

**FOLLOW-UP TO THE
DECLARATION OF COMMITMENT
ON HIV/AIDS (UNGASS)**

COUNTRY REPORT: ARGENTINA
Reporting period: January-December 2002

TABLE OF CONTENTS

- I. Status at a glance
- II. Overview of the HIV/AIDS epidemic
- III. National response to the HIV/AIDS epidemic
 - 1. National commitment and action
 - 2. National programmes and behaviour
- IV. Major challenges faced and actions needed to achieve the goals/targets
- V. Support required from country's development partners
- VI. Monitoring and evaluation environment

ANNEXES

ANNEX 1: Consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS.

ANNEX 2: National Composite Policy Index Questionnaire

ANNEX3: Nine national return forms national programme and behaviour indicators

ANNEX 4: Country M&E sheet

I. STATUS AT A GLANCE

NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index : 0.92 (0.71 – 1 – 1 – 1)
2. Government funds spent on HIV/AIDS: 241.222.880 Pesos (2002) (US\$ 75.382.150, US\$ 1=\$ 3.20)

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: not available
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes: not available
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: 55% in public sector

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: not available
7. % of people with advanced HIV infection receiving ARV combination therapy: 91.2%

Knowledge/Behaviour

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: not available
(Target: 90% by 2005; 95% by 2010)
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: not available
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (to be available in 2003)

Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school: not available

IMPACT

12. % young people aged 15-24 years of age who are HIV infected
(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010): 0.38 %
13. % of infants born to HIV infected mothers who are infected
(Target: 20% reduction by 2005; 50% reduction by 2010): not available

II. Overview of the HIV/AIDS epidemic

In Argentina, epidemiological surveillance is held by the National AIDS Programme and the Ministry of Health. Available data correspond mostly to AIDS cases: socio-demographic distribution, morbidity, mortality, ARV coverage; and to sentinel surveillance data on HIV prevalence in some particular groups. Sentinel surveillance is not systematic. There are no recent estimates on HIV prevalence in general population.

Number of AIDS cases:	25.411 (Dec. 2002).
Estimated number of PLWHA:	130.000
Estimated HIV prevalence in Argentina during 2002:	0.46 (Population: 37.000.000)
Estimated number of young people 15-24 years of age who are HIV infected	25.500 (men: 15.810; women: 9.690)
Estimated prevalence of HIV among people 15-24 years	Young men: 0.47 Young women: 0.30
Sex ratio	3.8:1 (> 13 years) AIDS HIV Infection: 1.6:1
Epidemic	Concentrated on IDUs and MSM Urban

Sentinel surveillance: First Semester 2002

Pregnant women	0.32
STD consultants	3.51
Volunteers	2.76
IDU	5.79
MSM	n.a.
Prison inmates	14.86
Military conscripts	n.a..
Blood donors	0.09
Sexual workers	n.a.

Source: National AIDS Programme

HIV prevalence at a glance	
% young people 15-24 years of age who are HIV infected :	0.38 %
% of infants born to HIV infected mothers who are infected:	not available
<i>Indicate Source: National AIDS Program</i>	

III. National response to the HIV/AIDS epidemic

1. National commitment and action

The National AIDS Program, together with organizations of the civil society, has been developing policies aimed at the prevention and treatment of HIV/AIDS, as well as at

the improvement of quality of life of people living with HIV/AIDS. Specifically, it is important to mention the universal coverage of treatment for needy people.

Currently, Argentina is undergoing an extremely serious economic crisis and an accelerated process of poverty and unemployment, as shown by the socioeconomic indicators. These phenomena affect both the health of the population and health policies. The sustainability and continuity of such axis are weakened due to the recent increase of the economic crisis.

The increase of the poverty, extreme poverty and unemployment favours the expansion of the epidemic, while the Health System sees its capacity of intervention reduced. In this context, the Argentine Government has allocated funds to the Strategic Plan, and added to this, there is financial support from the NGOs and private sector. A supplementary fund from the Global Fund will complement such funds, helping at its best use and will allow a multi-sector policy network of fight against AIDS to overcome the emergencies that recurrently appear in a context of economic uncertainty as the one in Argentina

In 2002, Argentina applied for a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. For this, a national Country Coordination Mechanism was established, including the participation of government, civil society, PLWHA, academic sector, private sector and international organizations. Argentina has obtained a 12 million dollars grant for 2003 and 2004. The total grant is about 28 million dollars (2003-2008).

The Global Fund Project was launched in March 2003, including baselines of epidemiological and behaviour data, both in general population and in most vulnerable groups.

National commitment at a glance

National Composite Policy Index = 0.92
Government funds spent on HIV/AIDS = :
241.222.880 Pesos (2002) (US\$ 75.382.150,
US\$ 1=\$ 3.20)

Since the eighties there has been political commitment from the Government and Ministry of Health to give support to the HIV/AIDS program through a series of legislative measures and public policies that include the universal access to medication for people under treatment.

Main legislative instruments in AIDS (health policies, human rights):

Law N° 23.798 and other legal instruments are ruled by the following basic principles:

- a) Respect for the autonomy of willingness, i.e. that each person has the right to take his or her own vital decisions. For this, the law guarantees informed consent to conduct tests and treatments.
- b) Confidentiality, e.g. medical secret and coding of test results.
- c) Non-discrimination of people living with HIV/AIDS.
- d) Information and education on all aspects regarding the disease and its transmission.

Besides, **Laws N° 24.455 and N° 24.574**, guarantee the universal coverage of drugs for HIV/AIDS, in the three health subsystems (public, social securities, private medical insurances), including the provision of medication and the systematic recommendation of testing in prenatal controls.

National Law Against Discrimination N° 23.592	1989
National Law Against AIDS N° 23.798	1989
Provincial Laws Against AIDS	
Inter American Convention of Human Rights (San José de Costa Rica agreement) included as constitutional text in the National Constitution	1994
Law N° 24.455 – Universal coverage of drugs for HIV/AIDS by social securities	1994
Law N° 24.574 – Coverage of HIV/AIDS by private medical insurances	1996
National Norms of AIDS in Perinatology (Ministry Resolution 105/97)	1997
Declaration of commitment on HIV/AIDS (UNGASS)	2001
Law N° 25.543 stating the mandatory offer of HIV test to all pregnant women.	2002
Law Project on Harm Reduction presented to the Health Commission of the National Deputies Chamber	2002

In 1999 the **National AIDS Program** considered **Strategic Planning** as the basic and adequate tool to guide public policies and health actions, to achieve a stronger and more effective reply to the HIV/AIDS epidemic.

That same year and with the full support of UNAIDS a joint process started between the national and provincial government that had three basic goals, prevention and control of HIV/AIDS, improved attention and quality of life of people living with HIV and strengthened management and capability of national and provincial programs.

The final document was approved in 2001 by the resolution N° 641/2001 of the National Health Ministry

The process has mainly achieved to incorporate the Networks of PLWHA and civil society organizations as leaders of interventions and changes of social response. Human resources were trained and planning technology was transferred to Province and City programs.

Ongoing Programs

National Program of Fight Against STD and AIDS	1990
Province and City Programs of Fight Against AIDS	1990
Strategic Plan in HIV/AIDS and STD 2000-2003	2000
Budget 2002 allocated to Health: 405.923.526 pesos	2002
Budget 2002 allocated to National AIDS Program: : 241.222.880 Pesos (2002) (US\$ 75.382.150, US\$ 1=\$ 3.20) 15,6 % of total Health Budget *87.8 % of the AIDS budget is allocated to the purchase of drugs and reactives.	2002

Emergency measures approved since January 2002

Law N° 25.561. Declaration of Public Emergency in social, economic, administrative and currency matters.	2002
Program of Food Emergency	2002
Program of Heads of Household	2002
Urgent allocation for the purchase of basic drugs (Parliament)	2002
Decree-Law of Health Emergency	2002

2. National programmes and behaviour

The National AIDS Programme has the responsibility of providing ARV and other drugs to PLWA.

About 25.000 PLWA are receiving combination therapies, 83% of them by the public health sector, the rest by the social security and the private health insurance sectors.

The coverage of ARV provision is considered for 100% of the patients.

Difficulties are recurrent in terms of financing this provision and in guaranteeing the adequate distribution.

AIDS prevention interventions are carried mainly by NGOs and networks of PLWA, together with national, provincial and local governments.

NGOs are organized in a National Forum of NGOs.

Specific organizations, both non-governmental and governmental, implement programmes focused on PLWA, women, youth, gays, lesbians, transgender people, MSM, IDUs, sex workers, people living in poverty, prison inmates, and other vulnerable groups.

In 2002, with the support of UNAIDS, a Task Force on HIV/AIDS with the Community of Gays, Lesbians, Transgender people, Bisexuals and other MSM in Argentina has been created, including the participation of NGOs, government officials, academics and international and bilateral organizations.

UNAIDS has also been supporting specific projects focused on prison inmates and drug users, this one in the context of the Mercosur (Brazil, Uruguay, Paraguay + Chile).

The National Strategic Plan and some provincial strategic plans have been prepared in large forums. However, they are not fully implemented, especially due to the lack of funding.

In 2003, the Global Fund project will fund interventions in prevention and care, including general population, most vulnerable groups and PLWHA.

National programmes at a glance

Prevention

% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: not available

% large enterprises/companies that have HIV/AIDS workplace policies and programmes: not available

% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: 55% in public sector

Care/Treatment

% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: not available

% of people with advanced HIV infection receiving ARV combination therapy: not available

Indicate Source

National behaviours at a glance

% of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: not available
% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: not available
% of injecting drug users who have adopted behaviours that reduce transmission of HIV to be available in 2003

Indicate Source

In Argentina, approximately 13000 people have died because of AIDS since the beginning of the epidemic. The epidemic is concentrated on IDUs and on MSM. However, in 2001, it is estimated that 25000 children would be orphan because of AIDS; 2000 children would be orphan from both parents (UNAIDS-UNICEF, Children on the brink, p. 24). In the country, orphan children are generally at the charge of extended families. Some programs specific to children affected by HIV/AIDS are implemented by NGOs and networks. The Global Fund Project includes orphan children among its beneficiaries. Indirect data don't show that orphan children are treated differently than other children.

Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school : not available

Indicate Source

IV. Major challenges faced and actions needed to achieve the goals/targets

In 2002, a deep economic crisis affects both the health of the population and the capacity of the public health system. However, the National AIDS Programme affords the provision of combined ARV therapy to 83% of the patients who need it; 17% are covered by the social security sector and the private insurance sector. Prevention campaigns, in a limited scope, have been assured mainly by civil society (NGOs, Networks) and local governments, with the support of UNAIDS, UN Theme Group, IADB, GTZ and other sponsors. More than 100 NGOs are organized in a National Forum of NGOs working on HIV/AIDS. The legal framework is favourable to PLWA, protecting their civil rights and their access to health care.

As it was already mentioned, the main obstacle to an integrated approach on HIV/AIDS is due to the economic crisis and political instability. Funding is essential to assure the sustainability of the policies of prevention and care, especially the provision of ARV. The crisis increases the social vulnerability to HIV infection and hinders the conditions necessary for a good quality of life with HIV/AIDS.

Furthermore, sustainability of the provision of ARV depends also of reorganizing and rationalizing the logistics of ARV distribution, together with a national policy related to ARV purchase and production.

For these reasons, Argentina has made some steps in the direction of rationalizing the provision of ARV: a logistics reform is envisaged (with the support of the Global Fund Project), a negotiation for better prices of drugs and the integration with neighbour countries like Brazil, in the context of the Mercosur Agreement of the Ministries of Health, which includes HIV/AIDS.

In terms of cultural barriers, in spite of a strong conservative tradition, in Argentina groups of gays and lesbians, and groups working on harm reduction, have been organized during the eighties and the nineties. However, these groups are more active in the big cities, like Buenos Aires, than in the rural and suburban areas.

Regional integration and networking around issues like HIV/AIDS and MSM (e.g. the Task Force on HIV/AIDS in MSM in Latin America) or harm reduction, have been a powerful factor to encourage local advocacy and policy programmes.

UNAIDS Southern Cone has been supporting technically the preparation of this 2003 Report, but supplementary human resources and funds will be necessary for the preparation of following reports, which will include data collection and analysis. In particular, country's data collection will be made by the UNAIDS-led CRIS and by the Argentina Global Fund Project which considers establishing baselines and the measuring of impact indicators.

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys	CRIS – Global Fund	CRIS	CRIS – Global Fund
Health facility surveys	CRIS – Global Fund	CRIS	CRIS – Global Fund
School-based surveys	CRIS – Global Fund	CRIS	CRIS – Global Fund
Workplace surveys	CRIS – Global Fund	CRIS	CRIS – Global Fund
Desk review	???		

V. Support required from country's development partners

One of the key actions that need to be taken by development partners to assist the country in achieving its goals is to help the government in guaranteeing the sustainability of universal ARV treatment: in terms of low prices and high quality.

Besides, permanent support to civil society groups and groups formed by the most vulnerable populations is still necessary, to assure the continuity of primary, secondary and tertiary prevention and to assure a non-discriminatory context: for example, PLWHA, women, people living in poverty, youth, gays and other MSM, lesbians, transgender people, drug users, sex workers, people living in confinement situations.

Support is required also in terms of social research, and in terms of monitoring and evaluation.

VI. Monitoring and evaluation environment

In 2002, in Argentina there is no regular mechanism of data collection or monitoring and evaluation.

Supplementary funds and technical assistance are needed for monitoring and evaluation.