

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

Provisional Agenda Item 4.10

CD55/14
8 July 2016
Original: English

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF HIV AND SEXUALLY TRANSMITTED INFECTIONS 2016-2021

Introduction

1. Since the HIV epidemic began, the Region of the Americas has spearheaded the global response to HIV and sexually transmitted infections (STIs), pursuing efforts based on a public health and human rights approach. While progress has been made, significant gaps and challenges persist, and the Pan American Health Organization (PAHO) and its Member States must now strengthen their capacity to undertake innovative and effective strategies to address these epidemics and pave the way towards their elimination as public health problems.
2. This Plan describes the strategic lines of action to be implemented by Member States and the Pan American Sanitary Bureau (PASB) between 2016 and 2021, as they strive to enhance and expand the prevention and control of HIV and STIs¹ in the Americas.
3. This Plan sets forth a blueprint for Member States to use as they deem appropriate and considering their contexts, needs, and priorities, to attain an accelerated, focused, innovative, effective, and sustainable response to HIV/STIs in the Region of the Americas, based on a public health, human rights, gender equality, and intercultural approach. The Plan also aims at achieving universal access to health and universal health coverage by delivering comprehensive, quality, universal and progressively expanded HIV/STI prevention, care, and treatment services through integrated health services networks, with active participation of civil society² and a people- and

¹ For the purpose of this Plan, STIs also include emerging infections (e.g. Zika virus infection).

² For the purpose of this Plan, civil society includes nongovernmental organization (NGOs) and community-based organizations (CBOs), including people living with HIV, members of key populations and others in situation of vulnerability.

community-centered approach focusing on key populations and others in situation of vulnerability.³

Background

4. The Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, approved by PAHO Member States (1) in September 2005 (Resolution CD46.R15), built on earlier commitments they had made to the Millennium Development Goals (MDGs) (2) pertaining to this issue. The main achievements in the implementation of that strategic plan include a 24% decrease in the estimated annual number of new HIV infections between 2000 and 2014 and an increase in antiretroviral treatment (ART) coverage among people estimated to be living with HIV in Latin America and the Caribbean between 2000 (8%) and 2014 (46%) (3). The final report on the implementation of the regional strategic plan is presented in Annex A.

5. To address the vertical transmission of HIV and syphilis, during the 50th Directing Council, PAHO Member States endorsed the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Congenital Syphilis (Resolution CD50.R12 [2010]) (4). Since the adoption of this strategy, significant progress has been made towards the elimination of vertical transmission of HIV and syphilis in the Americas (5). In 2014, 17 countries reported data compatible with the dual elimination of mother-to-child-transmission (MTCT) of HIV and syphilis, and in 2015 Cuba became the first country in the world to be validated as having attained the goal of dual elimination. Annex B presents the final report on the implementation of this strategy and plan of action.

6. The implementation of the current Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections will consolidate the achievements of previous plans and strategies, thus paving the way towards achieving the goal of ending AIDS and STIs epidemics as public health problems in the Americas by 2030. This goal is in line with the HIV and STI Global Health Sector Strategies (GHSS) of the World Health Organization (WHO) for 2016-2021 (6, 7).

7. The Plan is aligned with the Health Agenda for the Americas 2008-2017 (8) and the PAHO Strategic Plan 2014-2019 (9). It also embraces the principles and lines of action of the Strategy for Universal Access to Health and Universal Health Coverage (10)

³ According to UNAIDS, key populations include gay men and other men who have sex with men, male and female sex workers and their clients, transgender people, and people who inject drugs. For the purpose of this Plan, Member States will identify specific key populations and other priority populations in situation of vulnerability based on national epidemiological patterns. Beyond the aforementioned groups, this may include indigenous and afro-descendant populations, migrants, persons in prisons and other closed settings, unsheltered or homeless people, non-injectable drug users, children, adolescents, youth and women living under adverse social and economic circumstances, and victims of gender-based violence.

and incorporates synergies and linkages with other PAHO plans of action and strategies related to the prevention and control of HIV and STIs (11–24).

8. Moreover, the Plan is aligned with the vision, goals, and strategic lines of action of the WHO GHSS HIV and STIs (2016-2021), endorsed by the World Health Assembly (WHA) in May 2016 (6, 7), as well as with the Global Strategy for Women's, Children's and Adolescents Health (2016-2030) (25). It conforms to the principles of the Global Strategy (2016-2021) of the Joint United Nations Program on HIV/AIDS (UNAIDS) (26) and its ambitious “Fast Track” targets (27), and includes the “90-90-90” care and treatment targets,⁴ as well as regional prevention targets for Latin America and the Caribbean endorsed at regional fora in 2014 and 2015 held in Mexico City and Rio de Janeiro (28, 29). Finally, it reflects the transition from MDGs (2) to the Sustainable Development Goals (SDGs), and its implementation will contribute to the goal of ending AIDS as a public health problem under SDG 3 (30).

Situation Analysis

9. In 2014, an estimated two million people were living with HIV in Latin America and the Caribbean (1.7 million in Latin America and 289,000 in the Caribbean), of which 46,000 were children (0-14 years old); and approximately 100,000 estimated new infections and 50,000 estimated AIDS-related deaths occurred. In 2014, the overall estimated HIV prevalence in the Caribbean was 1.1%; HIV prevalence in youth 15-24 years old was 0.4-0.6% among young men and 0.3-0.6% among young women. In Latin America, the estimated overall HIV prevalence was 0.4%; 0.1-0.3% among young men and 0.1-0.2% among young women (3).

10. The HIV epidemic in the Region is mainly concentrated in key populations, including transgender people, gay men and other men who have sex with men (MSM) and who engage in risky sexual behavior,⁵ male and female sex workers and other men and women that exchange sex for money or goods, people who inject drugs, and, in certain countries, indigenous peoples. HIV prevalence among MSM ranges between 7% and 20% in Latin America and between <1 and 33% in the Caribbean, with median syphilis prevalence of 10.3% (1%-32.2%) in the Region as a whole. HIV prevalence is highest among transgender women, ranging between 15.5% and 31.9%. Among female sex workers, HIV prevalence is estimated to be 6% in Latin America, rising to as high as 8% in the Caribbean, with a median syphilis prevalence of 2.3% (0.5%-53%) in the Region as a whole. Among those who inject drugs, HIV prevalence in the Region ranges between 2.5% and 11% (31-33).

11. Key populations continue to face considerable stigma and discrimination both at the community level and in the health services, and are at greater risk of experiencing

⁴ The 90-90-90 targets are: 90% of all living with HIV will know their HIV status; 90% of all diagnosed with HIV will receive antiretroviral therapy, and 90% of all receiving antiretroviral therapy will have viral suppression.

⁵ Risky sexual behavior is defined as unprotected insertive or receptive anal sex.

physical violence and homicide due to hate, homophobia and transphobia. These groups must overcome structural barriers that prevent them from gaining access to comprehensive HIV/STI preventive measures, care and treatment services, and other health and social protection services (34). Other populations in conditions of vulnerability, as previously defined, also suffer the consequences of a lack of timely access to effective prevention, care, and treatment services that are culturally and linguistically sensitive (32). In particular, women and girls have a higher risk of acquiring HIV, not only for biological reasons, but due to gender-inequality issues that undermine their sexual and reproductive health choices, including their ability to negotiate safer sex and expose them to sexual violence. Moreover, violence, or the fear of violence, also prevents them from accessing HIV testing and prevention services (35).

12. Approximately 900,000 people living with HIV were receiving ART in Latin America and the Caribbean by the end of 2014 (22,000 were children 0-14 years old), accounting for 46% ART coverage among all persons estimated to be living with HIV (44% in the Caribbean and 47% in Latin America); ART coverage in children was 49%. These figures notwithstanding, gaps remain for attaining the “90-90-90” targets. For example, around 30% of people with HIV are not aware of their status; 29% are diagnosed late, with advanced immunodeficiency (under 200 CD4 T-lymphocytes/mm³); and more than 50% are still not receiving ART; in addition, most countries need to improve retention and viral suppression rates, especially among children (73% 12 month retention rate and 73% viral suppression rate in 2014), and prevent and monitor HIV drug resistance (HIVDR) (34, 36, 37).

13. Mechanisms of joint negotiation and procurement of medicines that led to price reductions over time helped bring about increases in ART coverage in Latin America and the Caribbean. The Regional Revolving Fund for Strategic Public Health Supplies, created by PAHO in 2000, has provided technical cooperation and support to countries to ensure that they have access to quality, safe, and effective essential and strategic medicines, including antiretrovirals (ARVs) in fixed dose combination (FDC), and other critical public health supplies for HIV diagnosis and patient monitoring. The demand for procurement of ARVs through the Strategic Fund has increased significantly over the years: in 2012, 7 countries used the Fund to procure US\$ 18.2 million⁶ in ARVs; by 2015, 12 countries used it for a total of \$35.9 million (38).

14. Among opportunistic infections (OIs), tuberculosis (TB) remains as a co-infection of public health concern among those living with HIV. In 2014, it was estimated that approximately 36,000 new cases of TB-HIV co-infection occurred in the Region of the Americas, which corresponds to 13% of the total number of new TB cases. The proportion of TB patients that received an HIV test was 74%, and only 63% of TB-HIV co-infected individuals initiated ART. There are still gaps in the scale up of TB screening and referral to care and treatment, full implementation of TB preventive therapy, and infection control measures (39-41).

⁶ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

15. In the Americas, alcohol consumption is associated with AIDS-related deaths (42). For one, alcohol may act as an immunosuppressant, accelerating the progression of HIV infection; it may also affect health seeking behavior and adherence to ART (43-45). The co-morbidity with mental disorders, such as clinical depression and bipolar disorders, also poses a significant challenge for delivering comprehensive and quality care for people with HIV/STI. Actions to detect and address mental disorders, and substance and alcohol use disorders, need to be addressed through an integrated approach.

16. In 2014, an estimated \$2.7 billion was allocated to financing the response to HIV in Latin America (62% for treatment and approximately 25% for prevention); 96% of this amount came from domestic resources and 4% from international donors. This regional average hides the financial fragility of 25% of Latin American countries that still depend on donor funding to implement one-third or more of their national HIV response, especially regarding the financing of prevention programs targeting key populations (36, 46). Caribbean countries and territories, for example, confront diminishing external funding for HIV programming, and approximately 60% of these countries continue to depend on external donors to cover more than 50% of their HIV program financing (33).

17. Significant progress has been made towards the elimination of MTCT of HIV and syphilis, as detailed in Annex B. This is especially true for HIV, considering that the number of new HIV infections in children (0-14 years old) in Latin America and the Caribbean declined by 78% between 2000 and 2014, resulting in 26,000 new HIV infections averted; the elimination of congenital syphilis will require an intensified response (5). The consolidated platform of the EMTCT strategy creates a unique opportunity to address EMTCT of other infections, such as hepatitis B and Chagas disease in endemic areas of the Americas.

18. WHO estimates that 51 million sexually active adolescents and adults (15-49 years old) in the Americas had an easily curable STI in 2012. Although 89% of countries have national STI surveillance systems, reporting is neither standardized nor uniform, partly due to a limited availability of reliable and inexpensive STI tests and the adoption of syndromic diagnosis for STI management. Of 18 reporting countries, 16 (89%) pursue syndromic management as their national policy, but only 50% of them have conducted etiological studies to update their respective treatment guidelines (31). Since the 1990s, an increased detection of gonococcal resistance in Latin America and the Caribbean has been described; in 1996, a regional network for the surveillance of gonococcal resistance was established, which currently includes 18 participating countries from the Region of the Americas (47, 48).

19. Human papillomavirus (HPV) is a common sexually transmitted infection, whose persistent infection by some well identified serotypes (more frequently types 6, 11, 16, and 18) causes virtually 100% of cases of cervical cancer in women. HPV may also cause other forms of cancer, such as vaginal, penile, anal, and oropharyngeal cancers. In the Americas, the prevalence of HPV infection in women is approximately 15%, although

this varies significantly by country and by age group (48); prevalence is higher among female sex workers, transgender women and MSM (50-54). In 2012, approximately 83,200 new cases of cervical cancer and 35,700 cervical-cancer-related deaths were estimated to occur in the Region of the Americas (55). By June 2015, 23 countries and territories had introduced HPV vaccination in girls aged 9 to 14 in their national immunization programs. The United States extended immunization to boys aged 11 to 12, and Brazil to girls and young women living with HIV up to 26 years of age (15, 56). Despite the high prevalence of HPV-related anal lesions in MSM and transgender women (50-53), youth from these populations are not yet prioritized in HPV immunization programs, and most countries have only a limited capacity for screening, diagnosing, and treating HPV-related anal lesions.

Proposal

20. This Plan envisions bringing to zero the number of new HIV infections, AIDS-related deaths, and STI-related complications and deaths. It also aims to achieve zero discrimination and other forms of barriers for the enjoyment of health-related human rights in a world where all people, regardless of sexual orientation, gender identity, HIV status, or disability, have timely access to quality HIV/STI prevention, care, and treatment, resulting in all people being able to live long and healthy lives throughout the life course.

21. The Plan's goal is to accelerate progress towards ending the AIDS and STI epidemics as public health problems in the Region of the Americas by 2030, by reducing the incidence of new HIV infections, AIDS-related mortality, and STI-related complications. The Plan also integrates the goals of the previous regional strategy for the EMTCT of HIV and congenital syphilis with specific impact indicators whose validity is extended for this Plan's duration.

Goal	Impact indicator	Baseline	Target
To accelerate the progress towards the end of AIDS and STI epidemics as public health problems by 2030 in the Region of the Americas	1. Estimated number of new HIV infections ^{a, b}	100,000 (2014)	26,000 (2020) ^c
	2. Estimated number of AIDS-related deaths ^{a, b}	50,000 (2014)	19,000 (2020) ^d
	3. Rate (%) of mother to child transmission (MTCT) of HIV ^{b, e}	7% (2014)	2% or less (2020)
	4. Incidence of congenital syphilis (cases/1,000 live births) ^{e, f}	1.3 (2014)	0.5 or less (2020)
	5. Estimated number of new cases of cervical cancer ^{f, g}	83,200 (2012)	79,000 (2020) ^h

^a Source: UNAIDS, Spectrum estimates (data validated and approved by countries).

^b Baseline and target refer to Latin America and the Caribbean.

^c A 74% reduction compared to 2014 baseline.

^d A 62% reduction compared to 2014 baseline.

^e Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

^f Baseline and target refer to the Region of the Americas.

^g Source: WHO International Agency for Research on Cancer, Globocan estimates or country estimates.

^h A 5% reduction compared to 2012 baseline.

Plan of Action (2016-2021)

22. The Plan of Action 2016-2021 includes four strategic lines of action for Member States to consider, as appropriate and in consideration of their contexts, needs and priorities:

- a) Strengthened stewardship, governance, strategic planning, and information.
- b) Strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care, and treatment.
- c) Expanded and equitable access to comprehensive and quality HIV/STI services.
- d) Increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability.

Strategic Line of Action 1: Strengthened stewardship, governance, strategic planning and information

23. The following actions are crucial to strengthen the stewardship and governance of the response to HIV and STIs:

- a) the review of regional, national, and subnational governance structures and coordinating mechanisms to ensure an effective inter-programmatic and multisectoral HIV/STI response, with the active participation of civil society at all levels;
- b) the formulation, review, and alignment of national HIV/STI strategies and plans with targets and milestones for 2020 and 2030, in line with regional and global ones, including broader health system strategies and plans;
- c) the formulation, implementation, or review of HIV-related legal policies and regulatory frameworks, taking a multisectoral approach to address health determinants, health promotion throughout the life course, reduction of risk factors, and disease prevention, as well as the primary health care approach, including participation of civil society, key populations, and other priority populations in situation of vulnerability;
- d) the strengthening of comprehensive information systems for HIV and STI case reporting and for longitudinal monitoring to describe the epidemic, identify and quantify most affected populations and places where transmission mostly occurs (*hot spots*), and monitor the continuum of prevention, care and treatment services from a programmatic perspective, with increased granularity of data by sex,

sexual orientation, gender identity, age, risk behavior, ethnicity/ethnic origin and other equity stratifiers, as well as subnational analysis. STI/HIV strategic information systems should be linked with broader health information systems, including vital statistics and cause of death registries;

- e) the improvement of program accountability by strengthening monitoring systems and regularly reporting on the national HIV/STI response, including monitoring and evaluating progress towards the 90-90-90 targets, regional HIV prevention and HIV and syphilis EMTCT targets, according to UNAIDS/WHO/UNICEF guidelines and tools.

Objective	Indicator	Baseline	Target
1.1 Develop and update national HIV and STI plans and/or strategies aiming at ending AIDS and STI epidemics as a public health problem and in line with global and regional ones ^a	1.1.1 Number of countries with a national HIV/AIDS strategy that incorporates the regional prevention and 90-90-90 targets ^{b, c, d}	20 (2015)	30 (2020)
	1.1.2 Number of countries and territories validated for having achieved the elimination of mother-to-child transmission of HIV and syphilis ^{c, e}	1 (2015)	20 (2020)
	1.1.3 Number of countries that have developed national STI strategies in line with the Global Health Sector Strategy for STIs ^{d, e, f}	9 (2015)	20 (2020)

^a See Annex C for indicators included in other PAHO Plans that will contribute to this objective.

^b Source: UNAIDS, National Commitments and Policies Instrument (NCPI).

^c Baseline and target refer to the Region of the Americas.

^d Indicators included in PAHO Program and Budget 2016-2017.

^e Source: PAHO, desk review of EMTCT validation missions.

^f Source: PAHO, desk review of STI plans/strategies.

Strategic Line of Action 2: Strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care and treatment

24. Normative frameworks should be strengthened and updated to guide the implementation of high-impact interventions along the continuum of health promotion, HIV/STI prevention, diagnosis, and comprehensive care and treatment; they also should be based on the most recent scientific evidence, adhere to WHO recommendations and ethical standards, and be tailored to the needs of key populations and others in conditions of vulnerability based on the local epidemic. To strengthen the normative framework is necessary to:

- a) develop and/or review norms and guidelines, and implement high-impact HIV/STI prevention interventions with a combination approach: *i)* ARV-based interventions that include ART (prevention benefit of treatment), pre-exposure

- prophylaxis (PrEP) for persons at substantial risk of HIV infection, and post-exposure prophylaxis (PEP) for occupational and sexual exposure; *ii*) comprehensive sexual and reproductive health services that include male and female condom and lubricant programs; *iii*) comprehensive sexual and reproductive health information, education, and communication strategies for behavioral risk reduction and management; *iv*) STI prevention, screening, and treatment; *v*) comprehensive harm reduction services for the consumption of psychoactive substances, injectable and non-injectable, as well as for alcohol dependency; *vi*) HIV testing services; *vii*) voluntary medical circumcision; and *viii*) promotion of “positive prevention” interventions for people with HIV;
- b) ensure the implementation and expansion of norms designed to maintain the highest safety of blood supplies and blood components, with a focus on HIV, STI, and viral hepatitis screening of blood transfusion units and hemoderivatives;
 - c) review and implement norms and guidelines to expand: HBV vaccination, with timely delivery of the birth dose and expanded access to adult and youth at higher risk of infection; and HPV vaccination, based on national programs and regional plans and strategies;
 - d) continue to pursue actions already in place designed to prevent MTCT of HIV and congenital syphilis, especially the diagnosis and treatment of maternal syphilis and the adoption of the second phase of the EMTCT strategy, which includes other public health relevant infection, such as hepatitis B and Chagas disease in endemic areas;
 - e) develop and/or review and implement norms and guidelines to expand the early detection of HIV/STIs, including new approaches for partner/contact testing and self-testing where deemed appropriate, with timely and effective linkage to care, diversifying testing strategies, both at health facility and community level, focusing on the most affected populations and places (*hot spots*);
 - f) review and implement norms and guidelines to improve and expand care and treatment of HIV, promoting the “treat all” approach to initiate antiretroviral treatment in adults, adolescents, and children regardless of the clinical stage or CD4+ count, and of STIs, including the etiological treatment based on diagnosis where feasible, the integrated management of OIs and co-infections, especially TB, viral hepatitis and HPV, and noncommunicable diseases.
25. Antimicrobial resistance (AMR) threatens the effectiveness and sustainability of HIV and STI response efforts. Plans and strategies for the prevention and control of AMR should be in place, and they should emphasize gonococcal resistance and HIV drug resistance (HIVDR) and the strengthening of laboratory capacity for surveillance and monitoring, including participating in regional and global network initiatives.

Objective	Indicator	Baseline	Target
2.1 Review and update guidelines and norms for health promotion, prevention, diagnosis, comprehensive care and treatment of STIs, HIV and co-infections ^a	2.1.1 Number of countries and territories that have updated their national HIV care and treatment guidelines in line with latest WHO ones ^{b, c}	5 (2015)	25 (2020)
	2.1.2 Number of countries and territories that have updated their national STI management guidelines in line with latest WHO ones ^{b, c}	0 (2015) ^f	17 (2020)
2.2 Implement and increase coverage of key interventions for health promotion, HIV prevention, diagnosis, care, and treatment ^a	2.2.1 Number of countries with at least 90% of estimated people with HIV who have been diagnosed ^{b, d}	0 (2014)	10 (2020)
	2.2.2 Number of countries with at least 80% coverage of antiretroviral therapy (ART) among estimated people living with HIV ^{b, d}	0 (2014)	10 (2020)
2.3 Implement and increase coverage of key interventions for STI prevention, diagnosis and treatment, including EMTCT of syphilis ^a	2.3.1 Number of countries and territories with at least 95% coverage of syphilis treatment among pregnant women ^{b, d}	14 (2014)	30 (2020)
2.4 Implement strategies for the prevention and control of HIV/STI antimicrobial resistance ^a	2.4.1 Number of countries that monitor gonococcal resistance in accordance with PAHO/WHO recommendations ^{c, e}	18 (2015)	23 (2020)

^a See Annex C for indicators included in other PAHO plans of action that will contribute to these objectives.

^b Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting, and PAHO desk review.

^c Baseline and target refer to the Region of the Americas.

^d Baseline and target refer to Latin America and the Caribbean.

^e Source: PAHO desk review.

^f WHO will publish STI management guidelines in 2016/2018 in different modules. Baseline and target are set and will be monitored reflecting alignment of national guidelines to these upcoming documents.

Strategic Line of Action 3: Expanded and equitable access to comprehensive and quality HIV/STI services

26. Extending the availability of equitable and quality HIV/STI services requires an environment that enables access to health care and that is based on health-related human rights instruments. This effort also entails amending those policies, laws, and regulations that reinforce stigma and hinder equitable access to health and social services for key populations and others in conditions of vulnerability; addressing gender inequalities and gender-based violence, including by conducting analyses based on discrimination related

to gender identity and/or expression and sexual orientation; and creating institutional and community environments that are free from stigma, discrimination, and other human rights restrictions.⁷

27. Ensuring the equitable access to effective and quality comprehensive health promotion and to HIV/STI prevention, care, and treatment from a public health, human rights, and intercultural perspective, requires that health and community systems be strengthened through the following approaches:

- a) tailoring service delivery model to the needs of key populations and other priority populations in conditions of vulnerability based on local epidemic conditions, including offering culturally, linguistically, and age appropriate services;
- b) adapting service delivery based on people- and community-centered approaches through integrated health service networks, thus increasing the resolution capacity of the first level of care;
- c) improving integrated service delivery to better address maternal and child health, sexual and reproductive health, HIV co-infections (with special emphasis on TB-HIV) and co-morbidities, including integration with interventions for harm reduction from substance and alcohol use disorders and for the early identification and treatment of mental illnesses;
- d) providing care through multidisciplinary teams, which include trained lay providers, able to address the clinical and psychosocial needs of people living with HIV, key populations and others in conditions of vulnerability, including gender-based violence;
- e) introducing novel health facility- and community-based approaches for service delivery of differentiated care, including for the prescription and distribution of medicines, to improve adherence and retention in care and treatment.

28. Laboratory capacity should be strengthened to guarantee access and coverage of HIV screening and diagnosis, including early infant diagnosis, the diagnosis of STIs, OIs, and other co-infections, and the clinical monitoring of people with HIV (HIV viral load and CD4+ count), prioritizing the use of WHO prequalified diagnostics, introducing novel point-of-care (POC) technologies, and ensuring quality assurance practices.

⁷ The Directing Council of PAHO has urged Member States to sustain and reinforce prevention activities, reduce stigma and discrimination within the health services. In addition, it urged Member States to collaborate with civil society, United Nations agencies, and other sectors to reduce stigma and discrimination in various contexts, including: by providing voluntary testing and counseling respectful of the right to privacy; making available services and ARV available in more than one geographical area to avoid travelling long distances; having access to health information and services specially by groups such as bisexual men who often remain “hidden” and do not disclose their possible risk for HIV nor their sexual orientation; and by tackling homophobia and transphobia as one of the main obstacles to accessing prevention and care services. For more information please see PAHO Directing Council Resolution CD45.R10 (2004) <http://www1.paho.org/english/gov/cd/CD45.r10-e.pdf> and Document CD46/20 (2005) <http://www1.paho.org/english/gov/cd/CD46-20-e.pdf>.

29. Supply chain management structures and processes (forecasting, procurement, warehousing and distribution) need to be strengthened to secure the uninterrupted supply of quality-assured and affordable vaccines, medicines, diagnostics, and other strategic commodities for HIV/STIs/OIs.

30. The technical capacity and competencies of the national health workforce should be strengthened, including updating training curricula based on most recent evidence-based practices and technologies.

31. Civil society need to be empowered, trained, and enabled to effectively engage in the provision of sustainable health promotion and of HIV/STI prevention, care and treatment services.

Objective	Indicator	Baseline	Target
3.1 Increase equitable access to and coverage of interventions for HIV/STI combination prevention in key populations	3.1.1 Regional median of the proportion (%) of gay men and other MSM that have been tested for HIV in last 12 months and know the result ^{b, c, d}	47% (2014) ^c	90% (2020)
	3.1.2 Regional median of the proportion (%) of female sex workers that have been tested for HIV in last 12 months and know the result ^{b, c, d}	65% (2014) ^f	90% (2020)
	3.1.3 Regional median of the proportion (%) of gay men and other MSM that used a condom in last episode of anal sex with a male partner ^{b, d}	64% (2014) ^g	90% (2020)
	3.1.4 Number of countries that report data on access to HIV testing or prevention services in transgender women ^{b, c}	1 (2015)	10 (2020)
3.2 Increase quality of HIV care and treatment ^a	3.2.1 Number of countries that achieve 90% of retention on ART at 12 months ^{b, c}	5 (2014)	18 (2020)
	3.2.2 Number of countries that achieve 90% of viral suppression (viral load <1000 copies/ml) in persons on ART ^{b, c, h}	1 (2015)	10 (2020)
3.3 Promote and strengthen effective participation of civil society in the provision of health promotion, HIV/STI prevention, diagnosis, care and treatment	3.3.1 Number of countries with community workers engaged in ART patient support ^{b, c}	9 (2014)	15 (2020)

^a See Annex C for indicators included in other PAHO plans of action that will contribute to these objectives.

^b Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

^c Baseline and target refer to Latin America and the Caribbean.

- ^d These baseline proportions represent the median value of a series of results gathered from behavioral surveys.
- ^e Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (30 countries).
- ^f Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (21 countries).
- ^g Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (29 countries).
- ^h The indicator of the Plan is aligned with global goal and target of viral suppression. In the Americas, both rate of viral suppression (<1.000 copies/ml) and undetectable viral load (e.g. <50 copies/ml) will be monitored through the UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

Strategic Line of Action 4: Increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability

32. If this Plan's ambitious targets are to be achieved, public financing for health must be increased and optimized, with equity and efficiency taken into consideration and with priority being given to the first level of care, in order to improve its capacity to respond to HIV/STI and other health challenges. To this end, efforts must be made to identify sustainable and efficient funding models and fiscal space for health; reduce costs and increase efficiency in the allocation and use of resources; and ensure financial protection, so that those who need them can access the health services without incurring financial hardship. PASB, together with other partners, will support the countries in the following efforts: developing the case for securing investments in health to increase domestic public funding and financial transition and sustainability plans for HIV/STI interventions, and providing guidance and tools for assessing and monitoring health service costs. In accordance with universal health principles, PASB will advocate for countries to integrate HIV/STI prevention, care, and treatment interventions into comprehensive, quality, universal, and progressively expanded health services according to need and with a people-centered approach.

33. A key aspect of cost reduction and the efficient use of resources is the acquisition of strategic commodities related to HIV, STIs, and OIs through regional and subregional mechanisms that allow for price negotiation and procurement, including the PAHO Strategic Fund.

Objective	Indicator	Baseline	Target
4.1 Ensure universal access to nationally funded HIV/STI prevention, diagnosis, care and treatment services	4.1.1 Number of countries with no or low dependency on external funding for the HIV response (0-5% of total funding) ^{a, b}	11 (2014)	17 (2020)

Objective	Indicator	Baseline	Target
4.2 Promote efficiency in the procurement of HIV/STI medicines and other strategic commodities	4.2.1 Number of countries utilizing the PAHO Strategic Fund or other regional mechanisms to improve access to ARVs and other HIV/STIs/OIs commodities ^{b, c}	15 (2015)	20 (2020)

^a Source: UNAIDS, Aidsinfo available at: <http://aidsinfo.unaids.org>

^b Baseline and target refer to the Region of the Americas.

^c Source: PAHO, desk review of Strategic Fund procurement.

Implementation

34. The implementation of this Plan will require multisectoral, multi-agency, inter-country, and inter-programmatic cooperation, and collaboration; joint planning; and a coordinated communication strategy that allows for effective advocacy, engagement at all levels, and mobilization of resources. Key partners include UNAIDS and other UN partners; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the United States President's Emergency Plan for AIDS Relief (PEPFAR); the United States Agency for International Development (USAID); the Centers for Disease Control and Prevention (CDC); the Horizontal Technical Cooperation Group; the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP); WHO Collaborating Centers; CBOs/NGOs, including people living with HIV and members from key populations and others in conditions of vulnerability; academic institutions; scientific societies; and other relevant sectors. In addition, it will be necessary to engage the active participation of the private sector, so it, too, can contribute to the achievement of the ambitious targets of this Plan. The PAHO Technical Advisory Committee (TAC) on HIV and STIs will also provide guidance on the implementation of this Plan.

Monitoring and Evaluation

35. The progress and achievements of this Plan will be monitored through a set of indicators with established baseline and targets. Data will be collected through existing HIV/STI global and regional data reporting systems, as well as through ad hoc desk reviews. The PAHO TAC on HIV and STIs will be involved in the monitoring and evaluation of the Plan, including a mid-term review in 2018. Biannual reports will be submitted to Executive Management and a final report will be prepared in 2021.

Financial Implications

36. The total estimated cost of implementing this Plan of Action, including expenses for staffing and activities, is \$14,128,580.

Action by the Directing Council

37. The Directing Council is requested to review and, if found satisfactory, approve this Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections in the Americas 2016-2021 and the proposed resolution presented in Annex D.

Annexes

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Annex A

Final Report on the Regional Strategic Plan for HIV/AIDS/STI 2006-2015 (Resolution CD46.R15)

Background

1. The Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization (PAHO) was formally approved by the Member States in September 2005 (Resolution CD46.R15) (1). It was conceived as a reference tool for the countries in the Region of the Americas to be able to respond more effectively to the HIV epidemic and to contribute to the prevention and control of STIs, considering the long-term impact and sustainability of programs in relation to other long-term economic and human development goals. The Plan's overall objective, in light of the Millennium Development Goal (MDG) 6,¹ was "to halt and begin to reverse, by 2015, the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment (2)."

2. The Plan had three specific targets: *a*) by 2010, there would be a 50% reduction in the estimated number of new HIV infections, followed by a further 50% reduction in new infections by the end of 2015; *b*) by 2010, there would be universal access to comprehensive care, including prevention, care, and antiretroviral treatment; *c*) by 2015, the incidence of mother-to-child transmission of HIV would be under 5% and the incidence of congenital syphilis would be below 0.5 cases per 1,000 live births.

3. In order to achieve these targets, the Plan included five critical lines of action which, after a mid-term evaluation in 2012 (3), were reformulated to focus on the following four programmatic priorities or "flagships": *a*) the elimination of mother-to-child transmission (EMTCT) of HIV and congenital syphilis; *b*) the prevention and care for key populations; *c*) treatment optimization/treatment 2.0; and *d*) strategic information.

Update on Progress Achieved

4. Progress has been made in reducing the estimated number of new HIV infections in Latin America and the Caribbean. Between 2000 and 2014, there was a 24% reduction in new HIV infections in adults and children in that region (13% in Latin America and 50% in the Caribbean). The countries that experienced the greatest reductions in the estimated number of new cases were Belize (80%), the Dominican Republic (73%), Suriname (60%), Panama (57%), Honduras (52%), and Jamaica (50%). In addition, the estimated number of new infections in children (0-14 years old) in Latin America and the

¹ Combat HIV/AIDS, malaria and other diseases.

Caribbean decreased by 78% since the 1999-2001 peak (73% reduction in Latin America since the peak in 2000; 88% reduction in the Caribbean since the peak in 1997-1999) (2).

5. In 2014, there were approximately 900,000 people with HIV on ART in Latin America and the Caribbean. The coverage of antiretroviral treatment among all estimated people living with HIV has increased significantly there, rising from 8% in 2000 to 46% by the end of 2014 (44% in the Caribbean and 47% in Latin America), the greatest increase in any developing region in the world. In addition, at the end of 2014, the percentage of children estimated to be living with HIV (0-14 years old) who were on ART was 49% in Latin America and the Caribbean (36% in the Caribbean and 54% in Latin America). The increase in ART coverage in Latin America and the Caribbean was possible thanks to the use of mechanisms of joint negotiation and procurement (such as the Regional Revolving Fund for Strategic Public Health Supplies), which led to price reductions over time, in turn resulting in significant savings and improved efficiency in the use of available resources. The scale-up of universal care and treatment programs significantly contributed to the 36% reduction in AIDS-related mortality in Latin America and the Caribbean between 2000 and 2014 (78% in children aged 0-14) (4).

6. Details on the progress towards the goal of EMTCT of HIV and congenital syphilis are presented in the Final Report on the Strategy and Plan of Action for the Elimination of Mother-To-Child Transmission of HIV and Congenital Syphilis found in Annex B.

7. In October 2015, the PAHO Technical Advisory Committee (TAC) on HIV/STI reviewed the progress achieved in the Region during the period of implementation of the 2006-2015 Plan and recognized PAHO's leadership in the regional health sector response to HIV/STI, in the provision of technical cooperation and support to Member States and the publication of high quality reports and technical documents. In addition, PAHO served as secretariat of two important regional fora in collaboration with key players of the regional HIV response, in Mexico City in 2014 and Rio de Janeiro in 2015, to discuss and endorse new HIV care and treatment (90-90-90), prevention and zero discrimination targets to assist Member States in transitioning their response to the new landscape of Sustainable Development Goals and the perspective of ending AIDS and STI epidemic by 2030 of the new WHO Global Health Sector Strategy and UNAIDS Global Strategy for 2016-2021.

Action Necessary to Improve the Situation

8. The PAHO Technical Advisory Committee (TAC) also provided advice on areas of the HIV/STI response that need to be strengthened.

9. Despite progress, however, most of the countries did not achieve the expected reduction in the estimated number of new HIV infections. Member States should enhance and expand HIV/STI prevention interventions, focusing on the most affected key populations and places, using a combination approach and prioritizing most effective technologies and approaches. Interventions should be tailored to the needs of key

populations and other populations in situation of vulnerability based on local epidemic conditions, and community-based outreach interventions should be expanded. The Pan American Sanitary Bureau (PASB) should provide technical assistance to Member States to enhance HIV/STI prevention programs.

10. Because WHO's recommendations for ART initiation were updated to expand treatment initiation criteria to the cut-off of 350 CD4+ in 2010, 500 CD4+ in 2013, and to a "treat all" approach in 2015, it has been difficult for many of the countries to achieve universal access to care and treatment. Beyond expanding access and coverage, Member States also should improve the effectiveness of national care and treatment programs and implement specific interventions designed to improve retention in care and adherence to treatment. In addition, HIV services should be better integrated, particularly with TB, STI, and maternal and child health (MCH) services.

11. Access to quality-assured, safe, effective, and affordable medicines, diagnostics, condoms, and other commodities related to HIV and STIs continues to be a priority; Member States, with support from PASB, should strengthen their procurement and supply management processes to ensure that essential drugs and commodities are available and should introduce cheaper diagnostics and new technologies, especially for STIs.

12. Additional work is needed to strengthen laboratory capacity for screening, diagnosis, and monitoring of HIV, TB, and STIs. As more affordable and user-friendly diagnostics become increasingly available, countries should make plans to introduce innovative diagnostic technologies and ensure the quality of available tests and ongoing testing.

13. Specific actions to improve the situation related to EMTCT of HIV and congenital syphilis are presented in Annex B.

14. PASB should continue to provide support to Member States for the strengthening of technical capacity of their national HIV/STI programs.

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Annex B

Final Report on the Strategy and Plan of Action for the Elimination of Mother-To-Child Transmission of HIV and Congenital Syphilis (Resolution CD50.R12)

Background

1. In September 2010, through Resolution CD50.R12, the PAHO Member States adopted the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Congenital Syphilis (1), with 2015 as the end date. This formal endorsement of the dual elimination goal was the culmination of the Region's ongoing commitment to the elimination of congenital syphilis that began in 1995, and a dialogue that started in 2008 on the need for and feasibility of eliminating the mother-to-child transmission of HIV. This Plan's objectives were: *a)* to reduce mother-to-child HIV transmission rate to 2% or less, *b)* to reduce the incidence of mother-to-child transmission of HIV to 0.3 cases or less per 1,000 live births, and *c)* to reduce the incidence of congenital syphilis to 0.5 cases or less (including stillborn infants) per 1,000 live births. The Resolution called on Member States to give priority to the EMTCT of HIV and syphilis, and to develop and execute national plans towards the elimination goals.

Update on Progress Achieved

2. Following the approval of the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Congenital Syphilis, PAHO, in partnership with UNICEF and in collaboration with other partners, developed a set of tools to assist countries to develop or update national implementation strategies and plans, and operating practices, with the aim of accelerating scale-up of services towards elimination. The set of tools (available in English and Spanish) included: conceptual documents (2), technical recommendations for the implementation of HIV and syphilis prevalence studies during labor or delivery (3), integrated clinical guidelines (4), a costing tool (5), a comprehensive field guide to support countries towards EMTCT (6), and a guidance document on syphilis testing (7). In addition, PAHO also established a monitoring and evaluation framework initially developed in 2010 and updated in 2013 (8), facilitated periodic reporting on a core set of indicators used to monitor progress towards EMTCT targets and maintenance status as part of a global platform hosted by UNAIDS, conducted a situation analysis in 2010 (9), and published yearly progress reports (10-12).

3. PAHO and UNICEF jointly served as secretariat for the Regional Validation Committee (RVC), convened by the PASB Director and established in 2014 as a high level mechanism tasked with the coordination and oversight for the validation of EMTCT in the countries. The regional secretariat developed standardized validation tools and

guidelines for teams performing country evaluations, and worked closely with WHO in the development of a global guidance for EMTCT (13).

4. In addition, ongoing direct technical support to countries through HIV focal points in the subregion and at the country level and through joint review missions was provided since its inception in collaboration with key partners. This allowed for the identification of program strengths and weaknesses and service delivery gaps, the pinpointing of priority interventions, and the support for countries to strengthen their HIV and syphilis information systems. This ongoing effort culminated in 2015 with the validation of Cuba as the first country in the world to have achieved the elimination targets (14).

5. Since the adoption of the EMTCT Strategy and Plan of Action by Members States, significant progress has been made in the Region towards eliminating mother-to-child transmission (MTCT) of HIV and syphilis, as documented in the 2015 update (12). This update shows that 17 countries reported data compatible with the dual elimination of MTCT of HIV and syphilis. The rate of MTCT of HIV in Latin America and the Caribbean decreased 50% between 2010 and 2014, from 14% to 7%. These data are in line with antiretroviral therapy coverage among HIV-positive pregnant women in Latin America and the Caribbean, which increased from 56% in 2010 to 81% in 2014. In 75% of the countries, reported MTCT transmission of HIV falls under 4% (the elimination target is 2% or less). In the Region, 17,400 cases of congenital syphilis were reported for 2014, for a rate of 1.3 cases per 1,000 live births. Data also suggest that services for HIV and syphilis in the Americas are firmly integrated within prenatal health care, and that the EMTCT goals are increasingly perceived as quality markers of maternal and child care services.

Action Necessary to Improve the Situation

6. Based on progress made and pending gaps, it seems as if the Region of the Americas will achieve the goal of dual elimination in the short term, but not by the end of 2015, as stated in the Resolution. The elimination of MTCT of HIV has proceeded more rapidly than that of syphilis, which seems to have reached a stationary point. There are still gaps in country data quality, mainly in the detection and treatment of gestational syphilis and the diagnosis and reporting of congenital syphilis, which require PASB's further support to the countries. In addition, the shortage of benzathine penicillin G (BPG), which some of the Region's countries are experiencing, poses a new challenge to the elimination.

7. In light of fast-tracking countries towards the EMTCT goals to reach and maintain validation status, PAHO and partners will intensify actions with special focus on the prevention of congenital syphilis, including continuing to facilitate the strengthening of the collaboration between HIV/STI and maternal and child health programs in countries; identify and promote innovative decentralized strategies to reach women in situation of vulnerability and/or part of key populations for the HIV epidemic in the Region, and to

prevent syphilis reinfection of pregnant women due to the lack of treatment of sexual partners; facilitate the increasing of HIV and syphilis testing coverage through such strategies as updating national testing algorithms and introduction and/or expansion of rapid test technology (point-of-care testing); support the strengthening of laboratory capacity and networks; and continuing short and longer term strategies for the strengthening of health information systems, including improved STI surveillance. In the Caribbean, a new approach will be implemented to fast-track EMTCT validation, by performing joint multi-country missions, and combining validation reports.

8. Simultaneously, PAHO will continue to work with WHO and other key partners to address the shortage of BPG based on the results of the regional assessment through both the supply and the demand sides of this life-saving medication.

9. A strength of the EMTCT strategy has been the promotion of dual EMTCT of HIV and congenital syphilis, thereby integrating screening and treatment for HIV and syphilis in antenatal care. The well-established EMTCT platform of HIV and syphilis in the Region could be used to leverage other mother-to-child transmitted infections relevant to public health, such as hepatitis B virus and Chagas disease in endemic areas.

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Annex C

Indicators included in previously approved PAHO plans of action that contribute to the objectives of the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections

Objective of the Plan of Action for the Prevention and Control of HIV and STIs	Other PAHO plan linked to the objective	Indicator of the other PAHO plan
1.1 Develop and update national HIV and STI plans/strategies aiming at ending AIDS and STI epidemics as a public health problem and in line with global and regional ones	Plan of Action for the Prevention and Control of Viral Hepatitis (Resolution CD54.R7 [2015])	1.2.2 Number of countries with goals of elimination of mother-to-child transmission of hepatitis B
2.1 Review and update guidelines and norms for the prevention, diagnosis, comprehensive care and treatment of STIs, HIV, and co-infections	Plan of Action for the Prevention and Control of Viral Hepatitis (Resolution CD54.R7 [2015])	3.2.1 Number of countries that have updated their antiretroviral treatment criteria including the recommendation of initiating antiretroviral therapy (ART) regardless of CD4 count in HIV patients with HBV infection and severe-related chronic liver disease
	Plan of Action for the Prevention and Control of Tuberculosis (Resolution CD54.R10 [2015])	1.3 Number of countries that carry out systematic preventive therapy of TB/HIV co-infection, in accordance with national guidelines
2.2 Implement and increase coverage of key interventions for HIV prevention, care, and treatment	Plan of Action for Universal Access to Safe Blood (Resolution CD53.R6 [2014])	3.1.1 Number of countries that screen 100% of blood units for transfusion for HIV, HBV, HCV, syphilis, and <i>T. cruzi</i>
2.3 Implement and increase coverage of key interventions for STI prevention and treatment, including EMTCT of syphilis	Plan of Action on Immunization (Resolution CD54.R8 [2015])	1.3.3 Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours
	Plan of Action on Immunization (Resolution CD54.R8 [2015])	3.1.1 Number of countries and territories that have introduced one or more new vaccines into their national vaccination schedules
2.4 Implement strategies for the prevention and control of HIV/STI antimicrobial resistance	Plan of Action on Antimicrobial Resistance (Resolution CD54.R15 [2015])	2.3.1 Number of countries that monitor HIV antiretroviral resistance in accordance with PAHO/WHO recommendations
3.2 Increase quality of HIV care and treatment	Plan of Action for the Prevention and Control of Tuberculosis (Resolution CD54.R10 [2015])	1.6 Number of countries where 100% of cases of TB/HIV co-infection receive antiretroviral therapy

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

CD55/14
Annex D
Original: English

PROPOSED RESOLUTION

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF HIV AND SEXUALLY TRANSMITTED INFECTIONS 2016-2021

THE 55th DIRECTING COUNCIL,

(PP1) Having examined the *Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021* (Document CD55/14);

(PP2) Considering that the Plan is aligned with the World Health Organization (WHO) Global Health Sector Strategies for HIV and sexually transmitted infections (STIs) for 2016-2021, the Global Strategy of the Joint United Nations Program on HIV/AIDS (UNAIDS) for 2016-2021, and Sustainable Development Goal (SDG) 3,¹ and provides a clear long-term goal of ending AIDS and STI epidemics as public health problems in the Americas by 2030;

(PP3) Referring to the proposed 2016 World Health Assembly resolution in support of plans and strategies to achieve the above goal at the global level;

(PP4) Cognizant of the impact these epidemics have in the Americas, especially among key populations and other priority populations in situations of vulnerability;

(PP5) Acknowledging the need to decrease and eliminate the scourge of stigma, discrimination, and violation of the human rights of key populations and people living with HIV;

¹ Ensure healthy lives and promote well-being for all at all ages (Resolution A/RES/70/1 adopted by the General Assembly of the United Nations in 2015).

(PP6) Reaffirming that the Plan provides continuity and builds upon the achievements of the previous Regional Strategic Plan for HIV/AIDS/STI (2006-2015) and the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (2010-2015);

(PP7) Aware of the synergistic effect of the implementation of this Plan with other PAHO plans and strategies approved by the Governing Bodies;

(PP8) Taking into account that the Plan reflects the priorities and commitment of Member States, civil society, and multilateral and bilateral agencies to end AIDS and STI epidemics in the Americas as a public health problem by 2030,

RESOLVES:

(OP)1. To approve the *Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021* (Document CD55/14).

(OP)2. To urge Member States, as appropriate and taking into account their contexts, needs, and priorities, to:

- a) continue to prioritize the prevention and control of HIV and STIs in the national agendas of the public health and social sectors;
- b) strengthen the stewardship and governance of the HIV/STI response, with the active participation of civil society, to ensure effective and coordinated interprogrammatic and multisectoral interventions;
- c) formulate, review, and align national HIV/STI strategies and plans, including setting national goals and targets for 2020 and 2030, in line with global and regional strategies, plans, and targets, and regularly reporting on the progress;
- d) strengthen comprehensive strategic information systems to describe the HIV/STI epidemic and the continuum of HIV/STI services, increasing the granularity of data for subnational, gender, and other equity analyses;
- e) develop and regularly review norms and guidelines in accordance with the latest WHO recommendations and scientific evidence;
- f) implement high-impact interventions along the continuum of health promotion, HIV/STI prevention, diagnosis, care, and treatment, tailored to the needs of key populations and others in situations of vulnerability and based on local epidemic characteristics, addressing the integrated management of opportunistic infections, other co-infections, and comorbidities;
- g) continue actions already in place to prevent mother-to-child transmission of HIV and congenital syphilis, with special attention to the diagnosis and treatment of maternal syphilis and the second phase of the elimination strategy, which includes the elimination of mother-to-child transmission of other infections relevant to public health, such as hepatitis B and Chagas disease in endemic areas;

- h) develop and implement plans and strategies for the prevention and control of antimicrobial resistance, with special emphasis on gonococcal resistance and HIV drug resistance, and strengthen national laboratory capacity to monitor resistance;
- i) adapt delivery of HIV/STI services based on a people- and community-centered approach, through multidisciplinary teams, including trained lay providers, and an integrated network of health services that increases the resolution capacity of the first level of care, to address the clinical and psychosocial needs of people living with HIV, key populations and others in conditions of vulnerability based on the local epidemic, with culturally, linguistically and age-appropriate approaches, to achieve equity, maximize impact, ensure quality, and eliminate stigma and discrimination;
- j) improve integration of HIV/STI services to adequately address maternal and child health, sexual and reproductive health, HIV co-infections, with special emphasis on TB-HIV, and co-morbidities, including specific interventions for harm reduction in substance and alcohol use disorders, and early identification and treatment of mental illnesses;
- k) strengthen laboratory capacity for screening and diagnosis of HIV, STIs, opportunistic infections and other co-infections, as well as for clinical monitoring, based on the latest WHO recommendations, prioritizing the use of WHO prequalified diagnostics, and ensuring quality assurance practices;
- l) secure the uninterrupted supply of quality-assured and affordable vaccines, medicines, diagnostics, condoms, and other strategic commodities related to HIV/STIs and opportunistic infections, strengthening supply chain management structures and processes, including forecasting, procurement, warehousing, and distribution;
- m) strengthen the technical capacity and competencies of the national health workforce, and address and eliminate stigma, discrimination and other forms of human rights violations in the health sector;
- n) facilitate the empowerment of civil society and enable engagement in the provision of effective and sustainable health promotion, and HIV/STI prevention, care and treatment services;
- o) increase and optimize public financing with equity and efficiency for the sustainability of the response to HIV/STI, and integrate prevention, care and treatment interventions into comprehensive, quality, universal, and progressively expanded health services according to need, and with a people-centered approach, noting that, in most cases, public expenditure of 6% of GDP for the health sector is a useful benchmark;
- p) improve efficiency in the procurement of strategic commodities through regional and subregional mechanisms for price negotiation and procurement, including the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund).

(OP)3. To request the Director to:

- a) support the implementation of this Plan of Action through a coordinated and interprogrammatic approach to technical cooperation to address integration of the HIV/STI response in the broader universal health access and coverage strategy and in linkage with other regional plans and strategies;
- b) provide support to Member States for the development and review of national HIV/STI strategies and plans, including target setting and program reviews to monitor progress;
- c) provide technical support to Member States to strengthen information systems and HIV/STI surveillance and monitoring strategies, and build country capacity to generate quality strategic information on HIV/STI;
- d) provide technical support to Member States for the development and review of policies and norms, and for the implementation of high-impact interventions along the continuum of HIV/STI prevention, diagnosis, care and treatment, based on latest WHO recommendations and ensuring quality and equity;
- e) provide support to countries to accelerate the progress towards the elimination of mother-to-child transmission of HIV and congenital syphilis, as well as other mother-to-child transmitted infections relevant to public health, such as hepatitis B and Chagas disease in endemic areas, and coordinate the process of validation of elimination at the regional level;
- f) advocate for an enabling environment that ensures access to health for people living with HIV, key populations and other groups in conditions of vulnerability, promoting, upon the request of Member States, policies, guidelines, and health-related human rights instruments that address gender inequality, gender-based violence, stigma and discrimination, and other restrictions of human rights;
- g) advocate for the empowerment of people and communities and for their meaningful, effective, and sustainable engagement in the provision of care;
- h) advocate for building the capacity of the national work force to provide good quality and people-centered care in health services free from stigma and discrimination;
- i) advocate for full funding of the HIV/STI response and the inclusion of HIV/STI prevention, care, and treatment interventions into comprehensive, quality, universal, and progressively expanded health services according to need and with a people-centered approach;
- j) provide support to Member States through PAHO's Strategic Fund to improve the processes of procurement and supply management and distribution to ensure uninterrupted access to quality-assured and affordable vaccines, medicines, diagnostics, condoms, and other HIV/STI-related commodities, aligned with WHO prequalification;
- k) present a mid-term review to the Governing Bodies in 2018 and a final report in 2021.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. **Agenda item:** 4.10 - Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021

2. **Linkage to [PAHO Program and Budget 2016-2017](#):**

a) **Categories:** Category 1 – Communicable Diseases

b) **Program areas and outcomes:**

- Program area 1.1: HIV/AIDS and STIs (Outcome 1.1 - Increased access to key interventions for HIV and STI prevention and treatment);
- Program area 1.2: Tuberculosis (Outcome 1.2 - Increased number of tuberculosis patients successfully diagnosed and treated); and
- Program area 1.5: Vaccine-preventable Diseases (Outcome 1.5 - Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases).

Its implementation will directly support the achievement of impact goals:

- 6 (Reduce mortality due to communicable diseases), outcome 6.1 (at least a 15% reduction in the mortality rate due to AIDS by 2019 compared to 2014); and
- 8 (Eliminate priority communicable diseases in the Region), outcome 8.1 (Elimination of mother-to-child transmission of HIV and congenital syphilis in 16 countries and territories), as well as contribute to the achievement of other impact goals (1, 2, 3, 4) and outcomes (1.1; 2.1; 2.2; 2.3; 3.1; 3.2; 3.3; 4.1; 4.2).

3. **Financial implications:**

a) **Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):**

Areas	Estimated cost US\$
Human resources	\$3,100,260
Training	\$255,000
Consultants/service contracts	\$215,000
Travel and meetings	\$945,000
Publications	\$140,000
Other expenses	
Total	\$4,655,260

The estimated cost of this plan is US\$ 14,128,580 (approximately \$4,610,000 for activities and \$9,518,580 for staff).

b) Estimated cost for the 2016-2017 biennium (including staff and activities):

The estimated cost for the biennium is \$4,650,260 (approximately \$1,550,000 for activities and \$3,100,260 for staff).

c) Of the estimated cost noted in b), what can be subsumed under existing programed activities?

It is estimated that the unit chief (P5), one technical advisor (P4) on strategic information, and one administrative staff (G5), currently funded through the PAHO regular budget, will contribute 75% of their time to the implementation of this plan. In addition, one technical advisor on antimicrobial resistance, currently funded through PAHO regular budget, will contribute 20% of time. A technical advisor position (P4) on STI and prevention, funded through PAHO regular budget, will be advertised and filled in 2016, and will contribute 75% of time to the implementation of this plan. Overall, \$1,100,130 for the biennium 2016-2017 will be covered with PAHO regular budget.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

The work will be carried out at the country, subregional, and regional levels.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level, as well as to ensure HIV/STI dedicated focal points in high impact and priority countries.

c) Time frames (indicate broad time frames for the implementation and evaluation):

The proposed plan will cover 2016-2021 and requires support from the Pan American Sanitary Bureau, partnerships, and Member States. The final evaluation will be completed in 2021 and presented to the Governing Bodies in 2022.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.10 - Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021

2. **Responsible unit:** Communicable Diseases and Health Analysis (CHA)/HIV, Hepatitis, Tuberculosis and Sexually Transmitted Diseases Unit (HT)

3. **Preparing officers:** Dr. Marcos Espinal, Dr. Massimo Ghidinelli, Dr. Giovanni Ravasi, Dr. Fernando Zacarías

4. **Link between Agenda item and [Health Agenda for the Americas 2008-2017](#):**

- d) Diminishing Health Inequalities among Countries and Inequities within them
- e) Reducing the Risk and Burden of Disease

5. **Link between Agenda item and the amended [PAHO Strategic Plan 2014-2019](#):**

a) **Categories:** Category 1 – Communicable Diseases

b) **Program areas and outcomes:**

Program Areas:

- 1.1 HIV/AIDS and STIs;
- 1.2 Tuberculosis; and
- 1.5 vaccine-preventable diseases.

Its implementation will directly support the achievement of impact goals:

- 6 (Reduce mortality due to communicable diseases); outcome 6.1 (At least a 15% reduction in the mortality rate due to AIDS by 2019 compared to 2014); and
- 8 (Eliminate priority communicable diseases in the Region); outcome 8.1 (Elimination of mother-to-child transmission of HIV and congenital syphilis in 16 countries and territories), as well as contribute to the achievement of other impact goals (1, 2, 3, 4) and outcomes (1.1; 2.1; 2.2; 2.3; 3.1; 3.2; 3.3; 4.1; 4.2).

6. **List of collaborating centers and national institutions linked to this Agenda item:**

The implementation of this Plan will require multisectoral, multi-agency, inter-country, and inter-programmatic cooperation and collaboration, as well as the strengthening of alliances with partners at all levels. These include the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other UN partners; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the United States President's Emergency Plan for AIDS Relief (PEPFAR); the United States

Agency for International Development (USAID); the Centers for Disease Control and Prevention (CDC); the Horizontal Technical Cooperation Group; the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP); PAHO/WHO Collaborating Centers; regional global and national level CBOs/NGOs, including people living with HIV and key populations; universities; scientific societies; and other relevant sectors.

7. Best practices in this area and examples from countries within the Region of the Americas:

The coordination of the response to HIV/AIDS in Latin America and the Caribbean has been strengthened through a series of regional fora on HIV prevention, care, and treatment, where national programs, civil society, and development partners gathered to discuss and endorse new HIV care and treatment (90-90-90 targets), and the prevention and zero discrimination targets for the strategic agenda of the response at all levels. This coordinated effort helped countries to transition their response to the new landscape of Sustainable Development Goals and the perspective of ending the AIDS and STI epidemic by 2030 contemplated in the new WHO Global Health Sector Strategy and UNAIDS Global Strategy for 2016-2021.

The coverage of antiretroviral treatment among all estimated people living with HIV has increased significantly in Latin America and the Caribbean, rising from 8% in 2000 to 46% by the end of 2014 (44% in the Caribbean and 47% in Latin America), which is the highest of any developing region in the world. Member States, such as Argentina, Brazil, Canada, Mexico, and the United States already have adopted the “treat all approach”, and antiretroviral treatment in those countries is offered to all of those living with HIV, regardless of CD4 count.

In 2014, 17 countries reported data compatible with the dual elimination of mother-to-child transmission of HIV and syphilis. In 2015, Cuba was the first country in the world to achieve validation of dual elimination.

8. Financial implications of this Agenda item: The estimated cost of the plan is US\$ 14,128,580.
