PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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## ACCESS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS

The purpose of this document is to update the Executive Committee on progress in the Region with respect to access to care and treatment, and in meeting the goals set by Heads of State at the Special Summit of the Americas in 2004, and of the ''3 by 5'' Initiative.

The document reviews the mandates related to HIV/AIDS including the Millennium Development Goals, two Special Sessions of the United Nations General Assembly, the Special Summit in Nuevo Leon, Mexico, the "3 by 5" Initiative and the Directing Council Resolution CD45.R10. It briefly discusses other major initiatives in HIV/AIDS, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Plan for AIDS Relief, the "3 Ones" and the work of the World Bank.

Progress in scaling up care and treatment in Latin America and the Caribbean is reviewed, indicating that the goal of the Special Summit of treating at least 600,000 people needing antiretroviral therapy by 2005 has been met, and exceeded. Practically all countries substantially increased treatment coverage from January 2004 when the commitment was announced. Since the Directing Council Resolution, CD45.R10, PAHO has intensified its focus on countries with greater impact at the country level. The financial and human resources available to PAHO are being used for direct technical support to countries to strengthen the health sector response to the HIV epidemic and complement activities underway in the region. In accordance with Resolution CD45.R7 on Access to Medicines adopted by the 45th Directing Council in 2004, Regional Revolving Fund for Strategic Public Health Supplies activities are being intensified in 2005, particularly in Central American and the Caribbean.

The paper also outlines critical issues and steps for moving forward to the goal of universal access to comprehensive care and treatment, including prevention, for all countries of the Americas. This includes a brief proposal for a Regional Strategic Plan 2006-2015 for universal access to comprehensive prevention, care and treatment.

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## Purpose of the Document

1. The purpose of this document is to update the Executive Committee on progress in the Region with respect to access to care and treatment, and in meeting the goals set by Heads of State at the Summit of the Americas in 2004, and of the ‘’3 by 5’’ Initiative. It also outlines critical issues and steps for moving forward to the goal of universal access to comprehensive care and treatment, including prevention, for all countries of the Americas.

## Mandates

2. In Latin America and the Caribbean (LAC) there are several mandates with respect to HIV/AIDS. These include the following:

### *Millennium Development Goals (MDGs)*

3. Among the goals of the United Nations Millennium Declaration HIV/AIDS was recognized as a specific problem that required special attention globally. Goal 6 directly addresses HIV/AIDS: “To combat HIV/AIDS, malaria and other diseases” and Goals 3 (Promote gender equality and empowerment , 4 (Reduce child mortality) and 5 (Improve maternal health) are also relevant to reducing the burden of morbidity and mortality generated by HIV infection.

### *Special Session of the United Nations General Assembly (UNGASS) held in June 2001*

4. Called by the Secretary General of the United Nations appealed to all governments to heighten their responses to HIV/AIDS. In September 2003, a follow-up session was held at which progress on the UNGASS commitments was evaluated.

### *Special Summit of the Americas held in Monterrey (Nuevo Leon, Mexico)*

5. Held in January 2004, in which Heads of Government signed a commitment to the goal of universal treatment with antiretroviral therapy (ART) for all those who needed it as soon as possible, and at least for 600,000 people needing treatment by the next Summit in 2005.

### *The ‘’3 by 5’’ Initiative*

6. Announced by Dr. LEE Jong-wook, Director-General of WHO, on September 22, 2003 which aimed to provide ART to 3 million people living with HIV and AIDS (PLWHA) globally by the end of 2005.

***Resolution CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO)***

7. Supporting scaling up of efforts to treat HIV/AIDS/STI within the context of a comprehensive response to the epidemic.

8. PAHO is using the opportunities created by these mandates to intensify its work in HIV/AIDS so that countries in Latin America and the Caribbean can fully benefit from these commitments.

**Other Major Actors**

9. PAHO's support to HIV/AIDS activities complements those of other major partners active in the region. These include the following:

***The Global Fund to Fight AIDS, Tuberculosis and Malaria***

10. The Global Fund to Fight AIDS, Tuberculosis and Malaria is the largest donor for HIV/AIDS interventions in the Region with a total of 22 programs amounting to US$480 million, approved for a 5-year period. Experience with the Global Fund programs so far shows an urgent need for addressing governance issues and for providing technical, managerial and procurement support. Handling large budgets, significantly scaling up interventions, and ensuring results-based monitoring and consensus-building with a wide range of stakeholders are dimensions that pose considerably more difficulty than originally expected by the Fund. Governance issues such as transparency, inclusion and representation of stakeholders are critical for smooth implementation. The execution of the Global Fund grants must be closely monitored and an early warning and response system should be put in place well before reaching the point of second phase funding approval.

11. PAHO has invested considerable resources (around $759,000) to support Member States in the preparation of proposals that have now been financed and strengthening of the Country Coordinating Mechanisms. Recently PAHO organized a workshop to assist countries in preparing new proposals for the 5th Round in which twelve proposals were strengthened. PAHO's experience in designing projects for the first four Rounds, and in assisting countries with implementation difficulties, make its role in supporting countries especially critical at this time. Much emphasis should be laid on the timely preparation of the 2nd Phase evaluations since a failure to succeed will mean a critical loss of funds for the country and the Region, with $283 million or 59% of the total budget assigned to Phase 2 projects.

***The President's Emergency Plan for AIDS Relief (PEPFAR)***

12. PEPFAR is the largest international health initiative ever to be initiated by one nation to address a single disease. PAHO collaborates with PEPFAR in its focus countries (Haiti and Guyana), and also works closely with United States Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC) and other PEPFAR implementing partners in the Caribbean and Central America. Areas of collaboration include stigma reduction, laboratory support, surveillance and behavior change and prevention related interventions.

***The Three Ones***

13. Fulfilling the "Three Ones" principles is a key priority of the United Nations. The "Three Ones" represent a new approach for the organization of country-level responses: one national AIDS framework, one national AIDS authority, and one system for monitoring and evaluation. They were developed to address the urgency, nature, scope, and complexities of the epidemic. The application of these principles will allow better coordination and result in the optimal use of the limited resources available to respond to the epidemic. In order to implement these principles, PAHO and the other co-sponsors of UNAIDS have been meeting on an annual basis to jointly plan strategies, review progress and harmonize activities. The resulting documents and activities are available through a joint UN internet site of the Regional Directors Group for Latin America and the Caribbean (http://www.hiv-regional.org/Intro.htm)

14. The most recent meeting took place on 3-4 March 2005 in Washington DC. The Regional Directors declared again their commitment and support to the "Three Ones" as a unifying framework for streamlining regional and country level activities. The Group is committed to work in coordination with national leadership, multilateral, bilateral and other key partners to move the "Three Ones" principles from rhetoric to action at country level. Next steps for the Region include the preparation of a harmonization meeting with donors to join efforts to strengthen regional and country commitment and action against the HIV epidemic.

***The World Bank***

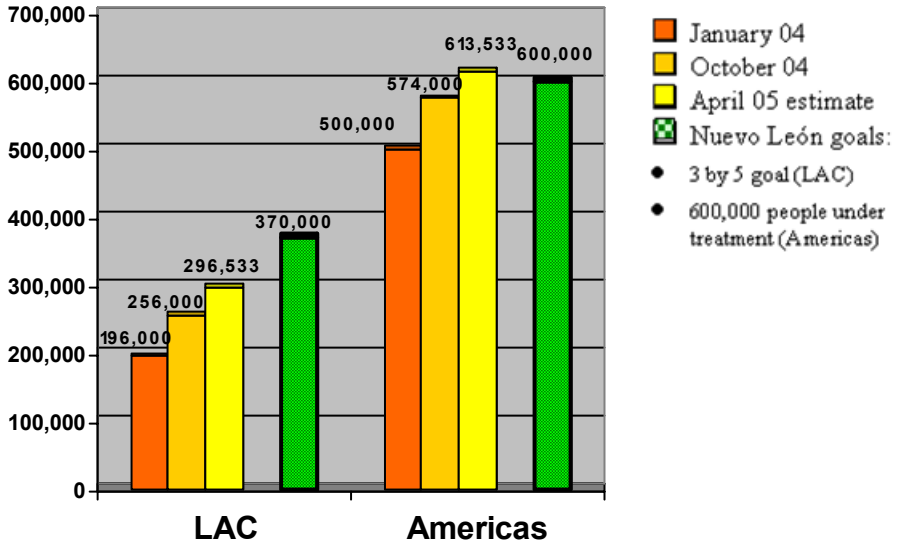
15. The World Bank has currently committed more than $260 million for HIV/AIDS prevention and control programs or HIV/AIDS components in health and other projects in LAC (Argentina, Barbados, Brazil, Dominican Republic, El Salvador, Grenada, Guyana, Honduras, Jamaica, Mexico, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago and Venezuela, as well as two regional grants for Caribbean Community/Pan Caribbean Partnership Against AIDS and Central America).

16. The World Bank provides loans and grants to LAC countries for the reduction of HIV and recently approved two grants for the Caribbean ($9 million, March 2004) and

Central America ($8 million, March 2005). These are the first grants of regional scope approved by the World Bank for LAC. They will help countries to establish, consolidate and effectively coordinate regional support to Caribbean and Central America countries in their efforts to reduce the impact of HIV/AIDS. For the Caribbean, activities will focus on the human and economic development of the subregion, especially in the context of the accelerated movement toward a Caribbean Single Market and Economy. For Central America, activities will focus on developing a regional reference laboratory, surveillance/monitoring and evaluation, policy development and prevention among vulnerable populations.

17. PAHO works closely with the World Bank in the planning and training related to these grants, and is a partner in the Central American Plan for 2nd Generation HIV/AIDS Surveillance.

**Figure 1**
**Increase in ART in the Americas (January 2004 – April 2005)**
**and the Nuevo Leon goals**




**Progress Since 2003**

***Progress in Filling the Treatment Gap***

18. Thanks to an extraordinary mobilization of human and financial resources, including those from the Global Fund, by the time the Fourth Summit of the Americas is held, the target of treating 600,000 individuals needing ART will be met. At the end of April 2005, the estimated number of people receiving treatment in Member States,

including Canada and the United States, was 613,533 (see Annex). Practically all countries substantially increased treatment coverage from January 2004, when the commitment was announced. In LAC 100,000 new treatments were initiated in the period, as the number of people under treatment rose from 196,000 to 296,533 (see Figure 1) This robust and steady increase was possible because of the high level of commitment and intensified action of countries in the Region, and heightened support from development partners.

19. PAHO is pursuing five strategic orientations for scaling up HIV/AIDS care and treatment, and compiling examples of country successes in each. Since the Directing Council adopted resolution CD45.R10, the focus on countries has been heightened with greater impact at the country level. The financial and human resources available to PAHO are being used for direct technical support to countries to strengthen the health sector response to the HIV epidemic and complement activities underway in the region. At the Technical Advisory Committee Meeting in January 2005, countries prepared work plans for the use of ‘’3 by 5” resources in order to scale up their responses to HIV/AIDS and improve access to comprehensive care and treatment for those in need.

20. Activities have included assistance to countries with the development and implementation of care and treatment plans; procurement and management of pharmaceuticals, including use of PAHO’s “Regional Revolving Fund for Strategic Public Health Supplies”(see below); improvement of laboratory capacity and sharing of services among countries; human resource development, including continuing education and training of providers; integration of HIV/AIDS prevention and care interventions with primary care and other services; monitoring the impact of care and treatment services; intensified collaboration with partners, including PLWHA and civil society, to support health sector response; support for communication campaigns to motivate people to ‘’know their status’’; the development of methods and interventions for vulnerable populations (adolescents, men who have sex with men, commercial sex workers, injecting drug users, etc.); supporting the integration of prevention of mother to child transmission programs into maternal, child and reproductive health programs; working with others on ways of reducing stigma and discrimination; and supporting the leadership and stewardship roles of ministries of health in the coordination of the response to HIV/AIDS.

***Regional Revolving Fund for Strategic Public Health Supplies***

21. The Strategic Fund, established in 2000, aims to link technical processes in supply management of strategic public health products with product procurement. As an instrument of technical cooperation the Revolving Fund strengthens national processes in procurement planning and quality assurance for HIV/AIDS, tuberculosis and malaria strategic public health supplies, amongst others. As a procurement mechanism, the

Revolving Fund allows participating members to use a common fund for payment of authorized purchases of essential public health commodities. One-third of PAHO Member States have now signed agreements for participation in the Strategic Fund. At the end of 2004, participating countries have used the mechanism to purchase $18 million of essential public health supplies. In 2005, Brazil, Guatemala, Honduras and Nicaragua have used the Revolving Fund for procurement and/or technical support in the supply management of HIV/AIDS medicines.

22. PAHO technical support in procurement and supply management to countries participating in key global initiatives such as the "3 by 5" Initiative and Global Fund projects, will be facilitated through the Revolving Fund. Principal Recipients of projects financed by the Global Fund may also use the Revolving Fund for procurement of products. The Global Fund was established to attract, manage and disburse additional resources through a public private partnership to reduce infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries of need. Section III of the Global Fund Framework document indicates that in making its funding decisions, it will support proposals that "are consistent with international law and agreement, respect intellectual property rights such as World Trade Organization's Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need." It is noted that the objectives and purpose of the PAHO Revolving Fund fully converge with those of the Global Fund: accordingly the Revolving Fund is considered to be an ideal procurement mechanism for Principal Recipients of grants.

23. In accordance with Resolution CD45.R7 on Access to Medicines adopted by the 45th Directing Council, 2004, Revolving Fund activities are being intensified in 2005, particularly in the Central American and Caribbean region, focusing on the development and review of national and Global Fund financed procurement plans to assist countries in dealing with some of the administrative and technical hurdles being experienced in translating available funding into product supply. Activities are being developed with the support of PAHO Collaborating Centers and reference technical institutions, and with the support of the Global Fund itself.

## Critical Issues (Reality Behind the Figures)

### *Inequities Between Countries*

24. Meeting the goal of at least treating 600,000 people with HIV in the Americas is an accomplishment that the countries have reason to celebrate at the next Summit of the Americas in Mar del Plata in 2005. It represents an important step towards reaching the larger goal of providing ART to all who need it in the LAC Region. Nonetheless, to

reach the goal of universal coverage – the ultimate goal announced at Nuevo León – an even greater effort will be required. It will mean bridging a large equity gap between the more developed and less developed countries. At least eight countries are currently treating only 30% or fewer of people under criteria for treatment. Only three countries seemed to have reached truly universal access, Chile, Cuba and Uruguay. Between these two groups there is a wide spectrum of regional and subregional differences, marked by lower coverage in the Andean, Central American and Caribbean countries.

***Inequities Within Countries***

25. Information reported by countries shows that countries are making a great effort to accelerate access to ART in the Region. Despite differences between countries, all countries have shown an increase in the number of PLWHA known to the public health system who are presently on treatment. However, it is difficult to assess, based on available data, how equitable the increase of services is according to geographical and socioeconomic characteristics as well as in the adequacy of services.

26. In most cases, services are still centralized in specialized clinics which are located in the main cities, causing an economic burden to PLWHA living in remote areas. Further decentralization is needed in order for care and treatment services to reach populations in an equitable way. Nonetheless, due to high levels of stigma and discrimination in many LAC countries, people often prefer to seek services outside of their own health districts where they will not be identified. It is well known that people traveling between islands of their own countries, from their city of residence to far away rural places, and between countries, for diagnosis, care and treatment of HIV disease. This underlines the need not only for urgent measures to reduce stigma but also the importance of having services available in more than one geographical area.

27. Sexual orientation also affects access to services in LAC. Well organized groups of men who have sex with men, while at first extremely weak in the Region, have become the main advocates for treatment access and have been highly successful in pressuring governments adopt universal access policies. However, other vulnerable groups have been assisted to a much lesser degree in access to information and services, including women whose husbands have been unfaithful or who have sex with other men. This “exclusivity” of particular groups, particularly the gay movement, has also meant that those who are not overtly gay, such as bisexual men, often remain “hidden” in not disclosing their sexual orientation or possible risk for HIV. PAHO is currently testing a methodology, Face to Face (*Cara a Cara*) to orient services in the Region to more effectively reach men who have sex with men with prevention and care.

28. Gender is an important factor influencing not only access to ART, but also the experience of treatment, care and support services. Women and girls face a range of HIV-

related risk factors and vulnerabilities embedded in the social and economic realities of the Region. In 2004, 36% of those living with HIV in Latin America, and 49% in the Caribbean, were women. Also 760,000 women in reproductive age were infected; this amount doubles that of Canada and the United States. High numbers of HIV-positive pregnant women are visiting prenatal care clinics but in many places voluntary counseling and testing services are not available. In 2003 only 33% of pregnant women in LAC were offered Prevention of Mother to Child Transmission (PMTCT) services.

29. Young women and girls are more susceptible to HIV than their male counterparts. In many countries in Latin America and the Caribbean, information about safe sex and prevention of STI, as well as services such as diagnosis and treatment for sexually transmitted diseases (STI), pap smears, cervical screening and counseling, are not easily available to young women. According to the Demographic and Health Surveys (2002) from Guatemala 11% of women could not identify any means to prevent HIV infection and only 57% had heard about the HIV test. For many girls, violence or coercion marks their first experience of sex. In the Caribbean the ''sugar daddy'' phenomenon puts young women in a socially and economically dependent situation, and at increased risk for STI and HIV. Their young age and lack of autonomy also precludes them from seeking health services.

30. Nonetheless, important progress has been made in terms of women's access to HIV/AIDS treatment. In Chile, Costa Rica and Cuba, coverage is estimated at approximately 100% of the women requiring ART. Despite advances in some countries, many women in the Region are facing financial, social and cultural barriers, which are exacerbated by specific threats of violence and other forms of discrimination. Data is limited regarding the requirements for, the access to, and the adherence to treatment of the broader cohort of women beyond the stereotypes of sex workers, women with multiple sex partners, drug users or pregnant women.

***Challenges in the Health Sector***

31. In addition to the inequities mentioned above data are lacking on the quality of the services being provided and on the long-term implications for the health systems of the changes introduced to scale-up care and treatment for HIV/AIDS. In many countries, even though financial resources are available through international funding mechanisms to scale up ART, the health systems and services are not expanding rapidly enough to achieve universal access to care and treatment.

32. The integration of services in the primary level of care is still very limited. The provision of services in specialized HIV/AIDS clinics only is a known barrier for access to care, due to a persistent environment of stigma and discrimination against PLWHA and vulnerable groups. The spontaneous demand for counseling and testing, essential for

the early detection of HIV positive individuals, is also compromised due to the limited availability of adequate services at the community level with appropriate referral systems. Essential support services such as laboratory and pharmacy, drug procurement and supply management systems, have not expanded rapidly enough to provide for all aspects of patient care, thus imposing delays to the scaling up process.

33. The extension of services for PLWHA is occurring within a context of a scarcity of qualified human resources. Frequently, existing health providers are not equipped or motivated to provide comprehensive care and treatment for PLWHA, they are not sufficient in quantity and kind and they are not deployed to the areas where services are needed. Information gathered by PAHO in several consultations with countries revealed that there is a lack of strategic planning and management processes to inform ministries of health on critical issues related to policies, staffing, cost and even accreditation processes to ensure availability of qualified human resources to attain universal access to comprehensive care and treatment. In addition, some fiscal policies implemented by countries impose limitations to ministries of health for the acquisition and retention of the required staff. The benefit package offered by the public health sector cannot compete with those offered by the private sector or even those offered by externally funded projects within the public sector.

34. The proliferation of services in the for profit and non-profit private sectors, which contributes to rapid expansion and facilitates access to care for specific population groups, becomes a challenge due to weak interaction of public and private health sectors, limited standardized referral systems and limited regulatory systems for norms and protocols and accreditation.

35. The management and evaluation of programs and services care and treatment is another weak area in the health care systems. The majority of countries do not have standardized systems in place for tracking patients and for outcome measures of HIV care programs, including monitoring of resistance.

36. Efforts to strengthen the health systems to deliver quality care should continue if universal care and treatment is to be achieved.

***Segmentation Among Partners***

37. The segmentation among development partners in the area of HIV/AIDS is an obstacle to the success of efforts to scale up care and treatment, both at national and regional levels. In the United Nations system, the mandates of the various agencies are frequently forgotten in the attempt to assist countries to meet their goals. This results in considerable overlap in activities, the substitution of local capacity by international experts who lack the necessary knowledge and understanding of the local situation to

address problems efficiently and effectively, as well as in the recruitment of local experts by international agencies. The net result is a drain on country resources and a reduced capacity to respond to local needs.

38. Efforts to jointly plan strategies and interventions are frequently not followed up or executed in a coordinated manner. Despite wide acknowledgement of the importance of the "Three Ones", development partners continue to stress their own agendas, including separate monitoring and evaluation monitoring and evaluation mechanisms. This is equally true of projects supported by the Global Fund which has imposed a new structure for guiding the implementation of projects as well as a rather complex framework. In addition, the lack of resources in most projects for technical assistance has meant that countries are unable to absorb the funds as quickly or effectively as required. This, as well as the pressure to spend funds quickly and according to pre-agreed schedules, has put pressure on other agencies to assist, and sometimes even compete, with the provision of technical support.

***Intellectual Property Issues***

39. The impact of trade agreements and intellectual property (IP) provisions on access to HIV/AIDS medicines is of concern to PAHO and Member States. While some argue that a high degree of IP protection helps to generate funds for research and development, stimulates local industry and promotes trade and growth, PAHO considers that the application of restrictive IP provisions in trade agreements will have the opposite effect. Generic competition will also be reduced and the entry of generics into the market will be delayed, rendering medicines less available, affordable and accessible. This results in a limited number of sources of product available on the market and higher prices for medicines in the public and private sectors alike.

40. The 45th Directing Council in 2004 urged Member States to prioritize access to essential medicines, continue to implement a broad range of cost containment strategies and "to adapt national legislation in order to maximize the flexibilities contained in the TRIPS, and to encourage that bilateral trade agreements take into account the Doha Ministerial Declaration on the TRIPS Agreement and Public Health." It also requested PAHO to assist Member States in implementing these flexibilities.

41. PAHO is advocating that countries make full use of safeguard provisions in the TRIPS agreement to promote access to medicines in national IP legislation and trade negotiations. It is working with other United Nations organizations to continuously assess the impact of trade agreements on public health and access to medicines in the Region; to advocate for, raise awareness and build capacity on issues of IP, TRIPS and ongoing regional/bilateral trade agreements; and to develop and review national health pharmaceutical and IP policies and regulatory measures that promote access to medicines..

## The Way Forward

### *Strategies to Address Critical Issues*

42. PAHO has identified the following strategies to improve the quality and timeliness of its technical cooperation to better support countries in their scaling up efforts:

*Intensify Direct Support to Countries*

43. To reach the target of universal access to HIV/AIDS care, countries need to undertake extraordinary efforts to expand and sustain existing services. Direct technical support is necessary at all levels of the health systems, from the normative to the primary care level. PAHO's financial and human resources will be decentralized to countries to ensure effective implementation of this strategy.

*Harmonize Regional Action and Promote Technical Cooperation among Countries*

44. PAHO will harmonize its regional action by strengthening the HIV/AIDS regional program, implementing regional mechanisms for accountability, promoting harmonization of international assistance, and supporting sub-regional initiatives. The regional program will maintain a resource network of regional expertise that can support the demands of countries for external technical cooperation to accelerate the expansion of health systems. The use of the technical cooperation among countries (TCC) will continue to be central to this process.

45. Regional accountability will be fostered by strengthening mechanisms for external evaluation of PAHO's work. The Technical Advisory Committee, established in January 2005, will actively participate in monitoring PAHO'S activities and constant feedback to PAHO's Governing Bodies will be maintained. Through the implementation of the subregional biennial program budgets (BPBs), direct technical support will be provided to subregional bodies Caribbean Program Coordination (CPC), Caribbean Community (CARICOM), Central American Integration System (SICA), Southern Common Market (MERCOSUR), *Comunidad Andina de Naciones* (CAN) to scale up their activities in supporting universal access to care.

*Mainstream HIV/AIDS in PAHO and Scale up Its Technical Cooperation Response*

46. PAHO recognizes that the responsibility for the provision of technical cooperation is a corporate responsibility. Interprogrammatic mechanisms will be strengthened and staff (professional and administrative) sensitized, trained and constantly updated on access to care issues. Multi-disciplinary teams will be established to strengthen a comprehensive response at country, sub-regional and regional levels with defined core competencies. Mainstreaming HIV/AIDS in the Organization will also offer the opportunity to include the topic in the many review and evaluation mechanisms such as country specific evaluations and technical program

reviews. Since PAHO employees are also at risk of HIV/AIDS and some employees may be living with the virus, a recently developed Organizational HIV/AIDS policy will be implemented and monitored by PAHO.

*Advocacy*

47. Equitable access to care is part of the ongoing debate on health values and ethical principles, including that of the health as a human right. The stigma and discrimination against PLWHA is a major bottleneck impeding countries' ability to implement effective responses. Advocacy for equitable universal access to care and treatment is an area of pivotal importance for moving countries to the next phase in the control of HIV/AIDS, a phase that will evoke sufficient trust from PLWHA to seek services without fear. Advocacy will take the form of regional and national communication strategies, assisting Member States in the development of communications strategies, including ''Know Your Status'' campaigns to encourage people to visit health services for counseling and testing. Joint advocacy strategies with other partners will also be promoted, including the continuation of Joint United Nations Advocacy Strategies.

*Information and Knowledge Management to Support HIV/AIDS*

48. Information and knowledge management is an essential strategy to support HIV/AIDS activities. Innovative approaches will be implemented in collaboration with the Information and Knowledge Management (IKM) Area. Communities of practice in the various technical areas supporting PAHO's strategic directions, including PLWHA, will be established. Selective dissemination of relevant information will be strengthened.

*Improve Linkages and Alliances with Partners*

49. PAHO's increased focus on strengthening the health sector through HIV/AIDS activities should positively influence the relationship with other partners, including United Nations agencies, the World Bank and the Inter-American Development Bank, the Organization of American States, subregional organizations and other multisectoral agencies. PAHO has already made special efforts to improve and expand collaboration with organizations of PLWHA and advocacy groups at regional, subregional and national levels, and this collaboration will be strengthened throughout 2006-2010. PAHO's relationship and collaboration with multiple actors, in particular private sector and advocacy groups, are not free of risks and potential problems. PAHO, in consultation with nationals, the Technical Advisory Committee and the Governing Bodies will periodically review the benefits that the health sector and PAHO derive from such collaboration.

*Mobilize Resources to Support Health Sector in Universal Access to Care*

50. Despite the increase in financial resources observed in the last five years in the region for care and treatment of PLWHA, there are still gaps, particularly for the health sector. PAHO will intensify mobilization of resources for effective implementation of the Regional Strategic Plan with Member States as well as multilateral and bilateral partners.

*Results-Based Management of Technical Cooperation and Accountability*

51. The HIV/AIDS Unit will strive to maintain its internal leadership to ensure the coordination and monitoring of all HIV/AIDS activities carried out by PAHO. The Unit will monitor corporate Organization-wide activities , including the impact of technical and financial resources assigned to other parts of PAHO. Competent reviews by seasoned experts will complement internal PAHO/WHO evaluations, offer valuable insights for the constant monitoring of the Regional Strategic Plan and foster accountability. The active participation of all donors and Member States in these reviews will be pursued.

***Proposal for a Regional Strategic Plan for Universal Access to Care***

52. At the 39th session of the Subcommittee on Planning and Programming in March 2005 PAHO was requested to develop a Regional Plan for 2006-2015 for assisting countries to scale up comprehensive care and treatment, including prevention, in order to reach the goal of universal access for PLWHA. A framework for this Regional Plan is currently being developed, and will be expanded with input from countries for presentation to the 46th Directing Council in September, 2005.

Annex

## Annex: - ANTIRETROVIRAL COVERAGE IN THE REGION OF THE AMERICAS (6 May 2005)

| COUNTRY | PLWHA Dec 2003 Source: UNAIDS/ WHO | Estimated Number of People 15-49 years old needing ARV therapy 2004 Source UNAIDS/ WHO | Reported number of people receiving ARV therapy Jun-Dec 2004 Source: UNAIDS/ WHO | Month of Report 2004 Source: UNAIDS/ WHO | Under ART By Jul 2004 Source: PAHO | Under ART By 15 Mar 05 Source: PAHO | Under ART By 15 May 05 Source: PAHO | Estimated number of people receiving ARV therapy 2004 Source: PAHO | | % ARV therapy Coverage 15 Mar 05 Source: PAHO |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Low Estimate | High Estimate | |
| Anguilla | 2 004 | | | | 3 | 3 | 3 | | | |
| Antigua & Barbuda | 702 | --- | --- | --- | 30 | 38 | 38 | --- | --- | |
| Argentina | 130 000 | 35 500 | 29 515 | Oct | 25 131 | 30 000 | 30 000 | 30 000 | 33 000 | 85 % |
| Aruba | 1 206 | | | | 49 | 49 | 49 | | | --- |
| Bahamas | 5 600 | | | | 1 884 | 1 884 | 1 884 | | | ---- |
| Barbados | 2 500 | <1 000 | 333 | Jul | 333 | 483 | 483 | | < 500 | --- |
| Belize | 3 600 | < 1 000 | 178 | Jul | 146 | 146 | 146 | | < 200 | --- |
| Bermuda | 709 | | | | 114 | 114 | 114 | | | --- |
| Bolivia | 4 900 | < 1 000 | 130 | Jul | 130 | 150 | 150 | | < 200 | --- |
| Brazil | 660 000 | 179 000 | 154 000 | Oct | 154 000 | 158 000 | 158 000 | 151 000 | 157 000 | 88 % |
| British Virgin Islands | 219 | | | | 13 | 16 | 16 | | | --- |
| Canada | 56 000 | 25 000 | | | 20 000 | 20 000 | 20 000 | | | 80 % |
| Cayman Islands | 51 | | | | 20 | 20 | 20 | | | --- |
| Chile | 30 000 | 5 750 | 7 413 | Jul | 7 413 | 7 413 | 7 413 | 8 000 | 10 000 | 100 % |
| Colombia | 180 000 | 25 000 | 12 000 | Nov | 12 000 | 12 000 | 12 000 | 11 000 | 13 000 | 48 % |
| Costa Rica | 12 000 | 3 150 | 1 850 | Jul | 1 850 | 2 000 | 2 000 | 2 000 | 2 500 | 63 % |
| Cuba | 3 300 | 1 350 | 1 585 | Jul | 1 295 | 1 813 | 1 813 | 1 500 | 2 000 | 100 % |
| Dominica | 135 | --- | 5 | Jul | 5 | 13 | 13 | | < 200 | --- |
| Dominican Republic | 50 024 | 15 500 | 1 011 | Dec | 500 | 1 221 | 1 221 | 900 | 1 100 | 8 % |
| Ecuador | 21 000 | 3 550 | 1 000 | Jul | 520 | 700 | 700 | 1 000 | 1 500 | 20 % |
| El Salvador | 29 000 | 5 100 | 1 575 | Jul | 1 515 | 2 300 | 2 300 | 1 500 | 2 000 | 45 % |
| French Territories | NA | | | | NA | NA | NA | | | --- |
| Grenada | 439 | | | | 19 | 19 | 19 | | | --- |

**Annex: ANTIRETROVIRAL COVERAGE IN THE REGION OF THE AMERICAS (6 May 2005)** *(cont.)*

| COUNTRY | PLWHA Dec 2003 Source: UNAIDS/ WHO | Estimated Number of People 15-49 years old needing ARV therapy 2004 Source UNAIDS/ WHO | Reported number of people receiving ARV therapy Jun-Dec 2004 Source: UNAIDS/ WHO | Month of Report 2004 Source: UNAIDS/ WHO | Under ART By Jul 2004 Source: PAHO | Under ART By 15 Mar 05 Source: PAHO | Under ART By 15 May 05 Source: PAHO | Estimated number of people receiving ARV therapy 2004 Source: PAHO | | % ARV therapy Coverage 15 Mar 05 Source: PAHO |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Low Estimate | High Estimate | |
| Guatemala | 79 000 | 13 500 | 3 617 | Jul | 3 617 | 3 617 | 3 617 | 3 500 | 4 500 | 27 % |
| Guyana | 18 000 | 1 900 | 469 | Sep | 480 | 512 | 512 | | < 1 000 | 27 % |
| Haiti | 280 000 | 42 500 | 2 829 | Sep | 1 370 | 2 788 | 2 788 | 3 000 | 4 000 | 7 % |
| Honduras | 63 000 | 9 450 | 2 312 | Jul | 2 312 | 2 235 | 2 235 | 2 500 | 3 000 | 24 % |
| Jamaica | 22 000 | 2 600 | 500 | Jul | 500 | 1 531 | 1 531 | | < 1 000 | 59 % |
| Mexico | 160 000 | 39 500 | 28 600 | Nov | 24 320 | 28 600 | 28 600 | 26 000 | 32 000 | 72 % |
| Montserrat | 40 | | | | 0 | 0 | 0 | | | --- |
| Netherlands Antilles | 2 005 | | | | 230 | 354 | 354 | | | --- |
| Nicaragua | 6 400 | 1 000 | 33 | Jul | 30 | 150 | 150 | | < 200 | 15 % |
| Panama | 21 500 | 1 850 | 1 873 | Dec | 1 997 | 2 240 | 2 240 | 1 500 | 2 000 | 100 % |
| Paraguay | 18 000 | 1 950 | 300 | Jul | 217 | 320 | 320 | | < 500 | 16 % |
| Peru | 82 000 | 11 000 | 2 000 | Jul | 2 000 | 4 220 | 4 220 | 2 000 | 2 500 | 38 % |
| Puerto Rico | | | | | | 12 731 | 12 731 | | | --- |
| Saint Kitts & Nevis | 359 | --- | 24 | Jul | 24 | 24 | 24 | | < 200 | --- |
| Saint Lucia | 2 541 | --- | 20 | Jul | 20 | 20 | 20 | | < 200 | --- |
| Saint Vincent & the Grenadines | 527 | --- | 32 | Jul | 32 | 32 | 32 | | < 200 | --- |
| Suriname | 5 200 | < 1 000 | 220 | Jul | 220 | 220 | 300 | | < 200 | --- |
| Trinidad & Tobago | 29 000 | 4 700 | 784 | Jul | 784 | 855 | 1 473 | | < 1 000 | 18 % |
| Turks & Caicos | 373 | | | | 75 | 75 | 75 | | | --- |
| United States of America | 950 000 | 451 000 | | | 298 000 | 298 000 | 298 000 | | | 66 % |
| Uruguay | 6 300 | 1 450 | 1 400 | Jul | 838 | 929 | 929 | 1 500 | 2 000 | 64 % |
| Venezuela | 58 000 | 18 000 | 9 525 | Jul | 9 525 | 15 000 | 15 000 | 8 500 | 10 000 | 83 % |
| | | | | | | | | | | |
| **Total** | **2 997 634** | **899 300** | **265 073** | | **573 561** | **612 835** | **613 533** | | | |