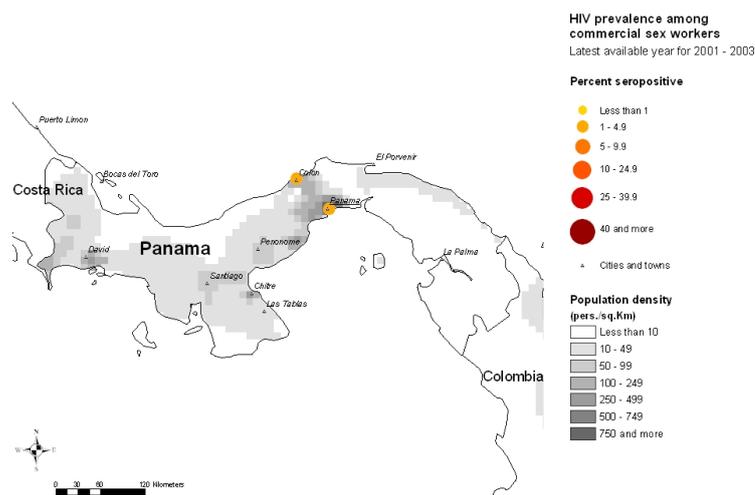


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 3 150  
 Antiretroviral therapy target declared by country: universal access

3 150



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	3.2	United Nations
Population in urban areas (%)	2005	57.7	United Nations
Life expectancy at birth (years)	2003	75	WHO
Gross domestic product per capita (US\$)	2002	3 987	IFS
Government budget spent on health care (%)	2002	23.1	WHO
Per capita expenditure on health (US\$)	2002	355	WHO
Human Development Index	2003	0.804	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\*=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* National estimates indicate that in 2005, the adult prevalence of HIV/AIDS was between 0.5% and 1.0%, and the number of people living with HIV/AIDS was between 15 000 and 18 000. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.5 - 1.5%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	7 700 - 26 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Aug 2005	2 708	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	3 150	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

## 3. Situation analysis

### Epidemic level and trend and gender data

Panama has a concentrated HIV/AIDS epidemic, with adult prevalence rates estimated at 0.92%. The rate of HIV infection is increasing. The primary mode of transmission is unprotected sexual contact. HIV transmission among men having sex with men accounts for 33% of infections, but underreporting is likely. There is a growing tendency towards heterosexual transmission, which implies that the number of infected women and children is rising. A study in 2002 among men who have sex with men found that almost 11% were infected with HIV. Large proportions of men who have sex with men also have female sexual partners, resulting in HIV transmission into the wider population. The transmission of the virus has generally followed major economic corridors, and is especially concentrated around the Canal. Notably, Panama has seen a decline in AIDS cases and AIDS mortality since access to antiretroviral therapy was expanded.

### Major vulnerable and affected groups

Female sex workers and men who have sex with men are particularly vulnerable. HIV prevalence rates among female sex workers are estimated to be 1.9%. Information on the impact of the epidemic among ethnic groups is very limited, but studies indicate that the reported prevalence among the Kuna people is approximately 45% higher than the average for the entire population.

### Policy on HIV testing and treatment

The Government of Panama promotes state responsibility for providing comprehensive care and treatment for HIV/AIDS. The government also takes responsibility for establishing measures to enhance the respect of human rights of people living with HIV/AIDS and to protect them from discrimination. The first voluntary counselling and testing facility in Panama was opened in 1985. A general law on HIV/AIDS and sexually transmitted infections was adopted in 2000, which stipulates universal access to antiretroviral treatment. In 2004, treatment protocols and guidelines for the clinical management of HIV infection were developed and adapted, based on the adaptation of standards proposed by the Pan American Health Organization/WHO and the United States Centers for Disease Control and Prevention.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line drug regimen for adults: zidovudine + lamivudine + efavirenz. The first-line drug regimen for pregnant women: zidovudine. The first-line drug regimen for children: zidovudine + lamivudine + ritonavir. Under the Accelerated Access Initiative, successful price negotiations have led to substantially reduced prices for antiretroviral therapy in the Central American subregion. The most common treatment in the Central American subregion, zidovudine + lamivudine + efavirenz, now costs between US\$ 1000 and US\$ 1400 per person per year. Where countries opt to use generic antiretroviral drugs, the cost per person per year for first-line triple therapy will be further reduced to between US\$ 800 and US\$ 1200. Within the public system, the first-line drug regimen for adults in Panama costs US\$ 1251 per person per year.

### Assessment of overall health sector response and capacity



The Government of Panama considers HIV/AIDS to be a social problem of national concern and has shown a high level of political commitment at both the ministerial and Vice-Presidential levels. HIV/AIDS prevention, care and treatment activities are coordinated by a National Program for HIV/AIDS and Sexually Transmitted Infections, established in 2000. An operational plan on HIV/AIDS was developed for 2001-2003 and a multisectoral strategic plan on HIV/AIDS has been prepared for 2003-2007. Antiretroviral therapy has been provided through the public sector since 1999. Panama has a regular supply of antiretroviral drugs. Laboratory facilities for diagnosing HIV infection are available in all health districts.

#### Critical issues and major challenges

Despite the perceived economic well-being in Panama, a large segment of the population lives in precarious conditions with limited access to health information and services, increasing their vulnerability to HIV/AIDS. The National Program for HIV/AIDS and Sexually Transmitted Infections needs additional financial support in order to continue providing access to antiretroviral therapy through the public sector. The national epidemiological surveillance system needs to be strengthened. Comprehensive care programmes (including prevention of mother-to-child transmission), behaviour change communication programmes and advocacy efforts need to be reinforced. Other issues for scaling up antiretroviral therapy include the need to strengthen the management of drug supplies, ensure the quality control of drugs and build human resource capacity to deliver treatment.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy in Panama over 2004-2005 to meet the WHO "3 by 5" treatment target of 1100 people is about US\$ 5.76 million.
- Antiretroviral therapy is largely funded through the public sector in Panama. It is estimated that more than US\$ 8 million in public funding was spent on HIV/AIDS care in 2003. In 2004, the Ministry of Health raised its budget to enable the antiretroviral therapy to be provided to people without health insurance. In 2004, the Ministry of Health funded 27% of antiretroviral therapy coverage and the Social Security Institute 73%.
- Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 4 (the Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerability of Mobile Populations in Central America to HIV/AIDS), with a total five-year budget of US\$ 4.7 million and two-year approved funding of US\$ 2.1 million. The grant agreement was signed in August 2005 and, as of December 2005, close to US\$ 500 000 has been disbursed.

## 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Panama's total antiretroviral therapy need to be 2200 people, and the WHO "3 by 5" treatment target was set at 1100 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Panama's total antiretroviral therapy need had risen to 3150 people.
- Antiretroviral therapy first became available in 1999 to about 1500 people in Panama through the Panamanian Social Security Institute. Grassroots advocacy by groups of people living with HIV/AIDS and other civil society activist groups were largely responsible for this decision. In 2002, the Ministry of Health also began to provide antiretroviral therapy.
- In December 2004, an estimated 1873 people were receiving antiretroviral therapy in Panama, surpassing the WHO "3 by 5" target. By August 2005, an estimated 2708 people were receiving antiretroviral therapy.
- Currently, antiretroviral therapy is available to everyone covered by health insurance, but only 60% of people without health insurance have access to antiretroviral therapy. Since 2002, the Ministry of Health has been providing support to enable people without health insurance to have access to antiretroviral therapy.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The National Programme for HIV/AIDS and Sexually Transmitted Infections provides leadership, management and coordination for HIV/AIDS prevention, care and treatment. UNAIDS and the Pan American Health Organization/WHO provide support for planning and coordination of activities.

#### Service delivery

The Ministry of Health provides leadership in the overall management of HIV prevention, care and treatment service delivery. Antiretroviral therapy services are largely delivered through the public sector by the Social Security Institute and the Ministry of Health. Procurement of antiretroviral drugs is centralized. The Santo Tomás Hospital in Panama City provides support for drug procurement. The Hospital del Niño in Panama City provides antiretroviral therapy in the capital. PROBISIDA, a nongovernmental organization based in Panama City, operates an HIV/AIDS clinic that provides services for voluntary counselling and testing and a telephone hotline for people living with HIV/AIDS, with support from the Global Health Council. The United States Agency for International Development provides support for policy development, prevention and behaviour change communication through the Central American Regional HIV/AIDS Programme. Other bilateral partners that provide support to the Ministry of Health include Spain and Japan. The Central American Health Initiative and the Fronteras Solidarias programme, funded by the Government of Panama, the Pan American Health Organization/WHO and bilateral partners, undertakes activities to promote health and reduce the impact of various diseases, including HIV/AIDS, in regions bordering Costa Rica. UNICEF provides support for preventing HIV/AIDS among young people.

#### Community mobilization

A range of nongovernmental organizations, United Nations agencies (such as UNDP and WHO) and bilateral donors (such as the United States Agency for International Development) work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. Local nongovernmental organizations such as Genesis and PROBISIDA provide psychosocial support to people living with HIV/AIDS. The Asociación Panameña para el Planeamiento de la Familia, an affiliate of the International Planned Parenthood Federation, provides adolescent health services, including counselling and education on HIV/AIDS. The Pan American Social Marketing Organization, financed by the United States Agency for International Development, undertakes programmes for social marketing of condoms in the Central American subregion.

#### Strategic information

The Ministry of Health provides leadership in surveillance and monitoring and evaluation activities, supported by UNAIDS, the Pan American Health Organization/WHO and the United States National Institutes of Health.

## 7. Staffing input for scaling up HIV treatment and prevention

#### WHO's response so far

- Providing support, with UNAIDS, for developing the national multisectoral strategic plan on HIV/AIDS 2003-2007
- Holding a subregional meeting in August 2005 in Costa Rica for countries of Central America to assess progress towards "3 by 5" and to identify gaps and areas of cooperation
- Implementing the "3 by 5" strategy and developing national and subregional strategic plans
- Developing a subregional plan for HIV/AIDS surveillance in Central America
- Holding training workshops in the subregion on prevention and counselling among youth and vulnerable groups, delivering antiretroviral therapy, preventing sexually transmitted infections and training health workers
- Establishing the Regional Revolving Fund for Strategic Public Health Supplies (including antiretroviral therapy), with 12 countries in the subregion signing the agreement and purchases worth more than US\$ 12 million being made in 2003

#### Key areas for WHO support in the future

- Providing support for surveillance and monitoring and evaluation
- Providing support for training health workers
- Providing support for behaviour change communication programmes

#### Staffing input for scaling up HIV treatment and prevention

- A National Programme Officer is in place as well as a Subregional HIV/AIDS Officer (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama).