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XVII International AIDS Conference
Regional Session: Latin America
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CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Good afternoon, ladies and gentlemen, we will begin this session on Latin America and I have the pleasure of introducing one of the moderators of this session who is Dr. Mirta Roses. She comes from Argentina. She was the Director of PAHO, September, 2002, with the Minister of Health of the Americas, she was the President for a period of five years. Mirta Roses is worker in this issue since February 2003 and she is one of the first women, actually the first woman, which has this position throughout the world, in the world of public health, especially in the PAHO, founded in 1992.

In September 2007, she was re-elected for the second time as a Director of this organization. I give the word to Dr. Mirta Roses.

MIRTA ROSES, M.D.: [Foreign language]

TRANSLATOR: Thank you, Carlos. Good afternoon to everyone. The colleague that is going to be the co-moderator in this session on Latin America and the Caribbean is Carlos Pasarelli. At my left, he has a Ph.D. in Psychology and is the Director of the International Center of Technical Cooperation, created, based in Brazil, as joint initiative of UNAIDS and the Governor of Brazil to provide support to the countries in responding to the HIV conference based on the principal cooperations of Sao Paolo.

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In 2006, 2007, he was the Associate Director of the National Programme of AIDS and ETS in the Ministry of Health in Brazil. And right now, he is the President of the Council of International Cooperation of the National Programme of Brazil. So, now that you are in the tour bus, we will try to make this session fruitful and participative.

I will comment about some of the expectations that we have for this session. As you know, LAC is a very heterogeneous region. It is the region with the most inequality on the planet and that is why epidemic is very heterogeneous and will affect in this proportion mainly to the most vulnerable groups in the region.

We have to take into account that not always LAC, due to its economic indicators, comes to be one of the attractive areas of the world for international cooperation. We have to take into account certain features such as the growing feminization of the epidemics and the fact that despite these problems, the response of the region was quite early, was strong, very well organized and as a consequence, we have several discussions FORA and one of the issues that I think we should analyze is the relationship among the different FOR A CONCASIDA, the participation of the International Conference, in order to express the needs and to identify their achievements and the obstacles that we have in this region, where besides that we have many partners, many allies and many

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people participating in this struggle and some of them will have their voice represented in the panel and many more in the audience.

I expect that among the panelists and the people of the audience we could show, express that heterogeneity of the region, but also the will to move forward in a more forceful way in stepping up our struggle against AIDS.

We will begin with our first panelist, who is going to give us an overview on the state of response in the region. César Antonio Nuñez, who is the Regional Director of the UNAIDS Office for Latin America. César has quite a wide knowledge of the situation because he occupies several positions and he was a member of the care processes of the region in the last year. He was the Director of the Honduran National Program and very well known in the Latin American Region FORA, where he was negotiating and trying to get consensus among the participants.

We will give the word to César.

CÉSAR ANTONIO NUÑEZ, M.D.: [Foreign language]

TRANSLATOR: Good afternoon to everyone. I am very happy to be here with you today and really looking at the faces, I am among very good friends. It is a great pleasure for me. Thank you, Carlos Pasarelli and to Mirta Roses.

Talking about the response in Latin America is talking about the response of middle-income countries where the epidemic is considered as low-level in a surrounding of

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averages, as Mirta has said on several occasions. But, we have had multi-sectorial or cross-section responses in some countries with more forefront into [inaudible] the by the civil society trying to convert to a multi-serial approach and having also some long-standing responses. And depending on the sub-region, we also have bilateral and multilateral support from cooperation organism and of course, the South-South Cooperation, which is the best one for our region.

Within this context, later on one of my colleagues will speak about World Bank that after 2002, started to play a key role. There are many, many examples. In the next ten minutes, I have my timer showing me the time left, I will speak about some aspects of the response in Latin America. I cannot go into detail, but there are several initiatives for a vocacy such as the Coalition of First Ladies and Little Women, FORA, like CONCASIDA, PRECOSLAC, South-South Links. This will be the way I will follow in the next minutes and I expect that at the end, we will have time for certain reflections.

The report that we presented last year about Latin America tell us how this epidemic keeps growing for vulnerable groups. In 2007, we reported 140,000 new infections, reaching 1.7 million people living with HIV so far. This will give us an estimate of 44,000 children under 15 and 63,000 deaths.

This estimate of people living with HIV will place Brazil as a country with about 730,000 infections or people

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living with HIV. Mexico about 200,000 and of course, that has a lot to do with population in every country.

This graph that you know in the work report will show the evolution every five years of the intensity of the region, of the epidemics in the region. As time goes by, the map is different. We have more intense color in the country which is showing the advance of the epidemic.

I want to stop now because one of the most important needs we have in the region is to have more strategic information. We need more data availability in those targeted populations and then in order to make better decisions.

Talking about treatment, we can see all of the world regions and the number of people and their treatment. Red is Latin America. Right now, we have around 400,000 people under treatment out of three million people under treatment in middle and lower-income countries. There is nearly one-percent of people that need the treatment, but also I want to tell you that there is an increase of 45-percent in relation to those figures notified in 2006.

We can see with more detail the Latin American region and how right now, we have coverage with ART of 62-percent. That is the regional average we have in Latin America. In the Caribbean, the coverage is lower in the Caribbean. We are very happy of having and being recognized as one of the regions with

one of the most important coverages. But, of course we have to recognize that we did not finish our work.

We still have to strengthen treatment in those countries where still there is room to do it and we have to take into account that the prevention will allow us to close that gap. We are reporting that out two people beginning their treatment, four new people get infected. It will be impossible with treatment just to reach that infection rate. So, treatment will be the strategy that we have to follow.

We also have important successes in the region. You can see here in the first two charts an increase of 56-percent in the number of children receiving ART in LAC. This is a very important achievement despite that, as we were saying yesterday in Global Village with the red ribbon rope, there is some countries where the coverage is one-fourth of what it should be and there is a long way to go about treatment for children.

From UNAIDS is our direction for access universally. Those three pillars are very important, each of them. I would like to speak about these three pillars, The Three Ones. Maybe you cannot read that chart, but it is the Three Ones in all of the countries in Latin America. Most of the countries have a national strategic plan which is not financed, that is an important reason. We also need to have an operational plan to define the goals in the long-term or rather in the short and

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medium-term and monitoring, which is another issue that we have to strengthen throughout the region.

A revision the last report on the progress of UNGAS. Sixteen out of 17 countries presented their report. We have a larger number of informed indicators. We have more involvement of the civil society. We have to recognize the leadership of GESTOS in a complimentary report about sexual and reproductive health to be presented at the New York assembly last year.

And then you have challenges like strategic information, the identification of financial gaps and the expense in SIDA, but we have to be clear about the financing needs to achieve universal access in each of the Latin American countries, to compare that to the covering expense and to see which is the difference that will allow us to define the proposals of proposals, for example, for the Global Fund, then proving of monitorial and evaluation tools.

Here, we can see the tracking of resources in green. The domestic public expense in Latin America as a response to AIDS is funded by national funds. In brown, we have the international total and then we can see the contribution of the Global Fund.

This is the same chart for the Caribbean. It is a lower amount of domestic expense and international total together with the Global Fund, it is in brown also.

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Continuing with this path in monetary responses, we can see symptom prevention actions and strategic plans. The yellow shows what was done, like campaigns against stigma and discrimination to expand the care of pediatric HIV, the programs for groups which are more vulnerable and laws and politics that will be obstacles to prevent and to take care of HIV patients in those populations with more risk.

We are in the year 2008. When we have the UNGAS committed for 2010, it looks like too far away, but our 2010 is around the corner. We have to remind the countries and we are parts of the responsibility, if we are really achieving some progress in those commitments.

Today, in relation to prevention and treatment, we can see that there is a long way to go. The challenges in the region that discrimination is still enough to call for the access for key population and prevention for vulnerable population.

In this conference we have heard some presentations about homophobia. This is catalizer of epidemics. It should be part of the national response. Several speakers emphasized that on Sunday during the opening session and yesterday and today also in the Plenary Sessions and some of the sessions to where we went.

Leadership, sustain leadership will allow us to respond to the HIV and to place that response within the priority

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agenda and the multi-sectorial work with the participation of stakeholders.

These are the next steps, but I think that we should talk about the challenges or a way forward. This is a significant progress, but is it enough? We still a lot to do, especially in prevention. Prevention is to be strengthened.

The Ministerial Declaration was quoted in most of the plenaries. We have to give a lot of follow up to this declaration. We need more involvement of the civil society around stigma and discrimination. There is a proposal to have a stigma index in order to consider the sustainable financing.

We know that strategic information is limited and of course, we have to strengthen the political commitment. We will have elections in eight countries next year and then we have to be careful about beginning that awareness program. Thank you very much. [Applause]

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Thank you very much. Next, we will have Dr. Madam Alessandra Nilo. I will be reading her CV in English. [Foreign language] Alessandra.

ALESSANDRA NILO, M.D.: [Foreign language]

TRANSLATOR: Thank you very much, Carlos. I think my CV is much nicer than my presentation and good afternoon. It is a pleasure to be here and to be able to talk about in Spanish or in [inaudible] about Latin America and AIDS.

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Holding this conference in Mexico is absolutely fundamental so we can show how AIDS continues to impact our region, a region highly characterized by poverty, by unequal relationships between men and women and because of the fundamentalism, the traditional morals and resource concentration in the hands of only a few. And in spite of this, I am proud to recognize that amidst this we are being able to have a positive response and this is why I decided to begin my presentation speaking about democracy.

The steady search for democracy in our region is what signs our own for the fight of human rights and governments exist in order to represent our demands. And governments have the obligation to carry out programs that benefit everyone without looking into the particulars. Governments must be accountable to their peoples and this then is what has allowed us to achieve the goals that we now have.

It is interesting to talk about Latin America in a space like this where HIV is seen and from global point of view and creating this space in Mexico was thrilled. Africa was full and it is great to see how this room is full today. Clearly, this is a space that allows us to speak about the advances, especially in the fields of treatment and it is the area where we can say that we have a highly articulated civil society that can be full of knowledgeable activists. And we

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also recognize the fundamental growth that community organizations and communities networks have in Latin America. For example, I see that Latin America is well represented with their participants.

Although we have successes, we also have some challenges and most of the resources invested in AIDS today, into the region are in the hands and responsibility of the government. With the exception of Bolivia, everyone has national plans to face this, but as we have heard, there are many countries in the regions that do not have financed plans. And we also have the UNAIDS, with the exception of Uruguay, but many other countries, we do not have the participation of civil society that will help UNAIDS.

And it is also important to recognize that in our search for democracy and economic and political independence, our countries continue to be hit hardly by countries whose autonomy represents a threat. Let us not forget that Latin America was exploited, was colonized and we continue to be pressured via the [inaudible] agreements or by the false promises of development, which gives us the low capacity of reforms. It gives the privatization of areas in education and health, which have closed the doors to many people.

These are key aspects that might help the world to understand why Latin America has been able to improve in their response capacity and speak about these issues because they

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were built in order to build the AIDS FORA in the region, formed by three sectors: the region's governments, communities and cooperation agencies formed in 2007.

And now, I begin to speak about what I was finally invited to. It was very interesting because it allowed us, from a point of view of analyzing that I covered. It allows us to analyze the community response, governmental response in light of the past 25 years since the onset of the epidemic.

And I would like to share at this moment, the key issues. The first point has to do with collectivity and having continuity in the capacity-building programs, but we also see that we do not have the necessary levels to make the proper response. We have to appoint the concentration of power and exclusion by providing knowledge and comply with universal access and extend the possibility of access to the region.

Recognition in itself is not a guarantee of technical capacity. This is a very delicate issue, but to say that we need more capacities might be dangerous and we have leadership and representation and thunder and work with assertive and strategic activism, avoiding victimization. We have to preserve the independence of the sector.

It is important to reflect upon another kind of impact that the Global Fund has in our region in a way that it will guarantee that other NGO's will not believe because once they

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finance the local groups directly, then we can have a more independent form of actuation.

Fourth, building trust wherein involved parties will have the same decision-making powers and access to these same decisions. Five, improve the decisions in communities that have the proper type of structures, including by formulating new strategies. This means that we need to overcome and we must be voluntary labor and improve the accountability process and involve the mechanisms that involve government civil society and multilateral groups.

Argentina, Bolivia, Chile, Honduras, Nicaragua, Peru and Venezuela and Panama do not have any monitoring or evaluation plans for the national response, which is an area where we also need to make further strides and try to have accountability not only in the area of finance, but accountability has to be with legitimacy and the quality of response from the governments.

And finally, point seven, have knowledge and understand that the data produced by civil society is important. Dr. Cesar spoke about the improvements that we try to apply. Never the less, our efforts were not incorporated in UNAIDS data and for us, that was an issue that left us rather worried because we are not given all of the information.

And on top of that, we have to consider seriously of what we are doing. Sometimes, we do not take the proper

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political decision because we do not have the proper data and because we do not have the data and we do not have the will sometimes.

For us, all of these affairs, all of these issues are significant so we can begin to work on two of the most pressing needs. Number one, we need to reduce the price of the antiretroviral and number two, we need to help in prevention. We still have millions of people in the region that are not infected with HIV/AIDS, so it is important to keep ourselves like that.

Latin America cannot be less important just because we do not have more cases. We have to be as important so that we do not have that many cases.

Very well, I began speaking about democracy and I will end speaking about democracy. This is a very delicate time. It is a time where everyone understands and speaks and wonders if AIDS is priority. The perspective we need to take of is so citizen participation is not lost. We have to strengthen this in order for us to live in an AIDS-free world.

And I was thinking about what key message I could share with the conference. And I thought that from Mexico we have to see that from Latin America we have the rights to everything and we want everything. We want a world that is environmentally sustainable without any form of energy crisis. We want to have areas well-integrated into health and

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development. Human rights are indivisible. Thank you very much. [Applause]

MIRTA ROSES, M.D.: [Foreign language]

TRANSLATOR: Thank you very much, Alessandra for your presentation. I am sure we will have a lot of feedback when it comes to the Q and A. Now, Lelio Marmora, he is the current coordinator for the response and the fight against malaria. He has 20 years of professional experience in the area of development and international cooperation as well as having experience in investment, technical assistance and programs of technical adjustment both in Latin America and Africa.

He has a Ph. degree from the University of Paris. I do not know if we are over-represented by Argentina because we have three, but it is really unintentional, so I hope this is not [inaudible] either.

LELIO MARMORA, PH.D: [Foreign language]

TRANSLATOR: Mirta, thank you very much. I know that we have an over-representation. That was really not our intention. It is a product of fate. Yes, Carlos, I want to thank you. It is an honor to be able to share this table with people that have this caliber.

The Global Fund is a very specific institution, highly polemic. It has innovative characteristics while it tried to crack a specific kind of dynamics. It is an institution that is born more from a reaction and not so much as an action and

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what it suggests really is a model. And what it is leading to is to favor, to promote generations of multi-sectorial proposals in order to confront the three pandemia that are now attacking the organization.

A key element of the round of this multi-sectorial table for the implementation of the projects is the capacity to dialogue with the group of actors and this is why the Global Fund does not lend money, it does not attach money to conditions, but it generates a model whereby funds are given to the countries that elaborate their own proposals and have their own goals.

When the Global Fund was created last year, the first question was, and who will have a right to access? And what was said is, well let us give money to the poorest countries, to the low-income countries, the ones that are in Africa, to the countries that have a less privileged position. And that includes their organizational development both in capacity building as well as in project development. And then we begin working with the group.

Before the last round of financing, we decided to open the door to other kinds of countries. Therefore, today the criteria of eligibility are that all of the low-income countries are absolutely eligible and countries that are not considered as low-income countries, those middle to low and middle to high level are eligible under specific criteria.

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High income countries are completely out of this because these are the donor countries and so, what are the criteria, the criteria we followed in order to provide the funds?

The counterpart financing, the actions have to be quite compointed, targeting the poor and vulnerable and there is also the criteria of epidemiology that a limit of prevalence that has to be overcome.

And it is a one-percent of the general population and five-percent of prevalence in the vulnerable. And so, this criteria for being eligible are determined, this is very important, by an objective element, which is the classification, income classification of the world group.

It depends on the level of prevalence and we have a series of exceptions which are the insular economies. We give a priority to countries that are eligible because of their economic, financial level, which means they do not have the necessary funds to have pandemia. And in these new policies from the Global Fund, there is many countries in the Latin American, Caribbean countries that began being ineligible— pardon— that can be eligible pursuant to the new scheme of eligibility.

On the one hand of generalized epidemics, we have Trinidad and Tobago and Belize and we the epidemics concentrations because of the high levels of populations. We

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will include Canada, Mexico St. Kitts and Nevis, Santa Lucia, St. Vincent and Grenadines.

At first glance, it reveals a promising review and one would say, "Oh, the world fund has opened the door to our region." In our LAC region, there are many more countries that will have access and that is the first analysis that we all did with us, which is what we did with our agency colleagues.

But if we go further into detail of what are the real consequences from this change and the level of eligibility of the Global Fund, then we see that the variable that is taken into account to decide if a country is eligible or not is a list from the World Bank which is quite volatile. I have to come the nine countries and there were 56 changes affecting 46 countries in the last five years.

So, this generates a relative level of volatility in the countries' status. And next, being a middle to low or middle to high level income countries, well these bounds are quite changeable. We are speaking about 100 to 200 is low and medium to low is 900 to 3750 and then 3750 to 11,000.

And the change, the switch from one level to another, very important in implications of funding and belonging to one of these three categories is equally important because the Global Fund will be financing the first type of group. Sixty five-percent of the middle to low income countries and 35-

percent of funds allotted to middle to high level income countries.

And so, it is these kinds of analysis that also lead us to have other kinds of conclusions and although we do have eligibility in 12 of the traditional countries, there are 13 that remain ineligible for to be. And Malaria we have 12 more for AIDS, but for TB and malaria, we have 12 countries that remain ineligible and we have a high level of uncertainty like Jamaica, the Dominican Republic and they are candidates to be high-level income countries.

And if we see the evolution of the economic behavior from the past few years, we see that the trend is of economic growth throughout Latin America and of course, this will be affecting the eligibility at a very short term.

There are 19 countries out of the 28 or 30 that we are working within the LAC region and 19 of them, which is 68-percent of our portfolio, will probably become affected in the next three years and this is an issue that is alarming, not only to the Global Fund— and I am speaking out of my own representation. I am not quite speaking on behalf of the Global Fund.

There is this similarity with Eastern Europe whose situation is similar to ours. They have five countries that are not eligible and next year, five more and four that are candidates and 64-percent of the affected countries. Today,

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LAC and Eastern Europe represent approximately between 18 and 20-percent of the projects funds by the Global Funds. In the near future, if we continue with this trend, if we continue with these same level economic growth in our regions and with these levels of eligibility, we will be isolated between three and five-percent. That then, will be the quota that we will have from the Global Fund.

So, given the scenario and with this I conclude, what are the mitigation alternatives that we have, where we have an absolutely marked decrease in our region? I as of this presentation am not speaking using the institution's words. What I have been saying is what I believe after having worked two years with the portfolio. This is not the Global Fund's opinion, it is my own personal opinion.

After having spoken about this quietly with the agency partners and colleagues, we really believe that the eligibility criteria should be an epidemiological criteria and not an economic, financial criteria.

Any country that needs to have an access to the Global Fund must be able to do so even independently of the economic factors based on a list, which is only a small picture of what reality is. What could vary is the amount the state is expected to contribute.

And so then, our first issue is both countries that have lower-income levels, middle income levels, high income

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levels should be eligible for all three components. Maybe we will might build on specific coefficients and not only take into account the variables, which is income per capita and another which is a shared co-participation or a progressive co-sharing and not have these quantum leaps where we have the cut-off levels.

What then are the future challenges, the challenges for this scenario? I believe the key elements that we have a knowledge of information. We need to slice information. Like Cesar said, given the fact that the scenario of eligibility for countries that are growing, in order to have access to vulnerable populations, we have to work with concise data, we have to work with documented data and we have to provide them to the agencies.

At the same time, give them to the Global Fund. We have to define a position politically wise and number three is we have address the Board of Directors with a clear regional position of what the alternatives can be to mitigate these financing risks. Thank you very much. [Applause]

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Thank you, Lelio. Now, we would like to invite Javier Hourcade Bellocq. He is a representative of the International Alliance for HIV/AIDS in LAC and he is the representative of communities living with HIV, TB and malaria as part of the council of the Global Fund. He is one of the

members of the committee of the leadership program of the conference and he has worked in HIV/AIDS during the last 20 years in Latin America and at the world level.

JAVIER HOURCADE BELLOCQ: [Foreign language]

TRANSLATOR: Good afternoon. Thank you for being here with us and it is always a pleasure to speak in Cervantes' language, that means Spanish. I would like to share experiences that I have had with HIV and AIDS work, but I will be more challenging.

Now, why it is important to work with several populations or certain populations in those countries with concentrated epidemics? I think we have an idea and I think this conference will help to understand that there is a lot of debate about the [inaudible] of epidemics, but it is important to work on evidence.

Whether we are talking about key populations or we are talking vulnerable population, they are key for epidemics, they are key for their responses and they are key for the epidemiological dynamics. There are certain challenges for categorization. Some years ago, I visited the program and someone said that he was a key member of a population. And I said we are creating identity, which is dangerous. So, we have to be very careful when talking about key populations.

Okay, we are talking about the trans community. I want to present some important data that we are collecting in

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relation to the trans community. Some of the data are out of date, but in general, you can see the prevalence of gays, MSM, trans population.

We have three studies in Argentina, Peru, Ecuador and Salvador, but we also have some studies in Asia-Pacific and yesterday we had a conference. If you see the figures, they are impressive and a matter of concern. We are not undressing one saint to put the clothes on another saint and I beg you to understand that metaphor.

The most important challenges are that we have only nine-percent of resources from UNAIDS. We need some commitment with the government. We have to understand the concept of machism, homophobia, transphobia, stigma and discrimination. We should promote those strategies that are not based on evidence.

The MSM category has been kind of deceiving and in the program area, those efforts are centered in the metropolitan gays and we cannot increase the scale. We want to reach the bisexual men and there is a lack of knowledge of the human behavior and you have to take into account better the experience of friends and sex workers.

We have a very interesting experience in the Border Project. We deliver condoms and we improve the local bar and men with a multi-sectorial articulation and we have an example in six places in Ecuador.

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Results are quite impressive because we did it with the Mexican National Institute of Public Health. If you compare the baseline with the use of condoms, you can see that at the end of the period, there was a significant increase in the use of condoms and the regular use of condoms. So, when a strategy is comprehensive and sustainable, the impact is quite positive to fight the epidemics.

Okay, we will have several challenges during the life of a project. We need to have sustainability of a change in the human behavior. Of course, in addition to the access to resources, we have certain political and cultural obstacles.

Conservative governments under the influence of the Church are still [inaudible] for the trans groups and the sexual work. Most of the politicians do not want to talk about the issue, especially during the election period. There is stigma, discrimination, but we have insisted on these concepts.

The data are of much concern and most of the money goes to the NGO’s and does not reach to the grassroots organizations. There is a long way to go. Because of structural [inaudible], most of Latin American countries do not have registration for gay or trans institutions if those words appear in the name, there is a lack of financial capability.

For now, with the community system strengthening, we can overcome that. There is not very much knowledge about the way to handle small subsidies or the resources coming from the

Global Fund and then there are other internal differences. We have opportunity, lack strengthening of community systems. This is an invitation to MCP to involve another vulnerable population, gender policy and sexual minority policy and political changes.

I think that the Mexico conference will be a good input to promote; it is a good contribution for this type of promotion and debate. And this plenary of today is the best of examples.

What happened with trans-gender, with trans population they have been categorized between the HSH or MSM group. There were no strategies for specific prevention and basically, they are invisible within the invisible. And as trans-gender, we are not MSM, we are not gays, we are not men. Therefore, they are related to sexual work, to harassment from the policy and of course, they have problems with hormone treatments and with implants and therefore, they have different health problems.

The prevalence in Argentina in MSM is quite significant. In those cases where we could break down the data, in most countries in Latin America, within the MSM category, we will find bisexual, trans and gays. But, these findings are quite significant. Now, this is the prevalence of HIV in Asia. The trend is quite similar. This is the trend for any region or sub-region with concentrated epidemics. We have to understand that this is an important pattern.

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Some people say that their life expectation is 30 to 35 years. The major cause of death is AIDS in trans people. Trans, they just got to the hospital to die. Many trans people are going to be arrested when they go to buy bread. Of course, they cannot remove the silicone implants to buy bread, but most of them, of course, are devoted to social work.

This is a comparison of the prevalence between transsexual workers. And it has to be with the different ways of transmission in the different practices of sexual work of women and trans. This is not a witch hunt. I am not saying that most of them have HIV and AIDS. We have to be more specific and to work on data.

This is at the end of my presentation. We make an international call to re-double efforts with the trans community. This is a problem in America and Asia. Even in the United States, we have to increase the knowledge about trans, talking about transvestites. People stop to make 150,000 questions. People do not know anything about gender identity.

We need more participation of trans in the decision-making places and for example, money from the Global Fund should go to the grassroots groups so there are specific programs for sexual workers. We have to revise whatever is good and to change whatever is not good.

We do not have to re-invent the wheel. There are many works, many research, help to the sexual workers and also to

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the trans. We have to open up the coverage of programs. We do not want the trans in 2008 going to the hospital to die.

Despite some epidemiologists, which are not very happy about my opinion, I think to classify people is not very good. I say that because we have three Argentineans on the table. We need to continue the political incident with the trans issue, with social workers, drug users. We do not want to remove the clothes from a saint to put back the clothes on another saint. So, please invite trans, invite gay people, invite sexual workers to take part in decision-making and increase the access to resources without overlooking other possibilities.

We are committed, all of us, to providing more evidence in relation to this issue. Tomorrow, at 9:00, we will have the plenary of sexual work and Elena Dianaga in Spanish and tomorrow at 6:30 [inaudible], who are representing a survey about key population and I think that we are all responsible for the future of people.

We cannot carry in our conscious the idea that we still contribute to this massacre of the trans community. [Applause]

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Thank you, Javier. I think we still have 20 minutes and I would like to hear a little bit your participation, your questions, your remarks. Please be concrete, be short, be brief. Please come to the microphone, say your name and pronounce your question.

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GUSTAVO: [Foreign language]

TRANSLATOR: My name is Gustavo, Argentinean. I am part of the International Federation with the Transportation Union and I want to ask why I heard people say this multi-sector reality and that they acknowledge the participation in this subject that there is an improvement in treatment and when I spoke about multi-sector reality, I thought you were speaking about Agreement 147 of the ILO and this is what we use in the three-party meetings.

And on the other hand, union workers and especially the Teamsters and what we represent, which is the International Teamsters. We represent more than 10 million worldwide. Without the representations of CCI, we speak about 168 million union workers worldwide and so when the transportation sector becomes a risk sector or a key sector in these affairs, the question is why are we not analyzing the subject, all of us together?

Why are we in a certain way isolated and fortunately, we have our own programs and we work internationally to improve because I was listening to the opinions from the representation of the Global Fund and I really hope these opinions could become the Global Fund opinions. Boy, would it important for things to change. I am sure things will not be modified because economic interests are entirely different to the interests of people and to conclude, if we can understand why

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are we not here because union members do not have the opportunity to take it up, to speak about it, and to jointly solve this because we are the workers of the world where the affected. [Applause]

FEMALE SPEAKER: [Foreign language]

TRANSLATOR: I come from Harvard University in Boston and I have a couple of questions. The first one is with the criteria factors that you have drafted, have you taken into account the possibility of including a fact of inequality with the resources? Sometimes we know that some resources are accompanied by a large inequality of distribution within a country. And the second one has to do with the level of knowledge of the epidemic in— Colombia has three million people of affected people and it is really unknown within that one population and so, they have an armed complex, they have epidemiological data, that are absolutely fragment and I have tried to analyze the information from Colombia. It is very, very difficult and it is hard to think that Colombia cannot, we cannot qualify for to receive funds from the Global Fund. Thank you.

LAURA ARMAS: [Foreign language]

TRANSLATOR: Niurka Armas, I live in the United States, in Dallas and I have a couple of comments with the statistics and numbers that we were given in Latin America. We have the mobile populations are these included and do we have the

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problem of immigration? And the second comment has to do with health provider education. I believe we need to work with motivation, begin to promote activism and qualify the medical staffs so we can have, as part of the medical curriculum, not the AIDS subject as a annex subject, but maybe one whole of education on AIDS, one semester that includes education on gender, on trans and on other areas and that this is integrated with sciences basics, both biological sciences and social sciences. Thank you.

ALEJANDRINA GARCIA: [Foreign language]

TRANSLATOR: Good afternoon, my name is Alejandrina Gancias, I come from Mexico City and I work with Comprehensive Health for Women, which is a feminist group in Mexico and I was coming to this session hopefully to see women represented here. It seems that more and more there is a clear a feminization of these pandemia and I was really expecting to see that women were present, both women and young people and we do not see ourselves represented here.

I am concerned because the world conference being here in Mexico and not representative and today that we had the women's march, and in Latin America we were not named and we have many needs to have specific [applause] prevention and treatments with extended perspectives and to have specific policies for women.

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And there is another issue that has to do with global funds. It is true, Mexico has just entered this arena to see if it can receive funds, but it will not be allotted to the subject of women, it will be men that have MSM or gay men and women are once again, invisible.

This epidemic is reaching the door of homes. We cannot negotiate at the condom because the partners can be violent. We do not have campaigns, we do not have specific campaigns in Mexico targeting women and this area where the Latin American women should be visible just did not even appear. This is a call. Women should be present in the speeches and campaigns and not only in the piece of the global village.

Yes, we also need more research, that is right, in the area of women and clarify how HIV is hitting us. In this work, we see that it is hitting us through migration. The fact that men have got to go work elsewhere and come back infected. They infect their partners means that HIV is arriving into indigenous, poor and rural areas.

Also, I believe we have to see that HIV generates poverty and it generates a higher level of poverty in women. [Applause]

CECILIA GAETA: [Foreign language]

TRANSLATOR: My name is Cecilia Gaeta. I come from Latina American School of Social Sciences here in Mexico and my question is for César Antonio Nuñez. This comes from a chart

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that he shared that says laws, standards and legislations that represent obstacles in high risk groups. Fifty-five-percent of the country said they do not have any laws that hinder prevention in high-risk groups and I would like to ask you, specifically about that, which is the self-report from the country.

Because the research that Javier Hourcade spoke about that we will be sharing on Thursday, we saw that no country guarantees a change in gender legally. We have also found that gay people cannot and do not have the same liberty of union as heterosexuals.

We have seen many, many laws that do not guarantee equally prevention for all groups that have been called the key groups, so I would like to ask about this.

MARCOS ZARANA: [Foreign language]

TRANSLATOR: My name is Marcos Zarana and I come from the National Institute of Medical Sciences and Nutrition. A question for César Antonio Nuñez in relationship to the fact that is there any piece of information from your data in the rural Latin America? And another question that has to do with nursing. Much has been mentioned about nursing, especially in Africa about the recommendations from [inaudible]. Never the less, Latin America, the nursing is eliminated from the beginning as a way of preventing. What then, would be the recommendation from PAHO and for nursing because I believe this

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has to be explicit, especially for countries that have a culture of nursing their babies?

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Okay, we see that we have a huge queue and we need time to answer and we only have ten minutes, so I will ask you to be brief and please, no more people standing up.

SUSANA CHAVEZ: [Foreign language]

TRANSLATOR: My name is Susana Chavez and I come from Peru. I have two specific questions. One has to do with the data, which means we are still worried. We are worried about the fact that the numbers are only about the characteristics and the possibilities that health systems have. These are specific kinds of populations and will skew, for example, information and so what happens with women that do not have children, what happens to women that do not go to the services? Another issue is the sectorizing population and how can we begin to look into them as specific groups and we are not taking into account specific needs. I believe that the reproductive health, sexuality is really a much higher level of pain and we a danger of linking sectors again. For example, transvesti, the peers that are linked HIV and we are forgetting the elements that must be introduced into the process.

PABLO ADAMARIA: [Foreign language]

TRANSLATOR: My name is Pablo Maria and I come [inaudible] from Peru. I would like to make a comment on an

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affair that has been concerning us from the first meet. I do not think we are speaking about genders. I think we are sectorizing, dichotomizing this between MSM's or men or women. So, we are just putting together [inaudible] and mangoes, actually.

And I think we have to have a deep analysis and Global Fund has only given us one piece of sheet of information on how to incorporate this and I suspect that many, many people have not even incorporated this subject into this matter because they do not know who to do it. And so, I need to— things have to be less dichotomizing and more integrating. We can delve further into this so we can all be included.

WALTER MOYO: [Foreign language]

TRANSLATOR: My name is Walter Moyo I am a GYOB for the largest maternity from the Ministry of Health in Ecuador and I am worried also because we are taking women into account. We are not taking women into account. Just see from the point of view as a panel group. But there is a situation that should worry us most. The situation that we work with, we have done research in cancer and uterus and 90-percent of our patients have dysplasia, this is either a high or low degree. To die with cancer would be another serious problem for Latin America. [Applause]

MARY: [Foreign language]

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TRANSLATOR: Yes, good afternoon and thank you very much for your [inaudible]. My name is Mary and I am the Regional Advisor for UNISCAL in the region and my question— I want to ask Javier a question. Javier, I a contradiction or a difficulty, perhaps, which is the way you call it, to overcome the categories and the classifications. And we see that there is an ever-growing need with pressures coming from management based on results and now if cannot name or we do not have the proper or good classification for big groups that we all know are already quite invisible, then how can we ensure that the resources are arriving, that the programs have an impact and that they are receiving the services that they will need if we cannot even identify properly by name? Thank you.

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: And now, I ask the speakers to contribute with their final comments.

CÉSAR ANTONIO NUÑEZ, M.D.: [Foreign language]

TRANSLATOR: We will start by doing a marathon of answers. There are some very good questions and I would like to start with—

MALE SPEAKER: [Foreign language]

TRANSLATOR: This is a great question. I remember sometime ago in Costa Rica, we have a meeting with unions of teamsters. Many times, we have many, many initiatives and we do not provide the proper follow-up and I remembered that is

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something we have to resume. The Joint Program of National AIDS is co-sponsored by ten agencies of assistance like LIO. So, I can tell you that we will follow-up to this concern, because when I speak about multi-sector reality and I mentioned several times, there are sectors that still could be added. There is so much to do that everybody can participate.

And most of you thought to reinforce the concept of strategic information. We need information. Where is epidemics and women? We need the surveys. And what about the indigenous population? We need to have studies. And this is information to inform decision making.

Also, what Javier presented is gender violence. People, I have been reading recently, in Mexico, Guatemala and Chile, violence based on gender is something day to day and HIV is another aggravating factor. I tried to summarize everything that you needed.

You might be right; I did not talk much about the effort made in relation to avoid the feminization of the epidemics. In concrete, Brazil has established a plan to avoid the issue of feminization and we are going to be talking more about the woman.

This issue about this relation. I am going to show you the four graphs. This comes from the report that the countries presented as an advance of UNGAS. Fifty-five-percent of the

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countries did not recognize, but I was talking about the weakness of monitoring and evaluation.

We have a notification of final time. We need to have verification elements in order to know the quality of information and we have to strengthen that all throughout Latin America so that we can have a good reality of the information we are sending.

And about that, we have a registry in the city and it has to do with the issue of certificate information. We have to strengthen the training national program, because as Lelio Marmora was saying today, countries are seeing a forced need, now that they have more salvation, they have to have more documentation.

In relation to breastfeeding, I do not know if breastfeeding was forbidden or that it is contra-indicated. There are certain directives and guides depending on each country and [inaudible]. We will advise the mother to breastfeed their kids. I do not think that this is forbidden. I am sure of that in fact.

This follow-up of the issue of infections, like papiloma or dysplasia, we mentioned have to be integrated to this strategy. I know that I am talking too fast. I would like to have some minutes with you to keep our conservation and I give the floor to my colleagues.

MIRTA ROSES, M.D.: [Foreign language]

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TRANSLATOR: I wanted to say I wanted to invite you to participate in the next session about Latin America where we are going to present all of the results of the research on sexual and reproductive health in the woman in nine countries in Latin America. I am ashamed because I did emphasize the gender issue and this is our major working issue, but because we have specific session on Latin America in hall 6. We are all invited. Thank you.

Also, we have to analyze the production of data. Because sometimes we read that you have enough information and that should be enough to take action, but we are not taking them, even with that information.

CÉSAR ANTONIO NUÑEZ, M.D.: [Foreign language]

TRANSLATOR: I will refer to the question made by our colleague from Harvard University about including inequality in the countries. LAC is a region with more asymmetry in the allocation of income in the world. This is a problem with a great impact on the allocation of funds. Brazil, for example, is classified as medium-high income with a population in the south of Brazil, industrial population, rich, but we are criminalizing a large part of the northern population, which is poor.

In other countries, such as the [inaudible 01:19:08], y my country, Argentina, Brazil. We have a lot of asymmetry in terms of distribution of income. This is a delicate matter

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because the funders cannot replace the internal policy for country to generate social policies that will be favorable for a better distribution of income.

For the farm, it will be difficult to take eligibility position. That will be difficult, complicated. It will be better to do it in the second stage. What we can do now is look at other variables and not only the income, but also how indicators have met basic needs or other variables that they combined to create a coefficient applicable for this patient. [Inaudible]

This high level of lack of knowledge and the handling of real data and accurate data has been mentioned several times. Colombia is a country that has a very serious problem with the displaced population. It has access to funds from the Global Fund with a pledge of $9 million for Colombia, specifically for displaced population, half a million youngsters displace. But this is the project I love best in my portfolio because we could approve good synergy and compatibility of the several actors in response to the epidemics in Colombia.

Just to finish, our colleague from the transportation trade union, he mentioned two things which are very important: the different states of participation and something that could be there and two level.

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At the level of a country, there is a possibility of participating through the mechanism of country coordination. In the case of the World Bank, they take care of putting together [inaudible]. If you are a vulnerable group, you have the right to demand space there and you have the right to participate in the presentation of the proposal to the World Bank.

We also have a chair of Latin American representatives of the governments of Latin America and another chair representative of the NGO from the North and, of course, they are supposed influence the world policy.

From the Global Fund, I am not talking about a dream. It is possible if we get together, we organize and we create an agenda which is able to be supportive.

JAVIER HOURCADE BELLOCQ: [Foreign language]

TRANSLATOR: We do not want to make another big category where we put a lot of different types of population. And about the feminization, we have to understand how women are exposed to HIV. It is not a spontaneous appearance. If there is a feminization in a country, we need to have surveys and to understand why, which is the dynamics for the position of women to HIV.

Beyond discussion, we have to move into action and if we talk about sexual workers and trans people, I am with you. I think they workers and they are women and in a way, they have

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a problem that has to do with the trade union situation and gender matter. [Applause]

CARLOS PASARELLI, PH.D.: [Foreign language]

TRANSLATOR: Thank you to the panelists, thank you to the audience. Well, my colleagues have to leave. I would like to make a final remark. I was expecting to hear about the lack of sensibility of the region in the world arena. The response to HIV/AIDS, but the presentation from the public showed that they do have sensitivity within the region. Workers, women, young people they do want a space of visibility, a space of participation that many times those who are responsibility for what is making cannot conquest or cannot guarantee.

In that sense, I believe that this is something what Latin America, this idea of looking into our own problems on the problems we are facing is fine, but we have to do is, as Javier was saying, in a more transversal manner. It has to find spaces of dialogue and maybe Latin American Conference can provide that space of dialogue where the problems from the different groups affected could work in a better manner, as you have requested.

But, at the same time, we have to know that we live in a reality of concentrated epidemics and therefore, the existing resources is not enough. So looking into our problem, we have to find the space for the dialogue and we want to be more sensitive for the rest of the world.

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Latin America is forgotten in the scene of AIDS for development. If we are not together to find the way to become sensitive for the rest of the world, I think the AIDS epidemic will follow the most terrible patterns and the most unsustainable path for the future of the next generation. Thank you for your attention. [Applause]

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