

Report on the 2nd Regional Consultative Meeting on Universal Access to HIV Prevention and AIDS Treatment, Care and Support in Low Prevalence Countries

26-28 August 2008 in Manila, Philippines



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The Report

BACKGROUND:

The process on scaling up the universal access to HIV prevention, treatment, care and support was launched in early 2006, and subsequently the 1st Regional Consultative Meeting on Universal Access was organized in Ulaanbaatar, Mongolia in October 2006. The Representatives from 10 countries participated in the meeting, namely, Bangladesh, Bhutan, Democratic People's Republic of Korea, Fiji, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Philippines and Sri Lanka. The delegates agreed that Low Prevalence Countries still have a window of opportunity to avoid more serious epidemics cost-effectively, and accordingly adopted the Ulaanbaatar 2006 Call for Action, which, among others were:

- Underscored the need for focused prevention efforts for people most at risk, including sex workers, injecting drug users, migrants and mobile populations.
- Called for greater efforts to raise general awareness about AIDS to help break down AIDS-related stigma and discrimination;
- Emphasized that national AIDS action plans need adequate funding, ambitious but realistic targets, high-level political commitment, and the full involvement of civil society

SECOND REGIONAL MEETING:

In order to assess the progress of the countries following the “Ulaanbaatar Call for Actions”, the second Regional Meeting was organized by the Department of Health, Philippines and international developing partners in Manila from 26-28 August 2008. The Representatives of the Governments, Civil Societies, NGOs and Developing Partners from 12 countries attended this Meeting.

The main objectives of the meeting were:

1. To review the progress of countries and identify steps to address gaps in the operationalization of the Ulaanbaatar 2006 Call for Action
2. To identify emerging issues in scaling up comprehensive national AIDS responses towards universal access
3. To reaffirm political commitment among governments, civil society and international agencies by adopting concrete ways forward to achieve universal access to prevention, treatment, care and support.

The Bhutanese Delegation to the 2nd Regional Consultative Meeting on Universal Access to Prevention, Treatment, Care and Support in Low Prevalence Countries was comprised of the following members:

1. Lyonpo Zangley Dukpa, Ministry of Health – Head of Delegation
2. Mr. Sonam Rinchen, Ministry of Health – Delegate
3. Mr. Thinley Dorji, YHSS – Representative of the Youth
4. One Representative from the People Living with HIV/AIDS

OVERVIEW AND DELIBERATIONS OF THE MEETING (26TH – 28TH AUGUST 2008):

Following the opening ceremony, there were series of technical presentations and country experiences on HIV/AIDS prevalence, issues and strategies. These presentations succinctly captured the major issues on the low prevalence situation in participating countries, the HIV epidemiology in the region, the status of progress towards achieving universal access to prevention, treatment and support, and the current strategies to scale up HIV/AIDS programs with maximum effectiveness.

The meeting discussed at length on the need for ‘focused prevention efforts’ for people most-at-risk because this would not only be a cost effective intervention but also would bring a maximum impact. Because the studies showed that a less than a cent spent per capita per year on prevention is going to avert 60% of new HIV infections. The Report of the Commission of AIDS states that the universal access to ARV drugs for treatment would be feasible as long as efforts on prevention keep the HIV prevalence low. The prevention program for the most-at-risk populations is found to be a low cost but high impact intervention. Therefore, the participating countries need to give more attention towards intensifying the preventive efforts to maintain low prevalence and reverse the trend of HIV/AIDS.

The first step towards combating the epidemic is to understand the extent of epidemic in the country, and intervene appropriately at three phases of epidemic: pre-epidemic phase, expanding phase and post-containment phase. It has been showed that early action in an early phase of epidemic always results in maximum reduction of new HIV cases. Thus, in a limited resource setting, prioritization of resources and making a right choice of interventions are found to be important in averting new infections.

The actions taken by the participating countries following the first meeting in Ulaanbaatar were reviewed and found some significant progress made as follows:

- Established or upgraded functional national AIDS coordinating authorities
- Developed national strategic plans and M&E frameworks
- Expanded Voluntary Confidential Counseling and Testing Services
- Developed standards for Youth Friendly Health Services
- Enhanced engagement of Civil Society
- Amendment of AIDS laws with anti-stigma and discrimination provisions
- Implemented harm reduction programs

THEMATIC SESSIONS:

The deliberations during the thematic sessions were mainly focused on the following specific areas:

1) Access to commodities and low-cost technology, 2) Human rights, stigma and discrimination, 3) Human resource and system constraints, 4) Sustainable financing, 5) Civil society participation, and 6) Delivering quality interventions and reaching coverage

The Meeting dwelt extensively on these identified areas with the intention to identify gaps and challenges in implementing the current strategies, and look for some attainable solutions to address those gaps and obstacles. Elaborated discussions held on the examples of best practices, strengths and opportunities, mechanisms and systems that can be used to ensure that countries overcome obstacles, and develop effective strategies for most-at-risk populations, including young people and adolescents.

MANILA 2008 DECLARATION:

Acknowledging the threat posed by HIV/AIDS epidemics, and also keeping in mind the existing opportunities to scale up efforts for the low prevalence countries, the three-day-meeting culminated into a series of statements of commitments called “Manila 2008 Declaration” from the leaders of Governments, Civil Societies and international organizations to combat HIV/AIDS collectively in the Region. The Delegates reaffirmed themselves to an enhanced and effective response to HIV in Asia and Pacific which would ensure equal access to services regardless of age, sex, culture, sexual orientation or gender identity.

The Delegates committed to achieve the Universal Access targets and Millennium Development Goals by mobilizing adequate resources, generating political support and scaling up high impact prevention and treatment programs. The low prevalence countries would also address the issues on quality interventions, exploring low cost technology, sustainable financing, stigma and discrimination, civil society engagement and human resource and system constraints.

All Delegates agreed on the importance of holding the next meeting primarily to assess the progress made for the next two years, and to continue to garner the political commitment and support to bring the low to zero HIV prevalence in the region. Sri Lanka offered to host the 3rd Meeting in 2010, whereas Bhutan will host the 4th Meeting in 2012.

FIELD TRIPS:

Apart from the Meeting, the Bhutanese Delegation took the opportunity to visit health facilities, Institute, Rehab Center and Non-Governmental Organizations both in Manila and Bangkok to learn new and better ideas on the best management practices and approaches in delivering quality and effective services.

San Lazoro Hospital, Manila (29th August 2008)

San Lazoro Hospital is a tertiary referral facility for infectious and tropical diseases in the Philippines. It also functions as the referral center for clinical care of HIV/AIDS patients since 1998. It has a separate HIV/AIDS in-patient ward, and a Care and Support Center called “Bahay Lingap” (also called a Half-Way-Home). The Care and Support Center not only provides HIV infected patients the much needed counseling and treatment but also offers a caring shelter and livelihood programs free of cost. Besides, the National

Reference Laboratory is located in this hospital that provides modern and advanced technologies for HIV and STIs testing including western blot and viral load technique.

The concept of care and support center is very applicable to Bhutan. Number of HIV cases is increasing every year and trend of substance abuse is on the rise. Such centers could be used as a treatment and rehabilitation facility.

Pinoy Plus Association, Manila (29th August 2008)

It is the Non-Governmental Organization being managed and administered by the people living with HIV/AIDS (PLWHA). The organization aims at improving the quality and dignity of life of PLWHA to work and live without fear of stigma and discrimination. The Pinoy Plus carries out counseling, educational, networking and advocacy programs. It organizes a get-together forum to share the experiences and promote health through various healing therapies. The Pinoy Plus is also instrumental in supporting the Government's efforts in containing and preventing new HIV infections.

The PLWHA in Bhutan also deserve to be empowered and their lives improved. The Government could consider creating a supportive environment for them through active networking and advocacy.

Foundation for Adolescent Development, Manila (29th August 2008)

The Foundation is a professional organization that supports adolescents in addressing their problems and needs. It designs and develops training program and IEC materials on adolescent's health, sexuality and life style concerns. It supports trainings on life planning education, value formation and vocational skills to adolescents. The Foundation operates a hotline service that offers counseling to adolescents by the experts, and provides youth friendly services such as Dial-A-Friend and E-mail-A-Friend programs.

There is good opportunity for our Government Sectors dealing with youth related programs of exploring the avenues of future linkages with the Foundation.

Office of Narcotic Control Board and Thanyarak Institute, Bangkok (30th August 2008)

The Bhutanese team met the officials of the Office of Narcotics Control Board and Thanyarak Institute. They gave presentations on the functions, responsibilities and compositions of the Narcotic Control Board in Thailand. The Board is the highest policy making body on all matters related to narcotic and psychotropic substances. It is also responsible for developing the narcotic laws of the country as a legal back up to tackle drug problems and drug trafficking in Thailand. Through its various legal acts and programs, the Board focuses to reduce the illegal drug supplies, enhance public surveillance, and take care of populations at risks. Its major strategies are supply control, demand control and management of cases.

The Bhutanese team also visited Thanyarak Institute (Thanyarak means “giving new life”) which is a 700-bedded rehab center that provides treatment, care and rehabilitation services for drug dependent people.

The rehab program includes a vocational training that builds capacity in clients to live a productive life in the society. The institute also serves as the Center for training health workers in prevention, treatment and rehabilitation in drug dependence. The treatment system is based on voluntary, compulsory and correctional methods. The compulsory and correctional treatment system is under the Department of Justice & Army.

MEETING WITH THE BHUTANESE DOCTORS AND NURSES UNDERGOING TRAINING IN BANGKOK (29TH AUGUST 2008)

Hon’ble Lyonpo met with twenty health professionals who are undergoing various medical trainings in Bangkok. They are pursuing courses in orthopedics, pediatrics, gynecology, internal medicine, radiology, cytology, and microbiology. The objective of the meeting was to interact with the students and share opinions and experiences as a Health Family. It was also to inform the students on the policy developments taking place in the Ministry of Health. Hon’ble Lyonpo briefed them on the increasing cost on health care and rising trend of non-communicable diseases such as alcohol induced liver diseases, kidney diseases, cardiovascular diseases etc. The students were reminded of the burden that our Government is taking to meet the huge health care expenditure.

Hon’ble Lyonpo shared with students some of the initiatives taken place in the Ministry of Health aiming at promoting transparency and accountability. The weekly and monthly Review and Coordination Meeting at Divisional, Departmental and Ministerial levels is instituted to discuss the progress, problems and prospects in a free, frank and transparent manner. Everyone is given an equal opportunity to express his/her opinions in order to reach a decision that is collective, consensual and representative.

The students were also informed of the need for more clinical trainings for our health workers. Since our country is undergoing an epidemiological transition and in response to the demand for more specialized care, Ministry of Health is very keen on sending more doctors, nurses and technicians for specialized courses in cardiac surgery, neurology, oncology, nephrology etc.

There was also a suggestion that the elective and internship programs for post-graduate students could be arranged at JDWNRH. It will not only reduce the time and cost but also familiarize Bhutanese doctors with knowledge on the Bhutan’s health problems and equip well with skills to deliver care in our own context.

Some students suggested that the 2-3 month Thai language course could be arranged for them before the actual course. Because this is a requirement for most of the medical institutes in Thailand. However, the problem lies in the stipend and tuition fee which do not cover this language course. Some of the students have been paying themselves to attend the language course. So, the students requested the Ministry of Health to help them

with the additional tuition fee and stipend to cover the language course. To this, Lyonpo informed them that the matter will be further discussed with Human Resource Division, Ministry of Health.

Hon'ble Lyonpo hosted dinner for the students.

CONCLUSIONS: LESSONS LEARNT

- The 2nd Regional Consultative Meeting on Universal Access to Prevention, Treatment, Care and Support in Low Prevalence Countries in Manila was a huge success with renewed support and commitment from the Leaders and Stakeholders of the Governments, Civil Societies, NGOs and International Organizations towards achieving the Universal Access targets and MDG goals.
- All the Delegates reaffirmed and rededicated themselves to sincerely follow up on and implement the principles and strategies enshrined in both “Ulaanbaatar 2006 and Manila 2008 Declarations”, which clearly underscore the need of inventing low cost and high impact interventions focusing on the most-at-risk populations.
- The decision to hold the next meeting was made unanimously given its importance, and the Meeting endorsed the proposal of Sri Lanka to host the 3rd Meeting in 2010, and Bhutan to be the host for the 4th Meeting in 2012.
- Bhutan needs to initiate a networking program among the People Living with HIV AIDS mainly to provide support among themselves to improve their quality of life through capacity building and education, and also to facilitate in containing the spread of and preventing new HIV infections in the general population. The public education and advocacy on PLWHA should be promoted to reduce the AIDS related stigma and discrimination among the Bhutanese population.
- Bhutan is the country of young population with around 60% of the country's population below 25 years old. Out of 144 HIV cases, 21% of them are the young people. Given the prevailing risk factors and vulnerabilities, the Royal Government must intensify multi-sectoral efforts in creating enabling environment for the young people that would promote peer education, networking, communication and advocacy among themselves.
- Since the Bhutan Narcotic Control Agency (BNCA) is a recently established organization, there is a need to redefine and refine the roles and responsibilities of the different stakeholders involved, so as to reduce complications while implementing plans and programs, and also to prevent duplication of efforts. The BNCA could tie up with the Office of Narcotic Control Board (ONCB) of Thailand for technical guidance and support given its technical expertise in the field for many years.
- The Royal Government may consider establishing a Rehab Center possibly based on the good models in Thailand through institutional linking with Thai Institutions such as Thanyarak Institute and ONCB in Bangkok. Thailand has the long experience in dealing with the drug related problems. There is an ample opportunity for us to train our nurses and paramedics in Thailand on the prevention, treatment and rehabilitation of drug addicts and drug users. Bhutan definitely needs a rehab center to cater to the increasing number of drug addicts.