

D. REGIONAL STRATEGIC PLAN FOR HIV/AIDS/STI, 2006–2015: MID-TERM EVALUATION

Background

1. The Regional Strategic Plan for HIV/AIDS/STI, 2006–2015 was approved by PAHO Member States in September 2005 (Resolution CD46.R15).¹ It provides guidance to the countries of the Americas to respond effectively to the HIV epidemic and to prevent and control sexually transmitted infections (STI). The overall objective of the Plan is “by 2015, to halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment.” Toward this end, the Plan aims to strengthen national plans in all countries of the Region. It encourages international and national planners to consider the long-term impact and sustainability of programs and to view the trends of the diseases in relation to other long-term economic and human development goals.
2. The Plan includes five critical lines of action:
 - (a) strengthening health sector leadership and stewardship and fostering the engagement of civil society;
 - (b) designing and implementing effective, sustainable HIV/AIDS/STI programs, and building human resource capacity;
 - (c) strengthening, expanding, and reorienting health services;
 - (d) improving access to medicines, diagnostics, and other commodities; and
 - (e) improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination.
3. For each line of action, specific strategies, targets, milestones, and indicators are defined in the Plan, which also establishes the role of the Pan American Sanitary Bureau in support of the Plan, including its oversight and management.
4. The Plan calls for a mid-term evaluation, which was conducted during March–July 2012, to inform, reorient, and update the targets, priorities, and strategies for the remaining years of the Plan.

¹ The Regional HIV/STI Plan for the Health Sector, 2006-2015 was published in November 2005 and can be accessed from http://www.paho.org/english/ad/fch/ai/HIV_Regional_Plan_2006-2015_ENGLISH.pdf

Purpose of the Mid-term Evaluation

5. The mid-term evaluation aimed to:
 - (a) identify key achievements and challenges related to the regional HIV/STI health sector response and the implementation of the Plan; and
 - (b) update priorities, strategies, and targets for the health sector response as well as for PAHO's technical cooperation strategy for the period 2012–2015.

Scope of the Evaluation

6. The mid-term evaluation covered the first implementation period (2006–2011) and had a regional scope, with specific attention to subregional processes, issues, and outcomes. There was a strong focus on the updating of health sector strategies based on new technical guidance and initiatives and the scientific evidence behind them, including:
 - (a) The WHO Global Health Sector Strategy on HIV/AIDS 2011–2015 and its Operational Plan for 2012–2013, endorsed by the World Health Assembly in 2011 and 2012, respectively;
 - (b) the UNAIDS Strategy 2011–2015: Getting to Zero, which aims to revolutionize HIV prevention; catalyze the next phase of treatment, care, and support; and advance human rights and gender equality for the HIV response;
 - (c) the global call and Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean;
 - (d) new evidence regarding HIV treatment as prevention; and
 - (e) the WHO/UNAIDS Treatment 2.0 platform for optimization of HIV treatment.

Methodology

7. The mid-term evaluation applied a mix of regional and subregional approaches to allow for the highest possible level of stakeholder consultation and participation.

8. The methodology had four main components:
 - (a) desk review of regional and subregional plans and reports and recent global and regional technical documents;
 - (b) face-to-face consultations with stakeholders during regional and subregional events, including two subregional consultations on HIV testing (Colombia and Panama, April 2012) and a meeting of chief medical officers from the Caribbean (St. Lucia, May 2012);
 - (c) stakeholder surveys by e-mail and in-depth telephone interviews with selected stakeholders, including national program managers, laboratory directors, people living with HIV, civil society organizations, advocates, UN partners, representatives from subregional entities—such as the Pan Caribbean Partnership against HIV and AIDS (PANCAP) and the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA)—and PAHO regional, subregional, and country staff; and
 - (d) consultation with the PAHO Technical Advisory Committee (TAC) on HIV/STI. The preliminary findings of the mid-term evaluation were presented at a TAC meeting in June 2012 for review, discussion, and validation.

Implementation Process

9. Two consultants were contracted to support the mid-term evaluation, one for the Caribbean process and the other for Latin America. The consultants worked closely with the PAHO team to identify and gather suitable and appropriate documents, develop data collection tools, and identify stakeholders to be interviewed.

10. In the Caribbean, a Steering Committee chaired by the Minister of Health from Grenada was established. The Steering Committee provided input into the development of the methodology and implementation process via virtual meetings and held a face-to-face meeting in June 2012 for review and discussion of the findings. In addition, the University of the West Indies provided support for data collection and analysis.

11. In total, more than 40 individual stakeholders and 12 partner organizations participated in the surveys and interviews. The overall response rate was close to 80%. The findings of the two processes were presented to the TAC in June 2012, during the sixth TAC meeting in Washington, D.C. Comments and recommendations of the TAC have been incorporated in the final mid-term evaluation report.

Key Findings Related to the Overall Objective, Targets, and Milestones

12. The Region has made progress toward the Plan's overall objective to "halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing

universal access to prevention, care, and treatment.” The estimated incidence rate of HIV infections in Latin America and the Caribbean fell from 21.1 per 100,000 population in 2005 to 19.1 cases per 100,000 in 2010, a 9.4 percent decrease.² New HIV infections in Latin America stabilized, and new infections in the Caribbean were reduced by a third from 2005 levels. The Region also noted a significant reduction in the number of pediatric HIV cases, with a 60% decline in the Caribbean and 38% decline in Latin America from 2001 levels. Increased access to antiretroviral therapy contributed to a 36% reduction in HIV-related deaths in Latin America and a 50% reduction in the Caribbean during the period 2001–2010.

13. Specific findings related to the three overall targets of the Plan are as follows:

- (a) reduction in estimated number of new HIV infections: the estimated number of new infections declined by 30% in the Caribbean and by 4% in the entire Latin American and Caribbean Region during the first implementation period;
- (b) improved access to antiretroviral treatment: the coverage of antiretroviral treatment has improved significantly in the Region, with an estimated coverage of 70% at the end of 2011, the highest of any developing region in the world. Nine countries had achieved the global universal access target of 80% by the end of 2011. An additional five were on track to achieve it, with estimated coverage of 70%–79%; and
- (c) with the adoption of the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, the third target was updated from less than 5% to less than 2% mother-to-child transmission of HIV by the year 2015. As shown in the Situation Analysis Report,³ five countries (Anguilla, Antigua and Barbuda, Canada, Cuba, and the United States) might have achieved the elimination targets by the end of 2011. An additional seven countries (Argentina, Bahamas, Brazil, Chile, Guyana, Suriname, and Uruguay) were on track, with mother-to-child transmission rates between 2% and 7%.

14. Although the mid-term evaluation did not include an in-depth, country-by-country review of the 20 targets and 55 milestones under the five critical lines of action, in general it concluded that all these targets and milestones have been addressed during the first implementation period and have been incorporated into current programmatic priorities and subregional plans for continued action.

² Sources: Numerator: WHO/UNAIDS/UNICEF, *Global HIV/AIDS Response: Epidemic Update and Health Sector Progress towards Universal Access* (2011). Denominator: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 Revision* (2011).

³ Pan American Health Organization, *2010 Situation Analysis: Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in the Americas*.

Key Findings Related to Processes and Developments in the Subregions

15. The mid-term evaluation confirmed that the Regional Plan has served as the basis for development of subregional plans for the Caribbean, Central American, and Andean subregions, and for national plans. All countries in the Region have national strategic plans for HIV, with defined health sector interventions. The Southern Cone did not develop a subregional plan, but the Regional Plan also guided collective and country-level action in this subregion.

16. Stakeholders confirmed that the Plan informed the regional plans of other development partners and subregional and country proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other donors.

17. The Plan contributed to inclusion of HIV as a topic in regional, subregional, and national dialogues. It helped bring about greater investment in the health sector response to HIV, including programs and services of prevention and comprehensive care for key populations such as men who have sex with men (MSM), female and male sex workers, persons deprived of liberty, drug users, and transgender persons.

18. Consistent participation of civil society groups and people living with HIV was also noted.

19. The Caribbean assessment noted various changes under way, including the establishment of the Caribbean Public Health Agency (CARPHA) and the evolving roles of the PANCAP Secretariat and some development partners, and emphasized the importance of a stable and continuing role for PAHO in this changing environment.

Key Findings Related to PAHO's Contribution to the Regional Response and Perceptions of Stakeholders and Partners

20. Partners and stakeholders appreciated PAHO's leadership in the regional HIV health sector response and the high quality of technical documents, such as the various operational guidelines and blueprints developed by PAHO.

21. PAHO was recognized for addressing sensitive and potentially controversial issues such as MSM and transgender health, as well as issues regarding human rights, stigma, and discrimination.

22. PAHO was recognized for the support provided to other programs and partners, such as the GFATM and U.S. government-funded programs.

23. The stakeholders endorsed the natural transition from the critical lines of action to the current four programmatic priorities or “flagships”:

- (a) elimination of mother-to-child transmission of HIV and congenital syphilis;
- (b) prevention and care for key populations;
- (c) treatment optimization (Treatment 2.0); and
- (d) strategic information.

This process adds specificity and allows programming to catch up with new global strategies and guidance, in particular the WHO Global Health Sector Strategy.

24. In addition, respondents emphasized the critical importance of a health systems approach that centers on strengthening of health systems and on integration and decentralization of HIV in the health systems. This was especially important for the Caribbean respondents and was endorsed as a priority by the Caribbean ministers at the 16th special meeting of the Council for Human and Social Development on health, held in April 2012.

25. Stakeholders in the Caribbean also recommended that PAHO maintain a robust subregional and country presence and develop a clear framework for HIV/STI-related technical cooperation for the period 2013–2015. This is expected to be a time of transition, with evolving roles for CARPHA and PANCAP. Alignment of this strategy with the Caribbean Cooperation in Health 2010–2015 (CCH-III) and with the Caribbean Regional Strategic Framework on HIV and AIDS 2012–2015 was noted as critical.

Key Issues and Challenges

26. PAHO has reduced its presence at the country level and has limited country-level follow-up to regional initiatives and capacity-building events.

27. Civil society respondents indicated a need for stronger partnership with civil society organizations and networks, especially in relation to ongoing advocacy for strengthening treatment and care programs and safeguarding human rights.

28. Stakeholders asked for strengthening of PAHO’s Regional Revolving Fund for Strategic Public Health Supplies and for continued support for regional price negotiations for medicines and commodities, strengthening of national procurement and supply management systems, and prevention of stock-outs.

29. Persistent verticality of HIV programs and services must be addressed, and continued advocacy is needed for an approach focused on comprehensive health systems, primary health care, and integration of HIV.

30. Information systems remain weak, in spite of significant PAHO support in this area, and the availability and use of strategic information remains a challenge.

Conclusions

31. The Regional HIV/STI Plan for the Health Sector 2006–2015 remains relevant as the overall guiding framework for the regional response to HIV.

32. Within the context of the Plan, a natural refocusing of programmatic priorities from the critical lines of action to the four flagships was endorsed. These four flagships are in line with regional priorities and with the most current global strategies and guidance.

33. Partners and stakeholders as well as members of the TAC called for PAHO to continue its leading and facilitating role in the health sector response at the regional and national levels, focusing on fewer interventions, upstream technical cooperation, and deeper engagement in policy making.

34. Stakeholders urged PAHO to support countries in the efficient use and mobilization of resources to guarantee essential services, protect the gains and address the unfinished agenda.

35. Health systems strengthening, integration, and decentralization must remain cross-cutting priorities, while strengthening of human resources continues to be a funding priority.