



## **2<sup>nd</sup> GENERAL MEETING OF THE TAC ON HIV/STI**

**16-19 January 2006 - Brasilia, Brazil**

# Evaluation

## Summary

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

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

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

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

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

## Suggestions

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