

5 key words:

San Jose  
HIV  
Model  
Support  
CONCASIDA

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## AIDSTAR-Two Project Trip Report

### **1. Scope of Work:**

Destination and Client(s)/ Partner(s)	San Jose, Costa Rica
Traveler(s) Name, Role	Yadira Almodóvar-Díaz, Senior Program Officer
Date of travel on Trip	March 2-6, 2010
Purpose of trip	To participate in CONCASIDA.
Objectives/Activities/ Deliverables	<ul style="list-style-type: none"> <li>• Attended presentations on topics related to AIDSTAR-Two’s priorities.</li> <li>• Participated in the satellite meeting sponsored by AIDSTAR-Two Guatemala, UNDP and USAID-Dialog Project entitled “Model of Support to the HIV Continuum of Prevention, Care and Treatment Services at Municipal Level”.</li> <li>• Met with the Alliance staff to discuss outcomes of site visit to Guatemala and plan upcoming activities.</li> <li>• Met with other potential partners to discuss opportunities for future collaboration.</li> </ul>
Background/Context, if appropriate.	<p>The theme for the VI Central American Congress on HIV, AIDS and STDs (CONCASIDA) was “<i>Juventud y VIH: Por Mi Derecho a Saber y a Decidir</i>” (Youth and HIV: For My Rights to Know and Decide). This theme was chosen to emphasize the vulnerabilities that young people have to acquire HIV and the need to expand prevention services including sex education to reduce the incidence among this population in the region.</p> <p>The conference presentations and round table discussions were divided into five key topics or <i>ejes temáticos</i>: 1) care, control and epidemiological surveillance; 2) prevention and promotion; 3) social and psycho-emotional social factors; 4) human rights and legislation; and 5) monitoring and evaluation of HIV efforts.</p> <p>Below is a summary of the presentations and round table discussions I participated in. The following fellow MSHers also participated in the conference and sometimes attended the same sessions I did: Manuel Rodriguez, from LMS Nicaragua, Eugenia Monterroso, Fernando Arevalo, Gladys Chinchilla and Nury Chicas, from AIDSTAR-Two Guatemala; and Italia Valladares, and from AIDSTAR-Two Honduras. Four students from the University of San Carlos in Guatemala were sponsored by AIDSTAR-Two to conduct two oral presentations.</p>

### **2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

#### **Tuesday March 2:**

The CONCASIDA’s Opening Ceremony took place in the evening. The Costa Rican President, Óscar Arias Sánchez, delivered a speech about the responsibility that all nations have to protect vulnerable citizens and ensure their human rights and access to services (see Attachment 1).

#### **Wednesday March 3:**

The Opening Plenary included two presentations: one focused on women’s risks of acquiring HIV and the second was an update on where are we regarding universal access by Maria Dolores Pérez and César Nuñez, respectively.

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Although it has been proven that violence against women (VAW) is a known risk/vulnerability factor for HIV infection, only 3 countries in the region have included a component to address VAW in their national HIV strategic plans.

During the lunch session, representatives of government agencies including the U.S. Department of State, Ministries of Health, and leaders of regional NGOs, signed the *Partnership Framework between the U.S. and Central America* (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panamá). The Partnership Framework provides a 5-year strategic framework (2010-2015) for cooperation between the U.S. Government, the partner governments, and other partners to combat HIV/AIDS in the region through service delivery, policy reform, and coordinated financial commitments. Additional information can be accessed at:

<http://www.pepfar.gov/press/121652.htm>. The four areas of focus outlined in this document are key to the work AIDSTAR-Two is doing in the region. At the end of this section, I outlined some implications of the Partnership Framework to our project.

In the afternoon, I attended the International HIV/AIDS Alliance's presentation on the Portal Sida, (<http://www.portalsida.org>), a website that offers up-to-date information on HIV, gender issues, and other related-topics. Then I participated in the round table discussion about transgender individuals in Colombia and their gender-based vulnerabilities (abstracts of this and other presentations are available at [www.concasida2010.org](http://www.concasida2010.org)).

### **Thursday, March 4:**

The Plenary session described some psycho-social challenges to HIV and reproductive health presented by Lorraine Sherr.

In the morning session, I attended a round table discussion about the results of research and interventions implemented in Honduras and Guatemala. Two of these presentations were based on a qualitative research study conducted by the MOH in Honduras to assess the quality of the services provided by their Integrated Health Centers. This research showed that among those interviewed, client satisfaction was high due to multiple factors including the personalized services, the caring manner of doctors and other staff, and the low cost associated with their care. I asked if the study looked at the satisfaction and the quality of services perceived by MSM, transgender individuals, commercial sex workers and other vulnerable groups, since these groups tend to experience a differential treatment due to their behavior, appearance and status. The MOH is in the process of conducting a research study specifically with these populations and is anticipating having the results available next year. I shared this insight with the Honduras team.

In the afternoon, I participated in the satellite meeting organized by AIDSTAR-Two Guatemala and its partners entitled "Model of Support to the HIV Continuum of Prevention, Care and Treatment Services at Municipal Level". The panel was composed by:

- 1) Jaime Argueta, Representative of Asociación Nueva Vida in El Salvador (an NGO formed by people with HIV),
- 2) Gladys Chinchilla, AIDSTAR-Two Representative in Petén,
- 3) Ricardo A. García, Alcalde de Melchor, a Municipality in Petén,
- 4) Bayon Solares, Governor of Izabal,
- 5) Dr. Vivian Cordón, Head of Health Area of Puerto Barrios, Izabal,
- 6) Maria Tallerico, Coordinator of PNUD Panamá,
- 7) Dee Smith, Advisor to the Red de Sur Occidente,
- 8) Gustavo Estrada, Representative of Proyecto Diálogo, and
- 9) Gabriela Solano, Human Rights Institute of Costa Rica.

Fidel Arevalo, AIDSTAR-Two COTR USAID Guatemala opened the discussion with a presentation describing the paradigm changes that have taken place over the past 30 years, which have resulted in the model of the HIV

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continuum of preventive, care and treatment services and how it has a direct impact on communities at the local level. Then, each panelist provided a description of the environment they work on and what their organizations are doing to address the needs of vulnerable populations within the continuum.

The representative of Asociación Nueva Vida discussed four stages that people with HIV/AIDS have gone through over the past 30 years. Those stages began with the fear of dying of AIDS in the 80s, followed by the demands to come up with treatment and make it available to the affected communities in the early 90s. In the late 90s and early 2000, the focus was in the health sector, moving towards the engagement of HIV+ individuals to become service providers. Now in this new era, the focus is multisectoral collaboration. It is not sufficient to have pockets of service delivery to address the needs of prevention, care and treatment, but what's now needed is an integrated approach that engages key players at multiple levels to coordinate, collaborate and leverage the limited resources to have a positive impact in the community.

Gladys Chinchilla, the AIDSTAR-Two Representative in Petén, presented the work that the local HIV Network is doing to improve the continuum of services for vulnerable populations. She described how the Department is seriously affected by the influx of migrants and trafficked individuals within the border countries (Mexico, Belize and Guatemala). She also presented the advocacy efforts the Network is doing to bring ARVs to the Integrated Health Center. Currently, HIV+ patients have to travel to Izabal to access treatment services.

The Mayor of Melchor delivered the most compelling presentation. He began his speech saying: "it wasn't until this meeting that I had learned about the HIV situation in my own community." He explained that all he had done in the past was to provide transportation to a few individuals that had to go to the nearest treatment facility in Izabal. He recognized that this support wasn't enough and committed to work closely with local NGOs, CSOs, governmental agencies, and other stakeholders to address the challenge his community is facing. He also proposed to host a meeting of all the local players to get a better understanding the situation (resources they have, what's needed, etc.) and to help with coordination and advocacy efforts. His municipality has a radio and a TV spot that he would like to make available to the local network "to educate the community about HIV/AIDS."

The Governor of Izabal and the Head of Health Area of Puerto Barrios spoke about the progress that their Department has made to provide prevention, care and treatment services to their community. They acknowledge that more coordination and collaboration is needed to avoid duplication and use more efficiently the resources available.

Maria Tallerico conducted a presentation about UNDP's approach to the continuum of services and the importance of the local leadership and response to the epidemic.

Sister Dee Smith spoke about the development and growth of the South Western Network. The Network was formed in 1994 by three women (one of them was Sister Dee), as a response to the need for prevention and care services for young women in the South Western part of Guatemala. Various organizations were approached to collaborate and be part of an organized process to identify HIV-related needs, share resources and plan interventions for various groups. The Network decided not to seek legal status because this would create another NGO with very limited possibilities of being self-sustainable. Each member has to commit certain level of their own resources for the activities of the network. They also sign an MOU that describe their roles and responsibilities. They are divided into three committees: 1) Human Rights Committee, 2) Epidemiological Surveillance Committee, and 3) Coordination Committee. Members that miss multiple meetings are penalized. They organize activities for Women's Day, Mother's Day, Migrant's Day and World AIDS Day.

The last two presenters spoke about what their projects were doing to support political dialog and community engagement in support of the continuum of prevention and care services, respectively. Due to the limited time, there were no Q&As at the end of this session.

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USAID Guatemala has urged the AIDSTAR-Two team to work and coordinate with Sister Dee Smith, therefore, I had a meet with her to discuss the support she could provide to the networks in Petén and Izabal through our project. She and Eugenia had planned a site visit to each network and were in the process of finalizing her consultant SOW. Dee is interested in sharing the experiences, lessons learned and tools with our networks. She also agreed to collaborate in the documentation of the South Western Network model, which is one of our contractual deliverables.

### Friday, March 5:

The Plenary Session was about the treatment and care of people with HIV by David Wheeler. After this session, I participated in the Monitoring and Evaluation Workshop for M&E Specialists sponsored by USAID/PASCA. This training session covered the process for collecting, analyzing and using data for better decision making and programming. The second part of the workshop was a group exercise where small teams of about 8-10 people had to analyze a data set and develop a pitch for a specific audience. After the exercise was completed, each team presented their pitch and the facilitators along with a media representative provided constructive feedback. It was a good exercise because participants received input from the donor’s perspective, HIV experts and a member of a newscast.

I also met with Giovanni Melendez to discuss project activities in Guatemala, particularly the social mobilization component and the strengthening of the local networks. Giovanni manages the PASCA contract and they have done research with MSM groups that showed how the construct of “machismo” and “stigma and discrimination: influences MSM’s behaviors and make them more vulnerable to HIV. He committed to share this information with the AIDSTAR-Two team and also provide his input on the draft report of the participatory assessment.

The last session I participated in was the presentation of a student that the AIDSTAR-Two Guatemala project covered his conference expenses. The title of the presentation was “Déficit de ciudadanía en poblaciones en contexto de migración y su relación con el aumento de la vulnerabilidad y el riesgo de ser víctimas de trata de personas e infección por VIH.” This presentation described how the immigration status of an individual can affect their health service seeking behavior and their risk level perception as it relates to HIV.

### Impact of the trip to AIDSTAR-Two

According to the array of presentations delivered at CONCASIDA and in line with the 4 key priority areas described in the *Partnership Framework between the U.S. and Central America*, AIDSTAR-Two has the potential to expand its efforts to the following gaps in the CA region:

Prevention Gaps	AIDSTAR-Two’s Response
<ul style="list-style-type: none"> <li>• Limited prevention efforts directed to people living with HIV</li> <li>• Limited context-appropriate interventions and services to reach MARPs</li> <li>• Inadequate MARPs’ access to services</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement of PLHIV through the networks in the region (Atlacalt and Red Legal in El Salvador, Col Sol in Mexico, Petén and Izabal Networks in Guatemala, among others)</li> <li>• Empowerment of and skills transferring to MARPs to lead efforts that address social norms and structural barriers that fuel the epidemic in their communities (social mobilization in Guatemala and Honduras).</li> <li>• Provision of MARP-appropriate prevention &amp; VCT services through local CSOs.</li> </ul>
Health Systems Strengthening	AIDSTAR-Two’s Response
<ul style="list-style-type: none"> <li>• Limited institutional and human resource capacity</li> </ul>	Skills transferring through:

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<p>to respond to the epidemic</p>	<ul style="list-style-type: none"> <li>• The Leadership Development Program (LDP) with Global Fund Sub Sub-recipients in Honduras</li> <li>• The Business Planning for Health Program (BPHP) with AIDSTAR-Two grantees in Honduras</li> <li>• The application of the Management and Organizational Sustainability Tool (MOST), development and implementation of organizational development action plans, and monitoring and evaluation of results.</li> <li>• Advocacy, VCT, gender-based violence and other organizational, management, leadership, and governance trainings, tools and approaches, both face-to-face and virtual.</li> </ul>
<b>Strategic Information</b>	<b>AIDSTAR-Two's Response</b>
<ul style="list-style-type: none"> <li>• The CA region has a limited culture of measuring and evaluating their services and doing performance monitoring</li> <li>• Another gap is the limited ability to synthesize, analyze and use data available for HIV programming</li> </ul>	<ul style="list-style-type: none"> <li>• Skills transferring to local grantees for the development or improvement of their M&amp;E systems</li> <li>• Development of a Primer on Performance-Based Financing that can be translated into Spanish</li> <li>• Application of performance-based grants in Honduras (PY2 plan)</li> <li>• Training on how to use data for better decision-making</li> </ul>
<b>Policy Environment</b>	<b>AIDSTAR-Two's Response</b>
<ul style="list-style-type: none"> <li>• Limited or no enforcement of laws and policies to address stigma &amp; discrimination</li> <li>• Limited involvement and capacity of civil society in strategic planning, policy design, implementation and M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>• Multisectoral engagements to conduct advocacy and increase enforcement of laws/policies in Petén and Izabal, and elsewhere</li> <li>• Partnership with the Global Fund to strengthen their Sub-recipient NGO's leadership and management structures. In Honduras, CHF and its grantees have been trained as trainers to replicate the LDP.</li> <li>• Promoting strategic alliances between civil society and other key sectors to plan and implement activities to meet the needs of MARPs. In the satellite meeting hosted by AS2 Guatemala, the Governor of Izabal and a Major of a Municipality in Petén expressed their interest and commitment to collaborate with local NGOs in the response to the epidemic.</li> </ul>

**3. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Finalize consultant agreement for Sister Dee Smith	Eugenia w/Arlington Team	March 15, 2010 – completed
Present the outcomes of CONCASIDA to the AIDSTAR-Two	Yadira	March 25, 2010 –

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COTR		Completed
Present the outcomes of CONCASIDA to the AIDSTAR-Two staff in Arlington	Yadira	March 30, 2010
Follow-up with Giovanni Melendez regarding the work in Guatemala	Yadira	On-going virtual communication

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Title and Institution	Contact information	Notes
Sister Dee Smith	Advisor of the South Western Network	<a href="mailto:deesmithgt@gmail.com">deesmithgt@gmail.com</a>	
Giovanni Melendez	Specialist on HIV/AIDS Prevention Programs	+502-2422-4203 <a href="mailto:gmelendez@usaid.gov">gmelendez@usaid.gov</a>	
Heidi Mihm	Central American Regional Coordinator - PEPFAR	+502-2329-8421 <a href="mailto:hmihm@gt.cdc.gov">hmihm@gt.cdc.gov</a>	
Manuel G. Burgos Velarde	Instituto Internacional de Derechos Humanos en Salud (IDEHSA)	+507-263-0477 +507-6678-3888 <a href="mailto:iidehsa@hotmail.com">iidehsa@hotmail.com</a>	
Anne Christian Largaespada Fredersdorff	Representante para Nicaragua de PASCA	+505-888-54699 <a href="mailto:alargaespada@pasca.org.gt">alargaespada@pasca.org.gt</a>	

**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Partnership Framework between the U.S. and Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua y Panamá) – draft version	PDF document	G drive
CD with presentations from CONCASIDA and conference program	CD and booklet	Yadira's office

## AIDSTAR-Two Project Trip Report

### *UNA LUZ MÁS EN EL TÚNEL HACIA UNA MAYOR APERTURA*

Óscar Arias Sánchez  
Presidente de la República  
Inauguración del VI Congreso  
Centroamericano de ITS/VIH y SIDA  
CONCASIDA 2010  
Gimnasio Nacional, San José  
2 de marzo de 2010

Amigas y amigos:

La calidad de nuestra democracia se mide de muchas maneras. Por la pureza de nuestro sufragio, por la fortaleza de nuestras instituciones, por la estabilidad de nuestro Estado de Derecho. Pero se mide, tanto o más, por nuestra capacidad de proteger a las personas más vulnerables de nuestra sociedad. Bien lo decía Lord Acton, hace más de un siglo: *“el examen más certero por el cual podemos juzgar si un país es verdaderamente libre, es el nivel de seguridad que en él disfrutaban las minorías”*.

Una civilización no puede ser grandiosa, si ignora la suerte de quienes viven en la pobreza. Un país no puede ser admirable, si le niega a las personas con discapacidad el acceso a una red pública de bienestar. Un pueblo no puede ser desarrollado, si obliga a quienes han sido infectados con el VIH, a soportar en silencio el doble látigo de la enfermedad física y la discriminación social. Por eso este congreso es tan importante: porque el tema del SIDA, y en general de las enfermedades de transmisión sexual, no es sólo un tema de salud pública. Es un tema de derechos humanos. Es una vitrina en donde se puede observar qué tan cierto es nuestro compromiso con la democracia, y qué tan capaces somos de garantizar la plena vigencia de las libertades individuales en nuestros territorios.

Se vulneran los derechos humanos cuando una persona con SIDA carece de los medios suficientes para comprar los medicamentos que necesita para supervivir, y su Estado gasta los recursos que necesita para comprar esos medicamentos, en comprar cohetes y tanques de guerra.

Se vulneran los derechos humanos cuando a una persona se le niega un trabajo o una oportunidad de ascenso, por el simple hecho de padecer una enfermedad que, bien atendida, no disminuye en nada su desempeño laboral.

Se vulneran los derechos humanos cuando una persona debe sufrir la condena moral de fanáticos y obcecados, que tachan de promiscuos o libertinos a quienes no son sino las víctimas de uno de los virus más letales de la era moderna.

Pero se vulneran también los derechos humanos cuando el prejuicio y la ignorancia ponen una mordaza sobre nuestro sistema educativo, a la hora de hablar de sexualidad a nuestros jóvenes. Cada vez que menciono este tema, agito un vendaval en los sectores más conservadores de nuestra sociedad. Hay todavía en Costa Rica, y en Centroamérica, personas que prefieren preservar un pudor victoriano, que una vida humana. Prefieren ver a nuestros jóvenes como una figura ideal e imaginaria, y no como esos seres de carne y hueso, que empiezan su vida sexual entre los 14 y los 16 años.

No me malentiendan. Yo también desearía que nuestros jóvenes inicien su vida sexual con un poco más de madurez. Pero no creo que esa madurez venga del secreto y del oscurantismo. Nuestras opciones son tan crudas como simples: o tenemos una juventud sexualmente activa e informada, o una juventud sexualmente activa e ignorante. Entender esto es fundamental si queremos materializar el lema de este congreso: *“Juventud y VIH: por mi derecho a saber y a decidir”*.

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Los más recientes estudios demuestran que las personas jóvenes son determinantes en el comportamiento epidemiológico del VIH-SIDA. En términos de edad, ningún otro grupo presenta una vulnerabilidad mayor de infección ni un impacto más severo en las consecuencias del virus. Sin embargo, ningún otro grupo presenta posibilidades mayores de cambio. Precisamente por tratarse de una población que se encuentra actualmente en el sistema educativo formal, nuestros jóvenes pueden transformar la situación actual del VIH-SIDA en menos de una década. Pero para hacerlo, tenemos que distribuir condones en nuestros colegios, tenemos que hablar sin tapujos sobre el sexo y tenemos que combatir, con todos los recursos y con todos los argumentos, la oposición de padres de familia y educadores que viven en el siglo XIX.

Estoy consciente de que la principal responsabilidad por este cambio recae sobre el poder político. Gracias a un esfuerzo ejemplar de nuestra Ministra de Salud, María Luisa Ávila, de nuestro Ministro de Educación, Leonardo Garnier, y de nuestra Viceministra de Juventud, Karina Bolaños, es mucho lo que hemos hecho en esta materia. Hace más de dos años, nuestro país puso en vigencia la Política Nacional de VIH y SIDA. En el 2009, lanzamos un programa conjunto con organismos internacionales, para promover una vida sexual saludable en los adolescentes de Limón y Puntarenas. Nuestras escuelas y colegios han ampliado la información, y han mejorado su disposición, en torno a la educación sexual. Pero aún falta mucho por hacer.

Este congreso es una luz más en el túnel hacia una mayor apertura. Un golpe de piqueta sobre la dura piedra del dogmatismo y el temor. El miedo es el enemigo principal. El miedo paralizante, que prefiere hacer como que nada ocurre en lugar de enfrentar la dura realidad. El miedo discriminante, que prefiere segregar a una persona enferma en lugar de entender que todos podemos sufrir la misma enfermedad. El miedo ignorante, que prefiere que los números sigan aumentando, que las muertes sigan ocurriendo, que el dolor se siga propagando, en lugar de aprender y educar sobre uno de los actos más básicos de la naturaleza humana: el intercambio sexual.

Amigas y amigos:

Un recordado Secretario General de las Naciones Unidas, alguna vez dijo que *“hacer posible la emancipación frente al miedo probablemente resume toda la filosofía de los derechos humanos”*. La posición de nuestros habitantes, de nuestros pueblos y de nuestros Gobiernos frente al SIDA, es una camisa de fuerza construida a partir de un miedo irracional. Despojarnos de esa camisa, emerger de la falsedad, llamar las cosas por su nombre, hablar sobre lo que se tiene que hablar, ése es el comienzo de la tutela de los derechos humanos en Centroamérica; ése es el comienzo de una región democrática de verdad.

Cada persona con SIDA, cada adolescente que inicia su vida sexual, pone a prueba nuestra capacidad para proteger a quienes más lo necesitan. Es nuestro deber asegurarnos de que no toquen en vano a las puertas de la política. A nadie se le debe negar ayuda. A nadie se le debe negar información. A nadie se le debe impedir que comprenda. Los brazos de la democracia no se cierran para nadie. Hoy estamos aquí para asegurar que todos, sin excepción, puedan dormir al calor del abrazo de la libertad. Que así sea.

Muchas gracias.