



**Organización
Panamericana de la Salud**

Organización Mundial de la Salud

OPS *respuesta* **al VIH**



II Semana Virtual 2009: VIH y el sector salud



11 AM - 12 PM

Washington D.C.
Santo Domingo

10 AM – 11 AM

Bogotá
Ciudad de Panamá
Lima

12 PM - 1PM

Buenos Aires
Santiago
Asunción

1 PM – 2 PM

Montevideo
Brasília

10:30 – 11:30 AM

Caracas

9 AM – 10 AM

Ciudad de México
San Salvador
San José

Propósito

Presentar aspectos novedosos sobre la respuesta del sector salud, recibir comentarios y contestar preguntas del personal de salud, representantes de la sociedad civil Y socios de la cooperación.

Temas

26 octubre – Intervenciones para mejorar la adherencia del tratamiento ARV

27 octubre – Implicaciones de la pandemia H1N1 para personas con VIH

HOY 28 octubre – Plan para aumentar acceso de HSH a servicios de salud

29 octubre – Necesidad urgente de abordar la TB-MDR en pacientes con VIH

30 octubre – El uso de los instrumentos de derechos humanos como una herramienta en la respuesta VIH

Presentadores

26 octubre – Omar Sued, Asesor en atención y Tratamiento del VIH

27 octubre – Pilar Ramón-Pardo, Asesora en Enfermedades Transmisibles

28 octubre – Rafael Mazín, Asesor Regional en Prevención y Atención Integral de VIH

29 octubre – Mirtha Del Granado, Asesora de Tuberculosis

30 octubre – Javier Vásquez, Asesor para Derechos Humanos

Para ver y descargar grabaciones y presentaciones, visita el pagina web:

<http://www.paho.org/vih> y clic "II Semana virtual"



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Blueprint for Service Delivery

Provision of comprehensive care to men who
have sex with men (MSM)



The facts...

- 25% of all people with HIV in LAC are MSM
- HIV infection prevalence among MSM above general male population (5-20 fold higher)
- < 35% of MSM know their HIV status
- > 30% report unprotected anal sex the last time they had sex with a male partner
- Less than 1% of HIV financial resources allocated to activities aimed at MSM



The necessary response by the health sector ...

- Recognize that affected individuals are often from marginalized populations and subject to stigma and discrimination;
- Emphasize prevention so HIV incidence remains low;
- Plan service delivery to match the distribution of people most-at-risk of infection and people living with HIV;
- Define an optimal “package of services” and referral linkages to reach the above people.



The features of the health sector that affect access, coverage, and utilization

- Low attention to male population;
- Sexual health issues restricted to reproductive events;
- Priorities affected by values, beliefs/interests of decision makers;
- None, few or narrow provisions for dealing with stigma and discrimination and their impact on health;
- Absence of optimal “packages of services” and referral linkages to reach gay men and MSM;
- Incompatibility between working hours/attention schedules;
- Inadequacy to deal with non-heterosexual sexual activities;
- Limited emphasis by services & interest of users on prevention



Recommended actions for expanding access, coverage & utilization of services

- Reframe primary health care for young & adult men, regardless of their sexual behavior;
- Plan actions to allow for disclosure of sexual activity;
- Prepare services and staff to meet the needs of gay and MSM who are part of overall male population;
- Plan operationalization of “package of services” and creation of safe and inclusive spaces;
- Ensure appropriate referral and linkages with other social services;
- Count on community support and outreach actions.

MSM Clinics may function well in certain settings, not everywhere



Blueprint for the provision of comprehensive care to MSM in LAC (1)

- Defines sequence of events that should occur to tend to the needs of gay men and MSM in PHC services;
- Outlines necessary connections and linkages;
- Provides guidance for clinical decisions;
- Plan operationalization of “package of services”;
- Focuses on most common health problems of gay men and MSM;
- Provides orientation on core interventions that should be in place.



Blueprint for the provision of comprehensive care to MSM in LAC (2)

- The recommended algorithms start with the first encounter;
- The first clinical evaluation describes aspects that should not be neglected;
- The management algorithms include: HIV, STIs, mental health issues, sexual health issues, substance use, and violence ;
- Recommendations stick to international standards, but attention is given to aspects relevant to gay men and MSM;
- Adjustments for YMSM recommended when appropriate



Implementation of the Recommendations

- Working committee to finalize the various sections of the “Blueprint”.
- Draft documents to be shared with stakeholders for further suggestions;
- Highlights of the Consultation will be widely disseminated;
- Study of feasibility to be conducted in 2-3 countries to ascertain opportunities and barriers to implement the recommendations in primary health care settings and sexual and reproductive health care services;
- PAHO member countries will receive direct technical cooperation for the adaption/adaptation of the recommendations & setting targets;
- A set of documents/consultation for Transgender populations scheduled for 2010
- A virtual space to serve as a forum for exchange of technical information, clearinghouse on relevant MSM and health documents, and as a virtual journal on Male Sexual Health.



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Implementation of the Recommendations



**It will require a joint effort,
a team effort...
... and commitment**



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Más información

Sección VIH de la web de OPS

<http://www.paho.org/vih>

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