

Study Tour: Rockefeller Foundation African Research Dialogue for AIDS Care

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A new step in the concept of South to South cooperation took place in the Americas promoted by the African Dialogue on AIDS Care (ADAC), with support from the Rockefeller Foundation Health Equity Division and collaboration of the Pan American Health Organization (PAHO/WHO). Eight scientists from five African nations (Botswana, Kenya, Uganda, South Africa and Zimbabwe), specialists in the comprehensive care for People who Live With HIV/AIDS (PLWA), visited three countries of the Americas and the Caribbean (Haiti, Jamaica, and Brazil) for a two-week study tour on AIDS care in the Region.

The objective of the study tour was to promote dialogue and exchange experiences between scientists, researchers and technicians of the different countries on the subject of comprehensive care for PLWA and to create cooperative relationships within the global scientific community.

The program was organized so that the participants visited three different scenarios in the region: a scenario of limited resources (Haiti), another with moderate resources (Jamaica), and finally, one with adequate resources (Brazil).

Working meetings were arranged in each country with governmental, NGO, and academic sectors, and with associations of PLWA.

The central conclusions of the visit are described below:

1. Access to antiretroviral therapy (ARV) within the framework of comprehensive care can be a reality, even in situations of limited resources,

as long as the following factors exist: strong political commitment, a strong and transparent legal framework, and the willingness to take action.

2. Controversies around rights to health and care for vulnerable groups are still evident. The stigma attached to HIV/AIDS still greatly limits the expansion of ARV access for PLWA.

3. The study tour proved to be an important tool in generating dialogue among experts in the countries involved and in improving technical understanding for all parties involved. The meetings clarified the distinct realities in terms of access to comprehensive care for PLWA and generated discussions on the definition of the essentials for the well-being of the population. These discussions laid the groundwork for paradigm shifts in the subject of comprehensive care.

Contact:

Karen Gladbach

Manager, Training & Fellowships Program
gladbach@paho.org

