

# PAN AMERICAN HEALTH ORGANIZATION

## HIV BIENNIAL REPORT

2008 – 2009



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization

# PAN AMERICAN HEALTH ORGANIZATION

## BIENNIAL REPORT

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### 2008 – 2009



## ACKNOWLEDGEMENTS

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## PHOTOGRAPHY

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The photographs in this report are used for illustrative purposes only; they do not imply any particular health status, attitudes, behaviors, or actions on the part of any person who appears in the photographs.

Credits: Michael Sevenser "Guatemalan Girl" (cover); Dr. Azael Jovel "Man getting an HIV test in El Salvador" (p. 10); Piedad Huerta "Marcha" (p. 12) "Lectura de Declaración Ministerial" (p. 41); Jean-Pierre Lavoie "Cuban boys playing in Trinidad, Cuba" (p. 29).

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## ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community and Common Market
CDC	US Centers for Disease Control and Prevention
CCM	Global Fund Country Coordinating Mechanism
DFID	UK Department for International Development
CIDA	Canadian International Development Agency
EWI	Early Warning Indicators
GTZ	Gesellschaft fuer Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HIVResNet	HIV Drug Resistance Network
HPV	Human Papillomavirus
IDU	Injecting Drug Users
ILGA	International Lesbian and Gay Association
IACHR	Inter-American Commission on Human Rights
LAC	Latin America and the Caribbean
MDG	Millennium Development Goals
MERCOSUR	Mercado Común del Sur (Southern Common Market)
MSM	Men who have Sex with Men
OAS	Organization of American States
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PEPFAR	US President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counseling
PHCO	PAHO HIV Caribbean Office
PMTCT	Prevention of Mother-to-Child transmission of HIV
REDLACTRANS	Latin American and Caribbean Network of Transgender People
RENAGENO	Brazilian National Network of Genotyping
RDG	Regional Directors Group
RDS	Respondent-Driven Sampling
SIDA	Swedish International Development Cooperation Agency
	United Nations Development Programme
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## EXECUTIVE SUMMARY

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The countries of Latin America and the Caribbean have made tremendous progress in their responses to the HIV epidemic. Nearly 500 000 people in the region are now receiving life-saving treatment and prevention efforts have reached millions. These achievements reflect a real commitment by countries in the region and their partners to provide universal access to HIV prevention and care services.

However, HIV remains an important public health and development challenge. As of 2008 there were approximately 2.2 million people with HIV in the region. Further improvements in the region's response to HIV represent an opportunity to have a measureable impact on the realization of the Millennium Development Goals (MDGs).

The world's oldest public health organization, the Pan American Health Organization (PAHO) has a crucial role to play in assisting countries in Latin America and the Caribbean (LAC) respond to HIV. PAHO's efforts in the HIV area of work are organized around five strategic priorities:

1. Strategic information;
2. Health sector planning;
3. Treatment scale up;
4. Comprehensive services for most-at-risk populations; and
5. Prevention of mother-to-child transmission of HIV and congenital syphilis.

As this report details, countries in the region have made important progress in each of these areas during 2008-09, with ongoing assistance from PAHO.

## STRATEGIC INFORMATION

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HIV surveillance and monitoring and evaluation systems, which are a crucial component of the response to HIV, have historically been relatively weak in LAC. During the 2008-09 biennium, PAHO assisted countries in a range of important activities in this area, including studying the size and behaviours of most-at-risk populations and monitoring and minimizing the emergence of HIV drug resistance (HIVDR).

For instance, with funding from the Canadian International Development Agency (CIDA), PAHO has helped countries implement the World Health Organization (WHO) HIVDR prevention and assessment strategy. By strengthening treatment monitoring and evaluation, the strategy provides policy makers with information to help prevent the emergence and transmission of drug resistance.

## HEALTH SECTOR PLANNING

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One of PAHO's key contributions to achieving universal access to HIV services is working with countries to develop and implement comprehensive national health sector policies and plans to ensure resources are used effectively and result in optimal public health outcomes. PAHO's work in this area centres around two broad activities: (1) evaluating the health sector response to HIV; and (2) assisting countries secure and implement Global Fund grants.

During the biennium, PAHO conducted evaluations of the national response to HIV in six countries: Bahamas, Belize, Dominican Republic, Guatemala, Paraguay and Trinidad and Tobago. The purpose of these evaluations, which are undertaken at the request of the national governments, is to jointly identify the areas of the health system that require strengthening in order to improve the quality, coverage and effectiveness of HIV services.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a major source of HIV funding for countries in Latin America and the Caribbean, disbursing more than \$600 million for HIV projects in the region to date. For nearly a decade, PAHO has provided considerable assistance to countries in obtaining and implementing Global Fund grants. For example, PAHO helps countries secure Global Fund grants by providing technical cooperation during proposal development and grant negotiations. With the support of PAHO and a range of partners, countries in Latin America and the Caribbean secured \$185 million during Global Fund funding round 9 (2009), the highest ever approved for the region.

## TREATMENT SCALE UP

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Since the advent of highly active antiretroviral therapy in 1996, the LAC region has been at the forefront of HIV treatment provision. At the end of 2008, 445 000 people in the region were receiving life-saving drugs, representing an estimated 54% of those in need.

During the 2008-09 biennium, PAHO undertook a number of activities to assist countries make further improvements in treatment scale-up. For instance, PAHO worked with countries throughout the region to better integrate the detection and treatment of TB and HIV, two interrelated health problems which have often been addressed separately.

PAHO has also made it possible for countries to obtain better prices for HIV drugs. Through the organization's Strategic Fund, a commodities procurement mechanism, Argentina was able to realize an average reduction in the price of antiretroviral drugs of 74%, saving approximately \$3 million in 2009.

## COMPREHENSIVE SERVICES FOR MOST-AT-RISK POPULATIONS

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The HIV epidemic in Latin America and the Caribbean has disproportionately affected a number of groups, including men who have sex with men (MSM), transgender people, sex workers, injecting drug users (IDU) and indigenous peoples. Dedicated to equitable access to health services and responsible for assisting countries improve their response to HIV, PAHO has taken a lead role in strengthening countries' capacity to provide HIV services for these most-at-risk populations.

To improve the provision of comprehensive health services for MSM, PAHO has developed a *Blueprint for the Provision of Comprehensive Care to MSM in Latin America and the Caribbean*. Based on this framework, PAHO is developing a set of tools and training modules which will provide health care workers with practical, easy-to-follow guidance to deliver comprehensive health care for all men, including MSM.

## PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND CONGENITAL SYPHILIS

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Mother-to-child transmission of HIV and syphilis are significant public health problems in Latin America and the Caribbean. Every year in the region approximately 6 000 children acquire HIV infection through mother-to-child transmission. Without treatment, half of these children will die before their second birthday. At the same time, it is estimated that 450 000 cases of congenital syphilis, another serious disease that can be transmitted from mother to child, occur each year in the Region.

Together with UNICEF, PAHO is currently leading the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean. The goals of the Initiative are to reduce the mother-to-child transmission of HIV to less than 2% and the incidence of congenital syphilis to less than 0.5 cases per 1 000 live births by 2015.



## SUB-REGIONAL HIGHLIGHTS

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PAHO's HIV work is coordinated by the HIV/STI Project in Washington, with country-level activities being led by PAHO country and sub-regional offices. This report provides a snap-shot of some of the key activities undertaken in each of four sub-regions: the Caribbean, Central America, the Andean sub-region and the Southern Cone and Brazil.

### *Caribbean*

After sub-Saharan Africa, the Caribbean has the highest HIV prevalence in the world, with approximately 1% of the adult population infected. As of 2008, more than 2% of the adult population was living with HIV in five countries in the sub-region: the Bahamas, Belize, Guyana, Haiti and Suriname.

During the 2008-09 biennium, PAHO facilitated progress in the Caribbean in a number of important areas. The elimination of mother-to-child transmission of HIV, which constitutes nearly 10% of all HIV transmissions in the Caribbean, was a particular priority. Since the launch of the Initiative for the Elimination of Mother-to-Child Transmission of HIV and Syphilis, PAHO has supported the countries of the Caribbean in their efforts to achieve the ambitious targets included in the Initiative.

Other priority areas where significant accomplishments were realized included monitoring and minimizing the emergence of HIV drug resistance, expanding HIV testing and counselling and promoting access to care by vulnerable groups.

PAHO activities in the Caribbean were undertaken in cooperation with a range of partners including the Caribbean Community (CARICOM), the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) and the US President's Emergency Plan for AIDS Relief (PEPFAR).

### *Central America*

Since the beginning of the epidemic, there has been considerable stigma attached to those affected by HIV. This stigma has often led to discrimination and other violations of human rights. In 2007 PAHO released a study on human rights and HIV in Central America. The report, which was funded by the Swedish International Development Cooperation Agency (SIDA), found that while laws are in place to protect the rights of people with HIV in most countries in Central America, in practice violations of these rights are common. Members of groups such as MSM, transgender people, sex workers and injecting drug users are at particular risk of HIV-related human rights abuses.



A man is given an HIV test in El Salvador during the country's "Día de Tómate la prueba" (Take the Test Day). PAHO is assisting countries scale up HIV testing and counseling services throughout Latin America and the Caribbean.

During 2008-09, PAHO and SIDA worked to address this situation by helping countries implement targeted interventions for most-at-risk populations and increase awareness of the human rights of people with HIV among public health authorities, civil society organizations, legislators, judges and human rights commissions.

PAHO's efforts in Central America have also focused on assisting countries improve HIV-related strategic information systems, including the establishment of a web-based HIV surveillance application in El Salvador and technical cooperation to monitor and minimize the emergence of HIV drug resistance in El Salvador, Honduras and Nicaragua.

### *Andean sub-region*

TB/HIV co-infection is a major challenge in the Andean sub-region, most of which is endemic in TB. In fact, Bolivia and Peru have some of the highest TB incidence in the Americas with 155 and 126 cases per 100 000 people respectively. Despite the strong relationship between TB and HIV (TB is one of the most common causes of death among people with HIV), health systems have often dealt with them quite separately. PAHO is working with countries of the Andean sub-region to improve and harmonize services for TB and HIV, including the provision of early HIV testing and treatment to patients receiving anti-tuberculosis therapy.

Other key activities in the Andean sub-region included assisting countries secure and implement Global Fund grants and helping integrate comprehensive HIV care into curricula for nursing, psychology and medical schools throughout the sub-region. These

accomplishments were realized with funding from the Government of Spain.

### *Southern Cone and Brazil*

In 2009 PAHO carried out an evaluation of Paraguay's health sector response to HIV at the request of the Ministry of Public Health and Social Welfare. The purpose of the evaluation was to analyse the strengths and weaknesses of the current response in order to provide recommendations for improvement. One of the key findings from the evaluation was that strategic information systems remain relatively weak, with information on most-at-risk populations being a particular challenge.

Other key activities in the Southern Cone and Brazil included supporting HIVDR surveillance in Brazil and assisting the Chilean government conduct an integrated biological and behavioral study on MSM. PAHO has also worked with MERCOSUR, and particularly with the HIV intergovernmental commission on HIV in indicator harmonization, HIV surveillance methodologies for most-at-risk populations and standardization of surveillance activities for mother-to-child HIV transmission and congenital syphilis.

## HIV IN LATIN AMERICA AND THE CARIBBEAN



Important strides have been made in responding to the HIV epidemic in Latin America and the Caribbean (LAC). Nearly half a million people in the region are now receiving life-saving treatment and prevention efforts have reached millions. These crucial steps reflect a real commitment by countries in the region and their partners to realize universal access to HIV prevention and care services.

However, HIV remains a significant public health and development challenge in the region. As of 2008 there were approximately 2.2 million people with HIV in LAC. The Caribbean has been especially hard hit. In fact, although it accounts for a relatively small share of the global epidemic, with an adult prevalence of 1%, the Caribbean has been more heavily affected by HIV than any region outside sub-Saharan Africa. AIDS-related illnesses were the fourth leading cause of death among Caribbean women in 2004 and the fifth leading cause of death among Caribbean men.

Within the region, national responses to the epidemic have varied, with some countries displaying weak political leadership and others forming strong and positive responses. The results have also been mixed, with relatively strong treatment coverage coupled with uneven, and in many cases inadequately focused, prevention efforts.

### **STRONG PROGRESS IN TREATMENT PROGRAMMES**

Since the advent of highly active antiretroviral therapy in 1996, the LAC region has been at the forefront of HIV treatment provision. When the World Health Organization launched the “3 by 5 Initiative” in 2003, approximately 200 000 people in the region were receiving antiretroviral therapy (ART). Since then, efforts led by countries, civil society and other stakeholders have resulted in tremendous progress. By the end of 2008, the number of people receiving life-saving drugs in the region was 445 000, representing an estimated 54% of those in need. Several countries in the region – including Argentina, Chile, Costa Rica and Cuba – are currently providing universal access to ART, defined as coverage of 80% or more of those in need. However, many countries are lagging behind, with coverage rates below 50%.

Inequities also exist within countries, especially with regard to a number of most-at-risk groups, such as men who have sex with men, transgender people, sex workers, injecting drug users and indigenous peoples, who have been disproportionately affected by the epidemic for more than 30 years.

### **MIXED RESULTS IN SCALING UP PREVENTION PROGRAMMES**

There are a number of examples of strong leadership on HIV prevention to be found in Latin America and the Caribbean. Brazil in particular has been noted for its early implementation of evidence-based HIV prevention, which experts suggest helped mitigate the severity of the country's epidemic.

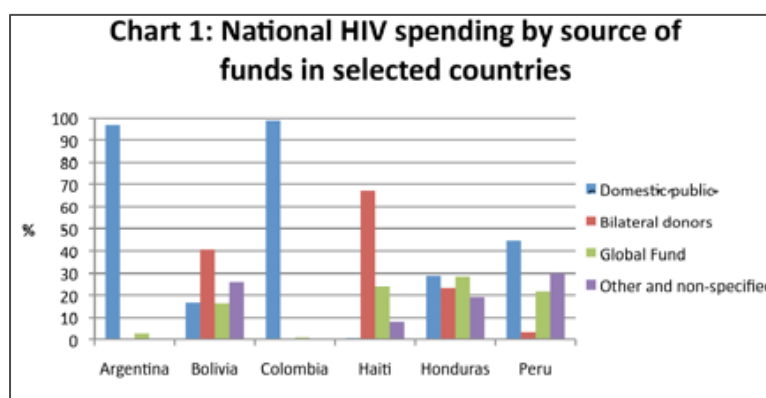
For the region as a whole, however, commitment to HIV prevention has been highly variable. The lack of focus on prevention is evident in the fact that Latin America is one of the only regions in the world where the number of new infections rose between 2001 and 2008, from 150 000 to 170 000 annually.

While important gains have been made in recent years, mother-to-child transmission of HIV remains a further threat to prevention efforts. The proportion of pregnant women with HIV who received antiretroviral treatment in 2008 was 54% in Latin America and 52% in the Caribbean. As a result, each year in the region an estimated 6 000 children become infected with HIV.

## FINANCIAL RESOURCES FOR THE RESPONSE TO HIV IN LATIN AMERICA AND THE CARIBBEAN

The positive results in the response to HIV in the region have been realized thanks in large part to the increased levels of financial resources which have been dedicated to the problem in recent years.

As shown in Chart 1, HIV programmes in the region are funded through a combination of domestic and external sources. The main sources of external funding are bilateral donors — including Canada, the European Union, Germany, the United States and the United Kingdom — and the Global Fund.



Source: UNAIDS: Domestic and International AIDS Spending Data – Global Report 2008, [http://data.unaids.org/pub/Report/2009/200901\\_gr08\\_annex2\\_domestic\\_intl\\_aids\\_spending\\_data\\_en.xls](http://data.unaids.org/pub/Report/2009/200901_gr08_annex2_domestic_intl_aids_spending_data_en.xls)  
 \*Latest data used. Either 2006 or 2007.

While external sources of funding have been crucial, many countries in the region finance almost the whole of their national HIV responses from domestic sources. For example, Argentina, Aruba, Barbados, Brazil, Colombia, Panama, Trinidad and Tobago and Turks and Caicos all derive more than 95% of their HIV funds from domestic public sources. At the opposite end of the spectrum is Haiti, which is almost completely dependent on external sources of funding. Most countries lie somewhere in between, with sizeable portions coming from both domestic and external sources. For example, in 2006 Honduras spent approximately \$14 million on its HIV programmes, of which 29% was derived from domestic public sources, 23% was received from bilateral donors and 29% came from Global Fund grants, with the rest (19%) coming from 'other' sources.

Sustaining these financial commitments will be critical if the region is to continue to improve its response to HIV.

## PAHO'S FIVE STRATEGIC PRIORITIES IN HIV



The Pan American Health Organization (PAHO) was established in 1902 and is the world's oldest public health organization. It works with all countries in the Americas to improve the health and quality of life of all people. PAHO also serves as the Regional Office for the Americas of the World Health Organization.

PAHO has a crucial role to play in assisting countries in Latin America and the Caribbean respond to HIV. The organization works with countries in the region to scale up HIV prevention, care and treatment services, to improve strategic information systems, as well as to strengthen areas such as child and adolescent health, blood safety and laboratory services. PAHO also promotes public awareness, political commitment and a comprehensive and sustainable response to the HIV epidemic. Across all of PAHO's HIV activities, gender and human rights have been made an overarching theme. For instance, PAHO is working with civil



society organizations to disseminate the global and regional human rights norms and standards that protect the rights people with HIV among public health authorities, security personnel and family members of those affected. PAHO has also facilitated the establishment of national networks which, together with government officials such as ombudspersons, are able to help safeguard the human rights of people with HIV.

Within PAHO, HIV-related activities are implemented by country offices and four sub-regional offices (the Caribbean, Central America, the Andean sub-region and the Southern Cone and Brazil). Overall coordination is provided by the HIV/STI Project, based in Washington. In each country, PAHO works hand-in-hand with the national Ministry of Health. In addition, the organization collaborates with civil society groups, organizations of people with HIV, universities, PAHO Collaborating Centers, development partners and co-sponsoring organizations of the United Nations Joint Program on HIV/AIDS (UNAIDS).

PAHO's efforts in the HIV area of work are organized around five strategic priorities:

1. Strategic information;
2. Health sector planning;
3. Treatment scale up;
4. Comprehensive services for most-at-risk populations; and
5. Prevention of mother-to-child transmission of HIV and congenital syphilis.

As this report details, countries in the region have made important progress in each of these areas during 2008-09, with ongoing assistance from PAHO.

## STRATEGIC INFORMATION

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Quality and timely strategic information is critical to a country's response to HIV. Strong surveillance systems— including HIV and AIDS case reporting, HIV surveillance among vulnerable groups, population-size estimates, behavioural surveillance and surveillance of HIV drug resistance — allow authorities to generate solid evidence for the development of effective prevention and treatment programmes.

Historically, HIV-related strategic information has been a challenge in Latin America and the Caribbean. For instance, there has been limited systematic information with regard to HIV among most-at-risk populations. Further, due to inadequate capacity for analysis and dissemination, translation of information for policy makers, managers and planners has also been insufficient.



Within the UN system, PAHO is the lead organization for HIV-related strategic information. The organization is providing guidance and technical cooperation to countries in their development and implementation of second generation HIV surveillance systems, including the production of reliable and timely epidemiological surveillance, data analysis and translation of results into adequate country responses.

During the 2008-09 biennium, PAHO undertook a range of important activities in this area such as assisting the production of integrated surveillance studies among most-at-risk populations and strengthening treatment monitoring and evaluation in order to minimize the emergence of HIV drug resistance.

### *Studying the behaviours of most-at-risk populations*

In order to effectively deliver HIV programmes for most-at-risk populations, it is important for health authorities to know the risk behaviours of these groups. For instance, what percentage of sex workers used a condom with their last client? Because these groups are often hidden and hard to identify, traditional sampling methods (i.e., asking a random sample from a list of homes in the community, schools in the district, or hospitals in the province) are very difficult to use among when researchers want to know more about these groups.

Respondent-driven sampling (RDS) is a relatively new way of studying hard-to-reach and sometimes hidden members of a population, such as MSM, sex workers and drug users. The RDS method relies on individuals recruiting a limited number of their peers, who in turn recruit a limited number of their peers, and so on, continuing along this recruitment chain until a sufficient number of persons have been sampled.

In collaboration with the Brazilian National AIDS/STI programme, the US Centers for Disease Control and Prevention (CDC) and UNAIDS, in October 2009 PAHO held a workshop in Montevideo, Uruguay, to help plan and implement RDS studies for most-at-risk populations. Participants included representatives from national health authorities in Argentina, Colombia, Ecuador, Paraguay and Uruguay. The workshop facilitated the development of protocols for integrated bio-behavioral surveys in most-at-risk populations in participating countries. Improved information on the size and risk behaviours of most-at-risk populations will allow the countries to better plan and implement HIV prevention and treatment services for these groups.

# HIVResNet

## PAHO AND CANADA COLLABORATE TO MONITOR AND MINIMIZE THE EMERGENCE OF HIV DRUG RESISTANCE IN THE AMERICAS

The ability of HIV to mutate and reproduce itself in the presence of antiretroviral drugs is called HIV drug resistance (HIVDR). The inevitable emergence and transmission of HIV drug resistance in Latin America and the Caribbean is a significant threat in a region that has been quickly expanding antiretroviral treatment. The consequences of drug resistance include treatment failure, increased direct and indirect health costs associated with the need to start more costly second-line treatment for patients, the spread of resistant strains of HIV and the need to develop new anti-HIV drugs.

While some level of drug resistance is inevitable, PAHO is working with countries to monitor and minimize the emergence and spread of HIVDR. During 2008-09, the Canadian International Development Agency (CIDA) provided PAHO with funding for a range of activities, including the promotion of the WHO HIVDR prevention and assessment strategy throughout the region. The HIVDR strategy was developed by WHO in collaboration with the International AIDS Society and is currently implemented through the WHO HIVResNet, a network of countries, institutions and WHO accredited laboratories. By strengthening HIVDR surveillance and treatment monitoring, the strategy provides policy makers with information to help prevent the emergence and transmission of drug resistance.

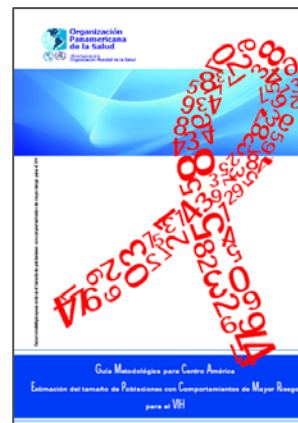
To date, PAHO has provided HIVDR-related technical cooperation and training to 26 countries in the region. National HIVDR working groups have been formed in 16 countries. Seventeen countries have been collecting early warning indicators (EWI), quality assurance data designed to assess the extent to which treatment clinics are functioning optimally to prevent resistance. Preliminary EWI results, mainly from Caribbean countries, have highlighted important issues related to service delivery at HIV treatment sites that may be contributing to the development of drug resistance. Low compliance of drug prescribing practices with national guidelines, unacceptably high loss to follow up of patients during the first year of treatment, poor adherence to drug pick-up and high frequency of drug stock-outs are warning signs of the potential emergence and transmission of resistance.

In addition to the collection of EWIs, PAHO is providing training on monitoring HIVDR in people on treatment and the surveillance of transmitted drug resistance. The goal is to harmonize methodologies and HIVDR survey protocols in the region for adequate comparability of data across countries and over time. HIVDR monitoring protocols have been developed in Guyana and Haiti. Threshold surveys for surveillance of transmitted HIVDR have been developed in Brazil and Venezuela.

### *Estimating the size of most-at-risk populations in Central America*

For a variety of social and legal reasons, measuring the size of most-at-risk populations such as men who have sex with men and injecting drug users is very difficult. As a result, these groups are often overlooked by public health authorities.

PAHO is working with the countries of Central America to improve their ability to estimate the size of most-at-risk populations. In 2008, PAHO released a guidance document explaining and summarizing the methods available to estimate the size of these groups (*Guía Metodológica para Centro América Estimación del tamaño de Poblaciones con Comportamientos de Mayor Riesgo para el VIH*). The guidance was used in a Central American workshop on the same topic, with attendance from Costa Rica, El Salvador, Honduras, Nicaragua and Panama.



With PAHO's assistance Costa Rica, El Salvador, Nicaragua and Panama are now including methodologies to estimate population sizes within national surveillance studies. More accurate estimates of the size of most-at-risk populations will help encourage health authorities to dedicate additional resources to these often overlooked groups.

## **HEALTH SECTOR PLANNING**

PAHO is responsible for assisting countries in the region strengthen their health sector, which can be defined as the people, institutions, resources and policies a country devotes to improving the health of its citizens. One of PAHO's key contributions to achieving universal access to HIV services is to support countries develop and implement comprehensive national health sector policies and plans to ensure that resources are used effectively and result in optimal public health outcomes.

During the 2008-09 biennium, PAHO's contribution in this area centred around two broad activities: (1) evaluating the health sector response to HIV; and (2) supporting countries secure and implement Global Fund grants.

### *Evaluating the health sector response to HIV*

Given PAHO's expertise in the health sector, the organization has been expanding its work in assisting countries evaluate their national response to HIV. Beginning with the Dominican Republic in 2007, PAHO has conducted evaluations in six countries, including Bahamas, Belize, Guatemala, Paraguay and Trinidad and Tobago. The purpose of these evaluations, which are undertaken at the request of the national governments, is to jointly identify the areas of the health system that require strengthening in order to improve the quality, coverage and effectiveness of HIV services. Because of PAHO's close relationship with each country's Ministry of Health and long-standing reputation as a non-biased public health authority, the evaluations are able to include frank assessments of the strengths and weaknesses of the government's current response to HIV and to provide authoritative suggestions for improvements. Importantly, the evaluations are conducted with the active participation of the government and non-governmental stakeholders.

Common issues emerging from the six evaluations included poor integration of HIV with other interventions such as TB control, lack of innovative strategies to reach most-at-risk groups and limited capacity to generate strategic information for policy and planning. PAHO is now working with the six countries to address these challenges. Due to the success of these initial evaluations, a number of other countries in the region have since requested similar support, including El Salvador and Jamaica.

### *Assisting countries obtain and implement Global Fund grants*

The Global Fund to Fight AIDS, Tuberculosis and Malaria provides the countries of Latin America and the Caribbean with an unprecedented opportunity to fund large-scale prevention, treatment and care programmes for HIV, disbursing more than \$600 million for HIV projects in the region to date.

PAHO provides considerable assistance to countries to help them obtain and implement Global Fund grants. For instance, in April 2008 PAHO, UNAIDS and the Global Fund organized a workshop in the Dominican Republic to provide countries with guidance on the development of proposals for Global Fund funding round 8. During proposal development, PAHO staff work directly with national Country Coordinating Mechanisms (CCMs) to ensure that applications reflect best public health guidance and practices, and will thereby have optimal results.

PAHO continues its cooperation during implementation and evaluation of projects, both through direct assistance to implementing agencies and by training local experts to support projects. This work is done in collaboration with a range of partners, including, among others, the International Center for Technical Cooperation on AIDS (CICT), Germany's Gesellschaft fuer

Technische Zusammenarbeit (GTZ) and the UK Department for International Development (DFID).

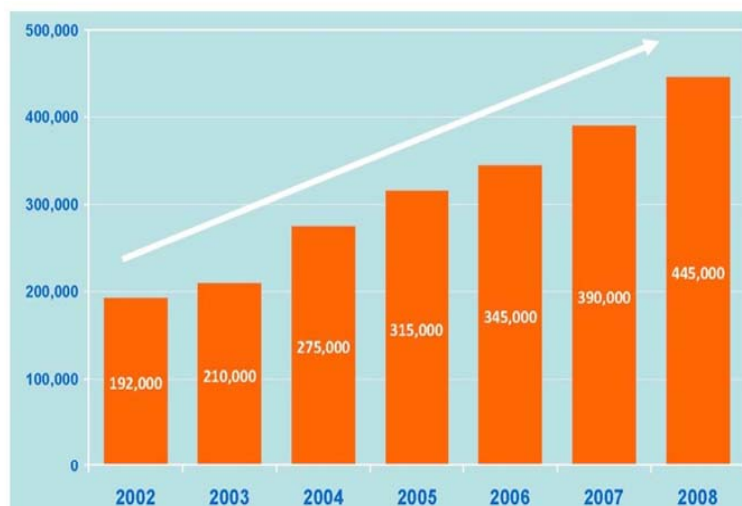
In November 2009, the Global Fund board approved 17 out of the 30 proposals submitted by Latin America and the Caribbean in round 9 of funding. The total value of the 17 grants is \$185 million, the highest ever approved for the region and a substantial improvement over rounds 5, 6 and 7 during which the region secured approximately \$50 million per round.

This improvement reflects a wide-ranging effort to improve the performance of the region, to which PAHO has substantially contributed.

### TREATMENT SCALE UP

The countries of Latin America and the Caribbean have been at the forefront of the provision of HIV treatment. At Chart 2 indicates, 445 000 people in the region were receiving ART at the end of 2008, representing an estimated 54% of those in need.

Chart 2: Number of people receiving ART in Latin America and the Caribbean, 2002-2008



Source: WHO. Universal Access Report, 2009.

However, access to treatment across the region has been uneven. Although many countries—such as Argentina, Chile, Costa Rica and Cuba—have already provided treatment for more than 80% of people in need, some countries continue to lag behind, with coverage below 50%.

There are also inequities within countries. Sex workers, IDUs, MSM, and transgender populations continue to face denial,

violence, exclusion and other barriers that hinder their access to health care services, including ART.

Within the UN system, PAHO is responsible for assisting countries scale-up antiretroviral treatment. During the 2008-09 biennium, PAHO worked with national HIV programmes, medical societies and civil society groups in order to reduce barriers to treatment and care, increase coverage of treatment to all that need it, ensure high quality treatment services in accordance with international standards, and improve collaborative efforts between HIV and TB national programmes to prevent HIV-TB co infection. In addition, significant advances to negotiate better prices for HIV drugs were achieved.

### *Collaboration between HIV and tuberculosis programmes*

Although preventable and curable, tuberculosis is one of the leading causes of death among people with HIV. In Latin America and the Caribbean the HIV prevalence among people with TB is approximately 11%, the second highest rate in the world after sub-Saharan Africa. For many years, efforts to tackle TB and HIV have been largely separate. For instance, in 2008 only 49% of the TB patients in Latin America and the Caribbean received an HIV test, and only 55% of people co-infected with TB and HIV received antiretroviral treatment.

It is now recognized that only through combined and coordinated efforts can this dual epidemic be halted. During 2008-09, PAHO undertook a number of activities to support countries in this regard, including the delivery of two sub-regional courses for national HIV and TB programme managers on collaborative TB/HIV activities. During the courses, countries were provided with hands-on cooperation to develop national TB/HIV plans. Further technical training on infection control was provided to eight priority countries with participation of the national TB and HIV programme managers and infection control specialists. These activities will lead to more effective prevention and treatment of TB among people with HIV and to subsequent public health gains.

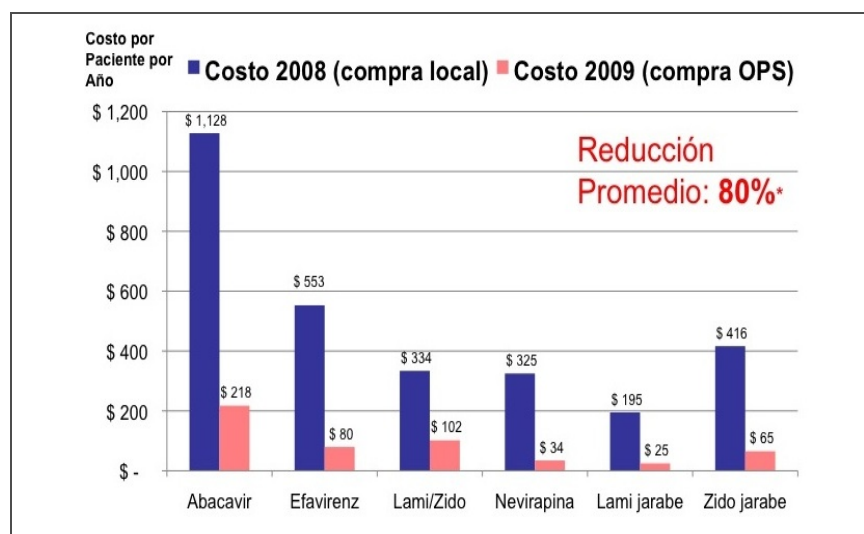
### *Reducing the cost of antiretroviral drugs*

One of the major challenges faced by developing countries in providing HIV treatment has been the high cost of antiretroviral drugs. At the global level, once prohibitive treatment costs have been driven downward as a result of pressure on pharmaceutical companies through advocacy and price negotiations.

To assist countries in the Americas in the cost-effective acquisition of medicines and other health commodities, PAHO established the Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund) in 2000. As a procurement mechanism the Strategic Fund allows participating countries to utilize a common fund to purchase public health commodities,

including antiretroviral drugs. To ensure continuous availability of medicines, the Strategic Fund also offers technical cooperation in the planning, programming, and forecasting of supplies.

**Chart 3: Reduction in the price of ARVs in Argentina realized through the Strategic Fund**



By pooling demand, the Strategic Fund has allowed participating countries to realize substantial savings on the cost of antiretroviral drugs. In 2009, during which 12 of the 22 member countries used the Strategic Fund to purchase supplies, Argentina realized a reduction in the price of antiretroviral drugs of 74%, saving approximately \$3 million. As illustrated in Chart 3, in 2008 Argentina purchased Abacavir, a common anti-HIV drug, through the country's normal procurement mechanisms and paid \$1,128 per patient per year. In 2009 Argentina purchased the same drug through the Strategic Fund and paid only \$218, saving approximately \$900 per patient per year.

By facilitating substantial reductions in the process of antiretroviral drugs, PAHO's Strategic Fund allows countries to provide life saving treatment to more people in need.

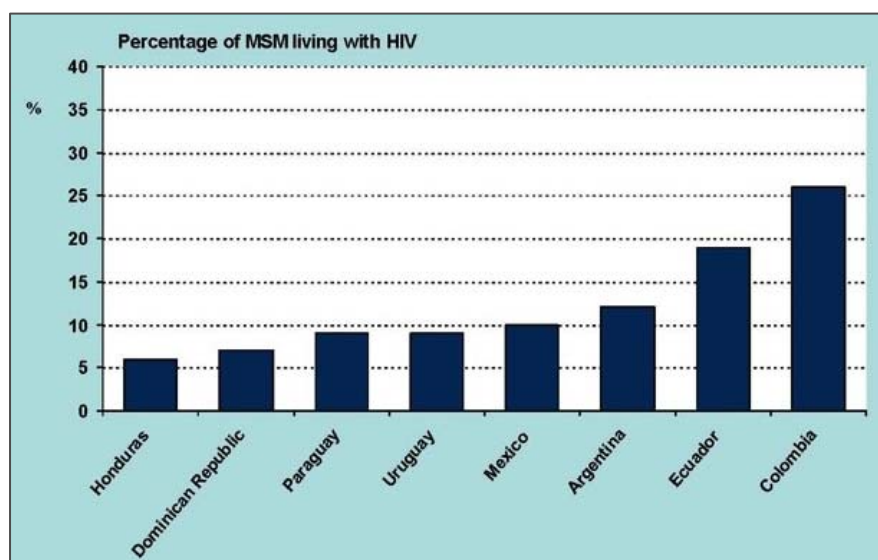
### COMPREHENSIVE SERVICES FOR MOST-AT-RISK POPULATIONS

The HIV epidemic in Latin America and the Caribbean has disproportionately affected a number of groups, including men who have sex with men, transgender people, sex workers, injecting drug users and indigenous peoples. Due to a number of specific behaviours, individuals from these groups are more likely to be exposed to HIV. The fact that many of these behaviors have historically been either illegal or looked down upon in society means that these groups are the subject of considerable scorn, stigma and discrimination. As a result, insufficient resources have



been invested in providing HIV prevention and care services for members of these most-at-risk populations. Fear of rejection and mistreatment often alienate them from health services designed for the general public, further increasing their vulnerability.

Chart 4: HIV prevalence rates among men who have sex with men in a number of countries in Latin America and the Caribbean



For reasons of both public health and human rights, all people should have access to health services, including HIV prevention and treatment programmes. Dedicated to equitable access to health services and responsible for assisting countries improve their response to HIV, PAHO has taken a lead role in strengthening countries' capacity to provide HIV services for most-at-risk populations.

### Health services for men who have sex with men



To improve the provision of comprehensive health services for men who have sex with men, PAHO has developed a *Blueprint for the Provision of Comprehensive Care to MSM in Latin America and the Caribbean*. The *Blueprint* reflects recommendations emerging from an expert regional consultation organized by PAHO in collaboration with a range of partners including GTZ, who provided funding.

During the 2010-11 biennium, PAHO intends to use the *Blueprint* to assist countries plan and scale-up MSM-friendly HIV prevention and care services within national health systems. Based on the *Blueprint*, a set of tools and training modules will be developed which will provide health care workers



with practical, easy-to-follow guidance to deliver comprehensive health care for all men. Guidance will be provided on planning MSM-inclusive health care settings, including around issues such as safe environments and standards of confidentiality. The tools and training modules will be piloted in four countries in the region, after which large-scale roll-out will begin. In each country, a national plan will be developed in coordination with the Ministry of Health, health care providers and civil society organizations.

In the short-term, this work will increase the number of health care providers in the region providing MSM-friendly health services. In the longer-term, this should mean improved health outcomes for MSM.

Based on the success of the *Blueprint* on MSM, in 2010-11 PAHO will undertake a similar process with regard to improving health care services for transgender persons. Because of the extreme stigma and discrimination faced by this group, specialized health services, including peer outreach, may be required to improve health outcomes.

# TRANSLATINA

A PICTURE OF THE CHALLENGES FACED BY TRANSGENDER PEOPLE



As part of broader efforts to increase access to health for most-at-risk populations, PAHO supported the development of *Translatina*, a documentary that offers a realistic look at the challenges faced by transgender women in accessing education, work, justice, health care and other services in Latin America. The result of three years of production, more than 100 hours of filming, and interviews with people from 15 nationalities, the documentary was launched in November 2009.

The few studies conducted in Latin America indicate that the transgender population has been one of the communities hit hardest by the HIV epidemic, with prevalence rates as high as 40% being found. *Translatina* is also part of efforts to advance Resolution 2054 of the Organization of American States (OAS), in which the countries of the Americas expressed their concern about the human rights violations perpetrated against individuals because of their sexual orientation and gender identity. In addition to PAHO, the documentary was supported by UNAIDS, UNDP and two transgender networks in the region, REDLACTRANS and ILGA-LAC.

PAHO offices and transgender women groups are working together to launch the documentary as an part of an advocacy activity, in which stakeholders are invited to discuss and present proposals to increase access to health for this population. At the launch event in San José, Costa Rica, *Translatina* received a standing ovation from 300 attendees. At the Argentine launch in Port Madryn, the film was shown as part of a sensitization workshop for agents of the judicial branch, police, security forces and municipal, provincial and national administrations. In El Salvador, the event took place at the Ministry of Governance, with the presence of ministers and other authorities. Additional national launches are planned throughout 2010, including in Brazil, Colombia, Panama, Peru, Venezuela and the United States.

## ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV AND CONGENITAL SYPHILIS

As of 2009 it is estimated that every year in Latin America and the Caribbean approximately 6 000 children acquire HIV infection through mother-to-child transmission.<sup>1</sup> Without treatment, half of these children will die before their second birthday. This grim reality is despite the fact that in most developed countries paediatric HIV has been virtually eliminated through prevention of mother-to-child transmission (PMTCT) interventions.

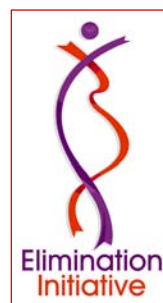


At the same time, it is estimated that 450 000 cases of congenital syphilis, another serious disease that can be transmitted from mother to child, occur each year in the region. If untreated, 50% to 80% of these cases will present serious complications, including pre-term fetal death, perinatal death or serious neonatal infection. Again, this is despite the fact that easy-to-use diagnostic tools and low-cost therapies are available.

PAHO works together with the UNICEF and other partners to promote a comprehensive and integrated approach to the prevention of mother-to-child transmission of HIV and syphilis.

### *Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis*

In November 2009 health authorities launched the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean. The goals of the Initiative, which is being led by PAHO and UNICEF, are to reduce the mother-to-child transmission of HIV to less than 2% and the incidence of congenital syphilis to less than 0.5 cases per 1 000 live births by 2015.



The Initiative promotes an integrated approach for the prevention of mother-to-child transmission of both diseases. Its programmatic objectives include strengthening antenatal coverage and early diagnosis and treatment for 95% or more of pregnant women.

<sup>1</sup> [http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2055&Itemid=1](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2055&Itemid=1)

PAHO has been working with countries to develop national plans to implement the Initiative, including identifying opportunities for integration with existing maternal and child health services, setting national elimination targets and strengthening the capacity of the health work force. PAHO has also developed a regional monitoring framework that presents a common set of indicators and establishes reporting and communication channels, proposes quality control mechanisms and outlines suggested analysis for case reporting.

PAHO is also promoting partnerships between national authorities, academic institutions, the private sector and civil society to strengthen the leadership of the health sector in the prevention of mother-to-child transmission of syphilis and HIV.

### **PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV AND CONGENITAL SYPHILIS IN COLOMBIA**

**M**other-to-child transmission of HIV and syphilis are significant public health problems in Colombia. The incidence of congenital syphilis in the country is relatively high, with at least 5 cases for every 1 000 births. The extent of the problem varies within Colombia with some regions witnessing nearly 14 cases for every 1 000 births. One important reason for these high rates is the relatively low number (45%) of pregnant women who are screened for syphilis.

While a higher proportion of pregnant women (67%) are screened for HIV, the detection and treatment of these two problems have generally been undertaken separately, reducing the opportunities for women to be tested and treated for both.

Together with PAHO and UNICEF, the Ministry of Social Protection is now integrating the prevention of HIV and syphilis. As a first step, in 2009 PAHO assisted the government analyse epidemiological and programmatic information in order to identify gaps in the availability and quality of services currently available. Based on these results, a national elimination plan has been developed which provides health care providers with standardized practices for early identification, diagnosis and prevention of both HIV and syphilis. To ensure the new protocols are widely used, the Ministry of Social Protection held a number of consensus building meetings with health insurers and service providers.

## HIGHLIGHTS FROM THE SUB REGIONS



### CARIBBEAN

After sub-Saharan Africa, the Caribbean has the highest HIV prevalence in the world, with 1% of the adult population infected (as of 2008, more than 2% of the adult population were living with HIV in five countries: the Bahamas, Belize, Guyana, Haiti and Suriname). AIDS-related illnesses were the fourth leading cause of death among Caribbean women in 2004 and the fifth leading cause of death among Caribbean men.

Heterosexual transmission is considered to be the main route of HIV transmission in the Caribbean. In addition, men who have sex with men account for a sizeable number of cases. High levels of homophobia and violence against MSM

cause widespread denial, making people more likely to engage in high-risk behaviour, and increasing the potential for HIV transmission from men who have sex with men to their female partners and children. Prevalence rates among sex workers are also high, reflecting the general lack of HIV services targeting this highly stigmatized group.

PAHO is providing countries in the Caribbean with assistance to effectively plan and implement HIV prevention and treatment services. In 2007, the organization established the PAHO HIV Caribbean Office (PHCO), which is based in Trinidad and Tobago, to coordinate and manage the delivery of HIV-related technical cooperation in the sub-region. This work is undertaken in collaboration with a range of partners including the CARICOM, the Pan Caribbean Partnership Against HIV and AIDS and PEPFAR.

During the 2008-09 biennium, PAHO supported progress in the Caribbean in a number of important areas including the prevention of mother to child transmission of HIV and syphilis, HIV testing and counselling and HIV drug resistance. Other areas of focus included promoting access to care by vulnerable groups, the establishment of the Caribbean Laboratory Network and reaching technical consensus for implementation of HIV case-based surveillance.

### *Initiative for the elimination of mother-to-child transmission of HIV and syphilis*

Mother-to-child transmission of HIV constitutes nearly 10% of all HIV transmissions in the Caribbean. Since the launch of the Initiative for the Elimination of Mother-to-Child Transmission of HIV and



Dr Margaret Chan, Director General of WHO, and Dr Mirta Roses Periago, Director of PAHO, at the launch of the Elimination Initiative during the 18th Meeting of the Caucus of CARICOM Ministers Responsible for Health. The Caribbean was the first region to publicly commit to the Elimination Initiative's ambitious targets.

Syphilis, the Caribbean has taken the lead in this important campaign. At the 18th Meeting of the Caucus of CARICOM Ministers Responsible for Health, held in Washington in September 2009, PAHO's Director, Dr. Mirta Roses Periago, commended the Caribbean for being the first region to publicly commit to the Initiative's ambitious targets. Dr. Roses, commenting on the region's leadership in public health, including the elimination of polio, measles



and smallpox, stressed, "We are convinced that the Caribbean has the potential to become the first region in the developing world to achieve the elimination targets."

PAHO is helping the countries of the Caribbean deliver on their commitment. For example, in the Dominican Republic PAHO provided technical cooperation to two regional health authorities for the development of elimination plans. In Suriname, PAHO is supporting a study that is evaluating PMTCT services in public hospitals and clinics.

## HIV IN HAITI:

### THE EARTHQUAKE MAKES AN ALREADY DIRE SITUATION EVEN WORSE

**P**AHO staff in Haiti in the aftermath of the 2010 earthquake. Shortly after the earthquake, PAHO sent a team of staff to conduct a rapid assessment of the situation.

With an estimated 2.2% of the population living with HIV, Haiti is the Caribbean country most affected by the epidemic. An estimated 7 500 lives are lost to AIDS each year in the country.



The distribution of drugs and medical supplies through the essential drugs program PROMESS (photo) was quickly resumed after the earthquake in Haiti, as well as PAHO's activities in monitoring the health situation in the country, and the collection, analysis and distribution of epidemiological information.

As the poorest country in the Americas, Haiti has long been dependent on external funding for its HIV programmes. While improvements have been made in the past decade, coverage of essential programmes remains low. For instance, as of 2007 only 18% of pregnant women living with HIV were provided with antiretroviral treatment to reduce the risk of transmission to their baby.

The vulnerability of people with HIV increased dramatically when the country was hit by a devastating earthquake in January 2010. Health centres were damaged or destroyed. Securing housing, water and food became daily struggles.

Shortly after the earthquake, PAHO sent a team of staff, including experts in HIV, disaster preparedness, family and community health and other areas, to conduct a rapid assessment of the situation. Not surprisingly, the PAHO team

(Continued)

found that the earthquake has imposed new priorities for the national health sector response to HIV.

To respond to these new realities, PAHO is working with the Government of Haiti and its partners to promote a coordinated response to rebuilding HIV services in the country. Short-term actions include technical cooperation to integrate HIV interventions in the humanitarian response, particularly the distribution of condoms in the emergency shelters and temporary camps (in collaboration with water and food distribution).

On a positive note, dedicated health care workers in Haiti have continued to provide HIV services throughout the crisis. For instance, in the immediate aftermath of the earthquake, the GHESKO Center, an HIV clinic in Port-au-Prince, provided emergency surgery and rehabilitation care to 3 000 trauma victims, scaled-up tuberculosis screening and treatment for 2 000 patients and continued to provide HIV services for 22 000 patients.

### *Increasing HIV testing and counselling*

In many high-prevalence countries, fewer than one in ten people with HIV are aware of their HIV status. Greater knowledge of HIV status is critical to expanding access to treatment and care in a timely manner. In the Caribbean scaling-up of HIV testing and counselling is a major strategy towards achieving universal access to HIV prevention, care and treatment.

Throughout the biennium PAHO assisted countries scale up provider initiated HIV testing and counselling (PITC). Through PITC, HIV testing and counselling is routinely provided by health-care providers to persons attending health care facilities as a standard component of medical care.

Direct technical cooperation for PITC training was conducted in 15 countries (Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Vincent and the Grenadines, St. Kitts and Nevis, Suriname and Trinidad and Tobago). The WHO one-day PITC training modules were revised and adopted to provide training for health care providers and further modified to develop a Trainer of Trainers (TOT) curriculum. These materials were used to train 90 health care providers as TOT providers through four sub-regional workshops during 2008 and 2009. Through in-country workshops in the 15 countries listed above, 500 primary health care providers were trained in the PITC methodology.



## CENTRAL AMERICA

Like the rest of Latin America and the Caribbean, HIV in Central America has disproportionately affected a number of most-at-risk groups, including MSM, transgender people, sex workers, migrant populations and indigenous peoples. For instance, MSM and sex workers are the most affected populations in Honduras, with HIV prevalence rates in 2007 of 12.4% and 9.6% respectively.

Because many of the behaviours of these groups have historically been either illegal or looked down upon, these populations have been subject to stigma and discrimination. This makes a human rights approach to HIV vitally important. Together with the Government of Sweden, PAHO is working with national authorities to enact and comply with public health policies that are consistent with human rights.

Other priorities in the sub-region have included technical cooperation for the elimination of mother-to-child transmission of HIV and syphilis. In Honduras and Panama, national plans for the integrated of both illnesses are being implemented with assistance from PAHO.

PAHO's efforts in Central America have also focused on assisting countries improve HIV-related strategic information systems, including the establishment of a web-based HIV surveillance application in El Salvador and technical cooperation to monitor and minimize the emergence of HIV drug resistance in El Salvador, Honduras and Nicaragua.

### *The human rights of people with HIV*

Since the beginning of the epidemic, there has been stigma attached to those affected by HIV. This stigma has often led to discrimination and other violations of human rights and fundamental freedoms that affect the well being of people with HIV in many different ways. In countries all over the world, there are well-documented cases of people with HIV being denied the right to health care, work, education, and freedom of movement, among others.



Leaders of Central American transgender organizations during a meeting in Costa Rica. PAHO is working with governments and civil society organizations to promote the human rights of most-at-risk populations, including transgender people.

In 2007, PAHO released a study on human rights and HIV in Central America. The report, which was funded by the Swedish International Development Cooperation Agency (SIDA), found that Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama all have legal frameworks that address human rights and fundamental freedoms in the response to HIV.

However, challenges remain. Some countries in Central America require an HIV test from people seeking to enter or live in the country. In at least one country, HIV tests are required when applying for a mortgage. In almost all countries, people have filed complaints after their right to work, education or health was restricted as a consequence of their HIV status. Members of groups such as MSM, transgender people, sex workers, injecting drug users and indigenous peoples are at particular risk of HIV-related human rights abuses.

PAHO and SIDA are working to address this situation by assisting countries implement targeted interventions for most-at-risk populations and increase awareness of the human rights of people with HIV among public health authorities, civil society organizations, legislators, judges and human rights commissions. PAHO has also been collaborating with governments in the sub-region and the Inter-American Commission on Human Rights (IACHR) to formulate health policies that are consistent with human rights.

### *A web-based application helps strengthen HIV surveillance in El Salvador*

PAHO has made strengthening HIV surveillance systems in Central America a priority. Together with the CDC, PAHO has helped countries undertake second generation surveillance, which involves integrated bio behavioral studies among most-at-risk populations as well as promoting improvements in basic health information systems to collect, analyse and disseminate data to better characterize the HIV epidemic and its trends.

In El Salvador, a joint effort between the National HIV Programme and PAHO resulted in the creation of the Unified System of Monitoring, Evaluation, and Epidemiological Surveillance of HIV/AIDS (SUMEVE). A web application that integrates laboratory information, epidemiological surveillance and data on prevention and treatment activities, SUMEVE is an essential source of information for decision-makers in the country.

SUMEVE classifies HIV cases as new or existing and keeps track of cases by time and place. Users can calculate HIV

prevalence rates by sex, age, occupation and risk factors. The system also provides information on the prevalence among specific populations such as MSM, prisoners and pregnant women. Based on the success of SUMEVE, the system is currently being replicated in Costa Rica (other countries, such as Panama and Nicaragua, are also considering doing the same).

### *Monitoring and minimizing HIV drug resistance in Central America*

To help minimize the emergence of HIV drug resistance, PAHO has provided technical cooperation to El Salvador, Honduras and Nicaragua for the development of national HIVDR plans. With financing from the Bill and Melinda Gates Foundation, national working groups have been formed with representatives from the government, public health laboratories, HIV care centers, universities, civil society and aid agencies.

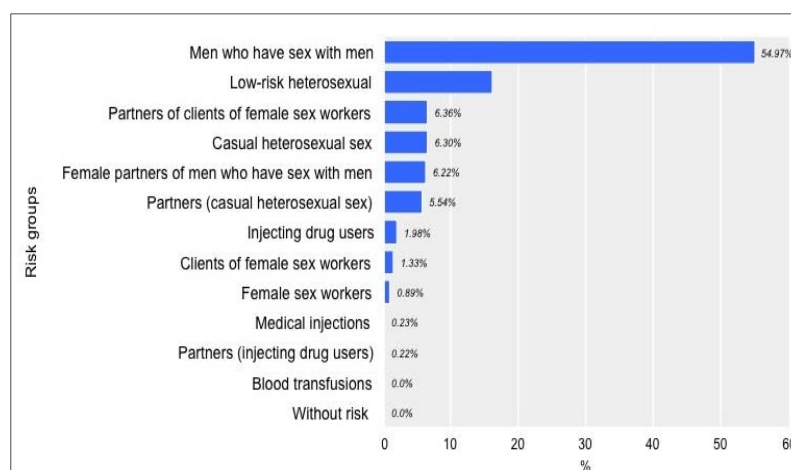
HIVDR national strategies have been developed, the first phase of which includes the collection of early warning indicators (EWI) as the key element of quality improvement of HIV care and HIVDR prevention. EWI collection has started at selected pilot sites in all three countries and preliminary results have identified compliance with appropriate antiretroviral prescription, high rates of loss to follow up during the first year of treatment, poor adherence to drug pick up and drug stock-outs at treatment sites as significant challenges. Ongoing technical cooperation is being provided for quality assurance of data, interpretation of results and development of evidence-based recommendations. Further scale-up is being planned in all three countries.

## **ANDEAN SUB-REGION**

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The HIV epidemic in the Andean sub-region, which includes Bolivia, Colombia, Ecuador, Peru and Venezuela, is concentrated mainly among men who have sex with men, transgender people and sex workers and also affects other vulnerable groups such as women and children. For example, as Chart 6 shows, MSM in Peru are much more affected by HIV than are all other groups.

Chart 6: Distribution of HIV incidence by mode of exposure in Peru: estimates for 2010



Source: Figure 18 from UNAIDS 2009 epi update

While the number of people on treatment has increased considerably over the past several years, coverage in the sub-region remains relatively low, with less than 50% of those in need currently receiving life-saving drugs. Improvements in HIV treatment coverage should go hand-in-hand with tuberculosis detection and treatment, especially in a high TB-prevalence sub-region like the Andes. PAHO is working with countries of the Andean sub-region to improve and harmonize services for TB and HIV, including the provision of early HIV testing and treatment to patients receiving anti-tuberculosis therapy.

Other key activities undertaken during the biennium included helping countries secure and implement Global Fund grants and helping integrate comprehensive HIV care into curricula for nursing, psychology and medical schools throughout the sub-region.

## SPAIN FUNDS PAHO'S HIV ACTIVITIES IN THE ANDEAN SUB-REGION

For more than ten years Spain has provided funding for PAHO's HIV area of work. Spanish contributions have allowed PAHO to assist countries in a range of important activities including the training of human resources, the strengthening of prevention and care services and the development of interventions and methodologies adapted to the Latin American context.



Nurses being trained in a maternity ward in Ecuador. PAHO has used funding from the Spanish Government to help integrate comprehensive HIV care into curricula for nursing, psychology and medical schools throughout the Andean sub-region

During 2008-09, Spain continued this important collaboration through a grant to PAHO that funded a range of HIV-related activities, including in the Andean region. For instance, Spanish funds were used to help integrate comprehensive HIV care into curricula for nursing, psychology and medical schools throughout the sub-region.

Spanish funds were also used to help ensure a safe bloody supply in the Andes. PAHO completed a study on blood safety in all countries of the sub-region which will be used to promote the prevention of HIV transmission through blood services and prevent missed opportunities for early detection of HIV cases.

Finally, Spain has contributed to a wide range of regional and country-level activities related to HIV strategic information through the secondment of an epidemiologist to PAHO's HIV/STI project in Washington.

### *Addressing the dual epidemics of HIV and tuberculosis*

Around the world, TB is one of the most common causes of death among people with HIV. TB/HIV co-infection is a major challenge in the Andean sub-region, most of which is endemic in TB. In fact, Bolivia and Peru have some of the highest TB incidence in the Americas with 155 and 126 cases per 100 000 people respectively.

Despite the strong relationship between TB and HIV, health systems have often dealt with them quite separately. For instance, in 2008 only 49% of the TB patients in Latin America and the Caribbean received an HIV test, and only 55% of people co-infected with TB and HIV received antiretroviral treatment. PAHO is working with countries to improve and harmonize services for TB and HIV, including the provision of early HIV testing and treatment for patients receiving anti-tuberculosis therapy. During 2008, PAHO organized a series of TB/HIV management course for public health authorities in the sub-region, during which each country developed a national workplan to improve TB/HIV programme harmonization. PAHO is currently assisting countries implement these plans.

### *Helping countries secure and implement Global Fund grants*

During 2008-09, PAHO devoted considerable resources to assisting the Andean countries secure Global Fund grants. PAHO staff provided hands-on technical cooperation during the development of successful Global Fund HIV proposals in Bolivia, Colombia and Ecuador.

The approved round 9 grant will provide Bolivia with up to \$26 million to improve HIV services for vulnerable populations (including indigenous peoples) in 75 high-incidence municipalities throughout the country. The Colombia grant will provide up to \$23 million to improve HIV prevention services for a number of most-at-risk groups including MSM, transgender people, sex workers, street people and youth in difficult circumstances. The Ecuador grant will also focus on most-at-risk groups, providing up to nearly \$11 million for work in the hardest hit 46 of the country's 220 counties.

## **SOUTHERN CONE AND BRAZIL**

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Brazil's response to HIV has long been seen as a success throughout the world. Working alongside civil society groups, the Brazilian government has been able to minimize the impact of the HIV epidemic through robust prevention and treatment programmes. In fact, through its early commitment to treatment programmes, Brazil was the first developing country to achieve universal access to HIV treatment via its national health system. As a result, the life expectancy of HIV patients has increased dramatically.

Like in the rest of Latin America and the Caribbean, HIV in Argentina, Brazil, Chile, Paraguay and Uruguay has disproportionately affected most-at-risk populations. For instance, Argentina and Uruguay had the highest percentages of HIV cases attributed to injecting drug use in 2006, with 5.4%

and 10.6%, respectively. Other most-at-risk groups, including MSM and sex workers have also been highly affected.

During 2008-09, PAHO undertook a number of key activities in the Southern Cone and Brazil, including an evaluation of the national response to HIV in Paraguay, supporting efforts to minimize HIVDR in Brazil and assisting the Chilean government conduct an integrated biological and behavioral study on MSM.

### *Evaluation of the national response to HIV in Paraguay*

In 2009 PAHO carried out an evaluation of Paraguay's health sector response to HIV at the request of the Ministry of Public Health and Social Welfare. The purpose of the evaluation was to analyse the strengths and weaknesses of the current response in order to provide suggestions for improvement.

One of the key findings from the evaluation was that strategic information systems remain relatively weak, with information on most-at-risk populations being a particular challenge. The evaluation also found that prevention programmes for young people needed to be strengthened. Of the total number of HIV cases reported in the first half of 2009, 60% were among people aged 15-29 years. The report also made recommendations in a number of other important areas including treatment scale-up, procurement and supply management, leadership and governance and financing. As a result of the evaluation, the Government of Paraguay is currently making improvements to its response to HIV in cooperation with a number of partners, including PAHO.

### *Minimizing the emergence of HIV drug resistance in Brazil*

Brazil has long been committed to HIV treatment programmes and was the first developing country to provide



Participants at a meeting in Brasilia of the RENIC 2010 working group on HIV drug resistance among pregnant women. PAHO is working with Brazil to support the surveillance of HIVDR.

universal access to antiretroviral therapy. One of the inevitable results of this achievement is the emergence of HIV drug resistance, the consequences of which include treatment failure and increased costs as patients move to more expensive second line drugs.



PAHO is working with Brazil to support the surveillance of HIVDR. Technical cooperation has been provided for a national surveillance study of primary HIVDR in pregnant women (RENIC study 2010) in six large cities which represent the five macro regions of Brazil: Porto Alegre, São Paulo, Rio de Janeiro, Belém, Goiania and Recife. As part of the process and to guarantee quality assured results, three laboratories of the Brazilian National Network of Genotyping (RENAGENO) are currently in the process of accreditation to the WHO Global HIVDR Laboratory Network.

Other accomplishments realized in Brazil during 2008-09 included assisting with sentinel studies on HIV and syphilis, strengthening national capacity for antiretroviral pharmacovigilance and supporting activities to improve programmes for MSM and prisoners.

## IMPROVING HEALTH CARE FOR MOST-AT-RISK POPULATIONS IN ARGENTINA

Transgender people are an especially vulnerable, deeply marginalized population in many Latin American countries. Argentina is no exception, where a Ministry of Health study found that 34% of transgender people surveyed were HIV-positive.

To help improve the health of transgender people, the Ministry of Health of Argentina, PAHO and UNAIDS produced a new manual, *Health Care of Transvestite and Transsexual People*. The manual contains information about sexuality and other characteristics of transgender people and makes recommendations for providing this vulnerable group with comprehensive health care, including HIV services.



Sex workers represent another highly vulnerable group in Argentina. According to UNAIDS, the HIV prevalence among female sex workers in Buenos Aires was nearly 11% in 2007. In 2008, the PAHO country office in Argentina supported the First Consultation on Sex Work and HIV, in which civil society members and public health officials produced recommendations to improve the situation of sex workers in the areas of human rights, HIV prevention and access to the health system.



### *HIV prevalence among men who have sex with men in Chile*

Evidence suggests that most cases of HIV infection in Chile occur among men who have sex with men, and more information is needed in order to characterize risk behaviors, HIV prevalence and size of this group. To address these challenges, PAHO has helped the Chilean Ministry of Health to conduct a study on "Prevalence of HIV and Related Factors in Men who Have Sex with Men". Using the respondent-driven sampling method, the authors analysed the risk behaviours and HIV prevalence among 310 self-identified men who have sex with men in two regions: Valparaíso and Metropolitan. The study, which was the first of its kind in the country, found an HIV prevalence rate among the respondents of 21%. Based on the success of this research, the study is now being replicated in other regions of the country. This will help public health authorities in Chile to improve HIV services for this population.

With regard to strategic information in the Southern Cone, PAHO has also worked with MERCOSUR, and particularly with the HIV intergovernmental commission on HIV in indicator harmonization, HIV surveillance methodologies for most-at-risk populations and standardization of surveillance activities for mother to child HIV transmission and congenital syphilis.

### THE MEXICO CITY MINISTERIAL DECLARATION: "EDUCATING TO PREVENT"

Comprehensive sex education is a crucial part of HIV prevention which has often been overlooked. Research shows that 45% of new HIV infections worldwide occur in young people ages 15 to 24. However, many children and adolescents continue to lack information on how to protect themselves from HIV. A survey of young people in Latin America and the Caribbean revealed that only 4 out of 10 adolescents and young adults considered themselves well-informed about HIV.

Based on such evidence, participants at the First Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, held in



Two students participate in the First Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, held in Mexico City in August 2008. PAHO is working with countries in the region to provide comprehensive sex education and appropriate sexual and reproductive health services for youth.

(Continued)

Mexico City in August 2008, formed a strategic alliance between the health and education sectors to promote comprehensive sex education and appropriate sexual and reproductive health services for youth. At that meeting, 56 ministers of health and education from 30 countries in the Americas called for the following achievements by the year 2015:

- A 75% reduction of the number of schools under the jurisdiction of ministries of education that do not offer comprehensive sex education.
- A 50% reduction of the number of adolescents and youths who do not have access to health services that meet their sexual and reproductive health needs.

PAHO provided technical assistance for the Ministerial Declaration and is a member of the working group that is responsible for facilitating its implementation. Since the declaration was signed, the working group has been developing tools and guidance on comprehensive sex education for use by health workers and educators.

## PAHO HELPS FOSTER UN COLLABORATION AT THE COUNTRY LEVEL

Successfully responding to HIV requires coordinated action among the vast number of partners which are active in the field, including the ten UN agencies which make up UNAIDS. From July 2008 to July 2009 PAHO Director Dr Mirta Roses was chairperson of the Regional Directors Group of UNAIDS Cosponsors in Latin America and the Caribbean (RDG). The RDG was created in 2003 to improve the UN response to HIV in the region.

Dr Roses presided over a very successful year. During her term as chairperson, the group agreed to strengthen the Joint UN Teams on AIDS, through which the agencies will coordinate their work at the country level. Progress was also made in coordinating the work of the agencies around most-at-risk populations. To promote collaborative action in these priority areas, sub-committees were established on men who have sex with men and prisoners, among others.

## PAHO AND NORWAY COLLABORATE TO IMPROVE PROGRAMMES FOR YOUNG PEOPLE

**F**or over twenty years the Government of Norway has supported PAHO and its mission, currently, the centerpiece of this cooperation is a five-year collaboration to halt the spread of HIV among young people—particularly the poorest and most vulnerable. The project is working towards the achievement of this goal targeting seven countries (Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Panama) with an integrated sexual reproductive health approach that incorporates human rights and gender equity.

To date, the highlight of the project is creation of the Regional Adolescent and Youth Health Plan of Action, which was unanimously approved by its member states in September 2009. The plan integrates several health topics affecting young people in the region (e.g. sexual reproductive health, violence, mental health), uses a human rights framework, incorporates a gender perspective, and respects cultural diversity. Its unanimous approval signifies the commitment to young people by the region and its highest health authorities.

