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SCALING UP HEALTH SYSTEMS FOR AN INTEGRATED RESPONSE TO HIV/AIDS

Introduction

1. More than 2 million people are living with HIV/AIDS in Latin America and the Caribbean (LAC). The spread of the HIV epidemic is increasing; an estimated 200,000 persons contracted the infection during 2003. The Caribbean has the second highest prevalence rates of HIV/AIDS in the world after sub-Saharan Africa, with overall adult prevalence of 2-3%. In Central America, prevalence rates have been growing steadily and most countries of the subregion are now facing a generalized epidemic. In the Caribbean, the prominent mode of transmission is heterosexual, while in Central America, homosexual transmission is also recognized as an important factor. Injecting drug use is a significant and growing mode of HIV transmission in several countries, especially in the Southern Cone.

2. Since the early 1990s, important changes have occurred in the external environment in recognition that a strong, integrated and multisectoral response is required to address the many dimensions of HIV/AIDS and its implications. New actors have entered the HIV/AIDS arena from public, voluntary, and private organizations; donors and development institutions; and numerous multilateral and international organizations. The adoption of the Millennium Development Goals (MDGs) by 191 governments in September 2000 further recognized HIV/AIDS as a problem of global dimension, and two special sessions of the United Nations General Assembly in 2001 and 2003 have called upon governments worldwide to heighten HIV/AIDS actions. Despite significant progress in many countries in the Region of the Americas, overall success in reducing the impact of HIV/AIDS has been limited, particularly in resource-poor countries.

Major Features of PAHO's Response to HIV/AIDS

3. In partnership with the Member States and UNAIDS, PAHO's work in HIV/AIDS has supported the preparation, execution, and evaluation of national and regional strategic plans; systematic improvements in epidemiological surveillance; targeted prevention interventions, especially for youth and vulnerable groups; the incorporation of gender perspectives, sexuality, and social inclusion in HIV/AIDS activities; the development of regional communications networks and communications capacity in countries; and a series of modules for comprehensive care, the "Building Blocks." PAHO has also championed equitable access to treatment through the establishment of the Regional Revolving Fund for Strategic Public Health Supplies.

4. During 2003, PAHO played a key role in assisting countries to develop successful proposals for the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM). The challenge now is to support countries so the projects are implemented in such a way that technical soundness is ensured and strengthening of national efforts against HIV/AIDS is accomplished. As part of the Organization's intensified focus on intercountry cooperation, PAHO has stimulated and enabled intercountry technical cooperation in HIV/AIDS, as has been the case of Brazil and Haiti. In collaboration with UNAIDS, PAHO has supported a series of subregional price negotiations in the Region, resulting in significantly reduced costs of antiretroviral therapy (ART)—on the order of 90% in some cases. In recognition of the need for heightened coordination and synergy among international agencies, PAHO and UNAIDS cohosted a meeting of Regional Directors of cosponsoring agencies of UNAIDS in June 2003; and as a result, it has been agreed that an Interagency Coordinating Committee will be established. Special coordination efforts have been taking place and will be developed both with the Pan Caribbean Alliance for Fighting HIV/AIDS (PANCAP) and with the United States Presidential Initiative on HIV/AIDS.

Rationale for an Accelerated Response to HIV/AIDS

5. The fight against AIDS in Latin America and the Caribbean has focused primarily on the prevention of HIV transmission, an appropriate public health approach during the first phase of the pandemic. Although the reduction of new infections is still of paramount concern, the arrival of effective treatment, the availability of reduced prices for ARV, coupled with the dramatic increase in the number of persons living with HIV/AIDS (PLWHA) and concerns about global health equity have created a demand for improved and comprehensive services to address the growing needs of PLWHA and their caregivers. The data show that HIV/AIDS is particularly affecting the poor and the vulnerable, and that it is closely intertwined with gender inequality, violence, and social

exclusion. Access of treatment has not kept the pace with prevention efforts to the ultimate detriment of laudable prevention efforts worldwide.

6. Several countries in the Americas and elsewhere have shown that a balanced approach encompassing sustained prevention efforts, reduction of stigma and greater access to comprehensive care, support, and treatment can curb the upward trend of the disease and the threat it imposes to the social fabric of societies. Demonstrated successes in countries such as Bahamas, Brazil, Chile, and Costa Rica can be models for replication by other countries. Since the introduction of widespread ART in the Bahamas, for example, there has been a 44% reduction in new HIV cases as well as a 56% reduction in AIDS deaths. These achievements have been attributed to early government response, strong civil society participation, multisectoral mobilization, balanced interventions in both prevention and treatment, and a human rights perspective in all strategies and actions. Haiti, the poorest country in the Hemisphere, has excellent examples of integrated prevention and care efforts with a strong community component. Thus, prevention, care, support, and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic.

7. In March 2002, PAHO/WHO and UNAIDS cosponsored a Regional Consultation on Comprehensive Care for HIV/AIDS and held a forum in Ocho Ríos, Jamaica, to discuss the challenges associated with the need of scaling up health systems to cope with the developments of the HIV/AIDS epidemic.

8. In January 2004, the Heads of Government and Heads of State of the Americas issued the Declaration of Nuevo León on the occasion of the Interim Summit of the Americas that took place in Monterrey, Mexico, and made reference to the impact of HIV/AIDS on our societies and the threat that it represents for people's security. They made explicit a commitment to facilitate treatment for HIV/AIDS to at least 600,000 individuals in the Americas by 2005.

"Three-by-five Initiative"—Strengthening Health Systems

9. The "3-by-5 Initiative", announced by Dr. LEE Jong-wook, Director-General of WHO on 22 September 2003 aims to provide ART to 3 million PLWHA in the developing world by the end of 2005 in an effort to bridge the treatment gap. The major thrust of the 3-by-5 strategic framework lies in the reduction of HIV/AIDS and the strengthening of health systems through mechanisms that include attracting resources to the health system in addition to those required for ART; improving physical infrastructure; improving procurement and distribution systems; and promoting community empowerment. The strategy fosters a balanced approach between prevention and treatment and is deeply rooted at the community level. It calls for improved and

simplified methods and tools, including monitoring and evaluation methods that can be easily understood and implemented by community members in poor settings. Its five pillars include global leadership, alliances, and advocacy; urgent, sustained country support; simplified, standardized tools for delivering ART; effective, reliable supply of medicines and diagnostics; and rapidly identifying and reapplying new knowledge and successes. Its approach seeks to rapidly fill the gaps at the country level, while laying the groundwork for long-term sustainability.

PAHO's Response to the "3-by- 5 Initiative"

10. PAHO is responding to this call for action and adapting the 3-by-5 strategy to best respond to the Region's unique epidemiological and cultural situation. Soon after the announcement of the WHO initiative in September 2003, PAHO established an inter-disciplinary core team to consider approaches to the 3-by-5 strategy for the Americas. The goal of PAHO's 3 by 5 is to work in partnership with the Member States to enable the greatest possible contribution towards improved survival and quality of life for PLWHA in the Region, while advancing toward the ultimate goal of universal access to ART for those in need and guided by the values of Health for All. PAHO's 3-by-5 strategy seeks to stimulate the synergy between prevention and treatment while building in the elements to ensure enhanced country capacity.

11. In early January 2004, PAHO organized a 3-by-5 Task Force consisting of the PAHO Core Group, other key staff, and several experts and stakeholders from countries in the Region, including participation from nongovernmental organizations, to begin developing the 3-by-5 strategy for the Americas. The Task Force defined five strategic orientations for the implementation in the Americas:

- Political commitment and leadership, partnerships, and community mobilization;
- Health systems/services strengthening, including the adaptation and application of appropriate tools;
- Effective, reliable supply of medicines, diagnostics, and other commodities;
- Links with preventive health services;
- Strategic information and reapplying lessons learned.

12. These strategic orientations were further detailed in a matrix containing specific activities and time-bound indicators. This matrix will be used to guide PAHO's intensified work in response to the "3-by-5 Initiative", and to ensure that the Member States fully participate in its design and benefit from the initiative.

13. The Task Force consultation recommended that PAHO exert active leadership to promote the role of treatment in the response to the epidemic, within the framework of a comprehensive package, and to develop an integrated communications strategy to support the 3-by-5 initiative. Other recommendations included the definition of an ambitious, time-bound ART target for the Region and the promotion of horizontal collaboration and technology transfer at all levels (civil society, NGOs, PLWHA, private sector, centers of excellence, governments, and agencies). It also recommended that standardized training packages and simplified guidelines be developed or adapted for use in decentralized, primary health care settings. PAHO was asked to help broker additional finances for scaling up ART and to advocate for increased coverage in public and private sector systems.

14. The Task Force also highlighted the need for updated, harmonized, and simplified guidelines for the selection, quality assurance and sourcing of supplies, and the mapping of lessons learned in supplies management of medicines and other commodities. The need for using existing opportunities, such as TB and STI services, antenatal care, and other health services as entry points was identified for reference and follow-up of people who need ART. The Task Force recognized that STI services can also be strengthened, that 3 by 5 should be linked to improved access to high quality STI control programs with emphasis on vulnerable groups, and that syphilis screening in pregnant women should also be integrated within activities for the prevention of maternal and child transmission of HIV. Campaigns for voluntary donation and the universal screening of blood need as well to be supported. The Task Force also recommended that PAHO support the development of monitoring and evaluation plans and promote intercountry technical cooperation in this area.

15. PAHO has already commenced with the next steps, which include the sharing of the recommendations of the Task Force with all countries in the Region, an effort to be coordinated with the country offices, and the preparation of a solid situation analysis which can be used to guide the strategies at country level. Resource mobilization, both on the part of countries and PAHO, will be needed to implement 3 by 5, complementing funding for the provision of ART from other sources, including the GFATM.

Action by the Subcommittee on Planning and Programming

16. The Subcommittee on Planning and Programming is being requested to provide comments on the proposed approach and to formulate suggestions for PAHO's role in scaling up health systems for an integrated response to HIV/AIDS.

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