

Press release issued by the PAHO HIV Caribbean Office (PHCO)

Caribbean experts define priorities to increase access to HIV services by vulnerable groups

Health services need to adapt to provide adequate care

Santo Domingo, Dominican Republic, October 10 – More than 80 representatives from ministries of Health, National HIV Programmes, and delegates and advocates for vulnerable populations defined today regional priorities to increase access to HIV care, treatment and prevention services by the populations most-at-risk to the epidemic. It is well established that certain populations have a greater risk of contracting HIV and as a consequence are disproportionately affected by HIV. In the Caribbean these groups include persons who are sex workers, men who have sex with men, transgender, drug users, and incarcerated. Youth and migration are additional factors that compound vulnerability.

Most health services in the region are unprepared to provide adequate treatment and care for these groups. Limited access to health care makes these populations even more vulnerable to HIV and, unless addressed as a priority, will make it impossible to curb the epidemic by 2015, as per the Millennium Development Goal also subscribed by the Caribbean countries. In the Caribbean, the strategic focus on most-at-risk populations has already been identified as a priority and is reflected in key strategy documents for the Caribbean, such as the Caribbean Regional Strategic Framework as well as the 2008-2012 PAHO HIV Caribbean HIV/STI Plan for the Health Sector. Both these documents identify the expansion of HIV/STI health services for these populations as a programmatic priority.

The meeting happens one week after the release of a global report that shows that *in* the Caribbean only about 50% of the population requiring life-saving antiretroviral treatment for HIV are actually receiving, according to the *Universal Access Progress Report 2009 (issued by WHO, UNAIDS and UNICEF)*. Ignorance, stigma, discrimination, and criminalization are among the factors restricting access to general and HIV-specific health services by these groups. In many cases the health services simply lack proper procedures and experienced staff to meet their health needs.

The Regional Meeting on Access to HIV Care and Treatment Vulnerable Populations was convened by the Pan American Health Organization (PAHO) and the Caribbean Vulnerable Communities (CVC), a regional civil society organization, with support from other regional groups, Caribbean institutions, and other UN agencies, including UNICEF, UNFPA, and UNAIDS. Collaboration between governments, civil society, and development agencies, will be needed to effectively reach these groups with quality health services.

The participants, many of which are health care professionals, explored how the HIV epidemic disproportionately affects these populations and the legal, structural, social and cultural barriers that keep people from accessing appropriate health services. The meeting identified necessary strategies and key actions. Priority will have to be given to removing laws and revising policies that hinder access, including antisodomy laws and those that criminalize sex work. Harm reduction strategies, aimed at reducing harm from drug use, will need to be adopted. Health care in prisons needs to be improved and linked to routine health services to ensure continuity in care. Existing public health services will have to be reoriented and strengthened to address the specific

needs of these populations; this will require substantial revisions of current pre- and inservice training of health workers. And lastly, community-based care will continue to play an essential role in service delivery to these groups and need to be strengthened, appropriately resourced, and linked to public sector services.

Participants also showed their appreciation for the many doctors, nurses, laboratory workers, and other health personnel who joined the fight against the epidemic in its early stages. Their courage, altruism, and commitment to a public health mandate were larger than the danger of infection or risk of alienation from their own colleagues.

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