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**PAN AMERICAN HEALTH ORGANIZATION**

**Working Group of the Regional Committee**

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# ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

This document presents a brief description of the HIVAIDSSTD epidemic in the Americas and describes the progress made by the national programs to combat acquired immunodeficiency syndrome (AIDS), in addition to the present status of the Joint United Nations Program on HIVAIDS (UNAIDS) in the Region. The Executive Committee is requested to: (a) review and comment on the efforts carried out by the Secretariat to support the intersectoral and interagency approach recommended by UNAIDS; (b) contribute suggestions on ways of promoting a broader multisectoral response at the country level; and (c) consider, and in due time approve, the approach and the lines of technical cooperation on AIDS and sexually transmitted diseases (STD) for the 1998-1999 biennium.

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## EXECUTIVE SUMMARY

Estimates indicate that between 2 and 2.5 million people are infected with human immunodeficiency virus (HIV) in the Region, and that while the epidemic has apparently been slower to evolve in the Americas than in other regions, its impact is already beginning to be felt in some of the countries.

At the national level, programs to combat acquired immunodeficiency syndrome (AIDS) have been established in all the countries, and major progress has been made at the regional level in the areas of blood safety, epidemiological surveillance, dissemination and utilization of information, and intersectoral participation in the national response.

These achievements have laid the groundwork for the establishment of the Joint United Nations Program on HIVAIDS (UNAIDS), in which PAHOWHO has participated by providing technical and logistical assistance, facilitating activities and policies, and promoting the participation of new actors in the intersectoral response.

Nevertheless, it will be necessary to secure greater interagency commitment and to increase political, technical, and financial support so that the multisectoral approach recommended by UNAIDS will become reality in the countries.

## 1. Introduction

In the past 10 years, all the countries and territories in the Region have organized national programs to combat acquired immunodeficiency syndrome (AIDS) and have made significant efforts to contain the epidemic caused by the human immunodeficiency virus (HIV). These national initiatives and efforts have made a notable contribution to the regional and global strategies and have succeeded in slowing the spread of the epidemic in the Americas. Nevertheless, the number of cases of HIV infection and AIDS is increasing daily, and the future impact of the epidemic on the health, economy, and social structure of the countries, while unpredictable, is a source of great concern.

## 2. The HIVAIDSSTD Epidemic in the Region of the Americas

As of 10 December 1996, the Pan American Health Organization had been notified of a cumulative total of 742,273 cases of AIDS in the Americas, with 437,407 deaths. However, it is estimated that the true number of persons living with AIDS in the Region may be at least double that figure, and the number of HIV-infected men, women, and children is probably between 2 and 2.5 million. Although significant achievements have been recorded, the number of infected persons and of deaths from AIDS continues to grow, and it is estimated that 8,500 new infections occur worldwide every day.

In at least a dozen countries in Latin America and the Caribbean, the HIV infection is already established among the general population, and in five more countries the epidemic has spread outside the so-called “core” groups exhibiting high-risk behavior (for example, Bahamas, Haiti, Honduras, and parts of Brazil). This means: (a) prevalence rates of more than 1% among the general population; (b) a substantial increase in infection in women; (c) a growing number of affected children, due either to their own infection or the loss of one or both parents (the so-called “AIDS orphans”); (d) acceleration of the concomitant epidemic of tuberculosis, associated with HIV infection; (e) an increase in the direct costs of medical care; (f) an increase in the indirect costs associated with the loss of productivity and social roles of the affected individuals; and (g) the growing disruptive role played by AIDS in the social order, manifested by discrimination and stigmatization and promoted by ignorance, fear, and prejudice.

Despite the seriousness of the situation, the HIVAIDS epidemic in the Americas has apparently grown more slowly than in other regions. For this reason, the countries have both the obligation and the opportunity to contain it before it turns into an even more serious public health problem.

Estimates indicate that approximately 40-50 million new cases of sexually transmitted diseases (STDs) occur each year in the Americas. The data from the Latin American and Caribbean countries show varying trends. Between 1987 and 1993 the incidence of gonorrhea fell, while in 12 countries the incidence of primary, secondary, or congenital syphilis rose, with more than 200,000 cases annually. In addition, inasmuch as cervical cancer is produced by the human papillomavirus, a sexually transmitted agent, the estimate that some 25,000 deaths from

cervical cancer occur annually in the Region of the Americas is a matter of some concern. Despite the lack of more up-to-date epidemiological information, it is undeniable that the well-known association between STDs and increased sexual transmission of HIV is contributing to the AIDS epidemic in the Region. Consequently, the efforts to control STDs are not only valuable in and of themselves, but are also an important, even essential, component in the struggle against HIVAIDS.

## 3. Scientific and Technological Innovations in the Prevention of HIVAIDS and Their Adoption in the Region of the Americas

To date, epidemiological surveillance and preventive intervention have been the cornerstones of the struggle against AIDS, and these measures have been intensely promoted by PAHO since the problem emerged in the Region in the early 1980s.

Priority interventions were and continue to be directed toward effecting behavioral changes in the population through information, education, and the adoption of preventive measures to reduce sexual, blood-borne, and perinatal transmission of HIV and other STDs. Other preventive and therapeutic measures (e.g., vaccines, chemoprophylaxis against opportunistic infections, vaginal microbicides, and treatment with a combination of protease inhibitors, AZT, and other antiretroviral drugs) are alternatives that are being developed or envisaged for the future but are not yet accessible for most of the countries.

PAHO has not confined its role to collecting information and disseminating it to the countries but has also actively promoted the formation of regional, subregional, and national working groups that would subsequently evolve into national AIDS programs. In 1985 PAHO published the first regional guidelines for the prevention of AIDS, with the support of renowned scientists and professionals. The PAHO Secretariat collaborated in technology transfer geared to the changes that have occurred with the discovery of the causative agent of AIDS in 1983, the availability of tests for detecting the infection in 1985, and other advances for the prevention and control of the epidemic.

Resolution CD32.R12 of the XXXII Meeting of the Directing Council of PAHO (1987) called on the Member States to provide all necessary support for the implementation of the national programs for the prevention and control of AIDS. This resolution recommended that coordination of the activities at the regional level should be the responsibility of a Special Program on AIDS that, in addition to providing technical cooperation, would collaborate in the mobilization of resources for actions at the national, subregional, and regional levels. This regional program responded to the needs of the countries, developing the guidelines and laying the foundations for the multisectoral approach currently recommended by UNAIDS.

From its inception, the PAHO Regional Program on AIDS, created as an outcome of this resolution, sought to strike a balance between collective well-being and the rights of the people affected by the epidemic, in strict adherence to the principles of confidentiality, respect, and solidarity.

The following are some of the outstanding achievements in the past decade:

- PAHO collaborated in setting up the national epidemiological surveillance systems and, relying on them, continues to gather, analyze, and disseminate the information obtained on a regular basis, which has made it possible to draw a clearer picture of the epidemic‘s evolution in the Region of the Americas.

- PAHO actively promoted improvements in the quality and safety of blood and blood by-products, which has dramatically reduced blood-borne transmission of HIV and other infections such as syphilis, hepatitis B and C, and Chagas’ disease over the past 10 years. It is estimated that blood-borne transmission has been almost completely eliminated in the countries of the Region, inasmuch as more than 95% of the blood for transfusions in the urban areas of the Region is screened for HIV.

- The development of educational interventions and mass communication strategies has contributed to changing community and individual attitudes toward sexual behavior. Some of the activities in which PAHO has committed efforts and resources have focused on effective transmission of messages about prevention and on teaching the use of mechanical barriers, including the distribution of condoms to specific groups.

PAHO has also continued to promote the dissemination of new approaches to prevention. Thus, the creation of awareness that the presence of other STDs increases susceptibility to HIV by as much as tenfold makes the detection and clinical management of STDs an appropriate and necessary strategy for controlling the AIDS epidemic. The promotion by PAHOWHO of the syndrome approach for the management of sexually transmitted diseases in locations in which etiological diagnosis is difficult or excessively costly is an efficient way to reduce the incidence of curable STDs as well as limiting their spread. Furthermore, as far as the prevention of perinatal transmission is concerned, the possibility of detecting the problem in pregnant women has opened the way to a specific intervention: the use of antiretroviral drugs (AZT), which have demonstrated their effectiveness in reducing the efficiency of vertical transmission by two thirds (from 25%-30% to 8%). This preventive measure, whose initial results were disseminated in the United States in 1994, is being adopted in accordance with the practical possibilities for its implementation by a growing number of countries in the Region, including Brazil, Costa Rica, Cuba, and Mexico.

## 4. Development of National AIDS Programs in the Region

With regard to programming, the Organization has collaborated with the countries in the formulation of short-term emergency plans since 1983, in the development of medium-term plans since 1988, and in strategies aimed at strengthening and maintaining the national programs with a greater multisectoral approach since 1991. Thus, the history of the national AIDS prevention programs in Latin America and the Caribbean can be summarized in three phases:

- *1983-1988 (Development of infrastructure)*. This phase included the establishment of the first national plans and programs, promoted by public concern and biomedical interest in the emerging problem of AIDS, and culminated in the formation of committees and technical and scientific programs in all the countries of the Region.

- *1989-1994 (Consolidation of programming)*. During this second phase, program response was firmly established, medium-term plans were developed, a critical mass of professionals was trained, and the first achievements in preventing blood-borne transmission of HIV were documented. In addition, special attention was given to increasing the quality and effectiveness of interventions through training in epidemiological surveillance, management, and planning, and firm steps were taken to establish interprogram and intersectoral ties, producing varied but generally encouraging results.

- *1995 (Expansion of the response)*. This phase, which coincided with the establishment of UNAIDS, has been marked by efforts to integrate and coordinate the intersectoral response. Here, PAHO has provided effective and unconditional support through the development of Theme Groups on AIDS in the countries (see below).

At the present time, all the countries without exception possess a good level of knowledge and national experiences for the prevention of AIDS. Despite these and other achievements, several constraints and barriers persist that impede execution of the programs. For example, national and international political, technical, and financial support has not been provided to respond to the growing and changing needs of the situation in the countries. Thus, the direct financial support provided by UNAIDS for the countries (US$ 2.5 million in 1996-1997) has been reduced to 42% of the financing granted by the WHO Global Program on AIDS in the biennium 1994-1995 and to one-quarter of the funds channeled to the countries in 1992-1993 ($5.9 and $10.7 million, respectively). However, this has also resulted in greater national contributions, which are indispensable for the sustainability of the long-term programs.

Finally, it is important to point out that AIDS is primarily a public health problem with serious socioeconomic repercussions, and that although the responses to combat AIDS and sexually transmitted diseases should be multisectoral in nature, guidance and orientation on the part of the health sector are indispensable. In formulating national plans it is necessary to achieve a broad response at the country level with respect to the planning and execution, coordination, and evaluation of national efforts.

## 5. The Joint United Nations Program on HIVAIDS: Challenges

## for Its Implementation in the Region of the Americas

The need for greater multisectoral involvement in the national response has been recognized throughout the world and has served to stimulate the organization of structures and systems to promote such participation, as exemplified by the Joint United Nations Program on HIVAIDS (UNAIDS).

In supporting UNAIDS, PAHO has conducted specific actions that include: a) the establishment and technical management of interagency Theme Groups in the countries; b) participation in and the provision of technical assistance and programming expertise for UNAIDS; c) joint visits to several countries; d) development of work plans in collaboration with UNAIDS and its associated agencies; and e) promotion of UNAIDS participation and inputs at the meetings of PAHOWHO Representatives at the subregional level.

The organization of Theme Groups on AIDS in Latin America and the Caribbean complies with the basic idea of UNAIDS for the participation of its six cosponsoring agencies, except in the case of certain countries in which extensive multi-agency representation does not exist. Despite this initial work, other questions still remain with regard to the mechanisms to be employed for the mobilization and channeling of resources; the interactions of the Theme Groups with the national programs, the nongovernmental organizations (NGOs), and the various actors involved in the national response to combat AIDS; interagency communications and communications with the respective headquarters of each agency; and, most particularly, the most effective and appropriate mechanisms for delivering technical cooperation to the countries.

As with all incipient programs, UNAIDS still has limitations, including an organizational structure that is still in the development stage and a technical and financing capability that to date has not succeeded in responding to the high expectations of the international community and the needs of the Member States. UNAIDS is also threatened by a climate of either complacency, skepticism, or discouragement among AIDS veterans, combined with the impatience or lack of experience of some of the new members, all of which gives it a very limited margin for making mistakes or learning by trial and error.

## 6. Strategies and Recommendations for the Future

In preparation for the establishment of UNAIDS in January 1996, in early 1995 the PAHO Regional Program on AIDS designed the Regional Plan of Action 1996-1999, which was considered and endorsed by the PAHO Directing Council in September 1995.

This Plan proposes to (a) support UNAIDS in its promotion of the multisectoral response to the epidemic; (b) contribute to the establishment of epidemiological information systems and the programming required for decision-making; (c) develop effective interventions with regional specificity; (d) expand the integration and delivery of appropriate HIVSTDs prevention and control services; and (e) strengthen STDs prevention and control programs at all levels of the health system.

Despite the multiple questions raised and the needs involved in implementing a true multisectoral response, the Secretariat‘s principal mandate continues to be collaboration with the Member States in organizing an effective response to reduce the transmission and impact of HIV and sexually transmitted diseases.

During the 1998-1999 biennium PAHO will concentrate its technical cooperation activities on obtaining the results listed below, submitted herein for consideration by the Executive Committee:

- Strengthening of the managerial and planning capacity of national AIDSSTDs programs to develop adequate standards in the areas of health program policy and management.

- Generation, utilization, and periodic and regular dissemination of epidemiological information on AIDS cases and surveillance of HIV and the most important STDs.

- Identification and validation of a minimum of three behavior-related interventions as best practice models in the Region.

- Management of well-organized STDs control activities, independently or as part of HIV prevention activities.

- Drafting and evaluation of at least two protocols for the development of HIVAIDS care models appropriate for the Region.

Finally, and as part of the multisectoral framework in which PAHO will continue to support the UNAIDS approach, it is important to emphasize several topics that continue to be of great importance for the prevention of AIDS, as follows:

### *6.1 Development of National Programs*

The programs in all the countries of the Region must be strengthened with financial resources and political support so that they can serve as the basis for the broad multisectoral response recommended by UNAIDS.

### *6.2 Community Response*

The efforts of the NGOs and community groups should be integrated and complementary to government efforts if there is a real desire to control the AIDS epidemic.

### *6.3 Women and HIVAIDS*

Issues concerning gender, sexual negotiating power, the education of girls, and prevention methods (e.g., the use of female condoms and vaginal microbicides) should be foremost on the planning, research, and work agendas of the national programs.

### *6.4 Human Rights*

Violation of human rights results in a loss of participation and cooperation by the people and groups who should most participate in this effort, i.e., those directly affected.

### *6.5 Use of Knowledge and Access to Technologies*

National and international experience should be transferred to the countries and adapted to national resources and needs; in other words, it is necessary to build new structures on a sound body of knowledge and to identify and seek the most appropriate methods and technologies for the situations of each individual country.

### *6.6 Care and Support for Infected and Sick People*

New care models (e.g., home and outpatient care) should be developed in the countries. However, the governments should carefully consider subsidizing expensive HIV drugs, which may otherwise lead to bankrupting of the health systems.

### *6.7 Human Resources for the Prevention and Control of HIVAIDS*

It is evident that training is an ongoing process that contributes to and guides national response, and is one that will consequently require greater investment.

### *6.8 Leadership*

Leadership in AIDS should be shared and should include the political and economic leadership of the governments; leadership in promotion and persuasion by NGOs and community groups; the technical leadership of experts; leadership in the conviction and commitment of those affected by AIDs; and, above all, the leadership provided by the example of all those who

participate in this struggle in their individual lives, their social roles, and their professional activities.

The Organization has continued and will continue to provide its technical cooperation to the future scenario of the AIDS epidemic, however it may evolve, and to sexually transmitted diseases and their prevention. The PAHO Regional Program on AIDS and Sexually Transmitted Diseases will continue to work with the national programs, governmental and nongovernmental institutions, and technical and financial cooperation agencies in all the countries of the Region. Despite the financial, programming, and political uncertainties surrounding the AIDS programs, there is absolute certainty that this struggle can and must be won.

Finally, although HIVAIDS must remain a priority area in the Region of the Americas, the persistence of the epidemic, the slowness of the epidemiological changes in the disease in the Region, and the ever-increasing technical and programming capability of the countries suggest that the Governing Bodies may wish to consider whether it is necessary for them to review the subject in depth every year, as they have done since 1987. In any case, the Secretariat will keep the Governing Bodies informed about any scientific, epidemiological, political, or programming changes that require their attention and supply whatever reports they may request in that regard.

Annex

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Annex

**AIDS SURVEILLANCE IN THE AMERICAS**

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# AIDS SURVEILLANCE IN THE AMERICAS QUARTERLY REPORT: 10 JUNE 1997

The Director is pleased to present to the Executive Committee, for its consideration, an updated report on the epidemiological surveillance of AIDS in the Americas as of 10 June 1997.

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## I. The Regional Program on AIDSSTD

The Regional Program on AIDSSTDs of the Division of Disease Prevention and Control of the Pan American Health Organization (PAHO) provides technical expertise for the prevention and control of HIVAIDS and other sexually transmitted diseases in the Region of the Americas. The mandate for PAHO's Regional Program on AIDSSTD is to promote, design and facilitate technical activities and policies to improve the capacity of Member Countries to reduce the number of future infections and to provide timely and adequate care for people living with HIVAIDSSTD.

The Regional Program is part of a broader set of culturally-sensitive, gender-specific, multinational and multisectoral responses to HIVAIDS and STD in the Americas. The following types of technical assistance provide a framework for the Program's myriad activities:

- dissemination of information
- training
- direct technical cooperation
- resource mobilization

The Regional Program on AIDSSTD is designed to:

- ***advocate*** for HIVSTD prevention and control at the country level in Latin America and the Caribbean;

- ***strengthen management*** capacity to develop and implement policies for HIV and STD prevention and control;

- ***involve nongovernmental organizations*** (NGOs) in prevention and control efforts and build networks among NGOs at the country level;

- ***coordinate regional cooperation*** with PAHO and the World Health Organization headquarters; and analyze financial and administrative data to ensure effective execution and monitoring of national programs;

- ***provide direct technical cooperation*** to Member Countries including (but not limited to): epidemiological analysis; development of educational materials and country HIVSTD surveillance reports; laboratory support for STD diagnosis, and improvement of blood safety measures, etc., etc.

- ***promote research*** about HIVAIDS epidemiological trends, their relation to other STD, prevention messages, and surveillance, socioeconomic impact, etc.

- ***disseminate information*** (technical and scientific) to and from Member Countries;

- ***establish sentinel surveillance,*** and advise and train professionals to monitor HIVSTD infection and trends at the country level

## II. AIDS Surveillance in the Americas (10 June 1997).

PAHO began its AIDS Surveillance System in 1986, although cases had been reported informally to PAHO since 1983. The information is currently submitted to PAHO from 47 countries and territories of the Region of the Americas. These data are received within 30 to 45 days after the end of each quarter. PAHO then produces the present report, which is distributed to all the countries in the Region. Twice a year PAHO sends the information to the World Health Organization headquarters in Geneva, Switzerland, where data are gathered from all regions, and produced as the Global AIDS Report.

As of June 1997, a cumulative **total of 797,227** cases were reported in the Americas. From these, **14,069 are pediatric cases** ( < 15 years old). A total of **468,065 cumulative deaths** have been reported since 1986.

Certain factors such as underdiagnosis, underreporting and delayed reporting affect the completeness of the data.[1]1 This should be considered when analyzing 1996 data. Additionally, many times the countries provide the number of cases by year but do not report the corresponding age, sex and exposure category for those cases.

PAHO and its Member Countries are working continuously to improve the quality and completeness of the information, to be able to analyze and provide a better profile of the epidemic in each consecutive report.

In 1995, the last year with the most complete information, the rate of reported AIDS cases per million population in Latin America was 58.5; in the Caribbean, 247.1; and in North America, 215.4. The primary modes of HIV transmission in the subregions are homobisexual (Andean Area, Southern Cone, Brazil and Mexico) and heterosexual (Central American Isthmus and the Caribbean). Transmission attributed to intravenous drug use is common in the Southern Cone and Brazil with 29.1% and 26%, respectively.

The incidence of AIDS by age group in each subregion is shown in Fig. 4. “Distribution of cases by sex and age”. In the Southern Cone and Central America the age group of the highest infection is between 20-29 years old for both sexes and for females in Brazil and the Andean Area.. In Mexico and the Caribbean the age of highest infection is between 30-39 years old for both sexes as well as for males in the Andean Area and Brazil.

The “**AIDS Surveillance in the Americas**” quarterly report is prepared by the Pan American Health Organization and distributed to all the Regions of the World Health Organization, the countries of the Americas, and to the interested public.

Information about the AIDS situation worldwide is provided in the report “The Current Global Situation of the HIVAIDS Pandemic“, which is published by the World Health Organization and UNAIDS in Geneva, Switzerland.

Both of the above documents are available:

By mail:

Regional Program of AIDSSTD,
Pan American Health Organization
525 Twenty Third St. N.W.

Washington, D.C. 20037.

By fax: through a service provided by the CDC National AIDS Clearinghouse. Please call: 1-800-458-5231.

[1] Twenty (42%) out of 47 reporting countries and territories have provided updated information to March 1997.