

168th SESSION OF THE EXECUTIVE COMMITTEE

Virtual Session, 21-25 June 2021

CE168/INF/7
27 April 2021
Original: English

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF HIV AND SEXUALLY TRANSMITTED INFECTIONS 2016-2021: FINAL REPORT

Background

1. In 2016, the Governing Bodies of the Pan American Health Organization (PAHO) adopted the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021 (Document CD55/14) (1) through Resolution CD55.R5 (2). The Plan of Action was aligned with the vision, goals, and strategic lines of the World Health Organization's (WHO) global health sector strategies for HIV and sexually transmitted infections (STIs) for 2016-2021 (3, 4), and with the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 (5). It also adhered to the framework of the United Nations Sustainable Development Goals (SDGs) (6). The goal of the Plan of Action was to accelerate progress toward ending the Acquired immunodeficiency syndrome (AIDS) and STI epidemics as public health problems in the Region of the Americas by 2030 by reducing the incidence of new HIV infections, AIDS-related mortality, and STI-related complications. The Plan of Action also integrated the goals of the previous regional Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Document CD50/15) (7).

2. This final report summarizes the progress achieved toward the objectives of the Plan of Action and highlights challenges and lessons learned from its implementation. Unless otherwise specified, the main sources consulted for this report were the UNAIDS/WHO/UNICEF Global AIDS Monitoring (GAM) data collection system (8, 9), complemented by desk reviews of national plans, strategies, and policies.

Analysis of Progress Achieved

3. Progress has been unequal across countries and in the various aspects of the HIV epidemic. The Region has seen a decrease in AIDS-related deaths, but to a lesser degree than expected. Late diagnosis and barriers to treatment initiation, retention, and adherence continue to limit the impact of treatment on HIV-related mortality. New infections decreased in the Caribbean (19%) from 2014 to 2019, while in Latin America new infections increased (8%). Implementing the full package of HIV combination prevention strategies continues to be a regional priority.

4. The transmission of HIV and congenital syphilis from infected mothers to their children has not declined to the expected level. The regional rate of mother-to-child transmission of HIV currently stands at 14%, with great variability across countries. In fact, while WHO has validated several countries as having achieved dual elimination of mother-to-child transmission of HIV and syphilis, many others continue to lag behind. The rate of transmission of congenital syphilis has increased in the Americas, during the Plan of Action period, resulting in part from improved surveillance, but also driven by an increase in maternal syphilis combined with persistent gaps in the provision of antenatal care. Main obstacles to the elimination of congenital syphilis are: *a)* the increase in syphilis prevalence among the population; *b)* late access to antenatal care; *c)* insufficient use of point-of-care diagnostics; *d)* shortages of benzathine penicillin G; and *e)* low coverage of adequate treatment for pregnant women and their partners. In order to eliminate mother-to-child transmission of these diseases, greater effort is needed to reach adolescent and adult women in key populations and those in conditions of vulnerability.

5. Countries have made progress in implementing human papillomavirus (HPV) vaccination and have reinforced cancer screening by introducing HPV molecular testing, while the World Health Assembly has adopted a global cervical cancer elimination strategy. To date, 43 countries and territories in the Region of the Americas have made HPV vaccines available in their national immunization programs, a level higher than in any other region of the world. HPV vaccination coverage continues to be suboptimal, however, and most countries have not reached the target of 90% HPV vaccination coverage in girls by 15 years of age. Misinformation and myths about HPV vaccination continue to spread in the Region, calling for scientific and other influential sources to provide information on HPV vaccine safety and effectiveness to health providers and the general public in all countries. HPV molecular testing is recognized as an effective test that detects women at risk of developing cervical cancer, but only nine Member States so far have routinized its use in screening programs. The experience in these countries shows that HPV molecular testing is feasible, including in settings with limited resources, and can complement existing Pap-based screening programs. Barriers to expanded HPV testing include the cost of molecular tests and the complex transition from Pap testing. This points to the need for increased international technical assistance and funding support for HPV testing.

6. The assessment of the indicators follows the criteria for rating Outcome and Output Indicators at Regional Level as presented in Annex B of Addendum I to the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I). The target indicators are evaluated against the latest available information reported by countries by the end of 2020. In April 2021, the latest information available refers to 2019.

Goal: To accelerate the progress towards the end of AIDS and STI epidemics as public health problems by 2030 in the Region of the Americas	
Impact indicator	Status
1. Estimated number of new HIV infections ^{a, b} Baseline (2014): 100,000 Target (2020): 26,000 ^c	Not achieved. An updated model was developed, changing the 2014 baseline to 130,000 new HIV infections. Estimated new infections was at 130,000 in 2019; no change has been observed (10).
2. Estimated number of AIDS-related deaths ^{a, b} Baseline (2014): 50,000 Target (2020): 19,000 ^d	Partially achieved. The estimate for 2019 is 44,000 deaths, (10). An updated model was developed, changing the 2014 baseline to 47,000 AIDS-related deaths. The 2019 values represent a 6% decrease compared to the baseline.
3. Rate (%) of mother-to-child transmission (MTCT) of HIV ^{b, e} Baseline (2014): 7% Target (2020): 2% or less	Partially achieved. An updated model was developed, changing the 2014 baseline to 16%. The MTCT rate in Latin America and the Caribbean has shown a slow decline to 14% in 2019 (10).
4. Incidence of congenital syphilis (cases/1,000 live births) ^{e, f} Baseline (2014): 1.3 Target (2020): 0.5 or less	Not achieved. The rate rose to 2.3 in 2019 (10). Some countries are improving surveillance, and thus the quality of the information is improving, but the indicator is not achieved.
5. Estimated number of new cases of cervical cancer ^{e, f} Baseline (2012): 83,200 Target (2020): 79,000 ^g	Partially achieved. The estimated number of new cases of cervical cancer was 71,689 in 2018 and 74,518 in 2020 (11). While these numbers suggest that the target has been achieved, the Globocan estimation process was revised in 2018 and thus it is not possible to compare the 2012 value with the new estimates. Caution is needed in interpreting this result, and thus we classify the indicator as partially achieved.

^a Source: UNAIDS, Spectrum estimates (data validated and approved by countries).

^b Baseline and target refer to Latin America and the Caribbean.

^c A 74% reduction compared to 2014 baseline.

^d A 62% reduction compared to 2014 baseline.

^e Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

^f Baseline and target refer to the Region of the Americas.

^g Source: WHO International Agency for Research on Cancer, Globocan estimates or country estimates.

^h A 5% reduction compared to 2012 baseline.

Strategic Line of Action 1: Strengthened stewardship, governance, strategic planning, and information

7. Although 33 countries reported incorporating the regional prevention and United Nations 90-90-90 targets into their national HIV plans or strategies, there are still gaps in the ability to measure progress toward these goals. Countries have increased the availability

and granularity of strategic information for HIV and STI response by adopting unique identifiers and linking HIV monitoring throughout the national health information systems. In addition to the already widely practiced monitoring of the HIV continuum of care (the “treatment cascade”), eight countries have now begun monitoring the continuum of prevention services for key populations, building an HIV “prevention cascade.”

Objective 1.1: Develop and update national HIV and STI plans and/or strategies aiming at ending AIDS and STI epidemics as a public health problem and in line with global and regional ones ^a	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries with a national HIV/AIDS strategy that incorporates the regional prevention and 90-90-90 targets^{b, c, d}</p> <p>Baseline (2015): 20 Target (2020): 30</p>	<p>Achieved. Regional prevention and 90-90-90 targets have been incorporated into national HIV plans or strategies in 33 countries (2019). The indicator has been deemed “achieved” rather than “exceeded” due to the low quality of information relative to the regional prevention targets.</p> <p>All countries have national targets for reducing HIV incidence and achieving the 90-90-90 targets. The targets related to services for key populations are still under development. While countries have these targets, they are a work in progress and there are still gaps in the ability to measure progress toward them.</p>
<p>1.1.2 Number of countries and territories validated for having achieved the elimination of mother-to-child transmission of HIV and syphilis^{c, e}</p> <p>Baseline (2015): 1 Target (2020): 20</p>	<p>Partially achieved. Eight additional countries and territories have been validated: seven prior to 2019, and one in 2020.</p>
<p>1.1.3 Number of countries that have developed national STI strategies in line with the Global Health Sector Strategy for STIs^{d, e, f}</p> <p>Baseline (2015): 9 Target (2020): 20</p>	<p>Not achieved. By 2019, nine countries had developed national STI strategies in line with the WHO Global Health Sector Strategy for STIs (4).</p>

^a. See Annex C of Document CD55/14 for indicators included in other PAHO Plans that will contribute to this objective.

^b. Source: UNAIDS, National Commitments and Policies Instrument (NCPI).

^c. Baseline and target refer to the Region of the Americas.

^d. Indicators included in PAHO Program and Budget 2016-2017.

^e. Source: PAHO, desk review of EMTCT validation missions.

^f. Source: PAHO, STI plans/strategies survey, 2019.

Strategic Line of Action 2: Strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care, and treatment

8. Countries have slowly begun to take up innovative WHO-recommended strategies. Regarding HIV testing, assisted partner notification has been rolled out in more than half of countries surveyed. Five countries have developed policies for self-testing, with another 15 in the process of drafting these policies. Although over 90% of countries have adopted the WHO “treat all” approach, including 17 countries with policies for rapid initiation of treatment (same day or within a week), alignment of HIV testing algorithms with WHO recommendations is still to be completed. Regarding HIV pre-exposure prophylaxis (PrEP), eight countries have finalized their specific policies. Finally, 26 countries in the Region have begun a transition to dolutegravir-based regimens as the preferred first-line therapy for HIV infection. Updating of national treatment guidelines to incorporate tenofovir-lamivudine-dolutegravir (TLD) as the preferred option is still underway in several countries.

Objective 2.1: Review and update guidelines and norms for health promotion, prevention, diagnosis, comprehensive care and treatment of STIs, HIV and co-infections^a	
Indicator, baseline, and target	Status
<p>2.1.1 Number of countries and territories that have updated their national HIV care and treatment guidelines in line with latest WHO ones^{b,c}</p> <p>Baseline (2015): 5 Target (2020): 25</p>	<p>Exceeded. In the Americas, 32 countries and territories have updated their national guidelines and are implementing the WHO “treat all” recommendation as of 2020. Belize, Colombia, and Nicaragua are currently revising their policies.</p>
<p>2.1.2 Number of countries and territories that have updated their national STI management guidelines in line with latest WHO ones^{b,c}</p> <p>Baseline (2015): 0^d Target (2020): 17</p>	<p>Partially achieved. As of 2019, 12 countries and territories have updated their national guidelines, following publication of the new WHO STI management guidelines in 2015 (12-15).</p>
Objective 2.2: Implement and increase coverage of key interventions for health promotion, HIV prevention, diagnosis, care, and treatment^a	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries with at least 90% of estimated people with HIV who have been diagnosed^{b,e}</p> <p>Baseline (2014): 0 Target (2020): 10</p>	<p>Partially achieved. Four countries reported that 90% of estimated people with HIV have been diagnosed (2019). Four more achieved levels greater than 80%, and seven countries had levels less than 80% (8). Another 20 countries did not have available information.</p>

Objective 2.2: Implement and increase coverage of key interventions for health promotion, HIV prevention, diagnosis, care, and treatment ^a	
Indicator, baseline, and target	Status
2.2.2 Number of countries with at least 80% coverage of antiretroviral therapy (ART) among estimated people living with HIV ^{b, e} Baseline (2014): 0 Target (2020): 10	<i>Not achieved.</i> No country has yet reached the target of at least 80% coverage of ART among estimated people living with HIV, although four countries achieved coverage greater than 70%. Treatment coverage among persons that have been diagnosed with HIV infection is 79%, and six countries achieved over 80% among those diagnosed.
Objective 2.3: Implement and increase coverage of key interventions for STI prevention, diagnosis and treatment, including EMTCT of syphilis ^a	
Indicator, baseline, and target	Status
2.3.1 Number of countries and territories with at least 95% coverage of syphilis treatment among pregnant women ^{b, e} Baseline (2014): 14 Target (2020): 30	<i>Partially achieved.</i> Nineteen countries and territories have achieved 95% coverage of appropriate syphilis treatment among pregnant women. Three additional countries achieved this indicator in previous years but were not able to maintain it in 2019.
Objective 2.4: Implement strategies for the prevention and control of HIV/STI antimicrobial resistance ^a	
Indicator, baseline, and target	Status
2.4.1 Number of countries that monitor gonococcal antimicrobial resistance in accordance with PAHO/WHO recommendations ^{c, f} Baseline (2015): 18 Target (2020): 23	<i>Partially achieved.</i> As of 2019, 12 countries have implemented a gonococcal antimicrobial resistance surveillance system and are reporting data through the ReLAVRA network (12).

^{a.} See Annex C of Document CD55/14 for indicators included in other PAHO Plans that will contribute to this objective.

^{b.} Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting, and PAHO desk review.

^{c.} Baseline and target refer to the Region of the Americas.

^{d.} WHO STI management guidelines are published in different modules. Baseline and target are set and will be monitored reflecting alignment of national guidelines to these documents.

^{e.} Baseline and target refer to Latin America and the Caribbean.

^{f.} Source: PAHO desk review.

Strategic Line of Action 3: Expanded and equitable access to comprehensive and quality HIV/STI services

9. Access to essential HIV/STI services has improved in the Region, but it is still necessary to increase their coverage and incorporate WHO-recommended interventions and innovations in order to achieve the elimination goals. The percentage of people living with HIV who know their status has increased from 65% (2015) to 77% (2019), and ART coverage among this group has increased from 52% to 61% over the same period. Incidence of HIV/TB co-infection has decreased but mortality remains high, signaling the need for further integration of tuberculosis and HIV services. Currently only 20,000 people are receiving PrEP services in the whole of Latin America and the Caribbean. The estimated need far outweighs this figure, yet few countries are offering these services, and then mainly through small-scale pilot projects. In many countries, HIV/STI preventive services are offered to key populations and other vulnerable groups in specialized clinics run either by the ministries of health or by civil society organizations. As key populations concentrate the majority of new HIV infections and suffer high levels of stigma and discrimination, it is imperative to expand combination prevention strategies and the coverage of HIV/STI services among these populations.

10. Particular consideration should be given to capacitating lay providers to offer HIV/STI testing; introducing or expanding the use of HIV self-testing, assisted partner notification, PrEP, and post-exposure prophylaxis (PEP); and routinizing multi-month dispensing of antiretroviral drugs (ARVs). Trained lay providers currently perform HIV and syphilis testing in some settings, but in the majority of countries in the Region the provision of these services is limited to specific laboratory professionals, thereby limiting the coverage of HIV/STI testing.

11. The COVID-19 pandemic has posed severe challenges to the continuity of HIV and STI services in all countries, affecting maintenance of the stocks of essential medicines and diagnostics. Mechanisms of South-South cooperation among countries and the services of the PAHO Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund) have helped mitigate COVID-19 impacts by ensuring timely provision of medical HIV products and preventing stock-outs.

Objective 3.1: Increase equitable access to and coverage of interventions for HIV/STI combination prevention in key populations	
Indicator, baseline, and target	Status
<p>3.1.1 Regional median of the proportion (%) of gay men and other MSM that have been tested for HIV in last 12 months and know the result ^{a, b, c}</p> <p>Baseline (2014): 47%^d</p> <p>Target (2020): 90%</p>	<p><i>Partially achieved.</i> As of 2019, the regional median percentage of men who have sex with men (MSM) who tested for HIV in the past 12 months, or who know their current HIV status, is 71% (16). Fourteen countries reported data, and the quality and interpretation of the data may vary. Thus, the results should be interpreted with caution, as values are likely to be lower than those reported.</p>

Objective 3.1: Increase equitable access to and coverage of interventions for HIV/STI combination prevention in key populations	
Indicator, baseline, and target	Status
<p>3.1.2 Regional median of the proportion (%) of female sex workers that have been tested for HIV in last 12 months and know the result ^{a, b, c}</p> <p>Baseline (2014): 65% ^e Target (2020): 90%</p>	<p>Partially achieved. As of 2019, the regional median percentage of female sex workers who tested for HIV in the past 12 months, or who know their current HIV status, is 86% (17). Only nine countries reported data, and the quality and interpretation of the data may vary. Thus, the results should be interpreted with caution, as values are likely to be lower than those reported.</p>
<p>3.1.3 Regional median of the proportion (%) of gay men and other MSM that used a condom in last episode of anal sex with a male partner ^{a, c}</p> <p>Baseline (2014): 64% ^f Target (2020): 90%</p>	<p>Not achieved. As of 2019, the regional median percentage of men who reported using a condom the last time they had anal sex with a male partner is 64% (18).</p>
<p>3.1.4 Number of countries that report data on access to HIV testing or prevention services in transgender women ^{a, b}</p> <p>Baseline (2015): 1 Target (2020): 10</p>	<p>Achieved. As of 2019, 18 countries reported data on access to HIV testing or prevention services in transgender women (19).</p>
Objective 3.2: Increase quality of HIV care and treatment ^g	
Indicator, baseline, and target	Status
<p>3.2.1 Number of countries that achieve 90% of retention on ART at 12 months^{a, b}</p> <p>Baseline (2014): 5 Target (2020): 18</p>	<p>Partially achieved. In 2018, seven countries achieved at least 90% of adults and children living with HIV who were known to be on antiretroviral therapy 12 months after starting (20).</p>
<p>3.2.2 Number of countries that achieve 90% of persons with viral suppression (viral load <1000 copies/ml) among persons on ART^{a, b, h}</p> <p>Baseline (2015): 1 Target (2020): 10</p>	<p>Partially achieved. In 2019, five countries achieved 90% of persons on ART with viral suppression. Six additional countries achieved over 80% of persons on ART with viral suppression.</p>

Objective 3.3 Promote and strengthen effective participation of civil society in the provision of health promotion, HIV/STI prevention, diagnosis, care and treatment	
Indicator, baseline, and target	Status
3.3.1 Number of countries with community workers engaged in ART patient support ^{a, b} Baseline (2014): 9 Target (2020): 15	<i>Partially achieved.</i> As of 2019, 19 countries are taking steps to ensure that at least 30% of all service delivery is community-led by 2020 (21). This is a proxy indicator, as countries are currently not reporting the indicator on community workers engaged in ART patient support.

^{a.} Source: UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

^{b.} Baseline and target refer to Latin America and the Caribbean.

^{c.} These baseline proportions represent the median value of a series of results gathered from behavioral surveys.

^{d.} Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (30 countries).

^{e.} Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (21 countries).

^{f.} Baseline is the median value of most recent country data from behavioral surveys performed in 2011-2014 (29 countries).

^{g.} See Annex C of Document CD55/14 for indicators included in other PAHO Plans that will contribute to this objective.

^{h.} The indicator of the Plan is aligned with global goal and target of viral suppression. In the Americas, both rate of viral suppression (<1000 copies/ml) and undetectable viral load (e.g. <50 copies/ml) was monitored through the UNAIDS/WHO/UNICEF, Global AIDS Response Progress Reporting.

Strategic Line of Action 4: Increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability

12. Countries in the Region have made efforts to increase funding for HIV/STI response. However, as of 2019, only 14 of the 35 countries in the Region have achieved independence or a status of low dependency on external funding (defined as 0 to maximum 5% of total financing). For the rest of the countries, dependency on external funding ranges between 6% and 96%, with a median value of 47%. Twenty countries in the Region (as compared to 15 in 2015) are using the PAHO Strategic Fund to access ARVs and other commodities needed to tackle HIV and STIs. Civil society organizations have contributed greatly to many aspects of the national response to HIV, including the provision of services and the collection and analysis of strategic information. However, this contribution remains vulnerable and very much dependent on external funding. Representatives of civil society, government institutions, the private sector, and development partners jointly addressed this issue during the Third Latin American and Caribbean Forum on a sustainable response to HIV, held in Haiti in 2017. Participants agreed on recommendations to reduce budget gaps, make public expenditure more efficient and equitable, and maximize the use of non-financial resources.

Objective 4.1: Ensure universal access to nationally funded HIV/STI prevention, diagnosis, care and treatment services	
Indicator, baseline, and target	Status
<p>4.1.1 Number of countries with no or low dependency on external funding for the HIV response (0-5% of total funding)^{a, b}</p> <p>Baseline (2014): 11 Target (2020): 17</p>	<p><i>Partially achieved.</i> As of 2019, it is estimated that 14 countries have low or no dependency on external funding for HIV response (0-5% of total funding) (22).</p>
Objective 4.2: Promote efficiency in the procurement of HIV/STI medicines and other strategic commodities	
Indicator, baseline, and target	Status
<p>4.2.1 Number of countries utilizing the PAHO Strategic Fund or other regional mechanisms to improve access to ARVs and other HIV/STIs/OIs commodities^{b, c}</p> <p>Baseline (2015): 15 Target (2020): 20</p>	<p><i>Achieved.</i> In 2020, 20 countries used the PAHO Strategic Fund to procure ARVs or other HIV/STI commodities. Of these, 15 countries have consistently procured antiretroviral medicines through the Strategic Fund over the past three years (23).</p>

^a. Source: UNAIDS, Aidsinfo available at: <http://aidsinfo.unaids.org>.

^b. Baseline and target refer to the Region of the Americas.

^c. Source: PAHO, desk review of Strategic Fund procurement.

Lessons Learned

13. As the options and interventions for HIV prevention and care expand, countries must accelerate the translation of WHO recommendations into policy and practice in a context marked by respect for human rights and free of stigma and discrimination. The revision of available evidence and sharing of experiences through dialogue with academia and civil society can be effective approaches toward this end.

14. Tailoring of interventions is of utmost importance in a context of shifting priorities and diversion of resources due to the COVID-19 pandemic. Availability of strategic information on the progression of the HIV/STI epidemics and the effectiveness of interventions is essential to guide a sustainable and effective response and bring the 2030 targets within reach.

15. The COVID-19 pandemic has highlighted the importance of new technologies and strategies to maintain continuity of essential HIV and STI services. Telemedicine, online appointment systems, multi-month dispensing of ART, and HIV self-testing have proved their value but need to be further expanded.

Actions Necessary to Improve the Situation

16. Due to the COVID-19 pandemic disruptions to HIV services have occurred, medicine supply chains have been under severe stress, and human and financial resources have been diverted. Countries have mitigated these constraints by applying novel approaches, such as home and community service deliveries, multi-month medicine dispensing and telemedicine services. Countries should capitalize on those changes and promote further integration with the response to COVID-19 and other public health threats.
17. HIV and STI prevention programs need a combined person- and community-centered approach to increase the impact on HIV incidence. All high-impact interventions recommended by WHO should be fully offered, with a special focus on key populations and others in conditions of vulnerability (24, 25).
18. HIV testing services should be improved through evidence-based, innovative approaches, including community-based testing, HIV self-testing, and voluntary testing of sexual partners of people with HIV (26, 27). There is a need to remove inefficient diagnostic algorithms, update restrictive norms and regulations on task shifting.
19. Countries should adopt EMTCT Plus, the platform for the elimination of perinatal HIV and HBV, congenital syphilis and Chagas, through enhanced maternal/child health and sexual/reproductive health programs at the primary care level. (28).
20. There should be rapid initiation of antiretroviral therapy (29, 30); use of new, more potent agents (e.g., dolutegravir); integration with TB treatment; multi-month antiretroviral dispensing; telemedicine; and other measures to maximize adherence (31). HIV services should be decentralized and integrated into all levels of the health system (32).
21. Efficiency of supply chains should be improved to ensure the availability of essential drugs as well as laboratory commodities in collaboration with the PAHO Strategic Fund (33).
22. Countries should enhance strategic information aimed at ensuring accountability and sustainability of the response (34). Strategic information needs to be disaggregated by gender, age, key populations, and ethnicity.
23. It is important to address structural barriers, particularly stigma and discrimination in health care settings toward people living with HIV and key populations. Strategies include sensitizing health care providers, adopting supportive policies, and creating transparent mechanisms for the monitoring of discrimination in health care settings in collaboration with civil society organizations (35).

Action by the Executive Committee

24. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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