



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

PAHO's Technical Advisory Committee on HIV/AIDS/STI

Scaling up of Care and Treatment within a comprehensive response

Statement and recommendations – Dominican Republic, January 24, 2005

Background

The Technical Advisory Committee (TAC) recognizes that context-- social, cultural, and economic-- will determine both the nature of HIV risk and also the relative efficacy of interventions designed to slow the spread of HIV or to decrease AIDS mortality. Chief among the social and economic factors shaping risk are poverty and social inequalities. Poverty and social inequalities are tightly intertwined, for inequality comes to have its effect by determining access to goods and services—for example, education and health services—that dampen or heighten risk of exposure to HIV. In a setting of extreme poverty, adolescents may be pressed to exchange sex for school fees, uniforms, or books, for example. Thus poverty and gender inequality have a pervasive effect on HIV risks. In other settings, poverty alone may shape risk: unsafe transfusion of blood and blood products is now seen largely in the poorest countries; the same can be said for failure to follow universal precautions when using and reusing needles and other percutaneous instruments.

There are many settings in which even a profound knowledge about HIV and its modes of transmission is not sufficient to diminish risk of exposure, since social forces, and not cognitive deficits, are driving HIV risks. For example, a commercial sex worker who has benefited from AIDS workshops may be unable to implement his or her knowledge in settings of dire poverty.

In social-theory terms, the efficacy of existing prevention strategies varies according to agency—the ability to make choices. Vulnerability to AIDS as a sexually-transmitted infection will persist as long as poverty and social inequalities do. Latin America and the Caribbean are marked by high indices of social inequality, and thus pose special problems for those seeking to address a maturing epidemic. Other social forces undermine the stability of sexual unions and families in general (serial monogamy is often cited as a response to economic pressures). These include rural-to-urban migration, transnational work patterns, and, in some regions, political instability. Cultural factors have also been cited as barriers to disseminating effective prevention messages; the roles of religious and political leaders have varied significantly from place to place. The influence of modern media - in modeling risk behaviors and as a potential vehicle for effective prevention - is poorly understood, and effective communication is insufficiently used.

Financial barriers to diagnosis and care - barriers both hidden and overt—remain an enormous problem across the Americas. Studies from throughout the Region suggest that many cost-recovery schemes that rely on users' fees have resulted in decreased utilization of AIDS-related services. TAC further notes that there are often other hidden costs of effective diagnosis and care that need to be identified. These hidden costs vary from site to site, but include transportation costs, users' fees at the point of entry, laboratory costs borne by the patients, child care and lost income from lost labor.

Conclusions

In September 2003, the WHO designated the AIDS pandemic as a “global health emergency” and stipulated the goals of integrating prevention and care. In January 2004 the Director General, Dr. J.W. Lee, announced the “3 by 5” Initiative, with the goal of assuring, for 3 million persons with advanced HIV disease in developing and transitional countries, treatment with at least 3-drug antiretroviral regimens by the end of 2005. In January, 2005, the TAC met in Boca Chica, Dominican Republic, to identify barriers to, and opportunities for, meeting these goals in the Americas and to recommend steps to PAHO that would permit member countries to meet these goals.

The members of TAC note the urgency of responding more effectively, in the Americas to the AIDS pandemic. Few of the low- and medium-income countries in the Region have met the goals laid out in the United Nations General Assembly Special Session on AIDS (UNGASS).

PAHO's role is challenged by the great heterogeneity in the Latin American and Caribbean Region, both in terms of the AIDS epidemic itself and in terms of efficacy of implementation of the goals laid out by the 3 by 5 initiative. Certain Member States are close to meeting these goals; others have yet to establish targets. In many settings, stigma and discrimination remain major problems facing persons living with HIV and others who are at heightened risk for contracting the infection. In these settings, stigma and secrecy constitute barriers to meeting agreed-upon goals; in other settings, stigma stems in large part from the absence of effective therapy for AIDS, which remains a death sentence for those so diagnosed. In still other settings, there are adequate resources but they do not reach the target population.

While the challenges stated above appear to be daunting, TAC members agree that many goals can nonetheless be met. We recognize that PAHO has several comparative advantages such as sustained country presence, access to Ministry of Health and other government authorities, and we urge PAHO to use these opportunities to leverage support for HIV/AIDS treatment, care and prevention efforts.

After consultation with key stakeholders, including vulnerable groups, experts, PLWHIV, and health authorities, the TAC feels that priorities for PAHO and member states should include the following:

Recommendations

Advocacy and technical support

PAHO should advocate for and support:

- A policy ensuring that access to treatment of HIV disease with antiretroviral therapy (ART) be considered a “public good” as in the case of tuberculosis. Prevention and control of HIV is a public health mandate – countries must develop and deliver effective programs for HIV prevention and control, the cost of which should **not** be borne by people living with HIV;
- The development of country-specific goals in Latin America and the Caribbean (LAC) that are attainable and consistent with clearly defined targets. Even where goals are reached, intensified efforts must be made to work towards achieving equitable and universal access to treatment, prevention and care, including ART;
- The application of established human rights principles to HIV/AIDS policies in the Americas, and support to countries in the development of optimal public policy and legislation;

- A policy supporting free and confidential voluntary counseling and testing (VCT), linked to medical and social services, and the use of rapid and reliable low-cost methods of screening for HIV as they become available;
- The full recognition of the critical role of health promoters, community groups/members and family members in the fight against HIV/AIDS and the need to ensure the sustainability of their actions;
- Staunch opposition to discrimination against, and stigmatization of, people because of their sexual orientation and sexual behaviors, including such laws and policies that perpetuate discrimination and stigmatization, increase vulnerability to HIV infection and interfere with participation in effective prevention and control programs;
- Ongoing and sustained strengthening of national surveillance programs – including sero-surveillance – as the basis for the development and modification of HIV/STI and tuberculosis prevention and care programs based on these data and the enhancement of national and local capacity building;
- Prevention of new HIV cases by strengthening surveillance within health services, and by providing clear orientations for the development of promotion and prevention policies and strategies aimed at specific age groups;
- The establishment of approved methods and high standards for monitoring and evaluating HIV prevention and care programs in the Region;
- Scaling up of the Region's human resource capacity in the member countries to effectively respond to the goals and targets set in HIV/AIDS prevention, care and treatment, and for ways of addressing the problem of brain drain;
- A gender sensitive approach to HIV/AIDS, including assurance of gender equality in access to and provision of services, VCT, PMTCT, and comprehensive care and treatment of HIV positive women;
- Communication to countries of WHO's policy on HIV/AIDS and breast-feeding, keeping in mind the issue of cost when promoting the use of formula;
- A forceful position vis-à-vis the development of effective and humane AIDS prevention and care programs in collaboration with national and regional ethics committees.

Essential medicines and supplies

PAHO should:

- Ensure the availability of medicines and supplies, diagnostics and commodities, as well as tools for primary prevention, through collaborative efforts within countries and throughout the Region;
- Communicate to countries and regions the WHO standards for generic drugs;

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- Work towards an effective cost containment strategy relevant to HIV care and treatment, as bulk purchases of ARV and the use of generic medicines can cut costs dramatically. Transparency about pricing of diagnostics and medications will strengthen PAHO's role in making VCT and care available to all those who need it;
- Play a leadership role in negotiating agreements with pharmaceutical manufacturers for access to affordable second-line drugs and new diagnostic tools. Protocols for appropriate use of these drugs should be developed collaboratively with appropriate partners;
- Create awareness at the highest level within LAC that trade agreements based on protection of intellectual property rights and that place limits on the negotiation of prices for drugs and other medical supplies can become obstacles to the equitable delivery of care to people with HIV;
- Play a leadership role in promoting the rational use of ART, drugs for opportunistic infection, HIV diagnostic tests and other diagnostic tools for medical management for people with HIV disease.

PAHO operations

PAHO should:

- Develop and promote, within and across LAC, a public communications strategy to promote a broad-based consensus, with an ongoing sense of urgency, that the AIDS epidemic is a public health emergency in the Western Hemisphere;
- Re-evaluate policies related to supervision and management across PAHO, with specific reference to HIV/AIDS and STI programs, in order to ensure that the Secretariat's goals and priorities are successfully implemented in the field, and that there is consonance between the regional and field offices vis-a-vis the level of priority given to HIV/AIDS and other STI programs;
- Ensure that in-country and regional staff advocate for the active participation of organizations and individuals, to include people living with HIV, people at risk for HIV infection, formal and informal NGOs that represent marginalized populations, e.g. homeless, poor, racial minorities, indigenous populations, the disabled, the mentally ill, children and sexual minorities. These people should provide constructive criticism of existing programs and play a role in the development of programs that will serve them more effectively;
- Recommend to national authorities that they expand linkages between national programs in HIV/AIDS and mental health to ensure early detection of problems and proper access to quality care and services within a context of human rights for PLWHA;
- Strengthen its work with other agencies to improve the coordination of efforts in the fight against HIV/AIDS, help to streamline bureaucracy, and clarify roles and responsibilities in order to facilitate country programs and reduce duplication of processes;
- Identify two or three themes where PAHO's comparative advantage lies, and develop concrete actions in the short, medium and long terms. Countries that are of particular concern should be prioritized;

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- Facilitate and support the rapid implementation of Global Fund projects through culturally appropriate interventions, giving special consideration to an early warning systems for countries facing difficulties with implementation of current grants;
- Evaluate the underlying principles of PAHO's policies and strategies to ensure that these policies are based on the best available scientific evidence;
- Support the establishment of a single HIV registry process for PLWHA;
- Disseminate best practices and lessons learned and stimulate the exchange of opportunities to optimize the use of available and incoming resources and ensure results;
- Assure that health promotion and HIV/STI prevention activities are framed within a human rights context and, to the extent possible, are based on evidence and on models that have proven to be effective;
- Intensify efforts to ensure blood safety in every country of LAC;
- Effectively apply the primary health care approach to prevention and care of HIV/AIDS and STIs in all LAC countries, using contemporary principles of health promotion, and ensuring a strong community component;
- Be actively involved in shaping an operational research agenda for HIV/AIDS and STI that focuses on the needs within the Americas.