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ANALYSIS OF PAHO'S AIDS  
AND SEXUALLY TRANSMITTED DISEASES PROGRAM

As of 10 September 1993 a total of 404,417 AIDS cases had been reported in the Americas, more than half of all the cases reported for the entire world; moreover, it is estimated that there may be up to 2.5 million people infected with HIV in the Region, of which 1.5 million live in Latin America and the Caribbean. The impact of this epidemic on the Region's population is seen not only in the increased demand for health services, but also in its effect on productivity and the social organization of the community.

Since its inception in 1983 and its formal establishment in 1986, the PAHO Regional Program on AIDS has provided technical cooperation to the Member States for the establishment and consolidation of national programs for the prevention and control of HIV/AIDS, promoting orientations and policy lines consonant with the Global Strategy on AIDS developed by the World Health Organization and accepted by the United Nations system and bilateral cooperation agencies. The most important outcome of that cooperation has been development of the capacity to analyze the epidemiological situation, which has yielded, inter alia, better knowledge of the risk situations and factors associated with HIV infection. In addition, PAHO's cooperation has served to enhance the effectiveness of program actions and responses aimed at preventing and controlling the epidemic in all the countries.

However, at present and as the national programs become better organized, integrated, and trained in order to cope with the epidemic and its consequences, external funds in support for these programs are being cut significantly, by an average of 35% (Annex 1). Unfortunately, in most of the countries of the Region the national AIDS programs rely almost exclusively on international cooperation funds, which means that their sustainability is threatened by the reduction in this source of funding.

Furthermore, the regional budget for the AIDS program has also been cut significantly (Annex 2), including a 25% reduction in staff and a 20% reduction in funds earmarked for activities.

Given this situation, PAHO will have to redouble its efforts in order to identify sources of financing and mobilize the resources needed to respond effectively to the demands imposed by the HIV/AIDS pandemic.

On the other hand, the restructuring of the United Nations system and the ever-increasing involvement of other agencies in the struggle against AIDS offer an opportunity for PAHO to maintain its position of leadership in the area of technical cooperation in health and reaffirm the challenge to improve the coordination of interagency actions and efforts in the Member States. Accordingly, the support of the Governing Bodies and the involvement of the entire Secretariat is sought in order to carry out interprogram actions, as well as to provide guidance regarding the mobilization of resources in addition to the extrabudgetary funds allocated by the WHO Global Program on AIDS and to clearly define the role of the program and of PAHO in interagency coordination at the regional and country level.

## ANALYSIS OF PAHO'S AIDS AND SEXUALLY TRANSMITTED DISEASES PROGRAM

### 1. Introduction

More than half of the AIDS cases reported to the World Health Organization have occurred in the Region of the Americas (404,417 of the 752,225 reported worldwide up to 10 September 1993). These figures are believed to be considerably lower than the true figures, however, owing to underreporting, delayed reporting, and diagnostic errors. In addition, some estimates indicate that as many as 2.5 million people may be infected with the human immunodeficiency virus (HIV) in the Region: 1 million in North America and 1.5 million in Latin America and the Caribbean.

In the coming years, the epidemic will have particularly severe repercussions on the health situation of working-age people, since this is the most sexually active segment of the population, and sexual transmission is the principal way in which individuals are being infected with HIV. The result will be an increase in mortality among young adults--and in fact there is evidence that this has already begun to happen in certain localities.

Moreover, the achievements made worldwide by the maternal and child health programs--for example, the reduction in infant mortality--may be directly jeopardized because the working-age population is also the population of childbearing age, and another route of HIV transmission is from mother to fetus during pregnancy. The achievements of these programs will also be indirectly compromised as a result of children being orphaned by the death of one or both parents from AIDS.

The health sector, which is the sector that receives the initial impact of the epidemic, is being subjected to significant overburdening depending on the structure of health systems in general. For example, the survival of people with AIDS seems to be quite directly related to access to drugs for the prevention of opportunistic infections, as well as to the existence of services intended to improve the hygienic, dietary, and emotional status of such people. In places in which these conditions exist, the direct and indirect costs associated with their creation and maintenance have been high, and those costs are rising as the epidemic continues to spread and the number of people who are infected or have developed clinical manifestations of AIDS grows. In places in which prophylactic drugs are not used systematically and health care services are inadequate, efforts to make them available to the public are hampered by budgetary constraints. In addition, HIV infection acts synergistically with other infections, such as tuberculosis and other sexually transmitted diseases, which are consequently more severe and more difficult to treat, and require greater care and attention. Undeniably, this situation is placing an excessive burden on the health services, which were already hard-pressed to meet society's needs. In summary, given the expense of managing the complications of AIDS, the cost of the epidemic for the health sector of a country can be extremely high. However, if that cost is compared with the cost of preventing new infections through educational interventions and strategies for the promotion and distribution of condoms, it is obvious that the latter cost is

several hundred times lower than the amount of the losses caused by the infection and the diseases associated with it. In other words, investment in prevention is cost-effective, but if it is to be useful this investment must be made now.

## **2. Role of the Regional Program on HIV/AIDS/STDs in Controlling the Epidemic**

In consonance with PAHO's role of providing technical assistance to the Member Governments and promoting cooperation between them, the Regional Program on HIV/AIDS/STDs focuses its efforts on the consolidation of national programs for the prevention and control of HIV/AIDS with a view to enabling them to function in an autonomous, multisectoral, and decentralized way. Like the actions of the other PAHO technical programs, the actions of the Regional Program on HIV/AIDS/STDs fall within one of the three phases of the technical cooperation delivery process, namely: the programming phase, the delivery phase, and the evaluation phase.

At the level of the programming phase, the establishment of a system of epidemiological surveillance has made it possible to estimate the extent, distribution, and trends of the epidemic in the Western Hemisphere. This information, in turn, has made it possible to prioritize actions and make decisions on how to best distribute the existing resources. Information obtained through another type of research, mainly studies with a sociological approach, as well as from technical visits to the countries has been an extremely important complement to the epidemiological data and has been very useful for planning the delivery of technical cooperation.

The delivery phase basically involves two spheres of action. The first is the provision of technical assistance, including mobilization of the necessary financial and human resources. In this sphere, the Regional Program essentially plays a secondary role, with the national programs taking the lead. However, in the second sphere of action, it is the Regional Program that has a leading role. This is the sphere in which priorities are set, specific lines of action are promoted, and causes are defended. Examples of action in this sphere are the following:

- Promotion of the articulation of efforts and initiatives at all levels;
- Promotion of strategies consistent with the principles of public health and human rights to stop the spread of human immunodeficiency virus and other sexually transmitted pathogens;
- Promotion of attitudes of solidarity and non-discrimination, and active opposition to marginalization and ostracism;
- Efforts to achieve technical and financial self-sufficiency for national programs;
- Promotion of exchanges of information, proven models, and appropriate technology between the Member States.

During the evaluation phase of the technical cooperation delivery process efforts are made to analyze and assess the impact achieved through the various initiatives and activities, taking into account, in addition, the resources invested.

At another level, the Regional Program on HIV/AIDS/STDs has fulfilled a moderating function that consists of catalyzing coordination between the various sectors--particularly the nongovernmental and private enterprise sectors--with the health sector and other social sectors of the governmental apparatus, taking into consideration the priorities and area of responsibility of each. In this regard, acknowledging the priorities and responsibilities of each sector involved serves to fulfill the condition **sine qua non** of being thoroughly familiar with the context in order to effectively implement the programming phase of the technical cooperation delivery process. At the same time PAHO has fulfilled, on an informal basis, the role of mediating agency between the various international actors involved in HIV/AIDS prevention and control activities. Owing to the discrepancies between the mandates, directives, and preferences of the various agencies and organizations that provide technical and financial assistance, PAHO receives requests for guidance in order to avoid duplication of efforts and optimize the delivery of bilateral, international, and multilateral cooperation. This specific situation of tacit recognition of the competence and leadership of PAHO in the Region has favored participation by a great diversity of sectors, agencies, and institutions, which have become involved in the formulation of the second-generation national plans from the planning stage.

### **3. Achievements and Difficulties**

During 1993 the Program continued to provide technical cooperation to the countries for the preparation of second-generation medium-term plans (MTPs II). The plans of Chile, Ecuador, and Uruguay were completed, and the process was initiated in Bolivia, Colombia, Paraguay, Peru, and Venezuela with a view to finalizing the documents in 1994. In the countries of the Caribbean that are already in the process of implementing their MTPs II, technical revisions were carried out in Anguilla, Belize, British Virgin Islands, Turks and Caicos Islands, and Montserrat.

The medium-term plans for 1993-1995 prepared during 1992 for the countries of the Central American isthmus were presented to the international donor community in May of the present year, and a positive response was obtained.

Among the regional activities that have had the greatest impact in terms of strengthening national programs are: a workshop on applied epidemiology and strategic planning for the countries of Central America; three workshops for the maintenance and strengthening of quality control in blood banks for the countries of the Southern Cone; field tests of materials that will enable the countries to develop their own AIDS education programs for use in schools. In November 1993 the III Pan American Conference on AIDS and the IX Latin American Congress on Sexually Transmitted Diseases, both events sponsored by PAHO, were held simultaneously. Advantage was taken of this opportunity to hold a meeting of all directors of national programs in order to examine technical issues relevant to the execution of programs, present and promote the management course that will be offered in 1994, and analyze financial and administrative matters with a view to ensuring more effective execution and monitoring of the national programs.

During 1993, also with the aim of strengthening actions at the country level, the dissemination of technical and scientific information continued and increased. Activities in this area included preparation and distribution of guidelines for the clinical management of HIV infection in adults and children, and a technical document or guide on the association between HIV infection and tuberculosis. In addition, the publication *SIDA: La epidemia de los tiempos modernos* (AIDS: The Epidemic of the Modern Age) was prepared and disseminated. Finally, with the collaboration of the Sociedad Española Interdisciplinaria de SIDA (Spanish Interdisciplinary AIDS Society) 200 copies of the Society's monthly journal *SIDA* were distributed to investigators and academic institutions in the Region.

Finally, there were two important events in the Region that demonstrate the political commitment of the Member Governments to the struggle against AIDS. One was the Conference of Ibero-American Ministers of Health, held in Brazil in May. At that meeting proposals were presented for collaboration between the countries in establishing a Regional Plan of Action. Subsequently, the decisions and recommendations emanating from the Conference of Ministers were presented to the III Ibero-American Summit of Heads of State, also held in Brazil, in July, and support was requested for the implementation of a comprehensive strategy for the prevention and control of AIDS, as was the allocation of more resources for implementing that strategy.

Although a number of achievements were made during 1993, the Regional Program and the national programs also experienced some critical difficulties as a result of reductions in financial resources and delays in the disbursement of funds. These delays meant that the countries did not receive the first disbursement of international cooperation funds from the Global Program on AIDS (GPA) until very late in the year (April/May), and the amount received was approximately 25% less, on the average, than in 1992. This situation points up the vulnerability of both the Regional Program, which relies almost exclusively on extrabudgetary funds, and the national programs, which are also quite dependent on international cooperation funds and cannot count on national resources to ensure the sustainability of their actions.

The financial resources expected for 1994-1995 have already been reduced in relation to the amount received in 1993. At the country level, resources will decrease by an average of 35% (Annex 1). At the Regional level (Annex 2), budget cuts have meant the elimination of two professional posts and two support personnel posts, in addition to a reduction of around 20% in the funds allocated for direct technical cooperation with the countries.

Finally, it should be pointed out that the PAHO Program on HIV/AIDS/STDs is also the regional division of the Global Program on AIDS of WHO. This fact has facilitated action in the Region in some ways, but it has also caused difficulties of the type inherent in any program that functions essentially with extrabudgetary funds and that tends to centralize its operations at WHO Headquarters in Geneva.

This relationship between the programs has been advantageous in certain respects. For example, there is no doubt that during the last five or six years national AIDS prevention and control programs in the Region have been given tremendous impetus as a result of the mobilization of funds at the global level, the possibility of utilizing the skills and experience of professionals from all over the world, and the influence that the Global Program has had on the determination of national policies and priorities. Nevertheless, the disadvantages must not be overlooked: the concentration of funds at headquarters and the demand for control over how they are distributed under the various budget lines causes delays in the delivery of financial resources, which have brought the activities of national programs to a virtual halt for periods of up to two and three months. Moreover, because the programming instruments of the Global Program are different from those used by PAHO, adaptations and adjustments must be made in the annual and quarterly programming of the Secretariat, which further delays the delivery of funds and places an administrative burden on the Regional Program, consuming large amounts of the time that should be spent responding to specific requests for technical assistance.

In recent months, the Global Program on AIDS has faced problems resulting from the questioning of its role within the United Nations system and the reduction of contributions for its activities. This situation calls for responses at the regional level aimed at giving the countries of the Region greater capacity for financial self-management. In the process of developing that capacity, PAHO hopes to provide, through the mobilization of funds from donors concerned specifically with this Region, the support needed for the transition to self-financing.

Annexes