 2006–2007. Dominican Republic and Haiti and Panama did not have any similar data available for any of the years.

2 Demographic Health Surveys 1987-2007 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2895925/
One way in which this initiative has contributed to these health advances has been through supporting policies and legal frameworks which favor adolescent, sexual and reproductive health, human rights, and gender.

1) Policy and Legal Framework
In terms of policies and legal frameworks, perhaps the greatest achievement happened at the regional level, with the dissemination for adoption and adaptation of the Youth and Adolescent Health Plan of Action among member states\(^3\), and the approval of the Regional resolution on “Health and Human Rights” by all PAHO Member States (Resolution CD50R8)\(^4\). Both these documents, which were developed with the support of the PAHO/Norway initiative, allow for interagency collaboration, and are greatly supporting countries as they formulate, establish, and execute plans, policies and strategies at the national level, using the same lines of action and indicators.

The table below shows the advances made, in terms of Human Rights, in three of the seven countries with the assistance from the PAHO/Norway initiative. El Salvador developed a National Decree on the Elimination of Discrimination against LGBT persons. Guatemala set a National law on HIV based on international human rights obligations. And finally, the Supreme Court of Honduras made a decision to advance human rights of LGBTI young people in a manner consistent with UN/OAS human rights obligations:

<table>
<thead>
<tr>
<th>Country</th>
<th>Advances in Human Rights Laws/Decrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>National law on HIV based on international human rights obligations (2010)</td>
</tr>
<tr>
<td>Honduras</td>
<td>Decision of the Supreme Court towards advancing human rights of LGBTI young people in a manner consistent with UN/OAS human rights obligations</td>
</tr>
</tbody>
</table>

In terms of adolescent and youth health, almost all countries (except Haiti) of the PAHO/Norway initiative have a national adolescent and youth health plan/policy and/or strategy in place. Four of the seven countries (El Salvador, Guatemala, Nicaragua, and Panama) have plans/strategies or laws especially dedicated to sexual and reproductive health. All countries except Haiti had either programs or models of service delivery dedicated specifically to adolescents, youth, and sexual and reproductive health (see Table 3).

Furthermore, to add to these already existing plans and strategies, PAHO—with the support of Norway—organized an international State of the Art in Sexual and Reproductive Health meeting which was held in Guatemala in September of 2010. The meeting was an interagency collaboration and was attended by international representatives from SIDA, UNFPA, UNICEF, AECID, Center for Disease Control (CDC), Internet Sexuality Information Services, Inc (ISIS Inc), Education Training

\(^3\) http://new.paho.org/hq/dmdocuments/2009/CD49-12-e.pdf

Research (ETR) Associates, the National Teen Pregnancy Campaign, and the International Planned Parenthood Federation (IPPF). It was also attended by professionals from the Ministries of Health, Institutes of Social Security, health faculties from 13 countries in Latin America, by ten PAHO adolescent, sexual and reproductive health focal points, and by representatives from the Latin American Center for Perinatology and Human Development (CLAP). The objectives of this meeting included: to provide a situation analysis of adolescent and youth sexual and reproductive health in the region using a human rights framework; to share lessons learned, supported by the Norwegian and Swedish initiative, in adolescent and youth sexual and reproductive health, with an emphasis on prevention of teenage pregnancies and HIV; to present new scientific evidence and findings within the topic of adolescent and youth sexual and reproductive health; and finally to assist in the development or update of regional plans for the improvement of adolescent and youth sexual and reproductive health at the national and sub regional level in a manner consistent with international and regional human rights treaties and standards.

The themes discussed in the meeting were: the strategic frameworks for adolescent and youth sexual and reproductive health; the opportunities and challenges for the next decade; the evidence for the impact of sexual and reproductive health programs tackling sexual behaviors; the most significant developments in the reform of national sexual/reproductive health policies and laws using human rights law obligations; lessons learned in adolescent and youth sexual and reproductive health per sub-region; a situation analysis of contraceptive methods; a situation analysis of existing Technology, Information, and Communications (TIC’s); HPV vaccination findings; I-Brain novelties; and finally HIV biomedical interventions.

To prepare for the meeting, 7 countries (Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) carried out an analysis on the current Sexual and Reproductive Health Situation for Adolescents and Youth in their respective country. This analysis was based on one survey examining existing programs, policies, and services, and one survey gathering opinions from both adolescents and youth and their parents.

In addition to these situational analyses, the meeting provided a forum where lessons learned from the PAHO/Norway and PAHO/SIDA initiatives, and scientific evidence was presented on the topic of adolescent and youth sexual and reproductive health. The meeting also provided a working space for the development of regional plans for the improvement of adolescent and youth sexual and reproductive health at the national and sub regional level.

Each component of the meeting was broadcasted and recorded via Elluminate, using microphones and web cameras, and generated more than 400 viewpoints daily from UNFPA, UNICEF, Universities, Scientific Societies, Hospitals, Institutions, Ministries of Health from all over Latin America and the United States. The recordings of the meeting can be found using the following link: https://sas.elluminate.com/mrtbl?sid=M.1E19F80AB4897ED53DBFBA4266835B.
and PowerPoint presentations, tools, list of participants, and other materials can be attained through PAHO’s community of Practice Share Point: https://sites.paho.org/hlcop/ssr_ado/Shared%20Documents/presentation.aspx?PageView=Shared.

The meeting also generated a Facebook group, where participants from the meeting and others can join to discuss relevant themes, share information and materials, and establish a network for adolescent and youth sexual and reproductive health: http://www.facebook.com/group.php?gid=159802124033276&ref=mf#!/group.php?gid=159802124033276&ref=mf.

The most significant outcome of this meeting, however, was that all countries, including Bolivia, Chile, Costa Rica, Dominican Republic, El Salvador, Ecuador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, and Uruguay, revised their current health plans focusing on adolescents sexual reproductive health and human rights, and started the development of national plans for the prevention of adolescent pregnancies and HIV.

The following table outlines the advances made in terms of adolescent health and sexual and reproductive health specific policies, plans, and strategies, over the last couple of years, in the seven countries of the PAHO/Norway initiative. It also outlines the challenges, including follow up efforts of the development of the national plans for the prevention of adolescent pregnancies and HIV, and advocacy efforts supporting the development of a sexual and reproductive health plan/strategy for those countries that do not already have one.

<table>
<thead>
<tr>
<th>Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Countries in Central America with established Adolescent and Sexual and Reproductive Health Plans/Strategies/Policies</strong></td>
</tr>
<tr>
<td><strong>Country</strong></td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Dominican Republic</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Haiti</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Honduras</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
In addition to the plans, strategies, and policies outlined in the tables above, almost all countries of the PAHO/Norway initiative also have a set of plans, strategies and policies which are more comprehensive in nature but still cover components of adolescent and youth health and/or sexual and reproductive health.

In regards to sexual and reproductive health promotion and HIV/STI prevention and care, the Project has served to realize strategies and plans that would otherwise remain merely as good proposals. Among others we can mention the following:

1) The Mexico Ministerial Declaration “Educating to Prevent HIV”5 issued on August 1st 2008. Connected to this important milestone, PAHO has advanced important actions during 2010 in close collaboration with member states and international partners, among others the following can be mentioned:

- A regional HIV surveillance of youth MSM through multilevel analysis of respondent driven sampling (RDS) studies in Latin America.
- A survey to ascertain the preparedness of health systems to provide sexual and reproductive health services for youth. The survey included Guatemala, El Salvador and Honduras, among other countries, and preliminary findings indicate that providers still lack knowledge and sensitivity for dealing with the sexual concerns, doubts and problems of young people.
- The production of a series of factsheets to provide short and precise information to inform decision and policy-makers, influential personalities and other key stakeholders about the Declaration tenets and topics associated with it. The progress has been more notable in the health sector than in the education sector. Therefore, it is critical that sexual health promotion actions, including educational ones be redoubled to compensate for the limited action of the education sector.

While a favorable political environment provides the foundation for future work within human rights, gender, adolescent sexual and reproductive health, a strong strategic information system has the potential to support advocacy efforts at the highest level by providing a situational analysis, allowing for realistic goals to be set, and monitoring and evaluation to be carried out.

5 content.undp.org/go/cms-service/download/asset/?asset_id=2082652
2) Strategic Information Systems

In 2010 almost all target countries of the PAHO/Norway initiative (except Haiti) carried out a situational analysis on sexual and reproductive health among adolescents and youth in their respective countries. In these analyses, they collected vital information such as: age of sexual initiation, adolescent pregnancies, adolescent fertility rates, maternal mortality, mortality rates due to abortion, contraceptive use of adolescents and youth, adolescents living with HIV, and unmet family planning needs.

Other analyses that have been carried out with the support of the PAHO/Norway initiative to provide improved insight on the health issues affecting youth in the regions include a study which examines the principal causes of mortality amongst the youth and adolescent population in the Americas; a health services study analyzing coverage and standard of care for youth services in the region; a study focusing on indigenous youth within the region revealing the inequity of poverty, employment and education amongst indigenous youth compared to non-indigenous youth; and an evaluation of health service coverage for youth Most at Risk Populations (MARPS) in Nicaragua and Honduras.

As a result of overall improved data, PAHO was able to create in 2009 dynamic data entry and analyses portals such as the Adolescent and Youth Health Portal (see below). The portal provides a space where countries can upload data at the sub national level, and analyses can be carried out using the portal to provide an accurate picture of the youth health situation within the country.

The portal is currently being used and progressively updated by countries in Latin America. The uptake of this portal will not only contribute to the availability of adolescent and youth health data in the region, but will also benefit future monitoring and evaluation processes.

Other dynamic entry points supported by the PAHO/Norway initiative include the web-friendly MARP and other vulnerable population strategic information systems. For example, through tools such the Perinatal Information system (Sistema informático perinatal (SIP))—which includes an adolescent and youth health component called the Adolescent Health Information System—and the Early Alert of HIV/AIDS Indicators system (Indicadores de alerta temprana de VIH/SIDA (IAT)), data on sexual and reproductive
health and HIV have been able to be collected and strengthened in countries throughout the region (Honduras, Panama, and Nicaragua).

For the future, the success of these systems requires transparency and ownership by countries. Furthermore, as data is continuously being collected, resources need to be available for personnel to update the systems.

At the country level, all countries in Central America are working to improve strategic information by developing national adolescent and youth strategic information systems which contain collected information disaggregated by age and sex, and in some countries it is being further disaggregated by ethnicity, socioeconomic status, vulnerable populations, and risky behaviors.

The following table shows the advances and challenges of the seven countries in terms of strategic information. As can be seen, while the strategic information system in Guatemala could be viewed as the strongest amongst the seven as it includes data disaggregated by age, sex and gender, the strategic information system in Honduras and Haiti could be considered the weakest, as they do not contain data disaggregated by age, sex, nor ethnicity. And while the strategic information system in Dominican Republic, El Salvador, Nicaragua and Panama includes data disaggregated by age and sex, they are still missing data disaggregated by ethnicity.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Advances and Challenges in Strategic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td><strong>Data disaggregated by Age</strong></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Yes</td>
</tr>
<tr>
<td>El Salvador</td>
<td>Yes</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Yes</td>
</tr>
<tr>
<td>Haiti</td>
<td>No</td>
</tr>
<tr>
<td>Honduras</td>
<td>No</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>Yes</td>
</tr>
<tr>
<td>Panama</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Although vital, a strategic information system cannot function without a competent health sector. Recognizing this fact, the PAHO/Norway initiative made “strengthening health systems and services” and “human resource capacity building” two of its priorities in order to achieve health rights and universal coverage of adolescent and SRH services in the seven countries.

3) Health Sector Response

   A. Health Systems and Services

The PAHO/Norway initiative has been supporting countries in the strengthening of their health systems and services. This support has come in the form of technical cooperation
from PAHO staff at the regional and country level, and through interventions at the national level.

Examples of activities carried out through this initiative during 2010 include the development of documents such as “Linking Sexual and Reproductive Health and Gender Programs and Services with Prevention of HIV/STI”. This particular document is the fruit of a series of intensive expert consultations organized by PAHO over the course of several month, with the participation of other United Nations agencies, and is targeted at health sector decision makers and sexual and reproductive and HIV/STI program and service managers. The process has been geared to developing a work approach that not only increases the coverage of these programs and services but makes them more accessible to the segments of the population that needs them the most.

Another key instrument which was developed through the PAHO/Norway initiative during 2010 is the “Sexual and reproductive health care and HIV/STI prevention needs of adolescent girls and young women in Latin America and the Caribbean” document. This Blueprint provides an overview of the major healthcare issues that face adolescent girls and young women in this region. The document then discusses the obstacles that reduce access to reproductive services for this population. The Blueprint will guide clinicians and health administrators in Latin American and Caribbean region countries to begin to address these issues and to assist healthcare providers to care for the unique health needs of this population within primary care and specialty health care settings. Finally, the most common points of entry into the healthcare system will be considered along with steps the healthcare provider can take to address the factors that influence STI and HIV risk.

Other activities carried out through this initiative during 2010 include:

- The document “Improving Access of Key Populations to Comprehensive HIV Health Services towards a Caribbean Consensus” which summarizes discussions that took place and recommendations which were made during a Consensus Meeting, on Access of Most-at-Risk Populations to HIV Health Services in the Caribbean, in Santo Domingo in 2009.
- The design of a module for service providers to provide appropriate and inclusive services for LGBTI.
- The design of a blueprint to provide appropriate health services for gay men and other men who have sex with men in Latin America and the Caribbean (Proyecto para la provisión de cuidado integral para hombres gay y otros hombres que tienen sexo con hombres en América Latina y el Caribe).
- A course on “Sexual Health in Primary Care” to bridge the knowledge gap that is repeatedly found among providers in the countries of the region.
- A workshop manual for young female sex workers that has five thematic pillars, namely: the woman, the mother, the spouse, the worker, and the citizen (this manual will be field tested by mid 2011).
- A document, titled “Sexual Health for the Millennium” (Salud Sexual para el Milenio), which identify and examine eight integrated and integral goals for sexual health promotion, and outline action steps necessary to reach these goals.
As a result of these efforts and many others, there has been an overall expansion of sexual and reproductive health promotion and HIV prevention services in the region. The table below shows some of the advances in terms of Sexual and Reproductive Health services in each country (except Haiti) of the PAHO/Norway initiative:

### Table 5

<table>
<thead>
<tr>
<th>Country</th>
<th>Advances made in terms of Health Systems and Services at the Country level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dominican Republic</strong></td>
<td>75 centers within the health Services network in Dominican Republic offers ARV treatment. This includes centers in the most vulnerable areas.</td>
</tr>
<tr>
<td></td>
<td>The strategy of healthy families (Familias Fuertes) continues to be disseminated and implemented at the local level throughout the country. It does this through the collaboration of various institutions and organizations.</td>
</tr>
<tr>
<td><strong>El Salvador</strong></td>
<td>El Salvador has a monitoring and evaluation system set up where they monitor and evaluate adolescent health services.</td>
</tr>
<tr>
<td></td>
<td>Family based interventions are being carried out through the national adolescent and youth program and include interventions such as &quot;Familias Fuertes&quot;, &quot;Teach VIP Youth&quot;, &quot;Rostros, Voces y Lugares&quot;, &quot;Recorridos participativos para prevención de VIH&quot;.</td>
</tr>
<tr>
<td></td>
<td>El Salvador has today a 65% coverage rate of pregnant women being administered an HIV test.</td>
</tr>
<tr>
<td></td>
<td>Expansion of services dedicated to PMTCT of congenital syphilis through the completion of a national evaluation, and the development of a national strategy of PMTCT of congenital syphilis.</td>
</tr>
<tr>
<td></td>
<td>100% of establishments that provide health services include HIV prevention services and SRH promotion services.</td>
</tr>
<tr>
<td></td>
<td>HIV rapid tests are currently being offered in all establishments that provide health services.</td>
</tr>
<tr>
<td></td>
<td>100% of establishments that provide health services have at least one personnel qualified in integrated adolescent health care.</td>
</tr>
<tr>
<td></td>
<td>Centers for integrated adolescent health and units specially dedicated towards adolescent health are being organized and implemented</td>
</tr>
<tr>
<td><strong>Guatemala</strong></td>
<td>Guatemala's national youth policy includes the area of universal access to sexual and reproductive health services</td>
</tr>
<tr>
<td></td>
<td>20 health centers are currently dedicating their intervention efforts toward various topics within adolescent and youth health, including sexual and reproductive health</td>
</tr>
<tr>
<td></td>
<td>117 youth friendly spaces--which prioritize HIV prevention and SRH promotion--are being implemented in the country.</td>
</tr>
</tbody>
</table>
Two clinics were supported to include health care targeting vulnerable most at risk populations

The initiative supported the opening of five clinics which provide integrated care services in the area of PMTCT of HIV and congenital syphilis

Guatemala has an ARV treatment guide for adults, pregnant women (including adolescents) and children

A network for the promotion of mental health and the prevention of risky behaviors amongst adolescents and youth was formed

Guatemala consults youth and indigenous youth during the development and revision of their sexuality education

MINSA has formed a technical group to be in charge of Adolescent Pregnancy Prevention

---

**Honduras**

Honduras has started including topics such as health services, pregnancies, maternal mortality, and HIV/STD transmission amongst adolescent and youth populations into their health information system.

Honduras national youth policy includes the area of universal access to sexual and reproductive health.

In 2010, Honduras carried out a national report on universal coverage of HIV medication

Honduras has a 71% coverage of ARV therapy

Honduras has started an HIV prevention project which targets the LGBT community using Technology, Information, and Communication (TIC) tools

Honduras has 22 centers which are specifically dedicated to providing integrated adolescent health services

Honduras has developed adolescent health counseling guides

They are currently in the planning process of different HIV prevention projects which will use technology, information, and communication as a strategy.

---

**Nicaragua**

Nicaragua has a national policy on HIV testing and Counseling

A manual for HIV/STD surveillance is currently being developed.

HIV tests and treatment is free in Nicaragua

Access to HIV testing and treatment amongst pregnant women have increased to a 74%

100% of the maternity homes in Nicaragua offer informed consent HIV testing

862 counseling centers are currently offering HIV testing

Of all the health care centers which offer perinatal health care, 217 also offer HIV testing and counseling to pregnant women

30 centers are currently offering ARV treatment

89% of all HIV cases have been tested for TB

IMAN is being implemented in Nicaragua
Nicaragua has several health services centers which offer services especially dedicated to adolescents and youth.

Nicaragua has experienced a tripplefold increase in the number of people who are receiving ARV treatment.

Nicaragua has increased the number of pregnant women who have access to PMTCT of HIV services. They have done this by training 836 birth attendants and provided HIV tests in health centers.

Nicaragua continues to diffuse community based programs such as “Familias Fuertes” into their communities.

The current national plan for the PMTCT of HIV include the expansion of sexual and reproductive health services for the most marginalized populations including services for adolescents.

The ministry of health have promised to adapt current health services to populations which are most affected by HIV, including the men who have sex with men, and the transgender population.

Panama is currently developing tools for an integrated adolescent health services package.

Panama is working with families and schools to improve adolescent health.

A working group was formed to create a pilot which tests tools dedicated to adolescent and youth services.

Panama is working very closely with the Directorate of Health Services Provision, in order to ensure the availability of family planning methods for adolescents and youth.

Panama is offering HPV vaccine nationwide to girls aged 10 years and offered in multiple locations, including schools and health facilities.

Panama has increased access to HIV prevention and treatment through the decentralization of HIV care, the development of integral health care guides, nutrition guides, therapy guides, to all clinics in the country.

Panama is planning on carrying out a new base line study--with the support of the PAHO/Norway initiative--in order to identify the advances made in primary adolescent and youth health care services.

In addition to supporting the health systems and services, the PAHO/Norway initiative also contributed to the strengthening of the health sector in the seven countries by building capacity amongst human resources.

### B. Human Resource Capacity Building

During the year 2010, the PAHO/Norway initiative assisted in training a critical mass including professors, health care personnel, community leaders, and youth leaders through service packages such as the Integrated Management of Adolescent Needs (IMAN), which were distributed to all countries in Central America; through distance adolescent health education programs offered to health care providers in the targeted countries; and self guided CDs such as “Putting it All Together” (Un Modelo Para Des-Armar”) to develop competencies among primary health care providers to work with youth on sexual and reproductive health issues, and “Adventures to the Unknown” which builds capacity among peer educators and youth promoters.
The following table shows advances, achieved through the PAHO/Norway initiative, at the country level, including which countries have received the IMAN package, how many people in each country were trained through distance education programs during 2010, and finally which of the countries have received examples of the “Putting it Together” and “Adventures to the Unknown” self guided CD’s.

<table>
<thead>
<tr>
<th>Country</th>
<th>The Integrated Management of Adolescent Needs (IMAN)</th>
<th>Distance Education Courses</th>
<th>Distribution of Self-guided CD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominican Republic</td>
<td>Yes</td>
<td>20 persons trained</td>
<td>Putting it All Together</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adventures to the Unknown</td>
</tr>
<tr>
<td>El Salvador</td>
<td>Yes</td>
<td>0 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Yes</td>
<td>12 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Haiti</td>
<td>No</td>
<td>0 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Honduras</td>
<td>Yes</td>
<td>11 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>Yes</td>
<td>8 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Panama</td>
<td>Yes</td>
<td>27 persons trained</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

The distance adolescent health education programs which are being offered with the support from Norway through Universities in Chile, Brazil, Mexico, and Costa Rica to the seven countries of the PAHO/Norway initiative, are currently expanding their reach to other countries in the region and thus impacting a much larger population base than what was originally expected. It is also widening its content to include a module on human rights and another module on interculturalism.

Also, in collaboration with the University Technology in Kingston PAHO is developing a distance education training course focused on Caribbean adolescent health. With the number of adolescents in the Caribbean representing approximately 20% of the population, the health of these individuals becomes critical to the economic development of these nations. Yet there are limited specialized educational programs that address the developmental and behavioral issues that impact Caribbean adolescents. Among these issues are growing prevalence of HIV estimated at 1.6%, crime and violence, and non-communicable diseases in this age group. More importantly there are limited skills to build the assets of adolescents, making them more resilient so that they can achieve their full potential. The purpose of this distance education training program is to contribute to the development of human resources within adolescent health, emphasizing sexual and reproductive health in the Caribbean.
Furthermore, inspired by the success of the current program, Guatemala has started to, with technical support from PAHO, develop their own adolescent health distance education program and will be offering it to countries around the region.

In addition to the distance adolescent health education programs, the PAHO/Norway initiative also supported in 2010 the development of a distance education program on human rights and health. This distance education program is already available in English, Spanish, Portuguese and French to all of the countries in the region with the hope of building a work force competent in the areas of human rights and health. After having completed the course, public health officials, PAHO staff, legislators, judges, Ombudspersons, civil society organizations and other relevant actors shall be able to identify the key obstacles facing the LAC region today, identify the strategies that PAHO has elaborated in order to overcome these obstacles, describe the new trends which are currently strengthening human rights and health in the LAC region, study health cases (including HIV and sexual/reproductive health of young people), and analyze UN and OAS human rights treaties that protect health and understand the mechanisms of protection available to civil society organizations. The program can be found by clicking on any of the links below:

Spanish:
http://www.xceleratemedia.com/clients/TATC/clients/PAHO_Spanish_11_15_2010/

Portuguese:
http://www.xceleratemedia.com/clients/TATC/clients/PAHO_Portuguese_1_31_2011/

French:
http://www.xceleratemedia.com/clients/TATC/clients/PAHO_French_1_31_2011/

In terms of HIV, one great accomplishment was a meeting which was carried out in El Salvador during 2010 with the assistance of the PAHO/Norway initiative. This meeting included HIV positive youth, aged 16-24, from five of the Central American countries. Not only did the meeting serve to train youth in becoming peer educators, but it also resulted in the formation and adoption of a youth assembly by RedCa+ (Red Centro Americana de personas con VIH). The next steps of this meeting is a seminar, scheduled for March of this year in Honduras with RedCA and its youth assembly, to provide in depth training of community participation and youth activism.

Despite these advances, however, there is still work to be done. The IMAN service package needs to be updated and re-distributed throughout the region. The adolescent health distance education programs need to be expanded to include modules on interculturalism and on human rights. Also, although improved, the health sectors in Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Panama are still not as strong as they should be, and therefore still need to be supported and strengthened.
In addition to strengthening the health system and its services in the region, and building capacity of human resources in health, the PAHO/Norway initiative has played a significant role in advancing gender equity and promoting rights based approaches among vulnerable youth. The following paragraphs outline some of the key accomplishments attained, and activities carried out through the PAHO/Norway initiative in these areas:

4) Cross Cutting Themes

Gender Equity and Equality
The emphasis on gender equity and equality within the Regional Plan of Action for Youth and Adolescent Health continues to be a major accomplishment and advantage for PAHO from a gender perspective.

At the regional level, key documents such as the document “Empowerment of Girls: A Key Process for Achieving the Millennium Development Goals” continues to be disseminated throughout the region. This document presents persuasive arguments and practical recommendations for putting adolescent girls at the center of human development policies. It is aligned with the United Nations Millennium development Goals (MDGs), and framed within the context of the Regional Strategy for Improving Adolescent and Youth Health and the Plan of Action on Adolescent and Youth Health for 2010-2018 developed by PAHO. The hope is that, its application will make a key contribution to the process of promoting empowerment of adolescent* girls and young women and ensuring that government health systems work toward this end. This framework calls for integrating and coordinating empowerment efforts with those of other international institutions and government sectors, nongovernmental organizations, adolescent girls and young women themselves, it pays special attention to the most vulnerable adolescent girls and seeks to respond to the disparities in health status between and within the countries of the Region. This document was in 2010 also translated into English.

During 2010, a new project supported through the UNF was approved on the topic of adolescent girls. This project works with governments, civil society, communities, adolescent girls and boys on five strategic priorities. These priorities include educating adolescent girls, improving the health of adolescent girls, keeping adolescent girls free from violence, promoting adolescent girl leaders, and finally count adolescent girls (data collection on adolescent girls). This project has just recently been approved to be executed in Guatemala; however it is expected to be extended to more countries in Central America. The activities carried out through this project will compliment the activities pertaining to gender equity and equality, carried out through the PAHO/Norway initiative.

At the country level, PAHO office of Guatemala in collaboration with the regional human rights team is collaborating with the Ombudsperson office (“Defensoría de Derechos Humanos”) and organizations of persons living with HIV, LGTBI organizations and organizations of young people to publish a national report on the human rights of persons
living with HIV, including other gender identities/expressions and sexual orientations. The report will be published in April 2011 and will contribute to the understanding of “gender identities” and “gender expressions” as recommended by the Organization of American States (resolution of General Assembly AG/RES. 2600 XL-O/10 “Human Rights, Sexual Orientation and Gender Identity”).

PAHO’s role in the context of the judiciary is key to promote and protect the right to health and other related human rights of girls and young women. For example, in 2010 and upon the request of the Supreme Court of Honduras, PAHO presented to the Court a technical opinion on the scientific evidence that supports the use of emergency contraception in the context of Honduras’ human rights obligations as established by the UN Convention on the Elimination of all Forms of Discrimination against Women, the UN Convention on the Rights of the Child and the American Convention on Human Rights.

**Human Rights- Based Approaches**

The PAHO/Norway project in combination with other projects supported by Sida and Spain has been able to facilitate a complex political and governance process that led to the first WHO’s governmental resolution on “health and human rights” (Resolution CD 50R.8). This resolution was endorsed by all PAHO Member States and urges health authorities to use human rights treaties and standards to reform health systems, collaborate with the judiciary, legislators and civil society and train health workers on human rights obligations. The full text of the resolution is available at:


In an effort to clarify gender identities and gender expressions in the context of sexual orientation of young people, PAHO has organized human rights training workshops disseminating the international (UN) and regional (OAS) human rights treaties and standards that protect the right to health and other related human rights of LGBT groups. These training workshops have included young people, ombudspersons, journalists, judges, legislators and human rights organizations (among others) of El Salvador, Guatemala, and Panama. These workshops have been able to clarify PAHO Member States’ obligations under the Organization of American States (OAS)’ resolution AG/RES 2435 (XXXVIII-O/08) entitled: “human rights, sexual orientation and gender identity” which urges that Member States take measures to stop human rights violations and violence based on gender identities, gender expressions and sexual orientations.

At the country level, PAHO, UNICEF and UNESCO organized a second consultation to follow up the recommendations of the UN Committee on the Rights of the Child for Guatemala on the right to health and other related human rights. 50 public health officials and civil society organizations working on children and adolescent and youth

---

6 Full text of OAS Resolution on human rights and gender identity can be consulted at: http://www.globalrights.org/site/DocServer/English_OAS_Resolution_2600-10_LIMA.pdf?docID=12023
health discussed strategies to implement the recommendations of the Committee on sexual/reproductive health, mental health, disability, HIV and nutrition.

In 2010, in the context of maternal mortality and the right to life of young people, PAHO was able to clarify (in Guatemala) to 200 persons (medical personnel, judges and parliamentarians) the scientific evidence about the use of emergency contraception as a family planning method in the context of the constitutional and universal/regional human rights obligations. This consultation was organized by the national medical board of Guatemala. According to the National Committee on Children, in 2010 186 women lost their lives and 26 were between 15 and 19 years old.

PAHO is strengthening its technical collaboration with the judiciary since in the context of HIV and young people’s sexual and reproductive health many final decisions are being taken at the level of national tribunals and not in the health sector. For example, with the support of PAHO/Norway project, 40 judges in El Salvador, who make decisions on persons living with HIV, sexual/reproductive health, young people and gender issues (including women and LGTBI groups), were trained on UN/OAS human rights treaties and standards upon request of the Supreme Court of that country. In the context of ‘gender identities’ and “sexual orientation” several young people have lost their lives and other human rights in El Salvador and Honduras due to “hate crimes” and violence towards LGTBI groups.

Some of the challenges that have developed due to these advancements include:

- The sustainability of effective resources and leadership at the regional and national level to support member states in the reform of services, health policies, plans, and laws;
- The sustainability of resources to use tools, already developed through this initiative in other public health areas; effective implementation of CRC recommendations on health—especially those for SRG and HIV prevention among young people involving other sectors such as police, judiciary, legislators, ombudspersons, and civil society;
- Appropriate use of international human rights treaties and standards to reform outdated laws that do not include other “gender identities”, “gender expressions” and “sexual orientations” issues/problems in order stop human rights abuses and inhumane treatment related to health and killings of young LGTBI persons, especially in the context of the work of national tribunals, health services, national parliaments and Ombudspersons;
- Adequate personnel and material resources to involve civil society, ministries of health, judges, parliamentarians, police and other actors in the implementation of these laws with the support of PAHO national offices, regional teams and UN/OAS treaty bodies;

---

7 For more information on gender identities and human rights in Central America see: [http://www.cidh.oas.org/Comunicados/English/2011/4-11eng.htm](http://www.cidh.oas.org/Comunicados/English/2011/4-11eng.htm)
• Continuing ability to work with national courts and parliaments using public health evidence and UN and OAS human rights legal instruments on legal decisions that affect young people such as access to family planning (including emergency contraception); access to therapeutic abortion, access to sexual/reproductive health information and exercise of legal capacity of young people to make decisions related to health and wellbeing;

• Agreement by all member of the UN Committee on Economic, Social and Cultural Rights on the core obligations to be adopted by Governments to comply with the “right to sexual health” which will require the continuous involvement and technical support of PAHO and other UN agencies.

As seen through the achievements attained in the areas of advancing gender equity and promoting rights based approaches among vulnerable youth, the PAHO/Norway initiative has put great effort into reaching the most vulnerable. Other examples of how the PAHO/Norway initiative has supported the most vulnerable include the development of key documents. For example, “Reaching the Poor and Vulnerable Adolescents with Sexual and Reproductive Health” is a document which was published and disseminated throughout the region. It highlights how programs can best reach the poor and most vulnerable, and advocates for a “reaching the poor” strategy in order to achieve the greatest impact on a population as a whole (Annex B). It has also assisted in focusing our efforts and helped us target our populations at the country level.

III. Monitoring & Evaluation

In order to evaluate the impact of the aforementioned advocacy efforts and technical cooperation, the PAHO/Norway Initiative supported the development of a very important document in 2009 “The state of the current national adolescent and youth plans and programs in Central America and Dominican Republic”. This document presents baseline data for 2009 on the political, economic, and health situation for adolescents and youth in eight of the countries in the LAC region (including Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and the Dominican Republic). It introduces the PAHO adolescent and youth regional strategy and plan of action, it provides a situation analysis in terms of adolescent and youth health in the region, and it outlines existing national adolescent and youth health plans and programs in the region. PAHO is currently using this document to continuously monitor and evaluate the effect of the PAHO/Norway initiative on the region. The hopes are that the effects measured at the end of the PAHO/Norway initiative will not only be substantial but also sustainable.

In addition to this document, PAHO is also relying on already established information systems, such as the adolescent health portal, which contain vital indicators on adolescent and youth health and behavior. As stated earlier, recognizing the limitations that exist in trying to analyze all relevant health indicators, this report has chosen to follow three main indicators; Adolescent fertility rates, HIV estimates amongst youth populations (men and

8 “The state of the current national adolescent and youth plans and programs in Central America and Dominican Republic” (Estado actual de los planes y programas nacionales de salud de adolescentes y jóvenes en Centro America y Republica Dominicana), PAHO/Norway 2009
women), and the proportion of sexually experienced adolescents who reported ever having used a modern contraceptive method. These three indicators will continue to be monitored throughout this initiative and will be analyzed at the end of the project.

IV. Sustainability

Recognizing how vital sustainability is to health development efforts, the PAHO/Norway initiative has built a foundation for resources to be mobilized—towards adolescent and youth health—at the country and regional level far after its own expiration date.

The increase in plans, policies, strategies, programs and service delivery models, over the last couple of years, has had an overall positive effect on the countries involved in the initiative. It has laid the foundation for sustainability by institutionalizing the availability of quality health services offered to adolescents and youth in the region—especially in terms of sexual and reproductive health services. For example, the establishment of a national sexual and reproductive health plan in El Salvador has lead to the institutionalization of comprehensive sexuality education for all adolescents at the community level. The increase in plans, policies, strategies and programs has also institutionalized the availability of data related to adolescents and youth at the country level, which in turn has ensured a place for adolescent health on the political agenda for the next couple of years.

Through already established regional information systems, such as the Adolescent Information system, and the Early Alert of HIV/AIDS Indicators system, countries now have a platform to directly enter or access existing or newly collected data. This should in turn ensure monitoring and evaluation processes of existing projects or programs, which will hopefully improve future project and program results and efficiency. In Guatemala for example, due to the establishment of systems containing adolescent health data, the department for “investigation, monitoring and evaluation”, made the area of adolescent health one of its priorities for 2009.

In addition to these information systems, the PAHO/Norway initiative has built human resource capacity in health at the country level. It has capacitated a critical mass including professors, health care personnel, community leaders, and youth leaders through service packages such as the Integrated Management of Adolescent Needs (IMAN) which were distributed to all countries in Central America, and through distance adolescent health education programs offered to health care providers in the targeted countries. The work carried out through the PAHO/Norway initiative has instilled national ownership and as a result many of the countries in Central America are now taking control over their own health workforce. For example, in Nicaragua the medical sciences faculty and the school of nursing are now partnering up to develop a post graduate program for child and adolescent health.

The great effort put in by the PAHO/Norway initiative towards increasing the number of competent health workforce in the areas of adolescent and youth health, sexual and reproductive health, PMTCT of HIV and congenital syphilis throughout the region has in
turn institutionalized the coverage of health services for adolescents and youth at the national level. For example, in the last couple of years, Honduras, El Salvador, Nicaragua has all seen the birth of several integrated adolescent health centers, and several health service units which are solely focusing on adolescent health. This increase in coverage has the potential to significantly improve national health statistics, identify populations most at risk within the adolescent and youth community, and provide future projects with access to these populations.

In addition to all of these efforts, PAHO is currently collaborating with other agencies, such as the Canadian International Development Agency (CIDA) and the Spanish Cooperation AECID, to ensure human rights and health for the most vulnerable populations in the region. These collaborations will give continuity to activities carried out through the PAHO/Norway initiative, and thus ensure the sustainability of its efforts.

Another factor which will ensure sustainability of the initiative is the effort that PAHO, through the PAHO/Norway initiative, has put into knowledge management using e solutions. Through e-tools such as the SharePoint, which is an online collaboration tool, and the PAHO web, PAHO is able to share relevant publications published with Norway funds, share information on activities carried out through the PAHO/Norway initiative, make interprogrammatic work more efficient, increase transparency with collaborative partners, and avoid duplication of work. Through the usage of e-tools such as elluminate, which is a virtual meeting platform, PAHO is able to transmit key international meetings such as the “State of the art in adolescent sexual and reproductive health”, to those who cannot physically attend the meeting, thus expanding its impact. Through the usage of flip cameras, which are small video cameras that record up to eight hours of film, PAHO is able to document key activities in the field. The mini videos attained using the flip cameras will be transmitted through a “Donors Page” which has just recently been implemented on the PAHO website, increasing transparency, and strengthening overall advocacy efforts in the region.

Lastly, the PAHO/Norway initiative has also contributed towards the development of different alliances in health. These alliances—including a PAHO/UNF alliance—will continue to support the advances made through the PAHO/Norway initiative, and push the agenda forward to ensure the sustainability if the ongoing process.

**Conclusion**

The PAHO/Norway partnership has significantly strengthened the commitments made by PAHO and host governments to move human rights and sexual reproductive health, amongst the regions most poor and vulnerable populations, forward on the political agenda. PAHO is generating evidence from across the region to improve health outcomes of youth in these countries while host counties continue to adapt laws and policies in a manner consistent with human rights obligations, implement services, and train human resources to improve the health of its young people. In addition to the traditional host government partnerships, PAHO continues to reach out to civil society organizations,
especially youth groups (including LGTBI groups) vulnerable groups and affected populations to advocate for improved youth and adolescent health programs.

**Lessons Learned**

1) The use of international human rights treaties and standards is essential to advance the health and wellbeing of young people since it offers a conceptual and legal framework that clarifies accountability and responsibilities of PAHO Member States;

2) National policies, plans and laws on HIV and sexual/reproductive health continue to be enforced by national authorities (who are outside of the health sector) such as judges, legislators and the police, affecting poor young individuals who do not have access to appropriate health information and health facilities;

3) PAHO is in a unique position to facilitate the formulation of new laws providing technical opinions and relevant information to national parliaments and courts on the health and wellbeing of young people; clarifying legal obligations of governments under international human rights treaties;

4) PAHO is in a unique position to facilitate the formulation of new international standards and guidelines on young people’s health (especially in the context of their gender identities and sexual orientation) providing technical opinions and relevant information to the Inter-American Commission on Human Rights (Organization of American States) and the UN treaty bodies which in turn can clarify the legal obligations of governments related to the health of young people under international human rights treaties;

5) Health workers, judges, legislators and civil society continue to have very limited information about human rights obligations and mechanisms of protection applicable to HIV, sexual/reproductive health, the wellbeing of young people and gender identities/expressions;

6) LGBTI young people need to be empowered even more with human rights instruments and capacity building activities in order to stop gross human rights abuses and inhumane treatments related to mental and physical health;

7) In the context of the right to sexual and reproductive health, collaboration of PAHO with national courts and parliaments have been key to facilitate the access to family planning methods (including emergency contraception), access to therapeutic abortion, access to sexual health information and the exercise of their legal capacity to make decisions related to health;

8) Integration of programs require an immense effort and dedication by staff and involved partners, and if carried out, must be done so in a logical and strategic manner—in order to maximize results. If done right, integration has the potential to improve strategic alliances in countries and in the region, avoid duplication, assure transparency, and ultimately maximize health outcomes;

9) Aligning priorities and improving strategic alliances in countries and in the region maximizes human and financial resources;

10) External factors such as manmade and natural disasters have the potential to severely hamper planned activities and change initiative outcomes, and therefore
efforts must be made to mitigate their effects. This could be done through flexibility in terms of partnering with civil society organizations outside the formal health sectors and/or adapting strategies;

11) Internationally held meetings—such as “the State of the Art in Sexual and Reproductive Health” hosted by PAHO/Norway in Guatemala of this year—have the potential to significantly improve interagency collaboration and emphasize the importance of adolescent health on the political agenda; increase the overall effectiveness of future prevention and promotion intervention efforts in the area of adolescent and youth health; and provide a working space for the development of regional plans for the improvement of adolescent and youth sexual and reproductive health at the national and sub regional level;

12) The participation of youth organizations in the coordination of different actors and public institutions, is vital in the prevention of HIV and promotion of sexual and reproductive health, and strengthens the promotion of health services available

13) Building capacity amongst human resources in health has the potential to assure comprehensive and high quality care for adolescents and youth;

14) The contribution of local governments in facilitating the coordination amongst multiple actors, and the implementation of programs favoring adolescent and youth populations is vital and strategically advantageous to maximize the effectiveness of strategies which facilitate process sustainability;

15) The generation of adolescent and youth health data and statistics is vital in order to achieve sustainability of processes targeting this population;

16) Current policies and criminal laws limit access to health services and promote discrimination and violence (including summary executions) among young people based on their sexual orientation and/or gender identities, so continued advocacy and technical collaboration by PAHO with key stakeholders using human rights-based approaches need to continue and be expanded in order to protect the life, health and physical/mental integrity of young people in the Region;

17) Knowledge management and e-solution tools have been proven to be very efficient in terms of advocacy work, knowledge sharing, strategic information systems strengthening, and capacity building.

**Recommendations**

- The achievements of the project go well beyond the boundaries of the health sector. It is important to analyze them as contributors to wellbeing and development.
- The sustainability sought for is not in place yet. Efforts should be carried out to ensure international support for the SRH of adolescent and young people until national responses may prove self-sufficient.
- Training efforts must take into consideration the turn over in the region.
- Tools developed through the PAHO/Norway initiative should be disseminated to other countries in the region.
- Lessons learned and best practices through the PAHO/Norway initiative should be disseminated and taken to scale.
• Distance education programs need to be expanded to reach more countries in the region.
• The distance education program on adolescent health needs to be developed to contain a module on Human Rights
• The distance education program on adolescent health needs to be developed to contain a module on interculturalism.
• Knowledge management is crucial for the success and efficiency of interprogrammatic and intersectoral work, and needs to be continued.

**Final 2010 Budget Execution**
This year, the project managed to execute 95% of its planned budget. The majority of the remaining five percent of un-liquidated funds from year 2010 were part of the funds originally programmed for activities in Haiti. External factors, such as the cholera outbreak, the aftermath of the earthquake, and political instability interrupted the programmatic approach making it difficult to proceed with planned activities and thus required for the modification of plans and strategies to respond to emergency issues. These funds have now been re-programmed to finance a bi-country planning meeting for Haiti and the Dominican Republic, for development of a joint approach towards the prevention of vertical transmission of HIV, and adolescent health, scheduled to take place by the end of May, and to support the provision of direct technical support to Haiti and the Dominican Republic. It is anticipated that the funds will be liquidated shortly.
PAHO HIV Caribbean Office

Prepared by: Dr. Sonja Caffe and Dr. Amalia Del Riego

Summary of achievements

- Consensus meeting and development of Consensus Document on Access of Most-at-risk populations to HIV health Services in the Caribbean
- Capacity building of key regional stakeholders in the implementation of the Initiative for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis
- Support to the region for development of a resource mobilization plan for the elimination initiative, and development of a around 10 Global Fund Proposal aimed at strengthening of the integration of HIV/STI and sexual-reproductive health services and programs for young persons, prevention of HIV transmission among persons of reproductive age, and prevention of HIV transmission from mothers to infants.
- Direct support to Haiti for development of a strategic plan to reduce mother-to-child transmission of HIV and Congenital syphilis

Progress by expected result

**ER 1: Supportive regional legislative and policy environment established for gender sensitive and human rights based HIV prevention and sexual & reproductive health programs for young people.**

During the first year of implementation the grant supported the review of available information and development of discussion papers on the status of access of most-at-risk groups to HIV health services, with youth as a cross-cutting group. Regional action included establishment of a technical working group on key populations, and facilitation of regional discourse on the topic, mostly via web-based media. The process culminated in a regional consensus meeting on access of MARPS to HIV health services. The meeting was held in the Dominican Republic, and attended by more than 80 representatives from civil society, youth groups, Government agencies, and development partners. Based on plenary discussions and group work, the meeting formulated recommendations for priority actions to improve to access of most-at-risk and vulnerable populations to HIV health services. The recommendations are captured in the Consensus document that serves as an advocacy and guidance tool for policy and program stakeholders in the region. Key recommendations regarding access of young persons to HIV health services in the Caribbean included:

<table>
<thead>
<tr>
<th>Recommended action</th>
<th>Details</th>
</tr>
</thead>
</table>

37
Accelerate action to increase access to health and support services

- Legislative and policy reform to promote and protect access of young persons to health services, including sexual/reproductive health services.
- Strengthening and expansion of targeted programs to reach vulnerable young persons with information, condoms, and skills-building programs to promote safer sexual practices.

Promote and support youth participation

- Develop and implement strategies to engage vulnerable and at-risk young persons in the discourse around development of services and programs.
- Strengthen network and organizations of young persons.
- Training of young persons as peer educators and peer counselors, to reach other young persons.

Ensure that every program or intervention for MARPS has specific provisions for young persons

- Capacity building of service providers and program managers to increase understanding of the issues faced by young persons, and to develop appropriate actions to provide services for this group.

**ER 2: human rights capacity developed for the provision of gender sensitive and human rights based HIV prevention and SRH services and programs for young people**

In 2009 the Caribbean endorsed the Initiative for elimination of mother-to-child transmission of HIV and congenital syphilis. In the context of the Caribbean efforts, Haiti and the Dominican Republic (Hispanola) are considered of elevated priority, since both countries have large populations, and struggle with low coverage of services to prevent vertical transmission, including screening of pregnant women and their partners, timely and appropriate prophylactic treatment, and follow-up of exposed infants. The earthquake and post-earthquake situation in Haiti magnified the challenges for both countries, as significant numbers of Haitians fled to the Dominican Republic in search of better circumstances. As a result, PAHO’s continued efforts focus on inclusion of Haiti and the Dominican Republic in all regional efforts towards elimination of vertical transmission of HIV and syphilis, as well as the provision of direct country support.

During this implementation year the Norway project supported missions to Haiti for capacity building and to support review and updating of the PMTCT protocol, and
development of a plan of action to improve coverage and outcome of PMTCT services. In addition, project funds were used to support a regional meeting in June 2010, with policy makers and program stakeholders from 18 countries from the Caribbean – including Haiti and the Dominican Republic, to review progress towards the elimination targets, and agree on next steps and ways forward towards these targets. Meeting participants included chief medical officers, clinicians, and programme managers.

During this meeting the stakeholders identified resource mobilization as a critical condition to ensure sufficient funds for the necessary scaling up country programs and services. Potential resource mobilization opportunities were identified, and PAHO was requested to provide technical support for development of proposals.

Progress Report Central American Sub-region

Prepared by: Dr. Maria Dolores Perez-Rosales, sub-regional advisor HIV/STI

I. Summary of key achievements and progress in the sub-region

- In the context of this project PAHO provided Technical Cooperation to two key departments in El Salvador, the Secretariat for Sexual Diversity, and the Department for Youth in the Secretariat for Social Inclusion (a secretariat under the President of the Republic of El Salvador, chaired by the First Lady). Both departments are now developing national plans for intersectoral action on sexual diversity and youth. An intersectoral working group has also initiated the development of a policy on sexual reproductive health (SRH).
- In Guatemala, baselines were established on five priority services for implementation of the model for integrated service delivery for men who have sex with men.
- In Honduras project activities supported strengthening of systems for data collection on sexual/reproductive health, through capacity building of key staff in tools such as the Sistema Informatico Perinatal (SIP), the early warning indicators for HIV (EWI), and the Universal Access report.
- In Nicaragua support was provided for expansion of HIV prevention services and promotion of sexual/reproductive health based on human rights and gender principles.
- In Panama the expansion of the tool for clinical history of adolescents continued, and is now incorporated in the services of the whole countries in paper forms. The form is programmed to be included in the country’s information system.

II. Implementation by expected result in support of the sub-regional response

In addition to the support for elaboration of country plans and for monitoring of project implementation, support was provided on sub-regional level, with emphasis on:

ER2: Capacity building for strengthening of service delivery for young persons with regard to HIV prevention and sexual/reproductive health, based on human rights and
gender equity principles. The countries continued the strengthening of human resources who work with adolescents and young persons, through participation in the distance education (virtual) training courses on health, development and youth, offered through the universities of Chile, Mexico and Brazil. Course participants included personnel from the Ministries of Health as well as NGOs, civil society, and community-based organizations.

In collaboration with the association Atlacalt vivo positive, orientation was provided to service providers and multidisciplinary teams regarding norms and standards of international human rights of persons living with HIV, with the aim to enhance their knowledge and understanding of the international legal framework and context of the HIV response, and to improve the quality of services for persons living with HIV. In this context, training was initiated for 25 community and family health care teams, and specialized adolescent health care teams.

ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeted to young persons. Prevention work was initiated among men who have sex with men in three departmental regions of Honduras with high levels of HIV prevalence in this population.

The countries in the sub-region were supported to implement the Initiative for Elimination of mother-to-child transmission of HIV and congenital syphilis. A key element of the conceptual framework of this initiative is the expansion of youth-appropriate SRH services, and prevention of teen pregnancies. During the past year PAN, HON, ELS and COR were supported to conduct evaluations of the status of PMTCT and congenital syphilis, and to develop integrated implementation plans to address both HIV and syphilis in the context of maternal and child health. This initiative promotes an integrated, horizontal approach towards primary prevention of HIV and STI among persons of reproductive age, prevention of unintended pregnancies among HIV positive women and their partners, early detection of HIV and syphilis infection among pregnant women and their partners, appropriate treatment of pregnant women infected with HIV or syphilis, their male partners and their infants to prevent vertical transmission, and appropriate care and treatment for women, their infants and partners infected with HIV. Underlying systems elements of this initiative include strengthening of maternal and child health services, and early enrollment in antenatal care, strengthening of health information systems, and strengthening of program monitoring and evaluation measures.

In the context of the Norway Project and the Elimination Initiative, a study on maternal and congenital syphilis was conducted in all 28 maternity wards in El Salvador, based on the SIP data. PAHO also worked with 75 municipalities to advance integration of SRH in their primary health care services.

ER4: Strengthening of regional, sub-regional and country capacity to **generate and use strategic information** for the development and monitoring of HIV programs for young people.

On sub-regional level, inter-country collaboration was promoted and supported, for example the sharing of experiences and lessons learned on monitoring, evaluation and
epidemiological surveillance (SUVEME) from El Salvador with the other countries. In this context, Nicaragua, Costa Rica and Panama conducted orientation visits to El Salvador. Costa Rica initiated implementation of a similar system, based on the lessons learned in El Salvador, and Panama will start their implementation in this year (2011).

In addition, various studies were initiated, including national behavioral surveillance studies that will generate key information regarding the prevalence of HIV and other STI in men who have sex with men, sex workers, and pregnant women, disaggregated by age in collaboration with the Gorgas Institute and other cooperation agencies in Panama and Nicaragua. A training workshop on triangulation was conducted in Honduras, that will strengthen the regional, sub-regional and national capacity to analyze and use strategic information in general, and specifically related to HIV. El Salvador was supported to implement SIP as part of their new primary health care-based model of care.

III. Implementation in other relevant areas

Strategic alliances on sub-regional level
The partnership with UNICEF remains a key aspect of the implementation of the Initiative for Elimination of mother-to-child transmission of HIV and congenital syphilis.

In the context of strengthening of information systems, partnerships with CDC/GAP, Tephinet, the regional HIV project of BM/SISCA, and UNAIDS have been strengthened.

Similarly, partnerships with civil society organizations in the sub-region have been critical in the strategic advancement of the project activities in general and specifically related to the activities in the areas of human rights, stigma & discrimination, and persons living with HIV.

IV. Challenges and barriers in the countries and in the sub-region

Challenges
- The reducing levels of HIV earmarked funds and securing sufficient resources to maintain the PAHO country staff that supports the project
- Integration of HIV and SRH in national policies and plans
- Limited capacity in countries for design of programs appropriate for the age and development stages of young persons
- Limited capacity in countries to design and implement information and monitoring systems that generate data disaggregated by age, sex, ethnicity and socio-economic status, to inform the development of appropriate interventions for young persons.
- Ensuring that vulnerable and high risk young persons are adequately identified and covered by services and prevention interventions
- Responding adequately to the needs and issues of indigenous adolescents and young persons, taking in consideration their specific characteristics and context.
• Make appropriate use of the impulse generated by the Mexico Declaration “Educate to Prevent”, to strengthen partnerships between the health sector and the education sector in the prevention of HIV and teen pregnancies.

Barriers
• Political instability and political crises in some countries of the sub-region.
• Lack of prioritization of sexual/reproductive health by some ministries of health and education, which makes it difficult to make advancement in this area.
• Limited availability of human and financial resources on different levels, earmarked for adolescent health, for promotion, prevention and care.
• Lack of financial sustainability of programs for HIV prevention, treatment and care in most countries.

V. Lessons learned and recommendations to ensure sustainability in the countries of the sub-region
• The interprogrammatic and intersectoral approach towards HIV prevention and SRH among adolescents and youth is critical as it increases efficiency and sustainability
• The existence of supporting policies, norms, guidance and technical guidelines facilitates improved care for adolescents and young persons.
• Empowerment of adolescents and young people in the context of human rights facilitates social control regarding the achievement of their rights.
• Participation of youth organizations in the area of coordination with different actors and public institutions is critical to enhance HIV prevention and SRH promotion and strengthens the uptake of available services.
• Capacity building of human resources in the use of methodological tools, that includes the demystification of technical principles, greatly facilitates comprehensive and high quality care for young persons.
• The involvement of local governments facilitates coordination with multiple actors and efficient implementation of programs aimed at young persons, and increases the sustainability of interventions.
• It is important to invest in fostering of strategic alliances for the development of integrated policies, plans and services for young persons.
• Generation of data and health statistics linked to young people is essential to achieve sustainability in programs and services for this population.
• Systematic evaluation of interventions enables documentation and analysis of the results, and subsequent replication of efforts.

Dominican Republic

Prepared by: Dr. Cecilia Michel, and Eric Rousselin, PAHO consultants

I. Summary of achievements and progress
• Capacity building of human resources from the national adolescent health programme  
• Enhanced integration of HIV/STI in the adolescent health program  
• Expansion of services for prevention of mother-to-child transmission of HIV  
• Expansion of sexual/reproductive health services

II. Progress by expected result

The Norway project provided partial funding for the contract of the national HIV focal point, to secure continuity of technical support for implementation of the project and provision of comprehensive support to strengthen the HIV response in the Dominican Republic.

ER1: **Supportive legislative and policy frameworks** established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

- In the context of the Norway project, PAHO provided support to the Ministry of Health to fulfill their governance role, through development and operationalization of relevant policies and plans, and capacity building of management teams on central and service delivery levels, from the adolescent health and HIV programs. In this context support was provided for updating of norms and standards of care, and development of an intersectoral strategic plan that incorporates a gender perspective, human rights, equity and social participation.
- Support was provided for development of guidelines for management of STI.
- The Ministry of Health was supported in an initiative aimed at reform of the HIV/AIDS legislation. The revised law is now in the National Congress for approval.
- Support was also provided to the Ministry of Health for development of integrated clinical guidelines for prevention of vertical transmission of HIV and syphilis, and for management of HIV and AIDS in infants, children and adolescents (pediatric HIV). The guidelines apply a gender and human rights focus, recognizing the differential needs of boys and girls, and the importance of male involvement, and the right of all to HIV prevention, treatment and care services.
- Support was also provided for development of a plan of action for implementation of the regional initiative for elimination of mother-to-child transmission of HIV and congenital syphilis. The plan of action includes a tool for data collection on PMTCT and syphilis in pregnant women.
- A high level national seminar was held on sexual and reproductive health of adolescents. Participants included the First Lady of the republic, the PAHO/WHO representative, and other high level officials. The seminar provided a platform of advocacy and fostering of a supportive environment to advance the adolescent SRH agenda.
• Several one-day sensitization and capacity building meetings were also organized in various regions with parents, school teachers, and community leaders on the importance and key aspects of adolescent sexual/reproductive health.

• Support was provided for development of a plan of action

**ER2: Capacity building** for strengthening of service delivery for young persons with regards to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

- The project continued capacity building of key staff from the Ministry of Health and other agencies involved in adolescent health care, through support for the participation in the distance certificate training programme on integrated adolescent health provided by the Pontifice Universidad Catolica from Chile. Twelve participants graduated in 2009, 20 are currently enrolled, and another 20 are selected to participate in the next cycle.
- The technical capacity of staff at the Ministry of Health to provide integrated care for adolescents, including HIV/STI prevention, SRH and family planning, was strengthened through training workshops. The training also included skills building on the use of the adolescent health information tool (Sistema Informatico de Adolescentes (SIA)).
- Training was also provided to the staff from the maternity centers in the border districts (with Haiti), to strengthen service delivery.
- Technical support was provided to the Ministry of Health and other stakeholders to incorporate adolescent health issues and a human rights focus in their plans of action.

**ER3: Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

- The project supported development of a website for adolescents, as a tool to share information on adolescent health and wellness issues, including HIV and SRH. The website is managed by the Ministry of Health.
- Three groups of youth health promoters were trained and are operating in the border provinces, supporting educational activities aimed at young persons.
- A baseline assessment was completed on the nutritional needs of persons living with HIV. The findings will inform the adaptation and updating of the care and treatment guidelines and protocols for adults, adolescents, pregnant women and infants infected with or exposed to HIV.
- The Adolescent health programme was supported to initiate training sessions for pregnant teens. The topics addressed in these sessions include the importance of antenatal care, care for the newborn, breastfeeding, family violence, STI, family planning and prevention of second pregnancy, and the importance to develop and maintain their life focus.
- Support was provided for expansion of the number of health centers that provide antiretroviral treatment to 72, including the areas with highest vulnerability.
- The implementation of the “Familia Fuerte” strategy was continued in selected municipalities in the country, in collaboration with different agencies and
organizations on local level. The strategy is generating visible results in terms of strengthening of families and communities.

ER4: Strengthening of regional, sub-regional and country capacity to **generate and use strategic information** for the development and monitoring of HIV programs for young people

- A sentinel study was conducted on the prevalence of HIV in the population age group 15 – 49 years. The process for development and implementation of this study served to expand and strengthen the sentinel surveillance system.
- A study was conducted on the status of sexual and reproductive health of adolescents, which included assessment of the policy and legislative framework.
- A survey was conducted among adolescents in the age group 15-19 years living in marginalized urban and rural areas, and their parents/caretakers, regarding sexual/reproductive health and communication on SRH.

III. Performance in other relevant areas:

**Strategic Alliances**

- Through implementation of project activities, coordination of services and programs across and between national and central levels was strengthened, leading to increased efficiency and implementation capacity.
- PAHO continued to partner with UNICEF in the implementation of the Initiative for Elimination of Mother-to-Child transmission of HIV and Congenital Syphilis.
- An interagency committee was established with participation of the UN partners and other key agencies in the country, to harmonize the cooperation, in particular in the areas of adolescent health and PMTCT.

IV. Challenges and barriers

- Limited gender-based analysis of available data.
- Difficulties to engage males in programs and services.
- Need for increased advocacy, to maintain political commitment towards SRH for adolescents
- Need for strengthening of multisectoral collaboration and partnership for effective implementation of HIV prevention and adolescent health programs and services.
- Limited financial resources.

V. Lessons learned and recommendations for sustainability

- Fostering of strategic alliances is a critical condition for effective development of policies, plans and interventions aimed at integrated development of adolescents and youth.
- Stringent monitoring of interventions is essential to inform ongoing improvement, and identification of key issues that affect the implementation of the project on central and local level.
El Salvador
Prepared by Dr. Amalia Ayala and Dr. Mirna Perez, PAHO consultants

I. Summary of achievements and progress

• The new Health policy includes SRH as a strategic priority
• SRH policy being developed, with intersectoral participation
• Development of a new model of health care based on life course, primary health care, and integrated health networks, that have included SRH and HIV prevention as priority areas.
• Evaluation of the health systems response to HIV and STI, which included the response to adolescents and youth.
• Elaboration of the new multi-sectoral Plan for HIV (2011-2015), with inputs from the health systems evaluation of the HIV response. The plan includes an extensive component of services for adolescent and youth.
• Analysis of the sexual/reproductive health of adolescents and youth updated.
• Services specifically for adolescents established in health service facilities (22%), and for rapid HIV testing (42%) with trained staff.
• Increased coverage of health care services for adolescents by 60%, including participation of community health teams in the diagnostic flowcharts for HIV, strengthening of primary health care, and adaptation of the WHO clinical guidelines for secondary and tertiary care.
• Availability of information on national and local level, disaggregated by sex and age groups, for analysis of the HIV and SRH-related health status of the adolescent and youth population.
• Strategic plan for PMTCT and congenital syphilis in development.

II. Progress by expected result

ER1: Supportive legislative and policy frameworks established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

• The Ministry of Health has adopted a new health care model in the context of health sector reform. In this model service delivery based on life course, which includes adolescents, is considered a priority. The promotion of SRH is one of the central themes in the new health policy “Construyendo la Esperanza”. Through the adolescent health unit the Ministry of Health developed the five-year plan for adolescent health (2010-2014), which integrates the components of HIV prevention and SRH.
• A situation analysis on SRH s related to adolescents and youth was conducted. The analysis included assessment of the perceptions of adolescents on SRH. The results of this situation analysis were used for advocacy on this issue, and to inform the development of policies and plans. The results were also presented at a regional forum on “State of the Art on SRH for Adolescents”, held in September 2010 in Guatemala.
• The Secretariat for Social Inclusion, chaired by the First Lady of El Salvador, has a youth department. This department has spearheaded the design of a youth policy, developed with broad participation and input from adolescents and youth, a variety of Governmental and Non-Governmental actors, civil society, academia, and others. The policy document includes the components of health and SRH for adolescents and youth.

• The developed policy and plans have incorporated gender and human rights perspectives. However, it is anticipated that capacity building of health care providers will be critical for effective implementation of the policy and plans, in particular in the areas of gender and human rights.

• Specific to the advancement of a human rights approach, the national programmes for adolescent health and HIV are being supported to review and revise existing policies and legislation based on international human rights norms and standards. Support was also provided for capacity building and networking of young persons and other key stakeholders on human rights. In this context a national network and local networks of adolescents and youth were trained in human rights. Training workshops included participation of 30 representatives from the Red Legal (human rights lawyers, prosecutors, Ministry of Health, civil society, Persons living with HIV, and LGTB persons). This network is working on legislative reform of the HIV laws and other legal documents, in conjunction with the judicial system.

• During the implementation period a health systems evaluation of the HIV response was also conducted in El Salvador, which included assessment of programs and services aimed at youth. This evaluation was implemented in partnership with the UN Theme Group on HIV, in line with the joint UNAIDS plan.

ER2: Capacity building for strengthening of service delivery for young persons with regard to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

• As of September 2010, the Ministry of Health from El Salvador has 200 community teams for family health (equipos comunitarios de salud familiar-ECOS). With support from the Norway project these teams were trained in comprehensive care, participatory diagnosis, continuum of care throughout the life course, including health and wellness of adolescents and youth, SRH and HIV prevention.

• Support was also provided for updating of treatment and care protocols based on the most recent WHO guidelines, to equip the multidisciplinary care teams providing care for persons living with HIV and pregnant women. The updated protocols were also used to train the ECOS in the diagnostic algorithms for primary care level ARV treatment.

• The project supported sensitization and training for staff of the health network of the city of Chalchuapa on SRH and sexual diversity to enhance the skills of workers to provide services for sexually diverse clients, and to reduce stigma & discrimination.
ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

- New model of care based on life course, integrated service delivery networks, renewed primary health care approach, and including SRH and adolescents as priority themes and populations.
- Strengthening of PMTCT and prevention of congenital syphilis through completion of a national evaluation, a study on maternal and neonatal syphilis, and development of a national strategy.
- Development and implementation of a national plan for monitoring of early warning indicators for HIV drug resistance, and pharmacovigilence, as a measure to strengthen and safeguard the HIV treatment program.
- Inclusion of HIV prevention and SRH in 100% of health care centers. However, persisting myths and taboos limit full implementation of this new approach.
- Availability of HIV rapid testing in 42% of health centers (sites with laboratories). However, the HIV test is offered in 100% of health centers. The Ministry of Health has initiated action to modify legal frameworks to increase access of adolescents to HIV testing. Currently access is assured for persons aged 18 and older.
- Differentiated services for adolescents are only available in 22%. However, in 100% of the health centers now have at least one person trained in integrated care for adolescents, based on human rights, and the package for integrated management of adolescent health (IMAI). The increase of services for young people was realized through capacity building of multidisciplinary teams from 28 hospitals and 376 health centers (100% of hospitals and health centers).
- The current national coverage of HIV testing for pregnant women is 65%, mostly because only 72.8% of pregnant women access institutional antenatal care. Around 32% of these pregnancies are from adolescents. The country has developed a draft plan for prevention of adolescent pregnancies, in a process that entailed multi-sectoral input and participation.
- Strengthening of interventions for families, communities and schools as part of the national program for adolescents and youth, for instance the “Familias Fuertes”, “Teach VIP youth”, “Rostros””, “Voces y Lugares”, and “Recorridos Participativos para prevencion de VIH”. The Vice Minister of Justice and Public Security has institutionalized the strategy of “Familias Fuertes” for the prevention of violence, including sexual violence.
- The national team of the adolescent health program and the teams for monitoring and supervision of the 17 integrated basic health systems(SIBASI), are providing follow-up and monitoring of the activities and interventions aimed at adolescent health. The monitoring includes collection of reports, evaluations, and dissemination of periodic newsletters to disseminate results and findings. These coordination functions extend from Governmental services to NGOs and civil society, across various levels, including national and municipalities.
ER4: Strengthening of regional, sub-regional and country capacity to generate and use strategic information for the development and monitoring of HIV programs for young people

- The Ministry of Health was supported to strengthen the national health information system to generate HIV data disaggregated by sex and age group, educational level, and occupation. Disaggregation by ethnicity and socio-economic group is not yet realized.
- The epidemiological surveillance and strategic information capacity was strengthened through implementation of the Sistema Unico de Monitoreo Y Evaluacion Epidemiologica (SUVEME), and addition of modules on prevention and integrated care to the platform.
- Completion of a study on definition of advanced cases of HIV, which is now being reviewed.

The UNAIDS indicators are being used to monitor access to HIV services. In addition, it is necessary to strengthen the capacity for monitoring of the gender dimensions of programs and services.

Good practices, studies and standards of care related to HIV and young people:

- Implementation of situation analysis on SRH and adolescents, with participation of adolescents and youth.
- Training of peer educators in integrated adolescent health
- Establishment of differentiated areas for adolescent health in some health facilities
- Dissemination of the study on gender-based violence (GBV) and HIV, which facilitated awareness raising regarding the inter-relationship between HIV and GBV, and strengthening of commitment to jointly address both issues on national and service delivery level.
- Reduction of mother-to-child transmission of HIV

III. Performance in other relevant areas:

Strategic Alliances
The project contributed to strengthening of strategic alliances with and between various Governmental, non-governmental, bilateral and multilateral entities through joint implementation of activities, including:

- Women empowerment project: community leaders, women, families.
- Recorrido Participativo: universities, health care providers, young persons.
- Teach VIP youth: local authorities and young people
- Prevention for vulnerable groups: human rights networks, Ministry of Health, prosecutors and other members of judiciary, youth.
IV. Challenges and barriers

Challenges
- Gaps in access to information and commodities for in-school and out-of-school youth for prevention of sexual transmission of HIV
- Strategy needed to advocate with conservative groups regarding the issue of SRH
- Legal barriers for young persons to access HIV testing
- Limited focus on gender and human rights by authorities and health workers
- Need for strategies for effective service delivery for mobile populations, in particular adolescents and youth.
- Need for strengthening of leadership and governance of the national HIV response.
- No guarantee for sustainability of HIV treatment after completion of the current Global Fund grant.

Barriers
- Limited detection and management of STI, in particular in persons younger than 18 years.
- Lack of financial sustainability of HIV treatment and prevention programs
- Inconsistency in sources of information on adolescent health data, and need for better analysis of data, and use of data for decision-making.

Lessons learned and recommendations for sustainability
- Empowerment of adolescents and youth in the framework of human rights facilitates social control towards the achievement of their rights.
- The existence of clear norms, guidance and technical guidelines improves the quality of care for adolescents and youth.
- Capacity building of health workers in tools and strategies demystifies and greatly improves the quality of care provided for adolescents and youth.
- The inter-programmatic and inter-sectoral approach towards adolescents and youth, SRH and HIV strengthens the response and increases efficiency.
- Combined implementation of interventions on different levels (individual, family, community) generates greater impact in the life of adolescents and youth
- Promotion of participation and leadership of civil society and participation of other cooperation agencies facilitates sustainability.
- Strengthening and expansion of decentralized public health systems is critical to increase coverage and reduce social exclusion
- Promotion of partnerships with other agencies to ensure sustainability of projects and capacity building of local communities are models that have demonstrated results, and will be replicated in further implementation.

Guatemala

Prepared by: Dr. Fernando Amado, Ana Cecilia Escobar MA. PAHO consultants
I. Summary of achievements and progress

- Support provided for development of normative documents: 1) Standards for care for adolescents on primary and secondary level, included in the standards for integrated care, with a life course focus. These guidelines have already been formalized by the Ministry of Health; 2) Strategic guidelines for integrated care for adolescents and youth – to inform the development of strategic territorial health plans (2010-2015); 3) Guidance for the development of the national protocol for HIV drug resistance prevention and monitoring; 4) Protocol for post-test follow-up of infants; 5) ARV treatment for adults, pregnant women (including adolescents and youth), and children.
- Technical team for adolescents established at the Ministry of Health with participation from persons on normative and operational level.
- Incorporation of the “Familias Fuertes” strategy as part of the work of the Network for Paternity and Maternity coordinated by the Ministry of Health.
- Participation of youth leaders in HIV prevention, in coordination with the National AIDS Program and other civil society organizations.
- Evaluation for strengthening of the health systems response to HIV in Guatemala published.
- Strategic planning by key civil society groups supported: lesbians, gays, trans community, bisexuals, intersexual persons, and homosexual men.
- Baselines established for five priority services for implementation of the model for comprehensive health care for men who have sex with men (MSM), including adolescents and youth.
- Study supported on the current situation and response to HIV with emphasis on adolescents and youth in Guatemala.

II. Progress by expected result

The Ministry of Health from Guatemala has reorganized the normative and operational technical functions related to adolescent health care through appointment of technical staff in the programme of cross-cutting themes, with the aim to advance the integration of programs and services for adolescents and youth, and to promote inter-programmatic coordination with the focal points of relevant programs. Participation of technical staff from the Sistema Integral de Atencion en Salud (SIAS), the entity responsible for coordination of primary and secondary level health care, also contributes to systematic integration and strengthening of health services for adolescents and youth.

ER1: Supportive legislative and policy frameworks established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

- In the context of the Norway-PAHO initiative, support was provided for development and formal adoption of the “Standards of Primary and Secondary Care for Adolescents and Youth”, and the establishment of the multi-sectoral technical team for adolescents. Participation of technical and policy-level officials
significantly strengthened the national capacity for promotion and implementation of a coordinated and integrated approach towards adolescent and youth health.

- Support was provided to a partnership of civil society organizations for implementation of a campaign against homophobia. This campaign was the first of its kind in the sub-region. A key aspect of the campaign was the implementation of a baseline assessment on human rights violations and stigma and discrimination towards sexually diverse persons. The campaign also included initiation of the formulation of a plan for promotion of the health of sexually diverse persons. Priority populations identified for this plan are men who have sex with men, trans populations, and lesbians.

- Support was provided to the National AIDS Programme for development of a plan for prevention of HIV among adolescents and youth. The development is in progress, and so far the conceptual framework has been developed, mapping has taken place of relevant programs and experiences, and working groups of adolescents have been formed in four regions to participate in the development of the plan. Finalization and validation of the plan are scheduled to be finalized in the first half of 2011.

- Technical assistance and budget support was provided to the Ministry of Health for the development of guidelines for youth-friendly health services and a guide for development of youth-friendly spaces. These documents are currently under final review by the authorities.

ER2: **Capacity building** for strengthening of service delivery for young persons with regards to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

- Several human rights training workshops were implemented for national stakeholders:
  - Training workshop in the application of international human rights instruments for the National Commission for Children and Adolescents, with active participation of the Ministry of Health.
  - Human rights and sexual diversity training for the legal network, the national network for sexual diversity, human rights lawyers, and the Ministry of Health
  - Training of 150 boys and girls from different regions of the country as peer educators for human rights, with special emphasis on human rights and health. These boys and girls are members of the national network of children and youth educators of the organization “Comunicares”. This organization works closely together with the Ministry of Health and other local civil society organizations.

- The project supported the training of 10 professionals of the Ministry of Health and Social Assistance (MSPAS) and two professionals from the municipality of Guatemala to participate in the virtual certification training programme on integrated care for adolescents presented by the Pontificia Universidad Catolica in Chile. These professionals are involved in the work with adolescents on normative level, and were identified based on their role and anticipated
contribution to improve the organization of adolescent health services in Guatemala.

- In a combined effort supported by the Norway project, UNFPA and the ASDI programme, the certificate training on standards for integrated care for adolescents was developed, including a facilitator’s manual and participant’s manual. The four-month training was implemented in the second half of 2010, and generated 49 facilitators (10 from the Cuban Cooperation). In their turn these facilitators trained a total of 2053 service providers. The CD Des-Armunar from PAHO is included as a module in this training programme.

- The project supported a scholarship for one person from the Ministry of Health to participate in a training programme aimed to update care providers in the care for adolescents. This programme is provided by the Universidad de San Carlos de Guatemala (State University).

- Support was provided for training and hospital internships related to PMTCT for 37 staff members from five health centers.

ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

- PAHO provided technical assistance to the Ministry for rolling out of the strategies for expansion and strengthening of primary and secondary level adolescent health services.

- Two dedicated sites for provision of care for sexually diverse populations were strengthened (Suchitepequez and Quetzaltenango), bringing the number of dedicated safe spaces for service provision for sexually diverse populations to a total of five in the country.

- The project supported the opening of five integrated care clinics that also provide services for prevention of mother-to-child transmission of HIV and congenital syphilis.

- Support was provided for updating of the clinical treatment guidelines.

- The “Familias Fuertes” initiative was incorporated into the work plan and the approach of the network for responsible paternity and maternity. They are working with the national program for reproductive health and jointly implemented training for facilitators from six health districts in November 2010. During the workshops all the six district teams developed work plans for 2011.

- Formal launching of the document “Strategic Guidance for Integrated Health Care for Adolescents and Youth”. The guidance document was disseminated to the health districts to inform the development of territorial strategic health plans, and was also used for training and capacity building of health workers. The ASDI project provides support for implementation of these territorial health plans.

- As a result of the activities of the Norway project, the Ministry of Health, in partnership with PAHO, established a technical working group to address the prevention of teenage pregnancies. UNICEF and UNFPA also participate in this working group.
ER4: Strengthening of regional, sub-regional and country capacity to generate and use strategic information for the development and monitoring of HIV programs for young people

The partial contribution of the Norway Project to the contract of a PAHO technical focal point for adolescent health and HIV facilitated the ongoing provision of technical assistance to the country, and participation in key national processes, including:

- Technical assistance and participation in the working groups for analysis of data collected in the ENSMI 2008/2009, in order to respond to national and international indicators.
- Finalization and publication of the report of the evaluation for strengthening of the health systems response to HIV in Guatemala, of which the results and recommendations were utilized as input for the evaluation of the 2006-2010 strategic plan, a process also supported by PAHO.
- Support for implementation of an analysis of the HIV situation and response, with emphasis on adolescents and youth.
- Technical assistance for development of the 2011-2015 strategic plan, with emphasis on high risk and vulnerable populations.
- Adaptation of the tool for monitoring of early warning indicators (EWI) for drug resistance to the national norms and adaptation of the MANGUA system to include EWI, which is now used in all integrated clinics as tool for clinical management of HIV clients.

III. Performance in other relevant areas:

Strategic Alliances

- The partnership between PAHO, UNICEF and UNFPA was strengthened through joint planning and support for critical aspects of the national strategy for prevention of mother-to-child transmission of HIV and congenital syphilis.
- The technical cooperation supported by the Norway project has strengthened the participation of multiple actors involved in and committed to improve services for adolescents, persons living with HIV, and sexually diverse populations. Implementation of project activities resulted in the fostering of a network of organizations and institutions working in partnership to address issues related to adolescent health and to the HIV response. Partners in this network include the Ministry of Health, the Universidad de San Carlos from Guatemala, the municipalities of Guatemala, youth organizations, NGOs, sexually diverse groups, the Ministry of Education, UN agencies, and other international agencies such as Save the Children, Population Council, USAID, and Vision Mundial.
- At the level of the UN system, a technical working group on adolescent and youth was established, that is being coordinated by PAHO/WHO, with UNESCO as vice-chair. As part of the inter-agency work of this group, an interagency Task
Force from New York conducted a mission to Guatemala. The delegation included a representative from the UN Foundation. Both the Task Force and the UN Foundation have expressed interest to support initiatives for vulnerable children and adolescents in Guatemala.

- PAHO chaired the interagency and the expanded UNAIDS Theme Group on HIV during this time, and also participates in the technical group of the Country Coordinating Mechanism (CCM), and in that capacity contributed to the development of global fund proposals. In this context PAHO supported the CCM in the development of the technical assistance plan for the project, resulting in an activity plan of US$ 700,000 to support continuation of the activities initiated in the Norway project, for a period of 3 years.

IV. Challenges and barriers

Challenges
- Strengthening of the health information system: access to reliable information, analysis and use of this information.
- Development of culturally appropriate programs and services for indigenous adolescents and youth.
- Strengthening of internal coordination in the Ministry of Health, between the programs and services (normative level and operational level).
- Promotion of linkages between the initiatives aimed at adolescents and youth with social protection programs.
- New contractual modalities of PAHO national consultants generated some instability in the work environment, and might have negative consequences for the implementation of the project.

Barriers
- The year 2011 is an election year for Guatemala, which may result in changes and instability of the implementation process.
- Reduction in the national health budget in Guatemala has significantly affected the HIV response, as well as the SRH programs and programs for adolescents.
- Rotation of staff and changes in the authorities at the Ministry of Health negatively affect continuity of programs.
- Redefinition of the functions of the National AIDS Programme, as well as changes in staff and weak technical capacity of human resources also served as barriers for effective implementation of project activities.
- Lack of an adequate system for projection and management of supplies and medicines in the Ministry of Health.
- Competing priorities within the Ministry of Health related to the Norway Project, the development of the new strategic plan for HIV, and the PR negotiations with the Global Fund for the new HIV grant at times delayed and complicated advancement of project activities.

V. Lessons learned and recommendations for sustainability
• Participation of youth organizations in the coordination with different actors and public agencies is critical for successful HIV prevention and promotion of sexual and reproductive health, and strengthens the promotion of available health services.
• The contribution of local government towards coordination with multiple actors and the implementation of activities for adolescents and youth is important and necessary for effective implementation and an integrated approach.
• The transfer of responsibilities to Governmental and local actors must be formalized to capture and formulate the commitments and the expectations.
• Capacity building of human resources is essential to ensure sustainability of achievements and expansion of efforts to other geographical regions.
• Sustainable integration of adolescent health services and comprehensive HIV service delivery requires ongoing advocacy with health authorities and inter-departmental coordination within the Ministry of Health.
• Alignment of the technical cooperation efforts and international funding support for implementation of normative guidelines, including those aimed at adolescents, requires inter-agency coordination and development of joint cooperation plans.

Haiti

Prepared by: Dr. Sonja Caffe, PAHO Technical Advisor

Summary of achievements and progress
• Initiation of the development of a strategy for elimination of mother-to-child transmission of HIV and congenital syphilis
• Development of integrated clinical guidelines for PMTCT and congenital syphilis
• Rapid assessment of the post-earthquake status of HIV prevention, treatment and care
• Strengthening of the leadership role and capacity building of key officials Ministry of Health

II. Progress by expected result
As one of the poorest countries of the Caribbean torn by many years of internal conflict, Haiti was already facing significant challenges to provide appropriate health care for its population, including women, children and young persons. Haiti was also counted among the countries with the highest HIV prevalence in the Western hemisphere, with major challenges in the HIV response, including limited coverage of ARV treatment, low coverage of PMTCT services, and a fragmented health system with multiple non-governmental service providers. The devastation caused by the 2010 earthquake caused further disruption of an already weak HIV response, and the emergence of many competing priorities, including rebuilding of basic infrastructure and provision of services for large groups of displaced persons.
In this context the development and implementation of HIV interventions is extremely challenging, but essential. Throughout the emergency response PAHO continued to provide support for the HIV response, within the limitations of the current situation.
ER1: **Supportive legislative and policy frameworks** established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

- Through the Norway project PAHO provided technical support for development of integrated guidelines to reduce mother-to-child transmission of HIV and congenital syphilis. These guidelines are in final review, and will be printed and disseminated to all health centers in the country, and used for training of service providers.

ER2: **Capacity building** for strengthening of service delivery for young persons with regards to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

- The Norway project supported participation of a delegation from Haiti that included the coordinator for PMTCT at the Ministry of Health, at a Caribbean meeting on the Elimination Initiative (EI). The main objectives of this meeting were to discuss the current status of the EI, generate a sub-regional process of partnership and collaboration for effective implementation of the EI, and to agree on ways forward in the implementation process. The participation of Haiti in such a platform is of particular importance, to prevent isolation of Haiti officials, and to facilitate learning, exchange of information, and partnership. In addition to the plenary meeting, a separate half-day planning meeting was held with the delegations from Haiti and the Dominican Republic, to strategize on enhanced implementation of the EI.

ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

- In the aftermath of the earthquake, a senior HIV advisor was supported to conduct a mission to Haiti for implementation of a rapid assessment on the status of HIV treatment, care and prevention. The assessment report highlighted the disruption in services for pregnant women and in the treatment programme, challenges related to effective distribution of condoms, and the challenges related to effective provision of HIV prevention interventions to the population in the camps. The findings of the rapid assessment and recommendations for immediate and medium-term action were shared with the Government authorities, the UN partners, and other relief and technical agencies on the ground in Haiti.
- In 2010 PAHO also provided support to Haiti for reformulation of their Global Fund HIV grant, which was at risk to be terminated.

III. Performance in other relevant areas:

**Strategic Alliances**

- The UN partners PAHO, UNICEF and UNFPA developed a joint plan to support implementation of the Initiative for Elimination of Mother-to-Child Transmission
of HIV and Congenital Syphilis. This provides a sound basis for harmonized UN support to this important initiative.

IV. Challenges and barriers
- The post-earthquake situation in Haiti forms a particular challenge for the implementation of structural activities, as Haiti is still in a recovery stage, with limited infrastructure and human resources. Additional challenges such as the cholera outbreak and political instability further compromise a structural and sustainable response.
- The large number of relief and support agencies operating in Haiti further complicates an effective response, as there is limited coordination and harmonization of efforts, leading to duplication of efforts and confusion.

V. Lessons learned and recommendations for sustainability
- In an emergency and post-emergency situation, the interpretation and pursuit of sustainability must be approached differently, compared to a non-emergency situation.
- The leadership of Government authorities must be promoted and supported in the Haiti context, to increase the change for harmonization and sustainability of efforts.

Honduras

Prepared by: Dr. Karla Zepeda, PAHO/WHO Consultant

I. Summary of achievements and progress
- Strengthened human rights focus, with emphasis on the right to health for adolescents and youth, and the increased vulnerability of LGBT populations, in particular transgender persons.
- Capacity building of human resources through training of health service providers, staff from the Ministry of Education, and civil society organizations, to increase their knowledge and competencies to provide integrated care for adolescents and youth.
- Strengthening of the interagency collaboration within the UN system with regard to the work aimed at adolescents and youth, in particular with UNICEF and UNFPA.
- Expansion of the scope of adolescent- and youth-friendly services, in coordination with the Secretariat of Health and other UN agencies.
- Enhanced availability of data on SRH and adolescents through training of human resources in tools such as SIP, Early Warning Indicators (EWI), and Universal Access reporting.
The Norway cooperation also provided partial support for the contract of the PAHO focal point, thus facilitating the ongoing provision of technical support to the development and implementation of project plans and activities.

II. Progress by expected result
ER1: **Supportive legislative and policy frameworks** established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

- Honduras has a functional adolescent health program, with a program coordinator and three technical staff on central level. In addition, there are also designated adolescent health service providers on district level in almost all health regions in Honduras. Through the Norway project technical support was provided for review and strengthening of the adolescent health program, with focus on sustainability of processes.
- Recently the third national strategic plan for HIV (PENSIDA III) was completed. Support was provided for development of indicators disaggregated by age and sex, for the prevention and treatment components of the plan.
- With regard to the national strategy for accelerated reduction of maternal and child mortality (RAMNI), support was provided for implementation of a harmonization effort of human and financial resources, to guarantee access to SRH through the life cycle, which includes adolescents. In addition, technical support was provided for the formulation of a national SRH policy, within the context of the inter-programmatic work of the adolescent health and SRH programs from PAHO. This joint work will also contribute to enhanced technical focus of PAHO’s technical cooperation, and increased efficiency in utilization of available resources.
- The Norway project supported the inclusion of human rights on different levels. Human rights training workshops were implemented for staff from different sectors, including the Ministry of Health, civil society organizations working with LGBT populations and people living with HIV, officials from the national Congress of the Republic, persons with disabilities, etc., to strengthen the capacity to incorporate a human rights perspective in their programs and projects. The knowledge of and analysis of international and regional human rights norms and standards was the core contents of the training workshops, as well as the review of case studies that facilitate increased understanding and analysis of human rights issues.
- In addition, specific human rights capacity building activities were implemented for members of the LGBT networks, in particular Trans persons. In a joint effort with these groups, a draft work plan was developed to address the issues of human rights and stigma & discrimination against the Trans populations.
- Honduras participated in a sub-regional meeting on State of the Art in Sexual and Reproductive Health of Adolescents held in Guatemala in September 2010, and financed by the Norway Project. This event made a significant contribution to the updating of knowledge regarding various themes related to the sexual and reproductive health of adolescents and youth, and the lessons learned and best
practices from other countries in the region of the Americas, including the United States of America.

- As a follow-up to the sub-regional meeting on State of the Art in Sexual and Reproductive Health of Adolescents, a process was initiated in Honduras for development of an appropriate response for prevention of teenage pregnancies. The programme for integrated care for adolescents (PAIA) from the Health Secretariat is leading this effort with support from PAHO, and with participation of other agencies, such as the Honduras Family Planning Association (ASHONPLAFA), the Secretariat of Education, UNFPA and USAID.

**ER2: Capacity building** for strengthening of service delivery for young persons with regard to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

- The Norway funds supported ongoing capacity building of health care workers through the distance education certificate training on health and development of adolescents coordinated by the Universidad Catolica from Chilie. In the last cohort, 11 persons from Honduras participated, bringing the total number of persons trained to 42.
- In an interagency effort between PAHO, UNICEF and UNFPA, capacity building of health promoters took place, with regard to integrated care for adolescents and youth. This effort is coordinated by the national adolescent health programme, and also receives support from an important grant from Canada, aimed at promotion and strengthening of youth-friendly health services.
- A model for integrated counseling for adolescents was developed, and health workers and staff from the Ministry of Education were trained in this model. The integrated model involves input from various disciplines and programs, including gender, mental health, women’s health, men’s health, etc. The development process included input from PAHO, UNFPA and UNICEF, and was designed as an interactive capacity building process for stakeholders in the area of adolescent and youth health.
- Three young persons from representing civil society organizations working with high risk groups were assisted to participate in the 2010 CONCASIDA congress, as a modality to build experience and capacity in these organizations.

**ER3: Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

- PAHO supported the development of a round 9 Global Fund proposal, that included a major element on strengthening of care for orphaned and vulnerable children (OVC), through development of a minimum set of essential services in the health and other sectors such as education and community, with the aim to improve the living conditions of this population in the age group 0-18 years. The proposal was approved for an amount of 26 million US dollars.
- The project supported strengthening of the national program for prevention of mother-to-child transmission of HIV through training of service providers from two regions in rapid testing for HIV and syphilis. Enhancing availability of point-
of-care testing increases the uptake of PMTC services and the efficiency of service delivery.

- While there currently are no dedicated primary health care services for adolescents and youth in Honduras, the project strengthened the capacity to provide appropriate care for adolescent clients through capacity building of primary care staff.
- Honduras initiated planning for implementation of the TICS project (Technologias de Informacion Y Capacitacion) for youth innovators and communicators for HIV prevention. This project involves the use of text messages on cell phones and the use of social networks for dissemination of HIV prevention messages. The project is in its initial stages and is being constructed with the participation of adolescents and youth of the LGBT association Arcoiris.

ER4: Strengthening of regional, sub-regional and country capacity to **generate and use strategic information** for the development and monitoring of HIV programs for young people

- With support from the Norway project the Universal Access report was completed. The report indicated that the coverage for ARV treatment is 72%. The report also identified a lack of disaggregated data on HIV prevention indicators and lack of data related to adolescents and youth.
- Training was provided to service providers from the two largest maternity wards in the country for implementation of the SIP (Sistema Informaco Perinatal) as a measure to enhance the collection and availability of data on sexual/reproductive health on national and local level. The data collected through SIP on adolescents, will be incorporated into the information system on adolescents (SIA).
- At the earlier mentioned sub-regional workshop on adolescents held in Guatemala, all countries made presentations of the available data, followed by discussions to interpret the data, and planning sessions based on this evidence.
- In preparation of the Guatemala meeting, three assessments were conducted to collect and synthesize the relevant information regarding the situation of adolescents and youth in Honduras:
  - Situation Analysis on the sexual and reproductive health of adolescents
  - Legislative framework for working with adolescents
  - Survey among parents and teachers regarding the approach towards SRH in the family and in school.
- The study on the coverage of HIV prevention services for youth was also printed and disseminated in the context of the scientific month of the University of Honduras.
- With support from the Norway project, the qualitative study on sexuality, social inclusion and human rights of adolescents and youth from the Moskitia Hondurena.

III. Performance in other relevant areas:
Strategic Alliances

- The study on the coverage of HIV prevention Services among young people was made possible by a technical alliance with the National Autonomous University of Honduras that established an Academic Task Force involving the Office of University-Society Linkage, Schools of Medical Sciences, Psychology and Social Work. This technical team conducted the study with the participation of various civil society organizations working with young people and vulnerable youth, and also coordinated activities with the National Youth Programme of the Ministry of Health.

- Through the Norway Project, technical support was provided to the Youth Ministry of the Catholic Church to carry out prevention interventions, in particular the prevention of violence affecting youth. Support was also provided for development of the Youth Olympics with sports and artistic events organized by the various networks of youths from the church with the goal of promoting healthy lifestyles among young persons.

- Other partnerships strengthened through project implementation include the interagency collaboration between the gender program of the Secretariat of Health, and the Instituto Superacion San Francisco in the development and provision of academic training; and the collaboration between the Instituto Nacional de la Niñez y la Familia (National Institute for Children and Family-IHNFA), the Interagency Committee for the Protection and Care of Children Orphaned and Vulnerable by HIV, and the Honduran Pediatric Association for the implementation of the IV Forum on Children and HIV, aimed at capacity building of pediatricians to enhance management of infants and children with HIV.

IV. Challenges and barriers

- The political crisis experienced in the country since June 28, 2009 has been a major barrier for the implementation of the project. Fortunately the technical cooperation with the National Youth Programme of the Ministry of Health was not interrupted during this period. However, PAHO’s involvement in administrative processes that originally were decentralized to the Ministry of Health created an important additional workload for PAHO.

- With regard to PAHO’s internal structures, a major challenge was the change in the contractual status of the focal point for HIV and adolescents, which now focuses on discrete outputs and outcomes, making it more difficult to provide a more holistic and responsive support to the national stakeholders.

V. Lessons learned and recommendations to ensure sustainability
• Training of human resources working with adolescent and youth population is a critical factor for sustainability.

• The involvement of different sectors of society to achieve a comprehensive approach in improving health and development of adolescents and youth is a major factor for achieving sustainability and ownership.

• Continued support is needed to strengthen the stewardship and leadership functions of the National Youth Programme, especially in the context of the harmonization of international cooperation resources.

• The generation of health data and statistics related to the adolescent population will be crucial for achieving the sustainability of processes aimed at this population and to support ongoing advocacy efforts.

Nicaragua

Prepared by: Reynaldo Aguilar and Ivy Lorena Talavera, PAHO/WHO consultants

I. Summary of achievements and advances

• The Ministry of Health promotes a policy of Universal Access to Sexual and Reproductive Health.

• Expansion of HIV prevention services and promotion of SRH based on human rights and gender equity.

• Strengthened capacities of human resources to address major health problems of adolescents including syndromic management of STI / HIV

• Strengthened inter-programmatic work in SRH and HIV

II. Performance by expected results

ER1: Supportive legislative and policy frameworks established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

• PAHO supported the implementation of policies and plans of the Ministry of Health, including the strategic health plan, that includes interventions aimed at the health and development of adolescents and youth.

• A process for development of legislation on sexual/reproductive health was initiated. Review of law 238 on HIV/AIDS is currently also under review. There are discussions regarding the formulation of new legislation with a stronger human rights perspective. The consultations for development and revision of these laws will involve a wide range of stakeholders, including people living with HIV and young people.
• The authorities are currently exploring the possibility to include a new objective in the current national strategy for sexual and reproductive health (ENSSR), aimed at the sexual and reproductive health and development of adolescents.

• With Norway funds the Ministry of Health developed the guidelines for prevention of mother-to-child transmission of HIV and management of pediatric HIV from a gender perspective. This guideline emphasizes that universal access to HIV prevention, treatment and care is essential for full enjoyment of the right to the highest attainable standard of health.

ER2: **Capacity building** for strengthening of service delivery for young persons with regard to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

• The project continued to build human resource capacity through facilitation of the participation of staff from the Ministry of Health on central and local level in the distance learning training programs provided by the University of Chile. In addition to the 19 persons enrolled in 2009, and the 8 enrolled in 2010, the project supported enrollment of 34 additional persons from local level, two of each of the 17 health departments in the country.

• Training workshops were held for health care workers in the use of the new guidelines and protocols for adolescents, PMTCT, infants, and comprehensive care for persons living with HIV.

• Training workshops were implemented for 160 youth peer educators from 16 municipalities of the department of Matagalpa.

ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.

• Through the Norway project, PAHO provided support for strengthening of the response capacity of the Centre for Adolescents at the Hospital Bertha Calderón Roque, especially in the areas of promoting skilled attendance at birth, HIV care and treatment, family planning, health information systems for adolescents, and strengthening of the system for referral and counter-referral between essential primary and secondary level services from the adolescent center and the primary and secondary health care centers in district III of Managua.

✓ Technical and financial support was provided for implementation of the technological project on sexual and reproductive health for adolescents. (Web page [www.adolec.org.ni](http://www.adolec.org.ni)). The contents were developed under the criteria established by BIREME (PAHO virtual health library).

✓ With a view to utilize modern technology to advance adolescent health, an interactive chat module was developed, to facilitate real time interactive exchange of information between site visitors and the adolescent center of Bertha Calderon. Since the establishment of the site last year, more than 22,000 visitors have been registered.
The Adolescent Health Information System (SIA) was also incorporated in this portal. SIA contains a large database on SRH and adolescents.

The adolescent center organized a symposium on sexual and reproductive health of adolescents in the context of MDG5 monitoring. Meeting participants included health professionals, youth and adolescent groups and networks.

Finally, the center developed a technical document on psycho prophylaxis for childbirth, as a tool to improve antenatal care for adolescents.

- The project also supported the Hospital Materno Infantil (HMIMA) of Chinandega, to strengthen service delivery for adolescents. The hospital developed training workshops on various topics for young persons, including SRH, STI, HIV, contraception and family planning, and sexual violence. These workshops are being attended by both boys and girls.

- Posters were development presenting the tanner stages of physical development of boys and girls, as a tool to educate boys and girls regarding the different stages of their development.

- Services were expanded to include nutritional guidance and counseling for all pregnant teens, education on breastfeeding through a youth-friendly puppet show, and an exchange program for teens that consists of a space to share experiences and information between peers.

- Youth-appropriate video presentations on SRH were developed and reproduced as a strategy to share SRH information with young persons.

- Nicaragua also implemented the social communication initiative (INJUVE), that trains young persons as youth communicators. These youth communicators disseminate information on SRH and HIV among their peers.

- Access to HIV testing was expanded, and is now offered in 100% of the municipal health centers, and in 74% of the Government centers. HIV testing services are also available through other services such as the military health services, NGOs, and some private sector clinics.

- Through intensive work with the network of maternity clinics in the country, the coverage of antenatal screening for HIV was increased. PMTCT training was provided for 836 midwives, and community awareness activities were implemented. The coverage of ANC screening is now estimated at 51% of all pregnant women. ARV treatment is guaranteed for HIV+ pregnant women.

- The quality of ARV treatment was enhanced through strengthening of the capacity to conduct CD4 testing.
• Over the past two years the project supported expansion of equitable access to SRH services for girls and boys in the southern Atlantic region, with focus on municipalities with high incidence (37 – 47%) of adolescent pregnancies (Bluefield, Kukra Hill and Laguna de Perlas). Interventions include educational programs and peer outreach.

• Nicaragua is currently in the process of reorganization of its health services in line with the guidelines and principles of the “Modelo Salud Familiar y Comunitario (MOSAFC). This new model applies the life course approach, which includes promotion and prevention aimed at the individual, the family, and the community. Primary care includes prevention and treatment of addictions, prevention of unintended pregnancies, the promotion of healthy lifestyles, and mental health. In this approach, the modules for primary health care for adolescents (IMAN) have been incorporated. The Government is guaranteeing the financing of the basic package of services in this new approach, which means that in essence these services will be universally available for young persons.

• There are currently considerations and negotiations to establish dedicated services for young persons, with alternative service hours, and spaces exclusively for young persons.

• The implementation and expansion of the Familias Fuertes approach continues in various departments and municipalities in the country, in collaboration with other agencies and entities on central and local levels.

ER4: Strengthening of regional, sub-regional and country capacity to generate and use strategic information for the development and monitoring of HIV programs for young people

• The Sistema Informatico del Adolescente (SIA) was implemented in the Centro de adolescentes at the Hospital Bertha Calderon Roque of Managua, and the Hospital de Chinandega Mauricio Abdalah. As a result 100% of the clinical histories of adolescents are incorporated in the database. Analysis of this database generates important information for planning and monitoring of adolescent health interventions.

• A qualitative focus group study has been initiated in municipalities with high levels of teen pregnancy, to explore risk factors for teen pregnancy and to inform the development of appropriate interventions to reduce teen pregnancies in these municipalities.

• A study on the status of sexual and reproductive health of adolescents and youth was implemented, that included the legal and policy framework for SRH and adolescents.

• A survey was conducted in schools and among parents in urban and rural areas, to assess the perceptions, attitudes and approaches towards SRH and adolescents.

• Based on the collected data, advocacy sheets were developed on SRH, HIV and adolescents.
• Support is being provided to key institutions to enhance the collection, analysis and dissemination of relevant information on young people, SRH and HIV disaggregated by age and sex.
• A national framework for monitoring and evaluation of the strategic plan for HIV/STI was developed, that includes M&E indicators proposed by UNAIDS on the level of process, products, results and impact. The framework also includes adolescent-specific indicators.

III. Performance in other relevant areas

Strategic Alliances
• Increased interaction and partnership between the Governmental and non-governmental organizations, the private sector, and religious organizations in the implementation of project activities.
• Enhanced partnership between PAHO, UNICEF and UNFPA in the development and implementation of activities aimed at adolescents and youth.

IV. Challenges and barriers
• Limited capacity for development of programs and services that are appropriate for the life stages of adolescents and youth.
• Need for ongoing advocacy to maintain commitment and efforts to improve the collection, analysis and dissemination of strategic information.
• Ensuring access to services for key high risk groups.
• Political challenges related to the election year (2011).

V. Lessons learned and recommendations to ensure sustainability
• It is of critical importance to have access to strategic information to enable targeted planning and design of interventions and programs.
• Quality services must address the actual needs and issues of adolescents, to cover the gap between supply and demand.
• It is essential that more effort is placed on the fostering of strategic alliances that facilitate and support the development of networks for integrated service delivery for adolescents.
• Systematic evaluation of interventions contributes to improved quality and outcomes, and the replication of effective interventions.

Panama


I. Summary of achievements and progress
• Strengthening of the National Adolescent Comprehensive Health Program (PNSIA) in its regulatory role.
  o Strengthening of coordination with the Social Security Fund (CSS) for the promotion of joint adolescent and youth initiatives.
o Development of tools for management of care and services for adolescents
  ▪ "Management Guidelines for the Provision of Comprehensive Health Services to Adolescents and Youth in the Republic of Panama"
  ▪ “Protocols for Adolescent Health Care in Panama”
  ▪ Implementation and incorporation of Adolescent Health Clinical History within the clinical record

- Strengthening of human resources (certificate training) in integrated health of adolescents at the national level.

- With the strengthening of the alliance between the MOH and CSS, the participation of health human resources in degree programs increased, which contributed to changes in the Pediatrics curriculum.

- Enhanced partnerships between key institutions, including the Hospital of Pediatric Specialties, the National Department of Education and Research of the CSS, Teaching Hospital José Domingo de Obaldía and the Pediatric Society of Panama, and the incorporation of NGOs in the development of health services for adolescents.

- Implementation of tools for the management of adolescent and youth services was initiated.

- Implementation of the Management Guidelines for the provision of comprehensive health services for adolescents in a participatory manner was initiated.

- Increased availability of family planning methods for adolescents and youth in health services.

- The Adolescent Health Record is being used in health services across the country in paper-form, and there are plans to capture it in the regular reporting system.

- Development of a survey that yields information for the establishment of a plan to prevent teen pregnancy.

- Publication of the report on the current status of sexual and reproductive health of adolescents in Panama.

- Development and approval of the National Plan for Prevention of Mother to Child Transmission of HIV and congenital syphilis by the Minister of Health, and initiation of implementation, which also affects adolescents. In particular, the expansion of rapid HIV testing services to areas where it was not available and, above all, ownership and implementation of the plan in all health regions, which will facilitate and improve efficiency.
• Continued progress in generation and use of strategic information to guide the response to the HIV epidemic, in particular regarding MSM, sex workers, pregnant women, STI services clients, students and transgender people, including young people in each population group. A study is being conducted to determine the prevalence of HPV in women ages 15 to 49, which will also include HIV. The study on human rights of people living with HIV was published and disseminated. Progress was made in the systematic monitoring of ART, including children and adolescents.

II. Performance by expected result

ER1: **Supportive legislative and policy frameworks** established for HIV prevention and promotion of sexual/reproductive health (SRH) with programs for young persons based on human rights and gender equity

- Review and revision of national legislation related to SRH and adolescents
- Approval of an executive decree for reform of the national HIV Commission (CONAVIH). It is expected that this reform will generate new impulses for the HIV response.

ER2: **Capacity building** for strengthening of service delivery for young persons with regard to HIV prevention and sexual/reproductive health, based on human rights and gender equity principles

- HIV training workshops were held for service providers from the Ministry of Health working with indigenous populations. These workshops included training on working with adolescents.
- Training has been initiated for health workers on the new WHO ARV guidelines.
- Training was provided for members of civil society organizations on the use of human rights instruments as tools to advance the enjoyment of sexual health rights.
- Training workshops were held on regional and local level on integrated care for young persons. Workshops were organized for health workers, parents, and young persons in 14 health regions.
- During 2009-2010 the project supported the participation of 27 persons in the certificate training on integrated care for adolescents. For the 2010-2011 cohort, 31 professionals were enrolled, of which 25 are pediatric residents from different hospitals in the country, from MINSA and the social security service. This is considered a major achievement, since it facilitated the adoption of the adolescent health training into the pediatric residency training curriculum.

ER3: **Expansion of service delivery** for HIV prevention and promotion of SRH, based on human rights and gender equality principles, targeting young persons.
• During the past year Panama made great strides in the access to ARV treatment, care and prevention, through decentralization and integration of HIV service delivery, implementation of integrated guidelines, strengthening of psycho-social care, clinical care, and nutritional guidance in all clinics. PAHO provided technical support throughout the decentralization process.

• PAHO also provided technical support for the development of a global fund proposal (round 10) aimed at most-at-risk and vulnerable populations. The project was approved for US$ 4.2 million.

• Support was provided for continued implementation of the national PMTCT plan, including expansion of services to the most marginalized indigenous groups, and to adolescents.

• The Ministry of Health was supported to develop approaches for adaptation of health services to make them more accessible and appropriate for key affected and vulnerable populations, including adolescents, Trans, and MSM. The Ministry of Health has publicly stated the commitment to improve the quality of services for these key populations.

• The project supports a sub-programme on school health, which is part of the adolescent health program. In this initiative, schools and families are equipped to better support health and wellness of young people through development and dissemination of simple tools and information materials.

• Four years ago a baseline assessment was conducted on the appropriateness and “friendliness” of health services towards adolescents and youth. Based on the outcomes of the assessment, some restructuring of services took place to improve the quality of service delivery for adolescents and youth. Several of these interventions were supported by the Norway project. Currently an update assessment has been initiated, to measure progress in the improvement of services for adolescents and youth.

ER4: Strengthening of regional, sub-regional and country capacity to generate and use strategic information for the development and monitoring of HIV programs for young people

• Utilization of the clinical history form for adolescents was supported and promoted in the health centers throughout Panama. In this first phase it is used as a paper-based system, which will be incorporated into the larger electronic health information system.

• Support was provided for implementation of SIP on national level, which will contribute significantly to the availability of strategic information on antenatal and infant care.

• A survey was conducted among adolescents and parents regarding the current status of sexual and reproductive health of adolescents in Panama.

• The Gorgas Institute, with support from PAHO and other agencies, is implementing a national study on the prevalence of HIV and other STI in various populations, including women in the age group 15-49. This study will generate key information regarding the status of the epidemic in the country. It is the only study that includes data on women younger than 18 years.
• The project for monitoring of ARV treatment has continued. The pilot phase has now been concluded, and data is being analyzed. The anticipated outcome will enhance insight into the dynamics of ARV treatment, disaggregated by age and sex.

• A study is currently being implemented by the Citizens Observatory on HIV and human rights, regarding the enjoyment of human rights by persons living with HIV. This will be the first study in Panama on this topic, and will serve as a baseline for future interventions.

III. Performance in other areas

Strategic Alliances

• Enhanced intersectoral collaboration around the development and implementation of the national plan for the health of children and adolescents (2008-2012).

• Project implementation strengthened the interaction between the Ministry of Health, the social insurance fund, and NGOs working in the areas of adolescents, which contributed to enhanced quality of services and social monitoring of the rights of adolescents and youth.

• The support to the citizens’ observatory on HIV and Human Rights (Observatorio Ciudadano) contributed to strengthened collaboration between civil society organizations, and enhanced visibility of their contribution and credibility as partners in the HIV response.

IV. Challenges and barriers.

• The national adolescent programme and the HIV program share the key barriers of lack of resources, human and financial, to sustain an effective response.

• The lack of prioritization of the sexual/reproductive health of adolescents and youth on local level also limits the advancement of this agenda.

• There currently is a gap in leadership for the SRH program at the Ministry of Health, which complicates the articulation and implementation of actions in this area.

• The development of appropriate strategies to reach indigenous adolescents and youth remains a challenge, due to the specific characteristics of this population.

• Similarly, it remains challenging to develop appropriate responses for the most affected groups in the Panama context (MSM, Trans), as these groups are also the most marginalized and disenfranchised in society.

• Lack of alignment of the strategies and activities of the Ministry of Health and the Ministry of Education reduces the efficiency and impact of their efforts in the area of HIV and SRH for adolescents.

V. Lessons learned and recommendations to ensure sustainability

• Adolescents and youth must be involved in the development and promotion of services aimed at this group. Their involvement significantly enhances the uptake of these services.
 Partnering with civil society has contributed significantly to acceleration of community action in this project.  
• It is necessary to increase the focus of interventions aimed at the most affected populations, to increase impact.  
• Strategic information is essential for adequate planning of programs and interventions. This information should be analyzed on central and local levels, for instance to identify sub-epidemics, such as the emerging patterns in some areas in the Panamanian Caribbean, where the epidemic appears to be more generalized.  
• Closer collaboration with the Ministry of Education is needed for effective implementation of strategies regarding sexual/reproductive health of adolescents and youth.  
• Strengthening of mechanisms and development of tools for monitoring and evaluation of SRH services is needed to inform decision-making and improvement of the quality of services in general, and specifically aimed at youth.  
• A comprehensive communication strategy must be developed and implemented to increase the visibility of the issues around human rights and SRH, and to maintain the commitment of decision-makers to work towards the international goals and targets ratified by the country.
Annex B