

III Meeting of the Technical Advisory Committee on HIV/STI

MANAGUA, Nicaragua – September 16-18, 2007

FINAL REPORT

TAC

Technical Advisory
Committee on HIV/STI



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*



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Introduction

After a first meeting held in Boca Chica, Dominican Republic, 22-24 January, 2005 and a second meeting held in Brasilia, Brazil, 16-19 January, 2006, this meeting brought together 10 out of 11 TAC members (Rosa María Alfaro was absent and a new member joined the group, Dr Marisela Padrón Quero) along with 14 PAHO professionals from regional, sub-regional and country (Haiti, Guyana, Nicaragua) levels (see list of participants in Annex 2).

The meeting, initially planned to take place in January 2007 with the same configuration as TAC 2 (meeting including TAC members, PAHO secretariat, NAP coordinators, PAHO HIV focal points and representatives from stakeholders and civil society) sticking to suggestions presented in the TAC 2 report p. 39 (agenda proposed to the TAC members 6 months in advance, sites visits organized, focus on vulnerable groups particularly indigenous population, involvement of youth representatives,...), was finally limited to the TAC members and representatives from the PAHO secretariat.

TAC 3 was successively planned to take place in:

- Guatemala, January 21-26, 2007
- Miami, May 8-10, 2007
- Jamaica, May 8-10, 2007 (Cricket World Cup)
- Guatemala City, September 16-18, 2007 (Elections)
- Managua, Nicaragua, September 16-18, 2007 (Hurricane Felix)

After many changes of dates and venue, TAC 3 could finally take place in 2007. The format shifted from a huge meeting with NAPs, PAHO HIV Focal points, and stakeholders to a meeting limited to TAC members and a part of the FCH/AI team. After one and a half day devoted to presentations highlighting the situation of the HIV/STI epidemic in the Region and the response, the TAC members held a one day internal meeting leading to preliminary recommendations. The group refined them and forwarded the final ones to the PAHO secretariat on December 14, 2007. PAHO reviewed these recommendations carefully, and took them into account in the BWP 08-09 (Biannual Work Plan 2008-2009).

Paul Farmer, one of the two co-chairs, offered to welcome the next TAC meeting in Haiti (Cange, Plateau Central) in 2008.

Technical presentations by PAHO secretariat

On September 17, technical issues were presented by the PAHO secretariat to the TAC members,

The following topics were successively addressed (see agenda attached in Annex 1 and details of the presentation on):

- Role, functions, and mechanisms for operation of the TAC
- Major achievements in the roll out of the Regional Plan following TAC 2006 recommendations
- Integration between Sexual and Reproductive Health (SRH) and HIV
- New information Knowledge Management Technologies (Elluminate, SharePoint)
- Evaluation in the Dominican Republic
- Organizational changes in the HIV/AIDS Unit
- Technical cooperation priorities for PAHO according to the critical lines of action of the Regional Plan

(Despite the presence of a THS sub-regional representative, no formal presentation of the Strategic Fund took place due to a lack of time).

The **Web page** of the third TAC meeting is available in English at:
http://www.paho.org/english/ad/fch/ai/TAC_2007.htm

Questions were raised by the TAC members during the Q & A sessions such as:

- How does PAHO director define its boundaries at national governmental level and with regard to other agencies in the UNAIDS program for example?
- How to make PAHO presence real at the country level? How to link its interventions to those from other agencies? How to strengthen PAHO offices at country level?
- How to make information more regular among various partners, not only between TAC and PAHO secretariat?
- What will happen when support from GF will come to an end? How to finance the efforts? (with support from FCH/AI and others): emphasis put on interprogrammatic work.
- How to make care convenient to patients?
- What happens to the TAC recommendations?
- Could PAHO reconsider training opportunities through placements of persons or identify available sources of funds?
- How to promote a more efficient secondary prevention?
- How to address structural risks such as poverty and hunger?
- How to promote early HIV detection in countries where sodomy is criminalized?
- How to take into account social determinants?
- How to recruit more Community Health Workers and strengthen Primary Health Care?

A few additional comments or suggestions were made:

- To make sure documents are available at least in Spanish and English;
- To limit the use of acronyms or clarify their meaning;
- REDLA+ conducted a small survey (10 questions) in 20 countries: only 8 provided feedback, among which 5 from the Andean Region. Only Colombia and Venezuela had heard of the Regional Plan;
- CHAR initiative presented by Brendan Bain.
- After discussion of the group on the name to give to the TAC in Spanish (CTC? TAC? CTA?), **it was decided unanimously to use the acronym "TAC" in both languages.**

TAC internal deliberations

The TAC members met on September 18, from 10:30 a.m. to 6:00 p.m. Preliminary recommendations were presented by the end of the day. Final ones sent to PAHO on December 14, 2007 are as follows:

RECOMMENDATIONS FROM THE PAHO TECHNICAL ADVISORY COMMITTEE ON HIV/STI

Framework statements

All of the recommendations of TAC should be received and implemented within a framework of human rights, social justice, and on the basis of available scientific evidence.

As PAHO continues to be involved in influencing Ministries of Health and National AIDS programs, it is vital for PAHO to strongly encourage Government and other policy makers to promote strategies based on accurate knowledge of their respective local epidemics. It is critical that national and regional responses be guided by local epidemic specificities and trends.

Recommended Priorities for the next biennium (2008-2009)

A. TAC encourages PAHO to:

1. Keep up with new challenges in prevention, care and treatment of HIV/AIDS and related conditions, such as fostering discussion on male circumcision; emerging ARV drug resistance; disinhibition (at-risk HIV-infected patients with improved clinical and virological status can acquire new HIV subtypes).
2. Continue to strengthen the existing National AIDS Programs through:
 - a. the promotion of a monitoring and evaluation system that will lead to the improvement of strategies of implementation and to better use of financial and human resources
 - b. Research on epidemic trends
 - c. On-going training of National AIDS Program staff
 - d. Promoting increased input in National AIDS Programs from relevant sectors of civil society
3. Ensure that the actions on prevention and treatment should be inextricable linked. Work toward the goal of universal access to ARV therapy, including improved programs for positive prevention, for persons living with HIV
4. Promote food security for those persons living with HIV who need food

- B. TAC urges PAHO to strengthen its emphasis on prevention of HIV.
1. TAC urges PAHO to strengthen its emphasis on prevention based on scientific research, while it continues to be committed to the achievement of universal access to care and treatment for persons living with HIV and AIDS.
 2. Prevention should be underlined as a cross-cutting theme within every critical line of action.
 3. Programs that promote prevention of HIV should be long-term rather than short, sporadic, interrupted campaigns.
 4. The practice of prevention must emphasize early detection of HIV infection (voluntary, free of cost, and confidential).
 5. Research related to prevention should include acknowledgement of structural causes of risk and vulnerability, e.g. gender discrimination, gender based-violence, poverty and exclusion.
 6. Preventive programs that should be scaled up include:
 - a. Sexual health programs for young people (including persons in schools and universities as well as out-of-school youth).
 - b. Confidential testing and counseling to ensure universal access to HIV diagnoses and follow-up of HIV-infected persons in every PAHO country.
 - c. Guarantee 100% coverage of perinatal care, including HIV and syphilis testing and counseling as well as treatment access for all pregnant women and their children.
 7. Where scientific evidence is not available, PAHO should support well-designed research in the area of prevention. Studies and interventions should be focused on the most vulnerable groups and/or groups with demonstrated high incidence and or prevalence rates of HIV infection.
- C. PAHO must maintain the strong emphasis on reduction of stigma and discrimination caused by the condition of living with HIV in the context of HIV/AIDS prevention, care and treatment.
- D. Training of health personnel and community-based workers in all aspects of prevention, care and treatment must be promoted and improved.
- E. In training and in practice on the field, programs to reinforce adherence, monitoring of resistance and the dissemination of standardized treatment guidelines, including guidelines for second-line and salvage drug therapy must be emphasized.
- F. It is vital for surveillance and tracking of ARV and TB drug resistance to be strengthened in PAHO member countries.
- G. PAHO should encourage Governments to continue strengthening alliances and synergy with other sectors, notably the education and labor ones, in the interest of prevention, care, and treatment of HIV and reduction of stigma and discrimination.
- H. TAC acknowledges the value of the strategic PAHO Revolving Fund, which helps several countries to procure diagnostics, medications and other supplies and recommends an evaluation of the strengths and weaknesses of such Fund.

RESPONSES FROM TAC TO STRATEGIC QUESTIONS POSED BY THE PAHO HIV SECRETARIAT

Critical Line of Action 1: Strengthening health sector leadership and stewardship and fostering the engagement of civil society

Strategic question 1: What specific actions could PAHO carry out (at regional, sub-regional and at country level) in order to facilitate more dialogue of civil society with the Health Sector, primarily with the Ministries of Health in 2008-2009?

Response 1:

At present the recognition reached by relevant groups and civil society organizations is variable across the different countries in our region. Therefore its interaction with governmental authorities is as well variable. PAHO should implement mechanisms that facilitate the articulation between the civil society and the governmental sector, thus allowing the dialogue and joint work to create responses from the health sector at regional, sub-regional and national level.

To that aim, PAHO could promote and facilitate greater inclusion and involvement of civil society for the decision making on design, implementation, monitoring and evaluation of health policies both in UNAIDS Thematic and Technical Groups and in national AIDS programs, in commissions in all countries, in the Global Fund's Country Coordinating Mechanisms (CCM), and in any other authority required by the countries. Likewise, PAHO's influence could be extended to multi-agency thematic and technical groups in Latin American and Caribbean countries to advocate for greater inclusion of these relevant national groups in HIV-related meetings promoted by other Ministries.

In order to attain this, we suggest that PAHO should increase the technical cooperation among countries, which should be extended to civil society sectors with the aim of reinforcing its skills so as to broaden and strengthen the responses to the HIV epidemic impact.

Strategic question 2: What specific actions are suggested in the next biennium in order to promote a Human Rights approach?

Response 2:

In promoting a human rights approach in response to the HIV/AIDS/STI epidemic, PAHO is urged to continue encouraging governments to develop programs and policies that promote social justice, equity, health care's ethics, respect to beneficiaries' autonomy, their right to intimacy, as well as the right to receive information and the highest quality of care with no discrimination.

The human rights approach must be a transversal axe in all program activities, including HIV testing, communication of diagnoses and epidemiological surveillance.

PAHO must continue advocating for eradication of stigma and discrimination, whether it is based on the condition of living with HIV, on the assumption that a person is infected with HIV, or on the basis of other social factors such as: poverty, gender, race, ethnic, and sexual orientation. PAHO must urge governments to promote dignified and respectful health care for all citizens, avoiding stigmatization based on the condition of living with HIV, and protecting particularly the following populations

traditionally excluded: men who have sex with men, gays, lesbians, trans, women, adolescents, children, the elderly, drug users, indigents, people living in the streets, peasants, native people, sex workers, migrants, refugees and displaced people, among others.

In addition, PAHO should promote dignified and respectful treatment, free of stigma and discrimination, in the delivery of health care, in education, in work as well as in access to existing social support programs.

The Human Resources approach which PAHO should advocate for should include the technical cooperation and financial support to conduct community research about stigma and discrimination of people living with HIV in the public health care services.

Critical Line of Action 2: Designing and implementing effective sustainable HIV/AIDS/STI programs and building human resources capacity

Strategic question 3: The evaluation of the health systems response to HIV have an added value as area of comparative advantage for the work of the PAHO Secretariat. How could PAHO promote broadly this type of evaluation in the countries? Would it be strategic to consider the participation of TAC members in this type of evaluation?

Response 3:

a) TAC acknowledges the importance of the recent HIV program evaluation in the Dominican Republic and encourages PAHO to strengthen its skills in this kind of monitoring and evaluation of programs in the region. PAHO could also support the initiatives of monitoring and evaluation run by other agencies and/or by civil society organizations while promoting and supporting actions aiming to improving the quality (validity and reliability) of this kind of initiatives.

TAC recommends that PAHO should promote the inclusion of a strong component of monitoring and evaluation in the national HIV/AIDS strategic plans.

b) We do not believe that monitoring and evaluation of programs are part of the functions of the present TAC.

Critical Line of Action 3: Strengthening, expanding and reorienting health services

Strategic question 4: Which would be the three critical points to be considered by the Secretariat during the next biennium in order to expand the services of prevention of HIV sexual transmission in the context of Sexual and Reproductive Health?

Response 4:

TAC fully endorses actions aimed at better articulation between HIV/AIDS services and sexual and reproductive health services but emphasizes the need to go beyond the so called “Titanic” approach (women and children first) and recommends that PAHO should promote immediately a better articulation between HIV/STI programs and sexual and reproductive health programs at country level in all member countries.

TAC recommends the following actions as priorities during the next biennium:

- a. Guarantee of access to sexual health services, including prevention of STIs for adolescents and youth in general and for populations that are traditionally neglected or excluded, including sex workers, men who have sex with men, and drug users.
- b. Promotion of HIV testing for young people, especially young women and their partners.
- c. Promotion of HIV testing for all pregnant women and their partners.

Strategic question 5: What could be done differently to strengthen the integration of the Prevention of the Transmission Mother to Child of HIV (PMTCT) and the Prevention of Congenital Syphilis in the services dedicated to maternal and child care?

Response 5:

Emphasize early diagnosis of HIV in children born to HIV+ pregnant women using appropriate technology.

Offer appropriate counseling and testing for HIV and syphilis to all HIV-infected pregnant women and their partners.

Design and implement plans and national technical guidelines that oblige governments to guarantee in a constant and regular fashion and without discrimination HIV testing and counseling, access to treatment and integral health care (pre and post natal) for mothers and their children.

Strategic question 6: What specific actions can the PAHO Secretariat carry out during the next biennium in order to advance the decentralization and integration of HIV health care in the context of Primary Health Care (PHC)?

Response 6:

Disseminate best practices in HIV care at primary level at a country, region and sub-regional level

Reinforce care of STI and detection of HIV at primary level by ensuring that adequate resources are available and that training of relevant workers continues to take place.

Administrators must be persuaded that the integrated approach at primary care level is advantageous. Influence national HIV/AIDS programs as regards the need of associating the existing health levels with the primary care level.

Critical line of action 4: **Access to medicine and other medical supplies**

Strategic question 7: What additional actions could the PAHO Secretariat carry out in order to support the advocacy processes in the countries for cost containment and for avoiding interruption of supply of antiretroviral drugs?

Response 7:

Reinforce and promote the use of the PAHO strategic fund as well as accelerate the delivery times of medicine acquired through the Strategic Fund.

Implement strategies that offer technical cooperation to HIV/AIDS national programs aiming to improving distribution programs of medicine and reagents for laboratories (including acquisition, organization and management, distribution and supply, monitoring and registering.)

Critical line of action 5: strategic information

Strategic question 8: In accordance with the needs for operations research in the Region, which would be the 3 priority areas to which the Secretariat could target its efforts during 2008-2009?

Response 8:

There was no response to this question within the available time.

Strategic question 9: Which Communities of Practice should be prioritized by the Secretariat in the next biennium in order to facilitate greater participation of experts of the Region, including members of the TAC, in high-level technical discussions?

Response 9:

There was no response to question 9 within the available time.

Strategic question 10: What actions need the PAHO Secretariat to carry out in order to facilitate the consolidation of the TAC and respond more effectively to the needs and demands of this advisory group?

Response 10:

1. Meeting agendas: Agendas should be prepared jointly in advance by the PAHO Secretariat and TAC. The focus of each meeting and its objectives should be agreed upon to allow for preparation. Sufficient time should be allotted for TAC members to have its internal discussions.

2. Meetings

Different types of TAC meetings could be considered, including:

Type (a) – small TAC meetings such as the one held in Managua in 2007

Type (b) – expanded meetings, which might include headquarters units, PAHO country representatives, HIV/AIDS Heads of National Programs, UN agencies, donors, civil society organizations and other possible participants.

3. Focal Points

TAC asks PAHO to consider designating two permanent TAC focal points within the HIV unit: one for technical matters, and one for administrative and logistics issues

4. Information

TAC members should receive periodical updates from the HIV Unit via E-mail. This communication should include information on regional program implementation and progress in implementing TAC recommendations, relevant events within PAHO, technical and policy documents.

5. Intersessional periods

Sharing of information alluded to previously will keep TAC alive and active during intersessional times. We are open for suggestions from the HIV Unit to keep TAC members in constant interaction with PAHO.

6. Feedback

TAC members need to receive clear feedback on how its recommendations are being used.

7. New Members

As a courtesy to members of TAC, information on new members should be shared ahead of time.

Strategic question 11: Which would be the activities to consider in the next biennium in order to increase the participation of the TAC in the technical and strategic debates of the PAHO Secretariat?

Response 11:

Participation of TAC members in technical and strategic debates of the Secretariat could be considered either via the group or by individuals, based on their special expertise – either at the request of the Secretariat or at the initiative of members of TAC if adequately informed.

Strategic question 12: The situation related to Resource Mobilization to cover the costs related to HIV is very different from country to country but the majority of the countries of the Region do not have all the necessary resources for reaching the coverage of services required to fight effectively the HIV epidemic. What specific activities could the PAHO Secretariat carry out in order to support the Governments in the design of a Resource Mobilization national plan, in close coordination with UNAIDS and other partners?

Response 12: There was no response to question 12 within the available time.

ANNEXES

THIRD MEETING OF THE PAHO
TECHNICAL ADVISORY COMMITTEE ON HIV/STI
TAC 3

MANAGUA, NICARAGUA (CROWNE PLAZA AND CONVENTION CENTRE)
16-18 SEPTEMBER 2007

AGENDA

Co-Chair: Dr. Paul Farmer
Co-Chair: Dr. Mercedes Weissenbacher
Rapporteur: Brendan Bain

Objectives:

1. To review HIV/AIDS Unit programmatic directions, and progress toward TAC recommendations and roll out of the Regional HIV/STI Plan.
2. To obtain TAC recommendations on PAHO's program of work for the next biennium 08-09.

Day 1: Sunday, 16 September 2007

18:45	Introduction	Gina Tambini
18:50	Welcome Remarks	Socorro Gross, PWR-Nicaragua
18:55	Participants' introductions	Gina Tambini
19:20	Opening Remarks	Carissa Etienne, AD, PAHO
19:30	Co-chair's remarks and overview of agenda	Mercedes Weissenbacher and Paul Farmer
19:45	CONCASIDA 2007	Sara Moraga, Chief NAP, Ministry of Health, Nicaragua
20:00	Dinner	All participants

Day 2: Monday, 17 September 2007

08:30	Review and adoption of TAC 2 Report	Michèle Ooms
09:10	Review of TAC functions and mechanisms for operation	Carissa Etienne
	Report by the HIV/AIDS Unit (FCH/AI) within the area of Family and Community Health (FCH)	
11:45	□ Follow up of TAC recommendations and roll out of the Regional Plan	Amalia Del Riego
12:15	Coffee break	
	Report by FCH/AI (Cont'd)	
12:50	o Scaling up prevention: regional initiative on sexual and reproductive health (SRH) and HIV/STI	Rafael Mazin
13:15	Lunch	
14:15	Q & A related to Rafael Mazin's presentation	Rafael Mazin
15:00	Capitalizing on new information Knowledge Management Technologies (Elluminate, Sharepoint)	Michèle Ooms / Alexandra Hernandez (FCH/AI) / Denis Rodriguez (PWR-NIC)
	Report by FCH/AI (Cont'd)	
	□ Follow up of TAC recommendations and roll out of the Regional Plan (Cont'd)	
16:20	o Evaluation in the Dominican Republic	Amalia Del Riego
16:45	Regional Priorities for PAHO and strategic questions for the TAC.	Gina Tambini
17:45	Report by FCH/AI (Cont'd)	Gina Tambini
	• Update on FCH/AI organizational changes	
18:30	End of the day	
19:00	Dinner offered by PWR - Nicaragua	Socorro Gross

Day 3: Tuesday, 18 September 2007

08:45	Review the minutes of the meeting	Rafael Mazin / Michèle Ooms
10:00	TAC working session	TAC Members
12:30	Lunch	
14:00	TAC working session	TAC Members
18:00	TAC feedback to PAHO and discussion	All participants
18:45	Closing remarks	Mercedes Weissenbacher and Carissa Etienne

ANNEX 2

List of Participants THIRD PAHO TECHNICAL ADVISORY COMMITTEE ON HIV/STI (TAC 3) 16-18 September 2007, Managua-Nicaragua

TAC MEMBERS			
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