

Presentation delivered during the Second Technical Advisory Committee on HIV/AIDS/STI

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Group 2 Report

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Summary of Critical line of Action #2 Rafael Mazin

- Understanding Roles and Responsibilities
- Expected impact of comprehensive prevention programs
- The Key Prevention Strategies
- Prevention AND treatment
- A Shift in Paradigms
- Proposed Targets
- Future Challenges



The Challenges Ahead

- Lack of real commitment to the Prevention & Health Promotion Agenda
- Growing demand for access to treatments
- Misconceptions/misunderstandings about treatment

Barbados Country Report

- Epidemiology
- Successes
- Strengths
- Weaknesses



CIDA and Health Canada

- CIDA

- Priority countries: Bolivia, Guyana, Haiti, Honduras, Nicaragua
- Small grants funding program (www.csih.org)
- Encourages harmonization in program management and reporting

- Health Canada

- Open to reasonable approaches from other countries (PAHO Biennial Program Budget)




MAIN DISCUSSION

Definitions

- Is there an agreed definition of “universal access”?
 - see page 6 of the Regional HIV/STI Plan for the Health Sector for glossary definitions
 - Note important difference between
 - access to comprehensive care and
 - access to treatment
 - Note: availability ≠ access



Definitions

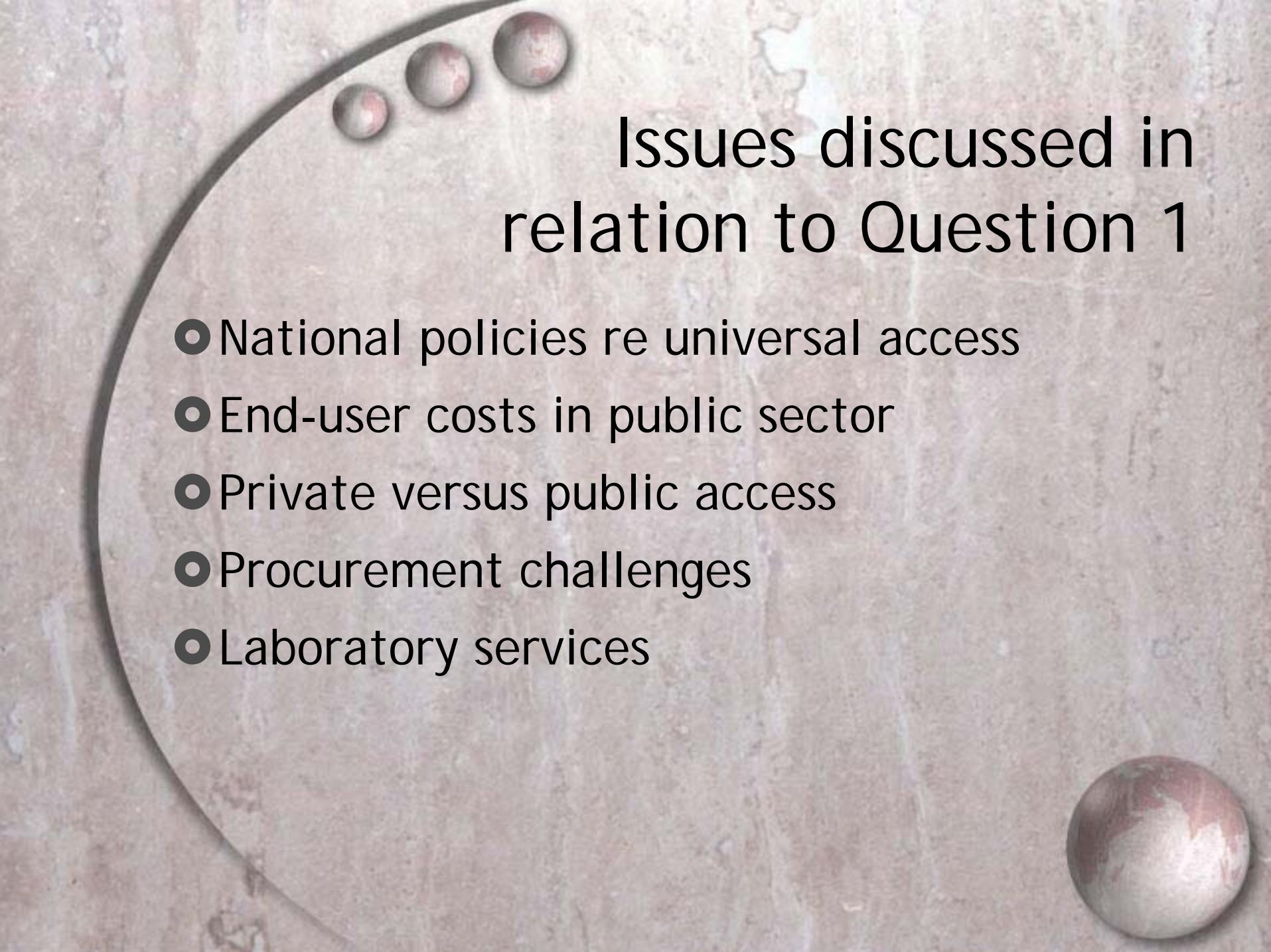
- Is there an agreed definition of “comprehensive care”?
 - A proposed definition:
 - Comprehensive care is a **continuum**
 - includes self-care, community-based care and care provided by formal health care systems.
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Current National Practice

- National policies in some countries include universal access to HIV comprehensive care.
- Some countries:
 - differ regarding illegal residents
 - do not have written policies

Question 1

- What mechanisms must be in place for National AIDS Programs to be able to develop comprehensive programs aimed at relevant groups and populations?



Issues discussed in relation to Question 1

- National policies re universal access
- End-user costs in public sector
- Private versus public access
- Procurement challenges
- Laboratory services

Answers to Question 1

- Legal systems/frameworks and policies must be in place.
- **ENGAGEMENT/OWNERSHIP BY ALL STAKEHOLDERS IS CLEARLY IMPLIED**

Answers to Question 1


- Empowerment of PLWHAs for self-care and self-advocacy must be part of the approach to comprehensive care

Question 2.

- Suggest necessary steps to ensure that comprehensive programs led by the health sector get articulated with other sectors and therefore impact the daily lives of persons belonging to relevant groups.



Answers to Question 2.

- Name focal points in all sectors to ensure a true multi-sectoral response.
 - Use economic arguments.
 - Essential to **clarify** roles, responsibilities and relationships of National AIDS Programs and National AIDS Committees.
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Question 3

- Identify the main *institutional* and *contextual* challenges and opportunities for NAPs as they seek to carry out comprehensive care and prevention interventions.

Question 3: Opportunities


- Use community health workers
 - Debate around voluntarism vs salaried workers
 - “Voluntarism often not sustainable”
 - Voluntarism sometimes works, e.g. via faith-based organizations, youth groups
 - Some donors agree to pay community health workers, e.g. in Haiti
- In Guyana, DOTs workers give DOT ARV supervision

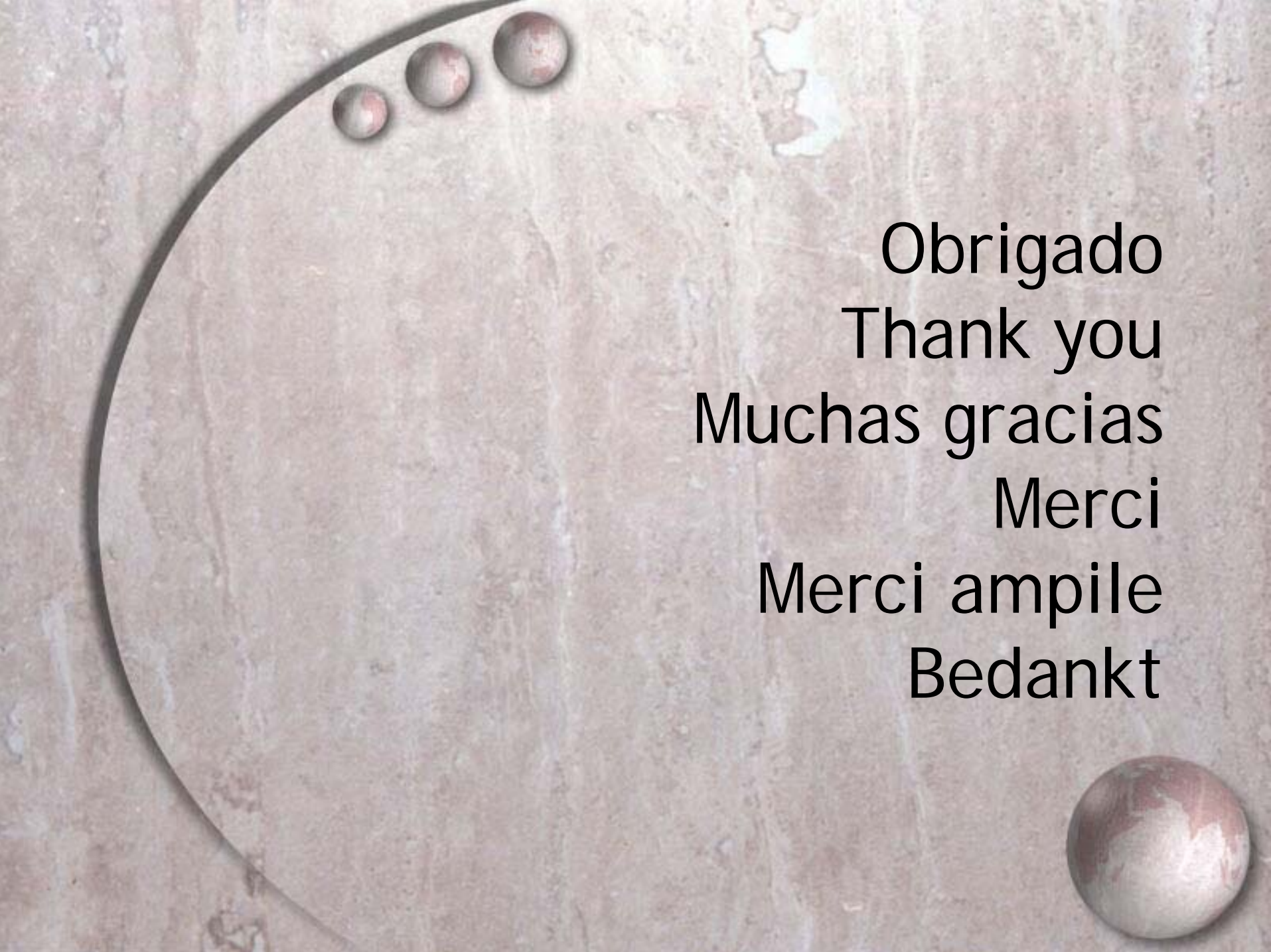
Question 3: Challenges

- Some sub-sectors/vulnerable groups tend to be excluded (stigma, discrimination)
- Need for strong political will and commitment at all levels
 - EFFECTIVE ADVOCACY REQUIRED



Questions not discussed

- Question 4.
 - How can a NAP ascertain and demonstrate the effects and impact of comprehensive programmes?
 - Question 5.
 - What are the synergies between the global agenda on universal access and the regional HIV/STI plan?
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Obrigado
Thank you
Muchas gracias
Merci
Merci ampile
Bedankt