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## **Editorial: Global Fund and Global Responsibilities**

PAHO/WHO is actively supporting country and regional applications to the GFATM (The Global Fund to Fight AIDS, Tuberculosis and Malaria). WHO has also helped to further improve the GFATM guidelines and principles. Among those, the Fund is intended to build on, complement, and coordinate with existing regional and national programs. It is our collective responsibility to ensure that the GFATM strengthen the national responses against the three diseases and that it makes a long-term, positive impact on public health systems.

## **AAI: Caribbean Gets Cheaper ARV**

Fifteen Caribbean nations have reached a deal with pharmaceutical companies to buy drugs for people living with AIDS. The annual price of ARV combinations may drop to as low as US\$ 1,100, similar to prices offered to Sub-Saharan countries for brand name ARV. Preparations for the Caribbean negotiation started in February and the agreement with the companies was signed in July, during the Barcelona conference, by the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and the companies. The negotiations were conducted by the Caribbean Community (CARICOM) Secretariat, PAHO/WHO and UNAIDS, as part of the Accelerated Access Initiative (AAI).

The Caribbean countries are now examining the next steps. With the support of several agencies, including PAHO's Caribbean Epidemiology Center (CAREC), the countries have to develop a subregional strategic framework for accelerated access to care. This includes not only reduced ARV costs, but also mobilizing resources, strengthening infrastructure, testing distribution systems, scaling up volume of purchase, training personnel, promoting ARV compliance, and ensuring that lessons are learned and shared amongst countries. CARICOM is also contemplating adopting PAHO/WHO Regional Fund mechanism for the supply of ARV to member countries.

## **AAI: Other Subregional Negotiations to Follow**

The success of the AAI in the Caribbean has triggered other subregional negotiations in LAC. Among the advantages of regional negotiations are: lower and uniform regional prices, support to countries with smaller negotiation capacity, strengthening of intercountry cooperation and rationalization of technical cooperation by PAHO/WHO, who can help more countries negotiate in a shorter period of time. The AAI is based on a joint statement of intent to accelerate access to HIV/AIDS care and treatment in developing countries signed by four international agencies (WHO, UNICEF, World Bank and UNFPA), the UNAIDS Secretariat and six pharmaceutical companies (GlaxoSmithKlein, Bristol-Myers Squibb, Merck and Co., Boehringer Ingelheim, Hoffmann-la Roche and Abbott Laboratories). The guiding principles of the AAI are a) unequivocal and ongoing political commitment by national governments to address the HIV/AIDS epidemic; b) strengthened national capacity; c) engagement of all sectors of national society and the global community; d) efficient, reliable, and secure distribution systems; e) significant additional funding from new national and international sources; and f) continued investment in research and development by the pharmaceutical industry.

The LAC subregional negotiations built on the experience of concurrent processes in Africa and Asia and on the lessons learned from the successful country level negotiations in Chile, Trinidad and Tobago, Haiti, Jamaica, Barbados and Honduras.

## **AAI: Central America May Be Next**

Central American countries are taking fast steps towards a subregional AAI negotiation. The decision to promote subregional negotiations was approved by the meeting of the Central American health ministers (COMISCA) and of the national social securities (COCISS). Next October, the meeting of the health sector of Central America and the Dominican Republic (RESSCAD) will examine a resolution proposing favoring a joint negotiation of all Central American ministries of health and social security systems. COMISCA has created a group to represent the ministries in the negotiations, coordinated by the Central American Integration Secretariat (SICA). PAHO/WHO is helping the regional countries to prepare the framework document that will to be used as a basis for negotiation with the companies. Depending on the evolution of this process and on the scheduling of meetings, negotiations may take place as soon as October.

## **AAI: Andean Countries to Define Strategy**

The ministries of health of Peru, Venezuela and Ecuador also want to carry out regional AAI negotiations. The decision was taken during a meeting in Lima, in July, with the participation of PAHO/WHO, UNAIDS and the Andean Health Organism (ORAS). The Colombian government has since joined the initiative and the Bolivian and Chilean government manifested their interest. The Government of Brazil sent a representative to share its experience with negotiations. The six countries involved are expected to ratify their interest in joint negotiations soon. ORAS will be in charge of coordinating the Andean negotiation

process and will prepare a draft framework to be reviewed by a group of interdisciplinary advisors from the countries involved.

## **ARV Prices Drop 54% From May 2001 to May 2002**

A survey conducted by PAHO/WHO indicates that prices of ARV dropped up to 54 percent last year in LAC countries as a result of negotiation agreements between ministries of health and the pharmaceutical companies. According to the data collected there are also wide differences between the countries surveyed, with some countries paying up to 10 times more for the same treatment. The survey compared the prices of drugs purchased in May 2001 and May 2002 by the ministries of health of 14 countries in the region. To calculate the annual cost of treating a person living with AIDS, PAHO/WHO selected two of the most common combinations of antiretroviral therapies. On the average the reductions for 3TC/ZDV+NVP were 25 percent (from US \$3,701 to \$2,746). For 3TC/ZDV+EFV the prices decreased 54 percent (from \$5,506 to \$2,499). These prices do not reflect the reductions obtained through country or regional negotiations since May 2002. More information: [http://www.paho.org/English/HCP/HCA/antiretrovirals\\_HP.htm](http://www.paho.org/English/HCP/HCA/antiretrovirals_HP.htm).

## **New Estimates for HIV Prevalence and Incidence at Country Level**

The estimated adult HIV prevalence rate is 0.6% in North America, 0.5% in Latin America and 2.3% in the Caribbean. Eleven countries in the Americas have adult prevalence rates of 1% or more. Updated epidemiological data at country level is available from WHO/PAHO and UNAIDS. The UNAIDS/WHO/PAHO Epidemiological Fact Sheets contain the most recent country-specific data on HIV/AIDS and STI prevalence and incidence, a short assessment of the country epidemiological situation, and information on knowledge and behaviors that can spur or stem the transmission of HIV. The Fact Sheets are compilations of the available serological and behavioral data in a country. A methodology developed in collaboration with an international group of experts was used to calculate the new estimative of HIV prevalence and incidence. The new estimates are very useful for a better understanding of the current status and trends of the epidemic, and are essential for informed decision-making and planning at national, regional and global levels. More information: [http://www.who.int/emc-hiv/fact\\_sheets/](http://www.who.int/emc-hiv/fact_sheets/).

## **Consultation on Prevention Among Indigenous Peoples**

The Regional Program on HIV/AIDS, in collaboration with PAHO's Initiative on Indigenous Peoples' Health, is organizing an invitational consultation on Prevention of HIV/AIDS/STI among Indigenous/Aboriginal/Native Peoples and Communities. Other interesting groups that will be included are communities of African descent who have traditions, mores, and folkways markedly distinct from the mainstream culture. The main focus of the discussions will be on promotion of Sexual Health as a strategy to prevent negative health outcomes of sexual behavior and especially sexually transmitted infections and HIV/AIDS. The consultation is intended to cover the entire Western Hemisphere and will take place on 13-14 October 2002 in Margarita Island, Venezuela. This meeting is co-sponsored by the World Association for Sexology (WAS), the Latin American Federation of Societies working in

Sexology and Sex Education (FLASSES) and the Inter American Development Bank (IDB).

## **ITS Reemerging Say Amazonian Countries**

According to managers of national programs, STI may be reemerging in Amazonian countries. The information came as the results of a questionnaire about the status of STI programs and was shared during a meeting of Pan Amazonian STI programs, organized by PAHO/WHO last August in Brazil. The managers also mentioned the several challenges of the STI programs and proposed to work together in the Amazonian borders. PAHO/WHO plan to extend the questionnaire to other countries. The final result should be comparable to a 1998 questionnaire about the status of LAC STI programs. STI are a major burden for sexual and reproductive health, particularly for young women. Additionally, the prevention and treatment of STI is one of the most effective ways to prevent HIV transmission.

## **Support for Applications to the GFATM**

PAHO/WHO provided support to applications on the second round of proposals to the GFATM. This included direct technical cooperation for writing proposals on the three diseases, as well as review of the applications. In addition, a web page with resources for applicants was launched, sharing information available. The page contains several documents dealing with submission and implementations issues, produced by LAC countries and institutions. Many of them were shared in the regional meetings organized by UNAIDS, Government of Brazil and PAHO/WHO, in Rio de Janeiro in June, and a subsequent PAHO/WHO focal points meeting held the same month in Washington, DC . More information:  
<http://www.paho.org/english/hcp/gfatm.htm>.

## **UNAIDS Invites Cosponsors to Join Advocacy Newspaper Supplement**

UNAIDS has invited all cosponsors to jointly produce a newspaper supplement for World AIDS Day 2002. The invitation was based on a 2001 partnership with PAHO/WHO which resulted in an insert that was carried by 13 major newspapers in LAC. The objective of this media initiative was to both advocate on key issues surrounding HIV/AIDS prevention and care, and to build capacity by promoting the development and strengthening of standards on HIV/AIDS reporting in the region. Thanks to this initiative, for the first time in the region several newspapers published articles showing names and faces of people living with HIV/AIDS and portrayed them in a positive light. An illustrated electronic report of the 2001 edition is available upon request.

## **Recommendations for PMTCT Communication Ready**

A document with practical and down to earth recommendations for the use of Communication in the Prevention of Mother to Child Transmission of HIV/AIDS is now available at [www.paho.org/english/hcp/hca/pmtct.htm](http://www.paho.org/english/hcp/hca/pmtct.htm). This document is the result of the “Cuernavaca Consultation” organized by PAHO/WHO and

UNICEF in Mexico, in February 2002.

## **Six Institutions Participate in Regional HIV Calendar**

Six institutions are already participating in "SIDA - Respuesta Regional," the interinstitutional, web-based calendar of regional HIV/AIDS events launched in April: IDB, LACCASO, PAHO/WHO, UNAIDS, UNDP and UNPFA. Each of them has designated a contact person for posting events. For those interested in participating, or to send information about events, please contact Ms. Alexandra Hernandez at [hernanda@paho.org](mailto:hernanda@paho.org) or (202) 974-3066. For more information: <http://www.calsplus.com/sida>.

## **SAIDS Program Moves to Temporary Office**

The Regional Program on HIV/AIDS-STI has been relocated to the OAS building since the end of July 2002. This will be a temporary location for at least a year until a decision is made by the PAHO Administration. The new office is five blocks away from the main PAHO HQ building. Please notice that our mailing address continues to be the same as the main PAHO HQ building, so do not redirect correspondence to the OAS. The phones and fax also remain the same. The new location is at 1889 F St, N.W. Washington DC. [Map available](#).

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The purpose of this bulletin is to share information on the efforts of PAHO professionals involved in the response to AIDS/STI. It is not an official document of the Organization. To add or remove your name from the bulletin's distribution list, contact [sida@paho.org](mailto:sida@paho.org). Use this email address to contribute articles for publication. We ask the PAHO AIDS/STI focal points to send us information on events, strategies, concerns, and needs. PAHO is the regional office of WHO in the Americas and a co-sponsor of UNAIDS.



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