

VI Central American Congress of People with HIV/AIDS
VI Central American Congress of STD/AIDS
Youth and HIV: For my Right to Know and Decide
CONCASIDA 2010

San Jose, Costa Rica, 1 – 5 March, 2010

María Isabel Pérez de Pio Lawyer
Delegate for Latin America: “SIDA Information Suisse”

In the inaugural message the Licentiate Karina Bolaños Picado, Vice minister of the Youth, affirmed that the sexual health and the reproductive health are fundamental aspects in the life of men and women. CONCASIDA 2010 calls us to see the world with all its width and to respect the integrity of people. The broad array of topics of the program ranges from the epidemiology to the psychosocial problems, exercise of the rights and legislation.

In this sixth edition, CONCASIDA 2010 makes a special call to the young people so that they take the information like an instrument of power, as well as they abandon prejudices and groundless stigmas assuming their sexual and reproductive life responsibly.

Regional plan of HIV/STD 2006 – 2015

Background

In the Americas the HIV constitutes an important threat to the public health. The number of HIV- positive people and those that die as consequence of AIDS have been increased in the last years, and it is considered that it will continue increasing in the next decade. The programs implemented to control the problem are blocked by lack of infrastructure, nonexistence of political support and persistence of stigma and discrimination.

All the countries of the Region have subscribed an agreement on HIV/AIDS, including the objective 6 of the United Nations Declaration of the Millennium, addressed to stop and to revert the propagation of the HIV and to complete the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). The achievement of these goals will require an expansion of the existent programs and cooperation between sectors and countries. The Plan concentrates on the universal coverage of integral health care, including prevention, diagnosis and treatment.

Strategic planning for the 2015

The Pan American Health Organization, PAHO, carried out an analysis of the situation of the HIV/STD in the Region to determine several scenarios on the possible future of the epidemic. The analysis showed the necessity for an integral answer of the health sectors.

The critical lines of action are:

To strengthen the leadership and guidance of the health sector and promote the involvement of the civil society.

To implement effective and sustainable HIV/AIDS/STD programs.

To strengthen, expand and reorient the health services.

To improve the access to medicaments, diagnostic means and other facilities.

To improve the management of information and knowledge, including activities of supervision, surveillance, evaluation and communication.

Introduction

At present time, there are in the Americas from 3 to 5 million people with HIV and the epidemic continues increasing. The data indicate that the HIV is affecting mainly the poor and vulnerable people, and the load is falling more and more on women and young persons. It was pointed out that the gender inequality, the discrimination and the poverty are the main risk factors. Due to the limited number of people that have undergone the HIV test, many persons do not know their infectious state.

Situation analysis. Status of the HIV/AIDS/STD Epidemic

General overview of the epidemic

At the end of 2004, 3 - 5 million people lived with the HIV in the Region of the Americas, and 3 million of them lived in Latin America and the Caribbean. During 2004, it was estimated that at least 380.000 people were infected by the HIV virus. The Caribbean countries show the second prevalence magnitude in the world, with rates in adults of 2% to 3%. Some Central American countries are already above the epidemic threshold of 1%. Half of people infected in the entire world by the HIV are young, in their majority between 15 and the 24 years old.

The epidemic is generalized in the Caribbean, while in most of Latin America it is concentrated on certain geographical areas and diverse population groups.

The HIV infection in women constitutes a growing concern. The highest levels of HIV in women are observed in the Caribbean countries. The Region also continues facing the challenge represented by the sexually transmitted diseases. In the America about 50 millions of STD cases occur annually. The chlamydia, gonorrhea, syphilis, the trichomoniasis, bacterial vaginosis, herpes, human papilloma virus (HPV) and soft chancre

continue being public health problems in the Region and a driving factor of the HIV epidemic.

In Latin America and the Caribbean, every year 330.000 cases of syphilis are diagnosed in pregnant women that are not treated in appropriate form. It means that every year 110.000 children are born with congenital syphilis. In 2003, in eleven countries of Latin America and the Caribbean 15.570 cases of congenital syphilis were registered.

STD and HIV Co-infection

The HIV prevalence among STD patient constitutes a good indicator of the possible transmission of the HIV. In several cases, the prevalence rates are from 2 to 6 times higher among STD patients than in the general population. It should be emphasized that each STD patient should undergo an HIV test and each female HIV patient should undergo an examination for STD, including the HPV because of the dangerous association with the HIV, and for *Candida albicans*, since this is a common opportunist infection.

HIV infection and syphilis are important public health problems that affect women and the newborn. The HIV infection in children means a chronic suffering that potentially shortens the life expectancy and conveys a human, social and economic cost.

From 50% to 80% of pregnant women with syphilis infection will end up in an adverse way, such as abortion, fetal death, neonatal death, premature childbirth, low birth weight and congenital infection.

In Latin America and the Caribbean in 2007, around 6.400 children were infected with the HIV, mostly through transmission from mother to son; more than 164.000 were born with congenital syphilis.

Future of the HIV epidemic

The negative impact of the HIV epidemic on the demographic trends in the western hemisphere is well documented. If the current trends continue, the life expectancy will decrease at least in 10 years by the end of 2010 as a consequence of AIDS in countries strongly affected as Haiti, Guyana and the Bahamas. Using a moderate scenario the WHO/UNAIDS projections show that by the end of 2015 there will be 3.300.000 HIV-infected people in Latin America and the Caribbean. The estimates indicate that during the next decade there will be between 1,5 and 2 million deaths from AIDS in Latin America and the Caribbean, and the women will represent an increasing number in the total amount of deaths.

According to WHO/UNAIDS, in 2005, 460.000 people with HIV needed treatment. And this number would be increased up to 960.000 in 2015.

In the next decade, the Region will also face an increase in the number of orphan children that will be around 1.400.000 in 2015.

Most affected populations

The population in general is in risk of contracting HIV infection and this problem should not be considered confined to certain groups, or some socioeconomic classes. Nevertheless certain groups are particularly in risky situation as a consequence of characteristic social, economic, structural and biological factors.

The users of injectable drugs are included among the most affected groups.

Recent surveys have indicated that the rates of HIV prevalence among men that have sexual relations with other men reach until 17% in El Salvador and 15% in Mexico. The concealment of this kind of sexual relation hampers an appropriate prevention and places the female sexual partners in high risk to being infected.

The sex workers are other particularly affected group.

The gender inequalities constitute a central problem. Women are also biologically more susceptible than men to contract the infection. The proportion of cases in women has been increased through the years, passing from 6,1% in 1994 to 15% in 1999.

The populations deprived of freedom are often a forgotten group. For example, in 2004 the prevalence of HIV positivity in the Dominican Republic and Argentina was respectively 19% and 18,4%.

Also migratory workers and indigenous communities are particularly affected.

Topics of CONCASIDA 2010

Core topics:

- Case management, control and epidemiologic surveillance.
- Prevention and Promotion.
- Social and psychosocial risk factors.
- Human rights and legislation.

Proposals and conclusions of CONCASIDA 2010

Core topic 1. Case management, control and epidemiologic surveillance

Tuberculosis (TB) is one of the most important co-infections with HIV. It is fundamental to discard the diagnosis of TB in all the persons with AIDS and to discard the diagnosis of HIV infection in all the persons with TB. In many countries the double infection of HIV and TB has become a serious problem of public health. The prevalence of HIV among TB patients varied from 0% in Cuba to 31.5% in the Bahamas in 2003.

It is crucial also to offer antiviral treatment antiviral to all the seropositive pregnant women.

Recently new effective antiviral medicaments have been introduced for treatment of AIDS: etravirine, raltegravir, darunavir and maraviroc.

The presence of genital ulcers increases the risk for HIV infection. The presence of syphilis and the human papilloma virus should always be investigated in the seropositive individuals.

In the last years, decrease of the sarcoma of Kaposi incidence and increase of the anus and lung cancers has been observed in the sick persons from AIDS.

Early treatment should be prescribed. The objective of the treatment is to prolong life by controlling opportunistic infections and attacking viral replication. The treatment should be an interdisciplinary undertaking to prepare the sick person for a long and full life.

Antiviral treatment antiviral should be given whenever the lymphocytes CD4 are less than 350 and in some cases also when the quantity is higher. It is very important the adherence to the treatment, because it should never be interrupted in order to prevent mutations and the emergency of viral resistance to the medication. It is sometimes necessary to introduce changes in the medication when there appear signs of toxicity or there are co-infections. The resistance to the medication as well as the inter-actions with other medications should be closely watched.

Core topics 2 and 3. Prevention, promotion and social y psychosocial risk factors

The use of condoms or preservatives is the key tool to diminish the HIV infections. The sexuality is an inalienable human right. The social policies that favor discrimination and exclusion should be revised and those that favor inclusion, especially access to social security and antiviral medication should be promoted. Local governments should be involved in the prevention activities.

A close relationship has been demonstrated between violence against women and HIV infections.

The adherence to treatment is a key to success. In many countries of Central America there are serious interruptions in the supply of free of charge antiviral medication.

Core topic 4. Human rights and legislation

The countries of Central America are far from overcoming the problems of stigma and discrimination. Harrowing testimonies of cruel specific cases that attempted against the life have been reported.

It was recommended to strengthen the legal network of Central America and to implement the commitment of investigating all the cases of human rights violations.

Important juridical problems were raised in connection with the right of integral health care and social rights. The topics of inequality in relation to the gender and the rights of the woman to reproductive health are important challenges. There were many cases of clear indefence and of late or not well conceived legal verdicts.

A close correlation has been demonstrated between the indexes of poverty and exclusion and the prevalence of HIV infection.

It is not visible in the society the youth's protection.

It is not possible to wait different results when always the same things are made; this is the principle of madness, as Einstein said.

Monitoring and evaluation of Central American commitments

The Central American Declaration on vulnerable populations, especially the youth, has not yet been countersigned by all the Ministries of Health of Central America.

It is necessary to implement the Strategic Regional Plan 2010-2015, and to make reality the right of the youth to know and to decide about HIV.

Comments by the writer of this report

The scientific program included the repetition of some topics and did not include other important topics, what created some feeling of frustration in many attendants. As it usually happens in most events many requests for fellowships and submission of papers for presentation were not accepted.

There were many sessions on sexual diversity that were mostly attended gay people, lesbians and transsexuals, and many others were attended mostly by people living with HIV /AIDS, without the presence of decision makers, representatives of agencies and governments officials.

In spite of the fact that the necessity of respecting the human rights was repeatedly mentioned, it was clear that the presentations did not offer a complete and clear picture of the topic.

Certainly the 1948 Universal Declaration on Human Rights determines that all the human beings are entitled the same rights for the single condition of belonging to the human species. On the other hand, article 4 of the 1978 American Convention on Human Rights, called Pact of San Jose of Costa Rica, declares: *Every person has the right to have his life respected. This concept is enlarged in the article 32, item 2: The rights of each person are limited by the rights of the others, by the security of all, and by the just demands of the general welfare, in a democratic society.*

Allowing to the HIV infected person to keep his/her infectious status secret as well as the insistence in the voluntary condition of the HIV detection test are violations of the above mentioned conventions since they put in serious risk to the contacts. The risks of infection are especially serious for women who in turn transmit the infection to their children and for the receivers in the sexual relations among males.

This situation led to the abandonment of public health principles on prevention of communicable infections as it is the case of the HIV/AIDS. It is clear also that sound health education is absent in these approaches privileging communication of messages that leave aside proved scientific evidences.

The proposals on the woman's empowerment and on avoiding stigma and discrimination lack true sense since the secret allows the discrimination of women by the HIV infected husbands or partners in stable couples; this was repeatedly shown in the Congress presentations.

It is very worrying that topics on necessary fundamental measures to reduce behaviors of risk are not accepted in these international events.

Another topic of interest was related with the reduction of the vertical transmission and the necessity of avoiding maternal breastfeeding. The topic was well presented by pediatricians specialized in infectious diseases from Costa Rica, where, as they affirmed, appropriate substitutes of maternal milk can be widely provided. Surprisingly, a representative of the Pan American Health Organization insisted in that still when the woman is HIV positive, her right to breastfeed should be respected if she wants it, for example for cultural reasons; in that case the woman should be treated with antiviral medication. In the discussion one of the pediatricians from Costa Rica disagreed arguing that avoiding the maternal breastfeeding was not only the safest way but also the cheapest one to prevent the vertical transmission during nursing.

To allow the women the freedom of infecting their children when it can be avoided, implies

a violation to the 1989 Convention on Children Rights that recognizes the intrinsic right of the child to life. Because of the lack of physical and mental maturity, the child needs protection and special care, even the due legal protection, so much before as after the birth.

It is also worrying that the advance of the epidemic at regional level will put in question the government possibility to provide sustainable treatments that it is one of the demands of the international strategies. This doubt arises of the commitments assumed by the governments with the proposed WHO New Universalism in the 1999 World Health Assembly. An important scientific journal described it in the following way: *The WHO urges health coverage for all but not coverage of everything.*

Implementation of cost-benefit health services

Election of priorities according to resources, has been proposed as a more realistic strategy that means an important change in the Alma-Ata Declaration on Primary Health Care.

It is necessary to remember that in the 1992 World Health Assembly, WHO introduced a new sanitary ethics through a New Health Paradigm, that was adopted by the countries.

The change of sanitary ethics depends on two factors, the availability of resources and the probabilities of success. It privileges the health care of the active class that is the one that surrenders benefits to the economy. The very expensive incurable or chronic illnesses cannot be cared. Undoubtedly the AIDS is an incurable illness and the treatments to achieve a certain chronicity are very expensive; therefore if the resources are scarce, AIDS would not be a priority.

The difficult world economic situation also puts in question the world possibility to deal adequately with a continuously increasing problem.

The population from 15 to 40 years of age is the most concerned by the HIV/AIDS problem; 94% of HIV infected people belongs to the productive and reproductive age; this brings consequences to the economy and the human life expectancy.

Part of the affected population will not be able to work under normal conditions, in consequence they will not contribute to the health insurance but they will depend on it. This situation would go to the bankruptcy of the health insurance systems which were built on the basis of solidarity. Even when the countries adopt new labor laws that benefit to these groups it is clear that if the epidemic continues progressing, the legislation will not be able to meet the increasing problem.

Several presentations reported that young women were practicing the anal coitus to avoid pregnancies although it is an important risk factor for HIV infection. However it was considered discriminatory to warn women about the biologic reasons that increase the risks

of these sexual practices. According to a UNAIDS technical information, the anal coitus implies a particularly high risk of HIV transmission for the receiver in the sexual relations among males. This risk is several times higher than the corresponding risk for the women who maintain vaginal sexual relations. The higher risk is due to the fact that the rectum lining epithelium is very fine and it can easily be injured during the sexual relations; the lightest epithelial lesions facilitate the HIV infection. Even if no injuries are present, the possibility has been suggested that the natural immunity to the HIV of the cells of the rectal lining is weaker than that of the lining of the vagina. The presence of untreated STD as syphilis, the blenorrhagia and the chlamydiae can increase considerably the risk of HIV transmission. The STD located in the anus and the rectum can develop without symptoms.

The presentations underlined the need of implementing the reproductive health programs as one of the important strategies to avoid the gender inequality but without mentioning that the birth-control pills and the injectable progesterone favor the HIV infection. There is new evidence that confirms what was already known, i.e. the hormones, still those normally present in the woman's body, favor the HIV infection. A study carried out in Kenya, Africa, in a group of 17 HIV infected women, found that the levels of the virus varied in the course of the menstrual cycle, being higher when the woman came closer to the menstruation and lower in the time of the ovulation.

It is surprising that everything referred to the woman's biological vulnerability, is not part of the information for an effective prevention.

The lack of complete information questions the validity of the informed consent that is one of the requirements for the HIV detection test. For a valid informed consent, it is indispensable that the information given is clear and been founded scientifically.

The presentations pointed out with concern the advance of the pornography in internet since many young people have easy access to it. The behaviors promoted by this publicity imply a serious HIV/AIDS/STD risk. In Argentina certain TV channels promote these behaviors through the cellular telephones and offer homosexual encounter places what favors an increase of the promiscuity. It is indispensable that the ministries of health, as a public health measure, establish limitations to this kind of TV publicity.

The risk of the dental interventions was also pointed out in some presentations, specifying that many of the early manifestations of the HIV infections are diagnosed by the dentists. In this point it is a matter of concern that the Guest Foundation in Argentina Guest advises that there is no any risk in the dental interventions. Undoubtedly this inaccurate statement is a serious obstacle to achieving an appropriate prevention and effective public health policies.

On the problems of the population groups deprived of freedom it is indispensable to take preventive measures in the jails based on trustworthy information, at least to avoid

infections of the wives of the prisoners. In Mar del Plata, Argentina, near half of the prisoners are bisexual and infected with HIV through homosexual relationships, but at the same time they have a stable wife or female partner who a lot of times is infected because she has not been informed by her couple.

Everything shows once again the irrational policy to allow keeping the HIV status secret under the argument of avoiding discrimination; however the secret allows discriminating against the woman; the gender rights are often violated due to selective discriminations. It is rather confusing to see that healthy population's groups are those more discriminated against since they seem to be less protected than people with HIV or AIDS.

To achieve the CONCASIDA objective that the young people can decide by themselves, it is indispensable to provide them with clear, precise and scientifically well founded information, and to guide them on the ways to avoid the behaviors of risk. They should know the true meaning of the human rights and how they can be accomplished efficiently.

For all these things, the utility of this Congress is seriously in doubt.

Mar del Plata, 20 March 2010

WHO/UNAIDS, 2004. Quoted by a report on HIV/AIDS surveillance, Ministry of Public Health, Canada, April 2005.

It was stressed the need of beginning early antiretroviral treatment of pregnant women. Scientific evidence points out that if treatment is not early, even if the pregnant woman is treated and the HIV virus cannot be detected, the mother can transmit the infection to her child.

Brown P. *WHO urges "coverage for all, not coverage of everything"*. British Medical Journal 1999; 318:1305 (15 May).

Perez de Pio, María Isabel. *Ecosystem versus Medicin*, in: *Mut zur Ethik, Grundlagen legen für eine humane Zukunft*. XIV. Kongress vom 1. Bis 3. September 2006, Feldkirch/Vorarlberg (Austria).

WHO. Statements of Dr. Hiroshi Nakajima Director-General to the Executive Board and the World Health Assembly. A 45/DIV/4, 1992.

UNAIDS. "AIDS and the sexual relations among men". Geneva, Switzerland, October 1997.
Sommerfeld J. "The Pill Linked to Aggressive HIV". Study Reported to the Ninth Conference on Retroviruses and Opportunistic Infection. (27 February 2002), MSNBC, February 27, 2002.

Overbaugh J, Benson C. University of Colorado Health Science Center, Denver. 2002
Comité Permanent des Médecins Européens , "On Information to Patients and Patient

Empowerment“. Document CPME/AD/Brd/1109904/080/EN. Brussels, Belgium, 11 September 2004.