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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 Executive Committee 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.

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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. In all these activities, it 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 the promotion of voluntary blood donation, health education, and promotion of healthy lifestyles and integrated programs.

19. 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.

20. 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.

21. 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.

22. 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.

### **Financial Resources**

23. In order to finance the necessary technical cooperation to support countries to meet the target of 150,000-175,000 people under treatment in the Americas, an estimated \$25 million is required over the 2004-2005 biennium. PAHO has only a little more than one-tenth of this amount, despite the significant increase of 44% in its regular budget for the current biennium. Nonetheless, PAHO is seeking to leverage resources from other development partners and is finding creative ways to deal with the funding gap, including the shift of resources from WHO Headquarters toward the Region of the Americas, particularly after the voluntary contributions of Canada and Sweden for supporting the 3 x 5 initiative. A major fund-raising effort is foreseen in the second half of 2004, when the "3 by 5" coordinator post is made available by WHO. This should include resources for technical cooperation from projects funded by GFATM.

### **Action by the Executive Committee**

24. The Executive Committee is asked to provide comments and suggestions on the focused approach to scaling-up treatment within a comprehensive response to HIV/AIDS.

### **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.