



**Pan American
Health
Organization**



Regional Office of the
World Health Organization



Technical Advisory
Committee on HIV/STI

TAC Recommendations 2005 - 2006 by Critical Line of Action

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

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

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20. PAHO should engage, within and across LAC, in a public communications strategy to promote a broad-based consensus, with an ongoing sense of urgency, that the AIDS epidemic is a public health emergency in the Western Hemisphere.	11. PAHO should advocate for and support a gender sensitive approach to HIV/AIDS, including assurance of gender equality in access to and provision of services, VCT, PMTCT, and comprehensive care and treatment of HIV positive women.		19. PAHO should play a leadership role in promoting the rational use of ART, drugs for opportunistic infections, HIV diagnostic tests and other diagnostic tools for medical management for people with HIV disease.	29. PAHO should disseminate best practices and lessons learned and stimulate the exchange of experiences to optimize the use of available and incoming resources and ensure results.	24. PAHO should work with other agencies to improve the coordination of efforts in the fight against HIV/AIDS, help to stream-line bureaucracy, and clarify roles and responsibilities in order to facilitate country programs and reduce duplication of processes.
26. PAHO should facilitate and support the rapid implementation of Global Fund projects through culturally appropriate interventions, giving special consideration to early warning systems for countries facing difficulties with implementation of current grants.	13. Revised 2006 PAHO should advocate for and support the establishment of national ethics committees (where these do not exist) and make sure that the terms of reference of these committees include review and monitoring of issues related to prevention, care, treatment and support of HIV/AIDS/STI.			33. PAHO should be actively involved in shaping an operational research agenda for HIV/AIDS and STI that focuses on the needs within the Americas.	25. PAHO should identify two or three themes where PAHO's comparative advantage lies, and develop concrete actions in the short, medium and long terms. Countries that are of particular concern should be prioritized.
34. 2006 Recommendation PAHO should advocate for supportive legal frameworks, effective leadership, and sound policies that are vital for scaling up prevention and care. Policies must always be based on available scientific evidence and must utilize clear and relevant indicators. In addition, adherence to treatment is crucial to successful and sustainable care and must be central to all treatment programs.	36. 2006 Recommendation PAHO should advocate for and support a critical review of (a) barriers to adherence and (b) barriers to access to comprehensive prevention, care, treatment and support, with the goal of eliminating these barriers.			35. 2006 Recommendation PAHO should support member countries in the utilization of modern information technology to improve program performance (for example, a database for standardized clinical and epidemiological information and for the management of supplies/commodities).	27. PAHO should evaluate the underlying principles of PAHO's policies and strategies to ensure that these policies are based on the best available scientific evidence.
38. 2006 Recommendation PAHO should advocate for and support a comprehensive communication strategy that includes all relevant stakeholders and that leads to wide adoption of the health sector plan.	39. 2006 Recommendation Through its national and international representatives, PAHO should advocate for and support the elimination of "double standards" such as the use of sub-optimal prevention strategies, treatment practices, and monitoring.			37. 2006 Recommendation PAHO should advocate for and support the harmonization of case definitions and standardization of valid diagnostic algorithms for HIV infection and disease, as well as for conditions related to HIV. This includes clinical and laboratory algorithms.	