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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

Although the HIV/AIDS epidemic is far from under control, advances in science and technology, combined with political will and intense social mobilization, are succeeding in altering its course in many countries. The development of education and communication strategies and the delivery of health services remain the cornerstone for containing the epidemic. Preventing HIV infection has been and will continue to be imperative for preventing HIV/AIDS in the Americas from reaching the catastrophic proportions that it has in other regions of the world.

The development of comprehensive care models that include the administration of antiretroviral drugs and treatment for opportunistic infections, as well as mechanisms for improving access to these drugs, requires firm political and financial resolve to keep the AIDS epidemic from continuing to produce unnecessary suffering, especially among the most disenfranchised populations. These models must be closely linked with sound primary prevention strategies.

The documents presented at the 128th Session of the Executive Committee were considered and debated, as was the declaration on HIV/AIDS issued at the 26th Special Session of the United Nations General Assembly (New York, 25-27 June 2001), recommending in resolution CE128.R16 that the Member States of the Americas actively participate in meeting the goals set at the Session. This resolution is submitted for consideration by the Directing Council.

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1. Introduction

The past five years have witnessed great strides in the prevention and control of HIV/AIDS, among them: 1) greater access to HIV counseling and screening; 2) timelier treatment of opportunistic and sexually transmitted infections (STI); 3) the promotion of healthy sexuality; 4) wider availability of condoms; 5) the prevention of mother-to-child transmission through prophylaxis with AZT or nevirapine; 6) screening for HIV and other blood-borne pathogens, and 7) more recently, treatment with antiretroviral (ARV) drugs, which since 1996 have succeeded in reducing mortality from HIV/AIDS by as much as 90% in countries where comprehensive care has been combined with successful prevention and mass communication strategies (for example, Brazil, Cuba, the United States, and Canada).

The success of these technologies and scientific advances is due largely to a reduction in the discrimination and stigma associated with AIDS, with the recognition that HIV/AIDS/STI epidemics are a public health problem with serious social and economic repercussions and, above all, to the political and financial commitment of governments and society to guarantee greater equity and quality in the delivery of health services and community interventions aimed at preventing disease and restoring health. However, today, 20 years since the appearance of this new epidemic, more than 15 years since the discovery of the transmission mechanisms for HIV (sexual, vertical, and blood-borne), and more than 10 years since the development of sound scientific strategies for prevention and control, approximately 16,000 men, women, and children still become infected with the human immunodeficiency virus every day, and nearly 37 million people—95% of them in developing countries and with limited resources—are currently living with HIV/AIDS worldwide.

2. Current Epidemiological Situation

The HIV/AIDS epidemic in the Americas entered its third decade, and its steady growth has continued. Approximately 2.7 million people are currently living with HIV in the Region, 1.4 million of them in Latin America, 390,000 in the Caribbean, and nearly 1 million in North America.

Every day some 600 to 700 new HIV infections occur in the Region, with estimates putting the number of deaths from HIV/AIDS in the year 2000 at 100,000.

In the Caribbean, the vast majority of people with HIV were infected during unprotected sex between men and women. It is estimated that 1 out of every 50 people in this subregion is infected with HIV, with Haiti the most affected country.

In Central America, half the cases are concentrated in Honduras. The other countries report unprotected sex between men and women as the principal mode of transmission, with the exception of Costa Rica and Panama, which report unprotected sex between men as the principal mode.

The Andean area appears to be the region least affected by the epidemic. From the outset, the most affected population has been men who have sex with men (MSM); however, a downward trend has been observed in the male/female infection ratio, mainly in coastal areas, indicating a rise in heterosexual transmission.

In the Southern Cone, MSM and intravenous drug users continue to be the populations most affected by the epidemic. Brazil is the country with the highest infection rates.

In North America nearly 90% of reported cases correspond to MSM or intravenous drug users, with only 10% attributed to unprotected sex between men and women. In Mexico the epidemic continues to affect the MSM population.

In general, the HIV/AIDS epidemic in the Region constitutes a broad spectrum of different epidemics and is a challenge that must be addressed, taking into account the characteristics of each one of them in the different countries.

3. Progress in Prevention

Preventing sexual, blood-borne, and vertical transmission of HIV is the measure that will undoubtedly determine the future of the epidemic. It is therefore essential to take advantage of the lessons learned over the past two decades and expand and extend the coverage of the most successful interventions while heightening their intensity. The selection of blood donors, screening, and the appropriate use of blood and blood products have significantly reduced blood-borne transmission of HIV in the Region. The "safe blood strategy" promoted by the Organization since the 1980s has substantially reduced blood-borne transmission of HIV, the hepatitis B and C viruses, and other pathogens and therefore merits ongoing support from the countries. Notwithstanding, one area that has not received enough attention is harm reduction and the prevention of HIV transmission among intravenous drug users.

Furthermore, the Organization has been promoting the important but frequently neglected area of sexual health. Examples of activities in this regard are the "Face-to-Face Workshops" targeting men who have sex with men, a manual on sexual health for health workers, seminars for community leaders in El Salvador and Honduras, the publication *Promoción de la Salud Sexual* (Promoting Sexual Health), prepared in conjunction with

the World Association for Sexology, and numerous activities in the Caribbean countries through the Special Program on Sexually Transmitted Infections and AIDS of the Caribbean Epidemiology Center (CAREC). It is necessary, however, to promote real social change, with more economic options for women, a gender approach in relations between the sexes, and clear rejection of the stigma and discrimination associated with this disease if education, information, and training in sexuality are to have a lasting effect and an impact on the HIV/AIDS/STI epidemic.

Preventing mother-to-child transmission, intimately linked with preventing sexual transmission of HIV in teenage girls and young women, also includes a strategy based on prophylaxis with antiretroviral drugs, mainly zidovudine (or AZT) and nevirapine. These drugs should be available at accessible prices to virtually all the countries of the Region, which, moreover, should have the technical capacity to administer and assess treatment outcomes.

Programs for preventing mother-to-child transmission are currently in place in Argentina, Bahamas, Barbados, Brazil, Chile, Costa Rica, Cuba, Honduras, Mexico, and Uruguay; there are also many other programs that, once expanded and strengthened, will help to control this type of transmission in the Region. In the Bahamas, for example, mother-to-child transmission fell from 28% to 9% between 1996 and 1998, a trend that continues to date.

4. Mass Communication in the Prevention of HIV/AIDS

It is often assumed that after two decades of the HIV/AIDS epidemic, the community already has a certain understanding of its causative agent, the risk behaviors associated with its transmission, and the specific practices that make possible its prevention. It should be recalled, however, that several demographic and social phenomena militate against this purported knowledge. For example, many of the children who are now adolescents were perhaps not the original targets of public awareness campaigns and thus do not have the information they need to take precautions when they become sexually active. At the same time, the saturation that occurs as part of the information dissemination process reduces the impact of the messages and causes people to forget what they have learned. Moreover, the social amplification of certain ideas or interpretations of the news can alter the ideas acquired. For example, information on the advantages of the antiretroviral cocktail has generated widespread belief that the available treatment constitutes a cure and that preventive measures can therefore be ignored. Thus, it is absolutely essential for the countries to continue to implement mass communication strategies geared especially to young people and particularly vulnerable groups (MSM, intravenous drug users, and sex workers, among others).

These strategies should be grounded in the most up-to-date knowledge about the use of the media to persuade, to alter behaviors, and to encourage the use of preventive measures on a permanent basis. In addition to being carefully planned, the strategies must be evaluated to take advantage of the lessons learned and make ongoing adjustments. The Organization will continue to develop regional capacity, providing effective support to the countries to improve their communication and social marketing activities aimed at preventing HIV/AIDS.

5. Current Status of HIV Vaccines in the Americas

Since 1987, more than 30 vaccine candidates have been tested in phase I/II studies in more than 8,000 human volunteers—the majority of them in the United States and Europe, but in several developing countries as well. In 1993 Brazil, with support from WHO, drew up a national research plan to investigate vaccines against HIV; several activities were carried out, including a phase I study in 1994, the first in Latin America. In 1996 Cuba conducted a phase I study, utilizing a vaccine candidate produced in the country. Only two phase III studies of HIV vaccines are currently under way; these are being conducted in the United States and Thailand (with gp-120 produced by *VaxGen*, a California company).

In addition to Brazil, Haiti, and Trinidad and Tobago, several other countries in the Region are conducting preparatory activities for HIV vaccine trials. Among them are Argentina, Honduras, and Peru, where preparatory epidemiological and virological research is already under way. The possibility of having an effective vaccine available in the next five or ten years, which even under optimum conditions is remote, should not reduce the intensity of prevention and care activities in the Americas and worldwide.

6. Prevention-Care Continuum

Contrary to the widespread notion that prevention and care are independent of one another, in reality the two are closely linked and form part of a spectrum without discernible boundaries. In principle, primary care should be grounded in health promotion activities that include health education and protective measures. The overwhelming demand confronting the health services and the fact that staff training is geared more to problem-solving than to primary prevention are factors that militate against the effectiveness of the health sector, particularly when it comes to reducing sexual and vertical transmission of HIV.

As the impact of the HIV/AIDS epidemic intensifies in the Region, the health care needs of people living with HIV/AIDS are becoming more evident. These needs are not limited to medical care but involve a wide range of services such as psychological

counseling, emotional and social support, nutritional interventions, and many other specific actions. Satisfying all these needs not only improves the physical condition of patients but their emotional state and quality of life as well, allowing them to live with dignity and self-respect. In particular, eliminating the stigma associated with HIV and its means of transmission, as well as prejudice and the fear of people living with HIV/AIDS is perhaps the most essential ingredient for prevention and control in the future.

Comprehensive care programs should not be thought of as diverting necessary resources from prevention activities, but as a strategy for heightening their impact. Programs of this nature should stress the importance of primary prevention efforts and, in turn, include a preventive component (that is, secondary and tertiary prevention). PAHO’s Regional Program on AIDS, in collaboration with experts and community representatives from the Region, has developed a step-by step, comprehensive care model, known as the building blocks approach, which proposes the minimum standards of care that should be found at the various levels of service delivery, in keeping with the available resources. The building blocks approach does not simply replace more effective interventions for managing HIV infection with other, less expensive ones, but includes certain structural elements that must not be absent from comprehensive care and without which efforts to ensure access to more sophisticated and costly therapies may be totally fruitless and inefficient in the medium term.

7. Improving Access to Antiretroviral Drugs

The building blocks strategy permits the countries to improve care for HIV/AIDS patients, as resources permit, ensuring equity and quality in service delivery.

One of the greatest obstacles faced by many countries in the Region and worldwide, however, is the exorbitant cost of antiretroviral drugs, which can be as high as US$ 15,000 per person annually. This situation makes it extremely difficult to expand the coverage, scope, and sustainability of antiretroviral regimens and poses a clear and growing financial and political dilemma for governments, ministries of health, and social security institutions.

In an effort to solve this problem, in response to the proposals of Brazil, the needs of the countries, and the resolution of the 42nd Directing Council adopted in September 2000, the Organization took the following action: (a) an invitation to all the countries to join the Regional Revolving Fund for Strategic Public Health Supplies, whose growing membership will permit group negotiations with the producers and distributors of antiretrovirals; (b) collaboration with UNAIDS in an assessment of ARV drug needs at the country level (in Barbados, Honduras, and Panama, for example); and (c) creation of a web page on ARV drug prices, in cooperation with the countries, UNAIDS, and the

horizontal technical cooperation group, where it can be seen that the cost of treatment with three specific drugs (AZT + 3TC + indinavir) in 2000 ranged from a low of $4,300 in Brazil to a high of $11,500 in Paraguay.

8. Progress in National, Subregional, and Regional Responses

The majority of countries in the Region currently have a National Strategic Plan for the Prevention of HIV/AIDS/STI. This plan is at the core of the national response and generally includes intersectoral action by community groups, government entities, and the private sector. At the subregional level, the Strategic Plan for the Caribbean, led by CARICOM with technical support from CAREC/PAHO, will be used to strengthen the national response in all the Caribbean Basin countries. The Plan has the support of UNAIDS, the European Union, GTZ, FTC, CIDA, DFID, USAID, and the World Bank, among other agencies. Spain has continued to provide assistance through the AECI, benefiting the Region through the Plan for Joint Action; and the financial cooperation of SIDA and NORAD in El Salvador, Guatemala, Honduras, and Nicaragua will probably reach other countries, thanks to the support of these agencies for regional interprogrammatic activities. Finally, in addition to the interagency cooperation of PAHO through the HIV/AIDS Theme Groups in the countries, a Regional Theme Group was recently established, initially presided over by the Organization.

9. Future Challenges and Opportunities

Despite significant program advances, the epidemics of HIV/AIDS and other STI remain a threat to the Latin American and Caribbean countries, as well as the most unprotected and vulnerable populations in North America (Hispanics, indigenous groups, etc.). Everything seems to indicate that the number of men, women, and children (including intravenous drug users) infected with HIV through sexual, vertical, and blood-borne transmission will continue to grow in the coming years, a situation that will require sustainable and ongoing joint prevention and care efforts.

It is essential to continue strengthening the capacity for monitoring and surveillance of the HIV/AIDS/STI situation at the national and regional level. Similarly, education, health promotion, and mass communication must be improved, and strategies for the implementation and evaluation of comprehensive care (in the community, in the home, and in the health services) to people living with HIV/AIDS/STI must be adapted to the needs and resources of the countries.

One of the serious obstacles that must be overcome is securing access to quality antiretroviral drugs. This is an extremely urgent matter in many parts of the Region that

will require the immediate attention of governments, NGOs, and the business sector in the countries.

At the same time, there is significant national and regional experience in the prevention and control of HIV/AIDS/STI, which should be shared. The development of information and work networks such as Epi-Net and the network for the prevention and control of STI, regional initiatives such the creation and ongoing work of the Technical Group for Horizontal Cooperation, the subregional strategic plans (i.e., for the Caribbean), and the projects for technical cooperation among countries represent opportunities and successful examples that merit technical, political, and financial support. The interest expressed explicitly by ministers of health, bilateral and multilateral agencies, and NGOs at international political forums such as the 4th Meeting of the Working Group on HIV/AIDS in the Caribbean, COMISCA (Commission of Central American Ministers of Health), UNGASS (special session of the United Nations General Assembly) and still others, will play a significant part in achieving effective support for HIV/AIDS/STI prevention and control activities in the Region.

From the technical standpoint, the Organization will continue to promote its strategies of "developing strategic partnerships," "second-generation surveillance," "promoting sexual health," "prevention," "mass communication," "step-by-step comprehensive care," and "syndromic care of STI" as part of its technical cooperation with the countries and other important partners in the struggle against AIDS in the Americas.

From the political standpoint, the Declaration of Commitment on HIV/AIDS, adopted by the 26th Special Session of the United Nations General Assembly (New York, 25-27 June 2001), has buttressed the resolutions of the Governing Bodies of PAHO and WHO and offers a great opportunity to achieve a multisectoral approach and secure resources for HIV/AIDS prevention at the global, regional, and country level.

10. Action by the Directing Council

The Directing Council is requested to note the report and is invited to consider the annexed resolution recommended by the Executive Committee.

Annex

ACRONYMS

AECI	Spanish Agency for International Cooperation
ARV	Antiretroviral
AZT	Zidovudine
CAREC	Caribbean Epidemiology Center
CARICOM	Caribbean Community
CIDA	Canadian International Development Agency
COMISCA	Council of Central American Ministers of Health
DFID	Department for International Development
FTC	French Technical Cooperation
GTZ	German Agency for Technical Cooperation
MSM	Men who have sex with men
STI	Sexually transmitted infections
NORAD	Norwegian Agency for International Development
NGO	Nongovernmental organization
UNAIDS	Joint United Nations Program on HIV/AIDS
SIDA	Swedish International Development Agency
HIV	Human immunodeficiency virus
IDU	Intravenous drug users
UNGASS	Special Session of the United Nations General Assembly
USAID	U.S. Agency for International Development

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

Annex

128th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 25-29 June 2001

RESOLUTION

CE128.R16

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE128/9 and Add. I),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having analyzed and discussed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD43__/);

Considering the trends in the HIV/AIDS/STI epidemic in the Americas and their present and future impact on young people, women, and children;

Aware of the need to apply and extend the coverage of effective, affordable methods and technologies to the most vulnerable populations by strengthening health systems and services;

Recognizing the need for a commitment by governments and society to respond effectively and with solidarity to needs for the prevention and treatment of HIV infection, AIDS, and sexually transmitted infections in the Member States of the Region; and

Taking into account the Plan of Action, Annex A, #14, Health, of the III Summit of the Americas (Quebec, Canada, 20-22 April 2001), Resolution WHA54.10 of the World Health Assembly, and the Declaration of Commitment on HIV/AIDS of the 26th Special Session of the United Nations General Assembly (New York, the United States, 25-27 June 2001),

RESOLVES:

1. To urge the Member States to:

(a) actively contribute to the time-bound goals set at the June 2001 special session of the United Nations General Assembly in its Declaration of Commitment on HIV/AIDS;

(b) accord HIV/AIDS/STI the highest-level of priority among health and development issues and to allocate the necessary and essential resources for their prevention and control, including financial and human resources to curb and reverse the spread of HIV/AIDS/STI;

(c) focus greater efforts on preventing the sexual transmission of HIV and other sexually transmitted infections through education, mass communication, social marketing, voluntary counseling and testing, and the promotion of sexual health, targeting young adults and adolescents in particular;

(d) heighten their national response, promoting greater intersectoral involvement that includes the private sector and broadening the coverage and scope of the prevention and care services for the communities most affected by and vulnerable to the epidemic;

(e) continue to fight the stigma and discrimination associated with HIV/AIDS by strengthening the necessary legislative measures and raising awareness among the population;

(f) join and support subregional initiatives such as the Pan Caribbean Plan for the Prevention and Treatment of HIV/AIDS/STI, horizontal cooperation processes, and the development of networks for cooperation among countries.

2. To request the Director to:

(a) continue to facilitate the interagency, interinstitutional, and intersectoral response promoted by UNAIDS to support the design, execution, and evaluation of national and regional strategic plans and programs for the prevention of HIV/AIDS/STI;

(b) promote increased capacity to offer comprehensive care to people with HIV/AIDS in the Americas, including greater access to drugs, both antiretrovirals and drugs against opportunistic infections, and clinical laboratory supplies;

(c) build on PAHO's experience and that of its partners in addressing gender issues, including the vulnerability of women and the role of men, as an integral part of HIV prevention activities.