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**SCALING-UP OF TREATMENT WITHIN
A COMPREHENSIVE RESPONSE TO HIV/AIDS**

More than 2 million people are living with HIV/AIDS in Latin America and the Caribbean. Despite progress in certain regions and countries, its spread is increasing, especially in the Caribbean and Central America. AIDS continues to threaten the social and economic fabric of societies in the Region, with the greatest burden falling on the poor and vulnerable, especially women and youth.

There are now demonstrated, successful interventions against HIV/AIDS, in the fields of both prevention and treatment. The increasing availability of antiretroviral therapy (ART) and lower prices make universal treatment a realizable goal. Deaths can be significantly reduced by policies to provide universal access to ART. In addition, it has been shown that comprehensive care and support, including the provision of ART, are key for prevention.

The “3 by 5” initiative, announced by WHO’s Director-General, Dr. Jong-wook Lee, is an opportunity for scaling-up health systems and services in the Region. Worldwide the initiative aims to provide antiretrovirals to 3 million people living with HIV and AIDS by the end of 2005 which, in this Region, corresponds to the Nuevo Leon Special Summit goal for the Americas of treating 600,000 people by the next Summit in 2005. PAHO, in partnership with Member States and development partners, is committed to supporting countries in reaching this goal.

This document reviews the status of the epidemic in the Region and the progress made in the Americas. It requests the Directing Council to endorse PAHO’s focused approach to the “3 by 5” initiative within a comprehensive response to the prevention, care, and treatment of HIV/AIDS.

The Executive Committee adopted Resolution CE134.R4 for consideration by the Directing Council.

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Introduction

1. More than 2 million people are living with HIV/AIDS in Latin America and the Caribbean (LAC). The spread of the HIV epidemic is increasing; an estimated 200,000 persons contracted the infection during 2003. The Caribbean has the second highest prevalence rates of HIV/AIDS in the world after sub-Saharan Africa, with overall adult prevalence of 2%-3%. In Central America prevalence rates have been growing steadily and most countries of the subregion are now facing a generalized epidemic. In the Caribbean the prominent mode of transmission is heterosexual, while in Central America homosexual transmission is also recognized as an important factor. Injecting drug use is a significant and growing mode of HIV transmission in several countries, especially in the Southern Cone.

2. Despite considerable efforts worldwide and progress in certain regions and countries, in most developing countries AIDS continues to threaten the social and economic fabric of societies. The data show that HIV/AIDS is affecting primarily the poor and vulnerable, and increasingly the burden is falling upon women and youth. There is ample recognition that HIV/AIDS is intertwined with gender inequality, marginalization, and poverty. Attention to the treatment of people living with HIV/AIDS (PLWHA) in developing countries, including in LAC, has not kept pace with prevention efforts, and as a result the majority of PLWHA still do not know that they are HIV positive. High levels of stigma and discrimination in society and, until recently, the lack of widely available treatment have seriously curtailed the use of counseling and testing services.

Factors Negatively Influencing the Response of the Health System.

3. At the *country level*, the implementation of a comprehensive health sector response to HIV/AIDS is closely linked to the core functions of health systems. Challenges for the steering role include the need for political will and capacity for management and coordination. Challenges for the financing function relate, until recently, to the high cost of antiretroviral therapy (ART) and often the lack of availability of the necessary funds to purchase and deliver ART. Challenges for the insurance function include the inclusion of comprehensive care, encompassing treatment with ART's within the portfolio of entitlements. Challenges for the provision function include the need for infrastructural support, including laboratories, enhanced capacity of health workers to deliver ART and monitor side-effects, as well as improved referral systems. Challenges for the supply system include the strengthening of procurement structures, addressing competing prices of different manufacturers, and human resource capacity. Challenges on the demand side include the removal of inequities in access to

ART, increased community involvement, and the reduction of stigma and discrimination in society at large and in the health services in particular.

4. The new agenda for reforms in the health sector supports the building of national capacity to strengthen country efforts to meet the new demands placed on them by the epidemic. This new focus includes aligning the steering role of health authorities and strengthening the public health infrastructure, including procurement of medicines, quality assurance, and laboratory support. It also requires improved performance of essential public health functions by health authorities and their representative agents. However, the delivery of HIV/AIDS comprehensive care is possible only through the provision of a wide range of interventions throughout the entire health system, and comprehensive care models for an integrated prevention-care-treatment strategy have to be developed and strengthened within the context of a decentralized primary health care (PHC) environment.

5. The lack of trained and qualified human resources has been identified as a major limiting factor in scaling-up, given the existing crisis in the health work force in many countries, compounded by additional losses caused by the epidemic. Due to the complex demands of ART and comprehensive care, expansion of services cannot be achieved by any one professional group alone, but only by a range of professional, community, and lay people, including PLWHA, working hand in hand. This requirement raises additional challenges for human capacity-building strategies, including training approaches. In view of the nature of the epidemic and the need for life-long care, sustainability of human resource development is a critically important issue that needs to be built into scale-up plans from the start.

6. At the *regional level*, there is an urgent need for streamlining and greater coherence in the work of the international community vis-à-vis HIV/AIDS. An effective response by PAHO, the other cosponsors of the Joint United Nations Program on AIDS (UNAIDS), and other partners has been hampered by insufficient coordination and the lack of clear definition and agreement on respective roles and responsibilities of the individual organizations. Challenges include avoidance of duplication and assuring greater synergy of action among partners, such as a decision concerning how to respond to the looming crisis of orphans in the Region; revitalized prevention efforts, especially among youth and vulnerable groups; sustained efforts to maintain and improve the quality of blood banks; ongoing training in counseling and testing and all aspects of care and support; laboratory and health system strengthening, reducing stigma in the health sector, assuring a continued supply of high-quality medicines, and sustaining treatment and comprehensive services over the long term; and psychosocial support to communities and families to respond in a caring and holistic way. The funding and

coordination of this plethora of actions on a global and regional scale remain a major challenge.

Some Highlights of PAHO's Past Efforts and Achievements

7. In partnership with the Member States and UNAIDS, PAHO's work in HIV/AIDS has supported the preparation, execution, and evaluation of national and regional strategic plans; systematic improvements in epidemiological surveillance; targeted prevention interventions, especially for youth and vulnerable groups; the incorporation of gender perspectives, sexuality, and social inclusion in HIV/AIDS activities; the development of regional communications networks and communications capacity in countries; and a series of modules for comprehensive care—the “Building Blocks.” PAHO has also championed equitable access to treatment through the establishment of the Strategic Fund for Health Supplies.

8. The HIV/AIDS pandemic has challenged national health systems in all the countries of the Americas. PAHO's response has advocated for the strengthening of health systems through mechanisms that include attracting resources to the health system in addition to those required for ART, improving physical infrastructure, improving procurement and distribution systems, building human capacity, and promoting community empowerment. The challenge of scaling-up health systems to respond to HIV/AIDS in Latin America and the Caribbean was the subject of a groundbreaking consultation that was held in Ocho Rios, Jamaica, in February 2002. It promoted the concept of health system strengthening using HIV/AIDS as an entry point, and a publication from the consultation is now available (1).

9. During 2003, PAHO played a key role in assisting countries to develop successful proposals for the Global Fund against AIDS, Tuberculosis, and Malaria (GFATM) and is technically supporting their implementation in several countries. As part of the Organization's intensified focus on intercountry cooperation, PAHO has stimulated and enabled intercountry technical cooperation in HIV/AIDS, as has been the case of Brazil and several countries of the Region. In collaboration with WHO, UNAIDS, and the countries of the Region, PAHO conducted a series of price negotiations that resulted in significantly reduced costs of antiretroviral therapy (ART) (on the order of 90% in some cases). In recognition of the need for heightened coordination and synergy among international agencies, PAHO hosted a meeting of Regional Directors of the UNAIDS Cosponsors in June 2003 to define a regional framework for interagency coordination and agree upon a number of common strategies. The second meeting of the Regional Directors has been programmed for June 2004 to review the work completed, and to develop the terms of reference of an Interagency Coordinating Committee, including a larger range of partners, who will meet on a regular basis to promote a common agenda. On World AIDS Day, PAHO launched a

regionwide media campaign to promote a publication addressing the issue of stigma and discrimination in the health sector. PAHO is closely involved in the work of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and collaborates closely with other important initiatives, such as the President's Emergency Plan for AIDS Reduction (PEPFAR) in the United States.

10. A renewed call was made by the Director in December 2003 for the elimination of congenital syphilis, in particular, and for the prevention and treatment of sexually transmitted infections (STI), in general. In addition to its direct health benefits, STI diagnosis and treatment is a proven, effective way to prevent HIV transmission. A proposal for a regional elimination effort has been completed, and guidelines and tools have been developed in collaboration with experts from the Region.

New Opportunities for Scaling-Up Antiretroviral Therapy

11. There are now demonstrated successful interventions against HIV/AIDS, both in the fields of prevention and treatment. The increasing availability of antiretroviral therapy (ART) and the lower prices make universal treatment a realizable goal. Several LAC countries have been effectively confronting the epidemic for three to eight years through a balanced approach between treatment and prevention, a comprehensive strategy that can work in resource-poor settings and which maximizes and synergizes the role of a variety of actors at national and international levels. These include Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Panama, Peru, Uruguay, and Venezuela. The other countries of LAC have a shorter experience (less than three years) with the provision of ART. The world community is paying particular attention to two models generated in the Americas as best practices, namely the experience of Brazil, where prevention activities are integrated with improved HIV care and a supportive policy framework with remarkable results. Haiti, the poorest country in the Hemisphere, also has examples of integrated prevention and care efforts with a strong community component. In these countries it has been shown that deaths can be significantly reduced by policies to provide universal access to ART. In addition, it has been shown that comprehensive care and support, including the provision of ART, are key for prevention. In the Bahamas, for example, there has been significant reduction in AIDS deaths and in new HIV cases since the introduction of widespread ART.

12. At the regional level, there are also increased opportunities for a focused response on the part of PAHO. These include increased political commitment including the GFATM, the Millennium Development Goals, two United Nations General Assembly Special Sessions (UNGASS), PEPFAR, and increased cooperation among agencies. The "3 by 5" initiative, announced by WHO's Director-General, Dr. Jongwook Lee, is an additional opportunity for scaling-up health systems and services in the Region. Worldwide it aims to provide antiretrovirals to 3 million people living with

HIV and AIDS by the end of 2005, and is mobilizing resources to that end. In this Region, the heads of Governments of the Americas established the goal during the Nuevo Leon Special Summit of the Americas of treating 600,000 people by the next Summit in Argentina, in November 2005.

PAHO's Response to the Treatment Challenge

13. Treatment and prevention within health services clearly fall within the mandate of PAHO/WHO. For this reason, and based on the rationale and recommendations of the Ocho Rios consultation, PAHO is supporting the global "3 by 5" strategy as a major effort to assure universal treatment, care, and full social support for people affected by HIV/AIDS, and in the process strengthen health systems. It is a strategy fostering a comprehensive approach to prevention and treatment, a strategy deeply rooted in a decentralized PHC approach, calling for simplified guidelines and tools, and the monitoring and evaluation of progress towards this goal. It is a strategy that seeks to rapidly fill the gaps at the country level, while laying the groundwork for long-term sustainability of significantly improved health systems and services.

14. An important objective of PAHO's "3 by 5" is to advance toward the ultimate goal of universal access to ART for those in need, guided by the values of Health for All. Evidence shows that HIV/AIDS is particularly affecting the poor and the vulnerable, and is closely intertwined with gender inequality, violence, and sexual exclusion, while access to treatment has not kept pace with prevention efforts. Hence, expansion of social protection in health, with an increase in access to health services, including ARV treatment, comprises an important challenge for PAHO.

15. Soon after the global launch of the "3 by 5" strategy in December, PAHO established an interdisciplinary Core Team to begin developing the "3 by 5" strategy for the Americas. In January 2004, PAHO brought together a Task Force consisting of PAHO staff and some key stakeholders at the country level to further define the response of the Americas to "3 by 5." The Task Force defined the goal and the guiding principles of PAHO's response—improved or accelerated ethical access to ARV treatment as part of a comprehensive response to HIV/AIDS, with the ultimate goal of reaching universal access to ARV. It also developed five strategic orientations, as well as strategies, activities, and indicators. This consultation and the dissemination of the approach has stimulated increased dialogue and engagement with partners from the civil society, and brought increased attention to the factors limiting access to ARV, such as stigma and discrimination, especially among health care workers.

16. The five strategic orientations (SO) are:

SO 1: Political commitment and leadership, partnerships, and community mobilization

SO 2: Health systems/services strengthening, including the adaptation and application of appropriate tools

SO 3: Effective, reliable supply of medicines, diagnostics, and other commodities

SO 4: Links with health promotion and prevention of STI and HIV/AIDS within health services

SO 5: Strategic information and dissemination of lessons learned.

17. At the regional level, PAHO has completed a situation analysis which has permitted the identification and selection of high-burden countries with low coverage of ART. These are the countries of greatest concentration for PAHO's work. In these countries, PAHO will coordinate and/or integrate its activities with ongoing in-country programs and those of major donors, including the GFATM, to maximize impact and promote appropriate and cost-effective interventions. PAHO will encourage and assist countries to develop national comprehensive care and treatment plans and provide technical cooperation to implement these plans within the health services. It will assist with the adoption of simplified treatment protocols and other guidelines and tools, establish monitoring and evaluation mechanisms, and strengthen technical cooperation between countries (TCC) for sharing lessons learned among countries in the Region. Guidelines on comprehensive care for people living with HIV/TB coinfection were published in 2004. In all its activities, PAHO will include the perspectives and seek the support and assistance of PLWHA.

18. Prevention of HIV/AIDS is central to the "3 by 5" initiative. In addition to its obvious health, social, and economic benefits, effective prevention will reduce the number of new patients requiring care and treatment, thus decreasing the potential burden on the capacity and resources of the health system. Key areas of intervention for "3 by 5" include voluntary counseling and testing; prevention of mother-to-child transmission; control of tuberculosis; diagnosis and treatment of sexually transmitted infections; blood screening and promotion of voluntary blood donation; prevention of infection among intravenous drug users, sex workers, mobile populations, and other vulnerable populations; and promotion of healthy lifestyles and integrated programs.

19. Guidelines for health professionals on harm reduction associated with injecting drug use were published in 2004, and associated training activities have been conducted. Over the past year, PAHO has carried out many training programs in counseling in the area of sexual health, linked to HIV/AIDS prevention, for youth in Central America.

Specific courses for training youth peer educators in sexual and reproductive health, with emphasis on HIV/AIDS, in CD-ROM format have been developed. These focus on empowering youth in prevention techniques, including abstinence, negotiation skills, and condom use.

20. At the in-service level, several efforts are being made to train health care professionals to meet the physical, emotional, and social needs of adolescents, and to build the skills necessary to establish programs in adolescent clinics and other settings. PAHO is now embarking on “training the trainers” so that the approach can be more widely disseminated. A manual entitled, “A Youth-centered Counseling Model for HIV Prevention and the Promotion of Sexual and Reproductive Health” has been tested through this training process and will be published and disseminated in both English and Spanish. In the future, this approach will be expanded and linked with other voluntary counseling and testing programs for HIV/AIDS with a special focus on vulnerable groups, such as young women, men who have sex with men, sex workers, and intravenous drug users.

21. PAHO will assist countries to identify and utilize existing data on human resource requirements, to be supplemented by further information gathering and assessments as needed. The use of services networks, efforts to improve quality of health care, as well as emphasis on prevention and promotion, will represent a truly proequity approach. This approach also facilitates integration and coordination between services and programs—for example, using existing opportunities such as TB and STI services, antenatal care, and other health services as entry points for identification, reference, and follow-up of people who need ART. Activities will include coordination with partners and sharing knowledge and experience in the use of tools and models for assessing, planning, and costing the human resource components for both intermediate- and longer-term workforce development in the context of “3 by 5.” The focus will be guided by PAHO’s five strategic objectives for human capacity-building to strengthen health systems.

22. PAHO will assure the effective, reliable supply of medicines, diagnostics, and other commodities through building on experiences and best practices of countries and other partners, and supporting a package of interventions in drug supply, diagnostics, clinical monitoring, and commodities. It will also offer procurement through the Regional Revolving Fund for Strategic Public Health Supplies and promote information on pricing, quality sourcing, registration, and patent status.

23. In the area of laboratory strengthening, PANCAP has received support from a recently approved grant from the World Bank, which will allow CAREC to upgrade its capacity in monitoring of HIV/AIDS-infected patients in Caribbean countries which lack this equipment. Discussions are under way with other organizations regarding the

upgrading of laboratory capacity in Central America. In close coordination with the World Bank, Centers for Disease Control and Prevention, United States Agency for International Development (USAID), and UNAIDS, and respecting the needs of the Council of Central American Health Ministers (COMISCA), PAHO will promote the implementation of a regional laboratory in Central America. This potential reference laboratory will develop and sustain training, standard operating procedures, decision algorithms and guidelines, quality assurance, validation of reagents, reference level and specialized testing in monitoring ARV treatment and ARV resistance surveillance, technology transfer, and procurement of commodities and consumables at the subregional level.

24. A consensus group has been created and had its first meeting in Argentina in June 2004. PAHO has also fostered horizontal cooperation as its strategy to develop capacity on monitoring and evaluation. At a subregional meeting for Central America, held in Guatemala, in January 2004, PAHO and other regional partners exchanged experiences in monitoring and evaluation and developed the Central America Plan for Surveillance. Partial funding for this plan has been provided by the World Bank through a regional grant and additional resources are being sought. As part of this plan, participant countries will assess each other's laboratory facilities in order to select one which could undertake regional functions.

25. PAHO is working with countries to improve their capacity to monitor and evaluate their progress toward universal ART access and the UNGASS/MDGs goals. PAHO has supported countries to develop national surveillance plans. Currently, five Central American countries have plans and two others are nearing completion. PAHO is collaborating with the national AIDS program and surveillance units to improve the quality and use of their data.

26. PAHO is assessing the status of surveillance systems for adolescents in order to improve their quality and support countries in data gathering. Particular efforts have been made to encourage countries to improve the quality of information on girls in the 15-24 age group, incorporating data from antenatal clinics and counseling and testing sites. This will permit a closer monitoring of gender and equity aspects of the impact of HIV/AIDS. PAHO is supporting a multicenter study on sexual behavior among high risk groups in Central America, of which five countries have completed their study and two others are under way. PAHO is collaborating with UNAIDS to develop a single monitoring and evaluation mechanism for each country which serves national and international needs.

27. To ensure harmonization with the global level, PAHO has worked closely with WHO in the development and adaptation of guidelines. Six guidelines have been prepared at the global level with PAHO support, and PAHO is currently adapting them to the Region. A pilot training to test three of the guidelines was conducted in Nicaragua in April 2004. FCH/AI is also developing a regional recommendation to ensure standardization and quality for conducting surveys on blood-borne infections or STI for IDU, a group which has been neglected in the past.

28. Finally, PAHO will continue to promote the creation of a destigmatizing environment for ART in the Region through partnerships with other organizations and community groups. For example, the World Bank grant to PANCAP (mentioned above) includes a component on stigma reduction, and joint activities between PAHO and the World Bank are being planned. In Central America, PAHO will work with existing social networks to promote wider participation of community organizations and civil society.

29. Information on organization-wide HIV/AIDS resources and resource requirements, both human and financial, is contained in Document CD45/INF/1.

Action by the Directing Council

30. The Directing Council is invited to consider the annexed resolution recommended by the Executive Committee.

Reference

Scaling up Health Systems to Respond to the Challenge of HIV/AIDS in Latin America and the Caribbean. Latin America and Caribbean Regional Health Sector Reform Initiative, Special Edition No. 8, Washington, D.C., June 2003.

Annex



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



134th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 21-25 June 2004

CD45/11 (Eng.)
Annex

RESOLUTION

CE134.R4

SCALING-UP OF TREATMENT WITHIN A COMPREHENSIVE RESPONSE TO HIV/AIDS

THE 134th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report, “Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS” (Document CE134/13),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 45TH DIRECTING COUNCIL,

Having considered the report, “Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS” (Document CD45/__);

Recognizing the escalating epidemic of HIV/AIDS in Latin America and the Caribbean with more than 2 million people living with HIV/AIDS in the region and having lost 200,000 lives to AIDS in 2003;

Acknowledging that the Caribbean has the second highest prevalence rates of HIV/AIDS in the world after sub-Saharan Africa and that the prevalence rates are rapidly growing in Central America;

Cognizant that the HIV/AIDS epidemic is challenging health systems in all countries of the Americas;

Considering that attention to treatment of people living with HIV/AIDS in the Americas has not kept pace with prevention efforts, due until recently to the high costs of medication and considerable stigma and discrimination resulting in the limited use of counseling and testing services;

Taking into account the technological developments, successful interventions, and closer partnerships among stakeholders, as well as increased financial opportunities for scaling-up access to treatment for people living with HIV/AIDS; and

Considering the launching of the “3 by 5” Initiative by the Director-General of the World Health Organization,

RESOLVES:

1. To urge Member States to:
 - (a) scale up efforts to treat HIV/AIDS/STI within the context of a comprehensive response to the epidemic;
 - (b) strengthen health systems for the effective response to the challenges of HIV/AIDS/STI, and to expand links with related services, including those of tuberculosis and maternal-and-child health;
 - (c) ensure the effective, reliable supply of medicines, diagnostics, and other commodities necessary for scaling up of treatment;
 - (d) ensure an enabling environment, including political commitment and leadership, partnerships, and community mobilization;
 - (e) sustain and reinforce prevention activities and the reduction of stigma within the health services, especially those to prevent mother-to-child transmission, voluntary counseling and testing, control of STI and the elimination of congenital syphilis, and services for vulnerable groups, including youth, men who have sex with men, migrants, sex workers, and intravenous drug users;
 - (f) strengthen the surveillance capacity of technical programs to monitor the trends in the epidemic and the impact of interventions, adjusting national responses and strategies accordingly;

- (g) track the flow of internal and external resources in support to the comprehensive response to HIV/AIDS and to identify the necessary resources for scaling up treatment.
2. To request the Director to:
- (a) continue to develop mechanisms to scale up treatment within a comprehensive response to HIV/AIDS in the Americas, including the expansion of the Regional Revolving Fund for Strategic Health Supplies, the application of tools and guidelines, human resource development and training, and other appropriate measures in support of health systems and services strengthening;
 - (b) articulate and consolidate PAHO efforts for scaling up treatment with the global “3 by 5” Initiative promoted by World Health Organization so Member States benefit from the synergies of these endeavours;
 - (c) continue to foster partnerships with the cosponsoring agencies of the Joint United Nations Program on AIDS (UNAIDS), as well as with other institutions and agencies in the fight against HIV/AIDS in the Americas;
 - (d) continue to promote the sharing of regional and extra regional experiences and capacity development in HIV/AIDS/STI prevention and control.

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