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ACCESS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS

The purpose of this document is to update the Directing Council on progress in the Region regarding access to care and treatment of HIV/AIDS, and on meeting the goals set by Heads of State at the Special Summit of the Americas in 2004 and the goals of the "3 by 5" Initiative.

Progress in scaling-up prevention, 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 in prevention, care, and treatment under way in the Region. In accordance with Resolution CD45.R7, Access to Medicines, adopted by the 45th Directing Council, in 2004, the activities of the Regional Revolving Fund for Strategic Public Health Supplies are being intensified in 2005.

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

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Purpose

1. The purpose of this document is to update the Directing Council on progress in the Region regarding access to care and treatment of HIV/AIDS, and on meeting the goals set by Heads of State at the Summit of the Americas in 2004 and the goals of the "3 by 5" Initiative. It also outlines steps for moving forward toward meeting the goals of the various international mandates by means of a Regional Strategic Plan for HIV/AIDS/STI, 2006-2015.

Mandates

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

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." Goals 3, to promote gender equality and empowerment; 4, to reduce child mortality; and 5, to 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. In June 2001, a call 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. A high-level meeting on HIV/AIDS of the 59th Session of the United Nations General Assembly was held at U.N. headquarters in New York, on 2 June 2005.

5. The meeting provided the opportunity to conduct a technical review of the goals set out in the Declaration of Commitment on HIV/AIDS adopted by the U.N. General Assembly Special Session on HIV/AIDS on 27 June 2001. The outcome of the June 2005 meeting will also contribute to the Summit of the United Nations being held from 14 to 16 September 2005, to review, among other things, the U.N. Millennium Declaration.

Special Summit of the Americas Held in Monterrey (Nuevo León, Mexico)

6. A Special Summit of the Americas was held in Monterrey, 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.

"3 by 5" Initiative

7. The "3 by 5" Initiative announced by Dr. Jong-wook LEE, Director-General of WHO, on 22 September 2003 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)

8. Resolution CD45.R10 of the 45th Directing Council of PAHO was adopted in 2004 supporting scaling-up of efforts to treat HIV/AIDS/STI within the context of a comprehensive response to the epidemic.

9. 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. It is also working to harmonize in-country HIV/AIDS activities with the "3 by 5" Initiative, Global Fund, and other key partners.

Other Major Actors

10. PAHO's support to HIV/AIDS activities are in harmony with those of other major partners active in the Region. These include the following:

Global Fund to Fight AIDS, Tuberculosis, and Malaria

11. 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 five-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.

12. PAHO has invested over $750,000 to support Member States in the preparation of proposals that have now been financed and in strengthening the Country Coordinating Mechanisms. In April 2005, PAHO assisted 12 countries in preparing new proposals for the 5th Round in a workshop in the Dominican Republic. 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 second-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 Emergency Plan of the President of the United States of America for AIDS Relief (PEPFAR)

13. PEPFAR is the largest international health initiative ever to be begun by one nation to address a single disease. PAHO collaborates with PEPFAR in its focus countries (Haiti and Guyana), and also works closely with the 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.

UNAIDS "Three Ones" Principle

14. 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 cosponsors 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 U.N. internet site of the Regional Directors Group for Latin America and the Caribbean (http://www.hiv-regional.org/Intro.htm).

15. The most recent meeting of this Group took place on 3 and 4 March 2005 in Washington, D.C. The Regional Directors again declared 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 the country level. The 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

16. 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, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela, as well as two regional grants for the Caribbean Community/Pan Caribbean Partnership against AIDS and Central America).

17. 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 American 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.

18. 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 Second Generation HIV/AIDS Surveillance.

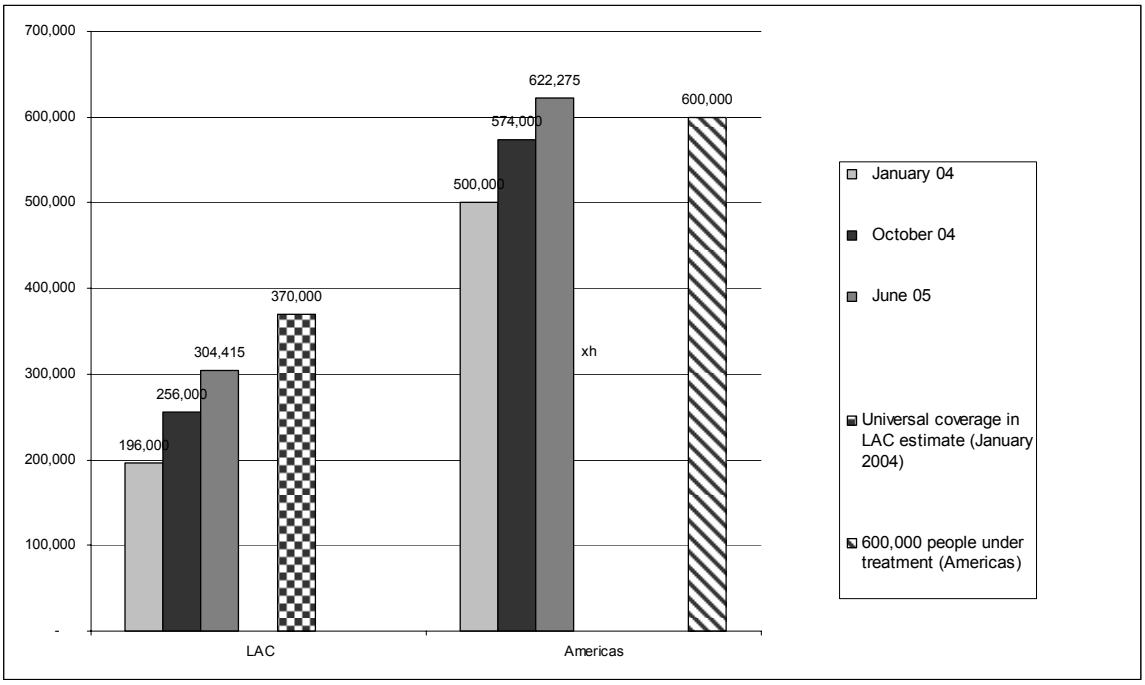
Inter-American Development Bank

19. The Inter-American Development Bank (IDB) has supported the implementation of prevention and care projects in Member States in the Region. The IDB has recently approved an extension of a nonreimbursable project in Haiti in which community-based care and reduction of blood-borne transmission of HIV are critical components. At the 3rd Meeting of Regional Directors of UNAIDS, Cosponsors, and Secretariat (RDG) on 4 March 2005, the IDB President Enrique Iglesias expressed the need to strengthen the response of the economic sector to the HIV/AIDS epidemic in the Region. This has to be done through the promotion of the involvement of economic teams of the public and private sectors in the development of the response to the HIV/AIDS epidemic in countries and subregions, for example in Central America, and in the context of the Plan Puebla-Panama. The President also manifested the interest of the IDB in reactivating the Shared Agenda subgroup on HIV/AIDS.

Progress since January 2004

Progress in Filling the Treatment Gap

Figure 1
Increase in ART in the Americas (January 2004 - June 2005)
and the Nuevo León Goals



20. 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 June 2005, the estimated number of people receiving treatment in Member States, including Canada and the United States, was 622,275 (see the Annex). Practically all countries substantially increased treatment coverage from January 2004, when the commitment was announced. In LAC 108,415 new treatments were initiated in the period as the number of people under treatment rose from 196,000 to 304,415 (see Figure 1). This strong 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.

21. In support of these activities, 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 the 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 under way in the Region.

22. 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. PAHO is continuing to decentralize its resources and technical assistance, given that scaling-up prevention, care and treatment requires not only medicines and other commodities, but also investments in health systems capacity to deliver treatment effectively and equitably, including long-term investments in human resources for health.

23. Scientific evidence confirms that prevention, care, and treatment for those affected by HIV/AIDS are mutually reinforcing elements of an effective response. As such, prevention is central to PAHO's "3 by 5" Initiative. In addition to its obvious health benefits, effective prevention will reduce the number of new patients who require care, thus decreasing the potential burden on the capacity and resources of health systems. Overburdened services jeopardize the sustainability of care and treatment services already provided to those currently living with the infection.

24. Key areas of intervention for PAHO include voluntary testing and counseling, prevention of mother-to-child transmission (PMTCT), TB/HIV coinfection detection and treatment, the diagnosis and treatment of sexually transmitted infections, blood screening and voluntary blood donation, health education and promotion of healthy lifestyles, and working with others on ways of reducing stigma and discrimination. PAHO is focusing on prevention within the health sector. These include the promotion of evidence-based prevention strategies, focusing on the development of interventions for vulnerable populations (adolescents, men who have sex with men, indigenous people, commercial sex workers, injecting drug users, prisoners, etc.) and supporting the integration of PMTCT programs into maternal, child, and reproductive health programs. PAHO also collaborates closely with UNAIDS to assure coordination with advocacy and prevention activities outside the health services.

25. In the area of care and treatment, activities have included assistance to countries in developing and implementing care and treatment plans; procurement and management of pharmaceuticals, including the 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; 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; training in communication strategies to motivate people to "know their status"; and supporting the leadership and stewardship roles of ministries of health in the coordination of the response to HIV/AIDS.

26. PAHO has made a clear commitment to working more closely with community-based organizations, especially PLWHA, and an important regional NGO has been supported to strengthen the capacity of PLWHA and community members in treatment, literacy, and other issues affecting access to quality care. PAHO has been active in advocating for the protection of the rights of PLWHA. Together with UNAIDS and the Inter-American Commission on Human Rights, PAHO is organizing a workshop in Jamaica in 2005, to raise the awareness of organizations of PLWHA concerning human rights instruments such as treaties and standards at the regional (Organization of American States) and international levels (United Nations).

Regional Revolving Fund for Strategic Public Health Supplies

27. The Strategic Fund, established in 2000, aims to link technical processes in the supply management of strategic public health products with product procurement. As an instrument of technical cooperation, the Strategic Fund strengthens national processes in procurement planning and quality assurance for HIV/AIDS, tuberculosis, and malaria public health supplies, among others. As a procurement mechanism, the Strategic Fund allows participating members to use a common fund for payment of authorized purchases of essential public health commodities.

28. One-third of PAHO Member States have now signed agreements for participation in the Strategic Fund. As of June 2005, participating countries have used the mechanism to purchase $24 million of supplies. In 2005, Brazil and Guatemala have used the Revolving Fund for procurement of HIV/AIDS medicines; and technical support has been provided through the Strategic Fund in the development of HIV/AIDS medicines and diagnostic procurement plans in Central American countries, Colombia, Ecuador, and Haiti. During the first subregional workshop of the Strategic Fund in Honduras, in July 2005, the Central American countries and Dominican Republic indicated their intention to use the Strategic Fund in the future.

29. 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 Strategic Fund. Principal Recipients of projects financed by the Global Fund may also use the Strategic 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.

30. 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 Strategic Fund fully converge with those of the Global Fund: accordingly the Strategic Fund is considered to be an ideal procurement mechanism for Principal Recipients of grants. Principal Recipients of Global Fund projects from Central American countries also participated in the above-mentioned Strategic Fund workshop.

31. In accordance with Resolution CD45.R7, Access to Medicines, adopted by the 45th Directing Council, in 2004, Strategic Fund activities are being intensified. The first workshop of the Strategic Fund in Central America will be repeated in the other sub-regions in 2005 and 2006, 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 product supply. Activities are being developed with the support of PAHO Collaborating Centers and reference technical institutions, and with the continued support of the Global Fund itself.

Critical Issues (Reality behind the Figures)

Inequities among Countries

32. Meeting the goal of treating at least 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.

33. At least eight countries are currently treating only 30% or fewer people under criteria for treatment. Similarly, while several countries in the Region have achieved universal access—making available appropriate treatment and services for all PLWHA who visit the services, universal coverage, treating 100% of those infected with HIV who require treatment, is still unattained by most countries due to the lack of detection of people who fail to seek testing and counseling services. Among countries 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

34. Information reported by countries shows that they are making a great effort to accelerate access to ART in the Region. Despite differences among countries, all countries have shown an increase in the number of PLWHA known to the public health system who are presently in 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.

35. 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. In order for care and treatment services to reach populations in an equitable way, decentralization should be carefully planned so that the quality of care is not adversely affected, and a duly trained physician in the management of ART should always be accessible. Due to high levels of stigma and discrimination in many LAC countries, people often seek services outside their own health districts in order to remain anonymous. It is well known that people travel long distances, even between islands of their own and other countries, for care and treatment of HIV. 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.

36. Sexual orientation also affects access to services in LAC. Well-organized groups of men who have sex with men, in certain countries and in limited urban settings, have become the main advocates for treatment access and have been highly successful in pressuring governments to 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 spouses or partners have sex with other men and women. 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. The population of transgender men is especially affected by HIV and its accompanying stigma and discrimination in both the community and health services.

37. 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. "Face to Face" incorporates a model that has been tested and its efficacy proven for reducing risky sexual behavior among men who have sex with men in the United States. Under the initiative of Mexico's National AIDS Program, this model was tested for the first time in Latin America in Mexico in May 2005. Homophobia as one of the main obstacles to access, prevention, and care services has been officially acknowledged and openly tackled by only a few countries in the Region, including Brazil and Mexico.

38. Gender is an important factor influencing access to ART and the experience of treatment and care services. 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 are not easily available to young women. In 2004, 36% of those living with HIV in Latin America, and 49% in the

Caribbean, were women. Also 760,000 women of 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 PMTCT services.

39. Nonetheless, important progress has been made in terms of women's access to HIV/AIDS treatment. In Chile, Costa Rica, Cuba, and Mexico, coverage is estimated at approximately 100% of the women requiring ART. Data are limited regarding the requirements for, access to, and adherence to treatment of the broader cohort of women beyond the stereotypes of sex workers, women with multiple sex partners, drug users, and pregnant women. PAHO is working closely with other initiatives, such as the Global Commission on Women and AIDS, to increase its effectiveness in working with women at risk, as well as other vulnerable groups.

Challenges in the Health Sector

40. 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.

41. 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 testing and counseling, 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. Additional burdens, due to inadequate adherence to regimens and to drug resistance, are already being experienced in the Region.

42. 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 inadequate and they are not deployed to the areas where services are needed. In several consultations with countries, it has been noted that strategic planning and management processes related to policies, staffing, costs, and accreditation processes are lacking.

43. Some fiscal policies implemented by countries impose limitations to ministries of health to acquire and retain 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. The proliferation of services in the for-profit and nonprofit private sectors, which contributes to rapid expansion and facilitates access to care for specific population groups, becomes a challenge due to weak interaction with the public health sector, limited standardized referral systems, and limited regulatory systems for norms, protocols, and accreditation.

44. The management and evaluation of programs and prevention, care, and treatment services 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 measuring outcomes of HIV programs, including monitoring of resistance.

Segmentation among Partners

45. The segmentation among development partners in the area of HIV/AIDS is an obstacle to efforts to scale up prevention, care, and treatment. 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 leads to considerable overlap in activities, the substitution of local capacity by international experts, and 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.

46. Efforts to jointly plan strategies are frequently not 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 mechanisms. This is equally true of projects supported by the Global Fund, which has imposed a rather complex framework for guiding the implementation of projects. 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, and the pressure to spend funds quickly and according to pre-agreed-upon schedules, has put pressure on other agencies to assist, and sometimes even compete, with the provision of technical support.

Intellectual Property Issues

47. The impact of trade agreements and intellectual property (IP) provisions on access to HIV/AIDS medicines is of concern to PAHO and its 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 products available on the market and higher prices for medicines in the public and private sectors alike.

48. 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 "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.

49. 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: the Regional Strategic Plan for HIV/AIDS/STI, 2006-2015

50. At the 39th Session of the Subcommittee on Planning and Programming in March 2005, PAHO was requested to develop a Regional Plan for HIV/AIDS/STI, 2006-2015. The Plan is assisting countries to scale up comprehensive prevention, care, and treatment, in order to reach the goal of universal access for PLWHA. The Regional Plan intends to enhance country and regional efforts to halt and reverse the HIV/AIDS epidemic, in line with the Millennium Development Goals, selected UNGASS commitments, and the "3 by 5" Initiative. A detailed framework for the document is contained in the Annex.

51. A small Executive Team, consisting of members of the Technical Advisory Committee, countries with successful experiences in the control of HIV/AIDS (Bahamas, Brazil, and Costa Rica), a representative of PLWHA, development partners (Canada, Spain, and the United States), and representatives of PAHO's internal "3 by 5" Core Team, was formed to strategize the development of the Strategic Plan. At its meeting on 3 June 2005, the Executive Team identified the scope and timeframe for the Plan as well as how countries would be involved in the initial planning process. It met again to review the final draft and propose "next steps" before the Directing Council meets in late September.

52. The Regional Strategic Plan focuses on strengthening the health sector response to HIV/AIDS in all the countries of the Americas. It is intended to improve synergy among partners, expand technical cooperation among countries, and enhance joint planning, programs, and monitoring. It consists of an analysis of the current situation, including epidemiological information, an environmental scan, and projections on the future of the epidemic to 2015 in each subregion of LAC.

53. The main components are prevention focused on vulnerable groups and outreach activities, health systems and services (patient-based HIV/AIDS prevention, care, and treatment services), and information management in support of monitoring and evaluation. Within these areas, key strategies, measurable targets, and milestones are detailed. Lessons learned, gaps, and challenges have been identified and used to inform the development of strategies and recommendations. The management and costing of the Plan is also provided. A costed work plan for 2006-2007 in log-frame format is provided in an annex of the Strategic Plan, in line with the regional Biennial Program Budget 2006-2007.

54. The development of the Regional Plan has been an inclusive process involving input from PAHO's Member States. Member States and development partners were consulted concerning their perspectives on PAHO's comparative advantage regarding HIV/AIDS, and this information contributed to shaping the Regional Plan. Cross-program working groups were also formed within PAHO to develop each of the components mentioned above.

55. Subsequent to Directing Council approval, PAHO's Regional office will provide support for the development of country activities. Countries will be assisted in developing their own targets and milestones, within the broad guidelines of the Regional Plan and within the contexts of their existing national HIV/AIDS plans. The regional targets are intended to be consistent with countries' existing plans, to help them move towards the year 2015 in a more strategic, targeted way. Central to the Regional Plan is the need to keep firmly in mind the constituents of the Member States, most important of whom are those already affected by HIV/AIDS or at significant risk of being so. Everyday over 350 people die in LAC and 400 people in the Region as a whole from HIV/AIDS.

Action by the Directing Council

56. The Directing Council is invited to note the report.

Annex

Antiretroviral Coverage in the Region of the Americas (June 2005)

Country	PLWHA	Estimated number of people 15–49 year-olds needing ARV therapy	Reported number of people receiving ARV therapy	Under ART	Under ART	Under ART	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO 2004	
Region of the Americas	Dec-03	2004	June–December 2004	Jul-04	Mar-05	May-05	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO
Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Low estimate	High estimate
Anguilla	2 004			3	3	3		
Antigua and Barbuda	702	…	…	30	38	38	…	…
Argentina	130 000	35 500	29 515	25 131	29 417	29 600	30 000	33 000
Aruba	1 206			49	49	49		
Bahamas	5 600			1 884	1 884	1 884		
Barbados	2 500	<1 000	333	333	483	499		<500
Belize	3 600	<1 000	178	146	146	180		<200
Bermuda	709			114	114	114		
Bolivia	4 900	<1 000	130	130	150	210		<200
Brazil	660 000	179 000	154 000	154 000	158 000	161 000	151 000	157 000
British Virgin Islands	219			13	16	16		
Canada	56 000	25 000		20 000	20 000	20 000		
Cayman Islands	51			20	20	20		
Chile	30 000	5 750	7 413	5 900	5 900	5 900	8 000	10 000
Colombia	180 000	25 000	12 000	12 000	12 000	14 000	11 000	13 000
Costa Rica	12 000	3 150	1 850	1 850	2 000	1 947	2 000	2 500
Cuba	3 300	1 350	1 585	1 295	1 873	1 918	1 500	2 000
Dominica	135	…	5	5	13	13		<200
Dominican Republic	50 024	15 500	1 011	500	1 291	1 419	900	1 100
Ecuador	21 000	3 550	1 000	520	700	826	1 000	1 500

Antiretroviral Coverage in the Region of the Americas (June 2005) (*cont.*)

Country	PLWHA	Estimated number of people 15–49 year-olds needing ARV therapy	Reported number of people receiving ARV therapy	Under ART	Under ART	Under ART	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO 2004	
Region of the Americas	Dec-03	2004	June–December 2004f	Jul-04	Mar-05	May-05	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO
Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Low estimate	High estimate
El Salvador	29 000	5 100	1 515	1 515	2 300	2 083	1 500	2 000
French Territories	…			…	…	…		
Grenada	439			19	19	19		
Guatemala	79 000	13 500	3 617	3 617	3 617	4 193	3 500	4 500
Guyana	18 000	1 900	469	480	600	600		<1 000
Haiti	280 000	42 500	2 829	1 370	3 700	5 329	3 000	4 000
Honduras	63 000	9 450	2 312	2 312	3 035	3 222	2 500	3 000
Jamaica	22 000	2 600	500	500	1 531	1 348		<1 000
Mexico	160 000	39 500	28 600	24 320	30 000	30 000	26 000	32 000
Montserrat	40			0	0	0		
Netherlands Antilles	2 005			230	354	354		
Nicaragua	6 400	1 000	33	30	73	120		<200
Panama	21 500	1 850	1 873	1 997	2 240	2 367	1 500	2 000
Paraguay	18 000	1 950	300	217	420	435		<500
Peru	82 000	11 000	2 000	2 000	4 220	5 200	2 000	2 500
Puerto Rico					12 731	12 731		
Saint Kitts and Nevis	359	…	24	24	24	24		<200
Saint Lucia	2 541	…	20	20	20	20		<200
Saint Vincent and the Grenadines	527	…	32	32	32	32		<200
Suriname	5 200	<1 000	220	220	251	281		<200

Antiretroviral Coverage in the Region of the Americas (June 2005) (*cont.*)

Country	PLWHA	Estimated number of people 15–49 year-olds needing ARV therapy	Reported number of people receiving ARV therapy	Under ART	Under ART	Under ART	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO 2004	
Region of the Americas	Dec-03	2004	June–December 2004	Jul-04	Mar-05	May-05	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO	Estimated number of people receiving ARV therapy Source: UNAIDS/PAHO
Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: UNAIDS / WHO	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Source: PAHO-PWRs/NAP	Low estimate	High estimate
Trinidad and Tobago	29 000	4 700	784	784	855	1 498		<1 000
Turks and Caicos	373			75	75	75		
United States of America	950 000	451 000		298 000	298 000	298 000		
Uruguay	6 300	1 450	1 400	838	929	980	1 500	2 000
Venezuela	58 000	18 000	9 525	9 525	15 000	13 728	8 500	10 000
Total	**2,997,634**	**899,300**	**265,073**	**572,048**	**614,123**	**622,275**		

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