



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 130<sup>th</sup> SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 24-28 June 2002

---

*Provisional Agenda Item 4.2*

CE130/9 (Eng.)

12 April 2002

ORIGINAL: SPANISH

### ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

During the past year, renewed concern about the HIV/AIDS pandemic has resulted in significant new opportunities to improve national and regional responses for its prevention and control.

The Declaration of the United Nations General Assembly Special Session; the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the growing interest of The World Bank, the Inter-American Development Bank (IDB), and other bilateral and multilateral agencies in this issue, as well as the subregional approaches and technical cooperation among countries, provide the framework of political-financial and scientific program support that will make it possible to step up prevention and care activities for HIV/AIDS in every country in the Region.

The document also presents an update on the epidemiology of HIV/AIDS and a brief description of progress and achievements in prevention and care obtained through the strategies promoted by the Pan American Health Organization (PAHO). The Executive Committee is requested to study the document and offer guidance on the direction and intensity of the actions and strategies that should be adopted by PAHO to meet the challenges of the future. These challenges include: a) broader utilization of scientific knowledge for application in country programs; b) strengthening of prevention activities; c) greater access to care and treatment for HIV infection; d) a coordinated effort to reduce social exclusion and the consequent vulnerability to HIV infection; and e) the adoption of a uniform, united response to the HIV/AIDS epidemic in the Region of the Americas.

## CONTENTS

	<i>Page</i>
1. Status of the HIV/AIDS Epidemic in the Americas .....	3
2. Progress in Prevention and Care.....	4
2.1 Promotion of Sexual Health Initiatives and Mass Communication .....	4
2.2 Prevention of Mother-to-Child Transmission.....	7
2.3 Comprehensive Care and the "Building Blocks" Model .....	8
3. Accelerated Access to Antiretroviral Drugs in the Region .....	9
4. Opportunities for Strengthening National and Regional Responses to the HIV/AIDS Epidemic in the Americas .....	10
4.1 Goals of the Declaration of the United Nations General Assembly Special Session on HIV/AIDS (June 2001) .....	10
4.2 Global Fund to Fight AIDS, Tuberculosis, and Malaria .....	12
4.3 Shared Agenda with The World Bank and the Inter-American Development Bank (IDB) .....	13
4.4 Subregional Plans and Strategies.....	13
5. Challenges for the Future.....	13
6. Action by the Executive Committee.....	14

## **1. Status of the HIV/AIDS Epidemic in the Americas**

An estimated 2.8 million people in the Americas are currently living with AIDS—including the 235,000 people who contracted the virus last year. However, significant differences are clearly visible in the intensity of the HIV epidemic and its transmission trends. Thus, in Latin America, 1.4 million people are living with HIV/AIDS; in the Caribbean, 420,000; and in North America, 940,000. The relative increase in the number of new infections is higher in the Caribbean (16%), followed by Latin America (10%) and North America (5%).

With a total prevalence of over 2% in the adult population, the Caribbean is the second most affected region on the planet, after Sub-Saharan Africa. The countries with the highest prevalence rates are Bahamas and Haiti, where the rates in adults are above 4%. At the other extreme are the countries of the Andean area: Bolivia and Ecuador, with prevalences that, for the moment, are low (<0.3%). This situation should be viewed with caution, since the data are limited and the low national figures can be misleading, masking epidemics that are initially confined to some localities or specific populations but can rapidly spread to the general population.

Heterosexual transmission of HIV continues to be responsible for almost three-quarters of the cases in the Caribbean and Central America. In the Andean area, Canada, Mexico, and United States of America, transmission among men who have sex with men is responsible for roughly 50% of the cases. Intravenous drug use is the principal mode of HIV transmission in Argentina and Uruguay, and is also an important factor in Brazil.

Efforts in the technical sphere continue to be geared to: (1) applying the principles of second-generation epidemiological surveillance, and (2) strengthening networks of countries to improve analysis, interpretation, use of data, and dissemination of epidemiological information. Some of the achievements have been the visits to draw up national strategic plans for epidemiological surveillance in five countries; information is now available from eight countries on the circulating subtypes of HIV-1, which will permit biological surveillance of the epidemic. Preparations have also begun for monitoring population behavior through the EpiNet, and multicenter studies of HIV prevalence in vulnerable groups and mobile populations are under way in the Central American Isthmus, in collaboration with a number of institutions [Central American HIV/AIDS Prevention Project (PASCA), Washington State University, U.S. Centers for Disease Control and Prevention (CDC), Joint United Nations Program on AIDS (UNAIDS), U.S. Agency for International Development (USAID), and others].

## **2. Progress in Prevention and Care**

### **2.1 *Promotion of Sexual Health Initiatives and Mass Communication***

#### *2.1.1 Sexual Health*

The emergence of the HIV/AIDS pandemic and recognition of the gravity of the impact of other sexually transmitted infections has heightened awareness of the urgent need for activities designed to change behavior and sexual practices. In the 28 years since the World Health Organization's (WHO) publication of the document *Educación y tratamiento de la sexualidad humana: la capacitación de profesionales de la salud* (Education and Treatment of Human Sexuality: The Training of Health Professionals), significant progress has been made in the field of sexuality and related areas. To take advantage of this progress and expand and reinforce previous efforts, in 2001 the Pan American Health Organization (PAHO), in collaboration with the World Association for Sexology (WAS), published the document *Promoción de la salud sexual: recomendaciones para la acción* (Promoting Sexual Health: Recommendations for Action). This new publication is the product of an international consultation held in Antigua, Guatemala, in May 2000 to study how to promote sexual health, which includes examining the function or role of the health sector and determining how to achieve and maintain sexual health.

Over the past year, the Regional Program on HIV/AIDS and Sexually Transmitted Infections (STI) of PAHO, has begun to make the strategies recommended by the expert group on sexual health promotion available while at the same time instituting a series of concrete measures. For example, it has continued to provide training in human sexuality for health professionals working in primary care services. Collaborating with the University of Minnesota and the U.S.-Mexico Border Health Association, it has held several training workshops for promoters who work with men who have sex with other men (Face-to-Face Workshops). In formulating projects for comprehensive adolescent health care in collaboration with the Program on Adolescent Health, it addressed the issue of promoting responsible sexual behavior. Recently, collaborating with PAHO's Program on Health, Gender, and Development, it drafted a proposal for promoting sexual health among sex workers to make them not only the beneficiaries but the agents of prevention programs.

#### *2.1.2 Communication*

An intense debate has been under way in recent years over how to boost the effectiveness of communication initiatives for HIV prevention. The most recent event that dealt with this issue was the Communication for Development Roundtable, a global meeting held in Managua, Nicaragua, in November 2001 with the specific goal of heightening the impact of communication in terms of HIV prevention.

Two problems or challenges have been identified. First, the majority of communications programs targeting the issue of HIV have often sought to produce only changes in individual behavior; however, it is suggested that, in addition to promoting individual behavioral change, innovative communications interventions place greater emphasis on culture, the disparities in gender relations, the power structure, religion/spirituality, and the economic situation. Second, many communications interventions are ad hoc initiatives lacking a comprehensive methodology; the result is messages and materials that may not be relevant for the target audience or for producing the desired behavioral change. In some cases, the messages and materials may have an undesirable impact, the most common being to heighten the stigma and discrimination associated with HIV.

The Organization is currently conducting a study to review the structure and methodological approaches of communications programs in 13 Latin American and Caribbean countries. The results will be available during the second half of 2002 and can help national programs to analyze and share their own experiences. They will also enable these programs to take advantage of the experiences of neighboring countries, adopting evidence-based planning methodologies that can be used to develop more effective mass communication strategies.

### 2.1.3 *Biosafety*

Millions of lives are saved in the Region of the Americas, thanks to the transfusion of blood and blood products. However, this procedure entails the risk of transmitting infectious agents, HIV among them. Although this risk is diminishing, blood-borne transmission is currently responsible for 5.5% of the AIDS cases in the Spanish-speaking Caribbean, 2.8% in Mexico, 2.1% in North America, 1.9% in the Southern Cone, 1.7% in Brazil, 1.6% in the Andean area, and 0.5% in the English-speaking Caribbean.

Efforts are being made to ensure the safety of the blood supply through the existing national programs in the countries of the Region. Thanks to these programs, virtually all units of blood are screened for HIV with highly sensitive tests, except in Bolivia, where less than 40% of units are screened. As noted in the report published in 1999 (*Epidemiological Bulletin, PAHO*, Vol. 20, No. 2, pp. 8-9), the safety of the blood supply depends to a great extent on the characteristics of the donors (altruistic donors are considered safer than paid donors). In the Americas, among the countries and territories of governments affiliated with PAHO, those in which most of the blood supply (over 5%)

comes from altruistic donations are: Argentina, Aruba, Bermuda, Brazil, Cuba, Curaçao, and Honduras. This area represents a clear opportunity to improve the safety of blood and blood products in the Region, promoting altruistic donations and ensuring that 100% of blood and blood products are screened.

#### 2.1.4 *Interventions in Intravenous Drug Users*

HIV is a very serious problem among intravenous drug users. The high risk of contracting HIV in this population group is the result of the confluence of several factors: the sharing of needles, the trading of sex for drugs or money, and unsafe sex. Prevention activities in this group must consider the greater vulnerability of sex partners, who for the most part are women.

The HIV epidemic linked with intravenous drug use in the Region of the Americas has become a major problem for certain countries, basically in the Southern Cone (Argentina and Uruguay), where this form of transmission is responsible for 34.3% of AIDS cases. Some 33.8% of AIDS cases in North America and 23.7% in Brazil are linked with intravenous drug use.

Although there is experience with interventions and programs that have proven effective in preventing the transmission of HIV (for example, needle exchange programs), its application can have political repercussions. Notwithstanding, harm reduction programs are already in place in Brazil and Mexico, and a number of initiatives are being carried out by NGOs in Argentina, Chile, Paraguay, and Uruguay. These programs are yielding positive results in some cases; for example, in some major metropolitan areas of Brazil, there has been a marked decline in the prevalence of HIV among intravenous drug users, thanks to targeted education campaigns and the availability of uncontaminated syringes.

With a view to analyzing the HIV epidemic among drug users in the Americas, evaluating the initiatives and programs in different countries of the Region, and adopting uniform criteria based on practices of proven benefit, PAHO convened a meeting in Buenos Aires, Argentina, in December 2001, attended by experts from different countries of the Region. The conclusions of the meeting underscored the importance of this highly vulnerable group in the rapid spread of the epidemic and the need to develop effective intervention strategies and encourage the sharing of experiences among the countries affected by the problem.

## **2.2 *Prevention of Mother-to-Child Transmission***

Mother-to-child transmission of HIV is responsible for more than 90% of infections in children under 15 years of age. The impact has been dramatic, and AIDS cases among children are beginning to undermine several decades of steady progress in child survival. However, there are feasible and effective interventions to reduce transmission that could save the lives of thousands of children each year. To take advantage of them, pregnant women must have access to prenatal services and receive information, counseling, and other services for HIV prevention, including voluntary screening and prophylaxis with antiretrovirals when indicated. These preventive measures reduce mother-to-child transmission from around 35% to 3% or less (the figures vary with the different situations in the health services).

WHO/PAHO and UNAIDS data show that the risk of HIV infection in women is on the rise worldwide, and Latin America and the Caribbean are no exception. Studies in urban prenatal clinics show prevalence rates for the year 2000 of 1% or higher in at least 10 countries of the Region, which is indicative of a generalized epidemic. Preventing mother-to-child transmission of HIV/AIDS has been a high priority in Latin America and the Caribbean. Many countries, especially in the English-speaking Caribbean, the Southern Cone, and Central America, already are participating in programs to prevent mother-to-child transmission, or else launching pilot projects in this area, while others already have considerable experience in the implementation of large-scale programs. Virtually every country in the Region is at some stage of developing a program for the prevention of mother-to-child transmission of HIV.

In February 2002, PAHO and the United Nations Children's Fund (UNICEF) convened a meeting in Cuernavaca, Mexico, to examine the use of communications to support programs for the prevention of mother-to-child transmission. Among the results, the participants suggested using communications to promote adherence to treatment, participation in counseling, and wider acceptance of screening for HIV by men and women alike; facilitating regular and early prenatal check-ups; promoting preventive behavior in pregnant women who are HIV negative, women who are breast-feeding, and their sex partners; promoting postnatal care for infants, particularly those treated for HIV infection; and promoting appropriate breast-feeding.

The meeting also issued specific recommendations for communications personnel working in this area, which are currently being reviewed by the participants and will be ready in the second half of 2002.

### **2.3 *Comprehensive Care and the "Building Blocks" Model***

Comprehensive care programs should include clinical management, nursing care, counseling, and emotional and social support. Comprehensive care combines several elements to provide adequate support and care for people living with HIV/AIDS and their families and caretakers.

Work during the past year has concentrated on operationalizing the "Building Blocks" model developed in previous years.

The Regional Program on AIDS/STI, in collaboration with PAHO's Program on Tuberculosis, convened a regional meeting in San Pedro Sula, Honduras, in October 2001. Its purpose was to apply the "Building Blocks" model for comprehensive care to a specific intervention, such as the use of antiretrovirals, and a specific situation, such as HIV/TB coinfection. A team studied the applicability of the "Building Blocks" model, the factors that influence it, and the resources necessary for implementing it.

Similarly, in September of that same year, a meeting organized by the Caribbean Epidemiology Center (CAREC) and administered by PAHO was held in Guyana to disseminate the "Building Blocks" model and design strategies for its application in the subregion.

In February 2002, a Regional Forum, the Challenge of the HIV/AIDS Pandemic and the Strengthening of Health Systems and Services in Latin America and the Caribbean, was held in Jamaica at the initiative of the Divisions of Disease Prevention and Control and Health Systems and Services. The forum discussed the creation of special strategies for the countries and the technical and financial cooperation agencies to implement programs and activities that include prevention, care, treatment, and support for all people living with HIV/AIDS in the restructuring of health systems and services.

In addition, a consultation was held in March 2002 to discuss the impact of migration on the health services, focusing on several Caribbean countries (Dominican Republic, Haiti, Jamaica, and Trinidad and Tobago) and sponsored by the Health Resources and Services Administration of the United States (HRSA).

Since the continuity and quality of comprehensive care depend on the continuous interdisciplinary training of health professionals, work has begun with CAREC to establish four training centers in the English-speaking Caribbean, using the "Building Blocks" as the training model. Training modules are also being developed for health professionals at the primary care level.



Several countries in the Region, among them Ecuador, Mexico, Nicaragua, and Panama, have expressed the desire to launch pilot projects in comprehensive care, utilizing the "Building Blocks" model.

### **3. Accelerated Access to Antiretroviral Drugs in the Region**

The advent of effective combination antiretroviral therapies has aroused great interest, and the desire to improve access to these drugs has intensified in the majority of the countries of the Region. Argentina, Barbados, Brazil, Colombia, Costa Rica, Mexico, Panama, and Uruguay, among others, are currently offering drugs to the people who need them. In several other countries, this essential component of comprehensive care is still in development. However, given the urgency of moving forward with this initiative in all the countries, PAHO, in conjunction with WHO and UNAIDS, has developed a strategy to ensure greater availability of antiretroviral drugs in the Region.

To set this program up, the following must be considered: (1) the approximate number of patients requiring treatment; (2) which antiretrovirals are essential and the criteria for initiating treatment; (3) structural needs; (4) logistics and pertinent legal aspects; and (5) a long-term financing commitment for the procurement of antiretrovirals (ARV).

Among the progress and achievements made over the past year, the following should be mentioned: (a) the preparation of a regional protocol for initiating antiretroviral therapy, the outcome of a meeting of experts from 14 countries of the Region, held in July 2001; (b) a determination of needs and estimates for the countries of the Central American Isthmus and the Dominican Republic, which yielded approximately 14,000 patients; (c) the adoption of the initiative at the XV Meeting of the Council of Central American Ministers of Health (COMISCA) and at the Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) to study joint negotiations on the prices of ARV; (d) the creation of a regional database on antiretroviral pricing; (e) participation in missions to facilitate accelerated access to antiretrovirals in El Salvador, Guatemala, Honduras, Nicaragua, and Panama and to offer training courses in Bolivia, Ecuador, and Paraguay on the use of antiretrovirals; and (f) participation in the negotiations with pharmaceutical companies in Jamaica, with the possibility of subregional negotiations for the Caribbean countries.

The Organization is continuing its work to establish the Regional Revolving Fund for Strategic Public Health Supplies, one of whose main components is antiretroviral drugs. This effort requires the participation of several of the Organization's technical and administrative units. However, the most important element is the willingness of the pharmaceutical companies to negotiate with blocks of countries or regionally, rather than individually. One alternative that a number of countries are considering is the purchase of

generic drugs produced by laboratories and pharmaceutical companies that have been approved by WHO.

It is anticipated that in the coming months it will be possible to announce improvements in the countries' capacity to provide antiretrovirals at lower cost (in some cases, up to a 90% price reduction) to the HIV-positive individuals who need them.

#### **4. Opportunities for Strengthening National and Regional Responses to the HIV/AIDS Epidemic in the Americas**

##### **4.1 *Goals of the Declaration of the United Nations General Assembly Special Session on HIV/AIDS (June 2001)***

During the Special Session on HIV/AIDS, in which political leaders from over 170 countries participated, agreement was reached on a declaration of commitment on HIV/AIDS that included a call for global action to fight the epidemic, as well as lines of action and goals for the countries.

Briefly summarized, the lines of work and most relevant regional goals to be met in the coming years include the following:

##### **4.1.1 *Leadership***

- Ensure the development and implementation of national multisectoral strategies and financing plans to fight HIV/AIDS;
- Integrate the activities and/or priorities in HIV/AIDS prevention, care, treatment, and support and impact mitigation priorities into development planning schemes, including the strategies to eradicate poverty;
- Intensify support for regional agencies and regional and subregional activities and plans, developing strategies and responses to support country activities.

##### **4.1.2 *Prevention***

- Ensure the availability of prevention programs that take local circumstances, as well as ethical and cultural values, into account. These programs should include information, education, and communication for risk reduction and promote responsible sexual behavior, which includes abstinence and fidelity, greater access to devices such as male and female condoms and sterile syringes; efforts to reduce

- the harm associated with drug use; greater access to voluntary, confidential counseling and testing; a safe blood supply; and early and effective treatment of sexually transmitted infections;
- Ensure that at least 90%—and by 2010, at least 95%—of young men and women between the ages of 15 and 24 have access to information and education, as well as to special activities and necessary services, so that they can lead an active life but at the same time reduce their vulnerability to HIV infection;
  - Reduce the proportion of HIV-positive infants by 20%—and 50% by the year 2010, ensuring that 80% of pregnant women have access to information and prenatal care;
  - Strengthen the response to the epidemic through programs for prevention and care in the public, private, and informal sectors, and take steps to provide a supportive work environment for workers living with HIV/AIDS;
  - Formulate and implement national, regional, and international strategies that facilitate access to prevention programs for immigrants and itinerant workers.

#### 4.1.3 *Care, Support, and Treatment*

- Ensure the development of national strategies, backed by regional and international organizations, civil society, and the business sector, aimed at improving health services; resolve the issues that affect the supply of drugs for the treatment of HIV infection, including antiretrovirals, and the treatment and prevention of opportunistic infections;
- Ensure that national strategies are in place to provide psychosocial care to individuals, families, and communities impacted by HIV and AIDS;
- Promote the implementation of comprehensive care strategies that improve the care provided by families, communities, the informal sector, and the health systems, with the object of providing and monitoring treatment for people living with HIV/AIDS—strategies that improve the effectiveness of the supply, financing, and referral systems for access to drugs, including ARV, as well as diagnostic testing and related technologies.

#### 4.1.4 *HIV/AIDS and Human Rights*

- Activate, strengthen, or apply, as appropriate, the legislation, regulations, and other measures designed to eliminate all forms of discrimination and ensure that people living with HIV/AIDS can fully enjoy their basic human rights and freedoms.
- Take steps to improve the ability of women and adolescents to protect themselves against the risk HIV infection, primarily through health care delivery (especially sexual and reproductive health services) and education in prevention, promoting gender equality within a framework sensitive to cultural diversity.

Other goals of the Declaration speak of reducing the vulnerability of specific groups, as well as protecting orphaned children living in a vulnerable situation due to the HIV/AIDS epidemic. The Declaration also includes clear goals for mitigating the socioeconomic impact of HIV/AIDS and others to promote research and the development of vaccines and more effective therapies through North/South and South/South collaboration and cooperation.

Finally, the Declaration issues a direct call to the organizations, institutions, and governments with the capacity to finance these activities. One of the most important results of the Special Session was the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a topic discussed below.

## 4.2 ***Global Fund to Fight AIDS, Tuberculosis, and Malaria***

The Global Fund to Fight AIDS, Tuberculosis, and Malaria was established in January 2002 as a financial instrument to complement the existing programs to combat these three diseases.

The PAHO/WHO Representative Offices in Latin America and the Caribbean and the regional programs on AIDS, tuberculosis, and malaria labored intensely to facilitate the preparation of country proposals to the Fund. Among its other assistance, PAHO provided ongoing communication and information about the Fund and surveyed the countries to determine their interest in applying to it; the survey also covered their technical assistance needs, which consisted of technical cooperation in the formulation and revision of the applications. Since the first round of applications, which concluded on 10 March 2002, PAHO has continued its commitment to assist the countries in the execution and monitoring of successful proposals and in the design of new ones.

Although some aspects of the Fund still need to be clarified and the time allotted for the preparation of the proposals was short, the experience can be considered a success, particularly given the large number of proposals submitted by the Latin American and Caribbean countries: 26 from 17 countries and one subregion.

#### **4.3 *Shared Agenda with The World Bank and the Inter-American Development Bank (IDB)***

As part of this initiative, since 2001 there has been closer collaboration with the multilateral financing institutions, which have shown a particular interest in HIV/AIDS. In this regard, in addition to the meetings for exchanging information, PAHO has assisted The World Bank in the facilitation, implementation, and technical evaluation of financing projects in several countries of the Region, specifically Barbados, Dominican Republic, Grenada, Jamaica, and St. Kitts and Nevis. In the case of the IDB, work and support links have been established with different countries in the Region, specifically Guatemala, Haiti, and Nicaragua. A Regional Forum on HIV/AIDS was also held at the recent Meeting of Governors of the Inter-American Development Bank, held in Fortaleza, Brazil, in March 2002.

#### **4.4 *Subregional Plans and Strategies***

In February 2001, the Caribbean Regional Strategic Plan of Action for HIV/AIDS received support at the highest political level in the subregion, paving the way for the Pan-Caribbean Partnership against HIV/AIDS. Since then, several Caribbean countries have put together strategic and prevention plans and have successfully applied for loans from The World Bank, while Haiti has received a subsidy from the Inter-American Development Bank. A similar approach is being tried for the Central American subregion, and there is a possibility of organizing similar activities in the Andean area and the Southern Common Market (MERCOSUR) countries. These activities include not only strategies for channeling funds and financing, but for technical cooperation in epidemiology, research, and human resources development.

### **5. Challenges for the Future**

The major challenges at the global, regional, and country levels involve responses to the following issues:

- (a) HIV/AIDS constitutes a global emergency with far-reaching effects, which requires immediate action to avert even greater harm and a worse catastrophe. Execution of the commitments of the United Nations General Assembly Special Session on HIV/AIDS is urgent.

- (b) Current knowledge should be used to translate this commitment into action, since effective strategies against HIV/AIDS are available, which have been developed through scientific research and community mobilization.
- (c) A uniform effort is needed, since all aspects of the epidemic must be addressed by a united group of scientists, politicians, people living with HIV/AIDS, community groups, religious leaders, businesses, and the communications media.
- (d) Reducing the impact of the epidemic depends on effective prevention. However, it must be recalled that prevention and care are complementary and not competing priorities.
- (e) All people living with HIV/AIDS should have access to care and treatment. However, to maximize access to comprehensive care and effective treatment, communities need greater support, better sanitary infrastructure, less costly drugs, and additional resources.
- (f) Finally, it has been widely demonstrated that social exclusion is the root cause of vulnerability to HIV. Consequently, treating all people with dignity and respect is the key to reducing HIV infection in every country in the world.

The countries of the Region and the Organization are continuing their efforts to address all these issues. However, a greater sustained effort is needed that deals with technical aspects and the issue of political and financial support to contain the spread of the HIV/AIDS epidemic and reduce its impact on the populations and societies of the Americas.

## **6. Action by the Executive Committee**

The Executive Committee is requested to provide orientation on the strategies that PAHO should pursue in response to challenges and opportunities, such as access to antiretroviral drugs, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the development of a global health sector strategy to combat the HIV/AIDS epidemic.