Follow up on the United Nations General Assembly
Special Session on HIV/AIDS from 2001

REPORT ON PROGRESS MADE ON THE NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC: PANAMA
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ABBREVIATIONS USED

AVT	Advice and Voluntary Tests
NMWAP	New Men and Women Association in Panama
PCC	Prenatal Care Centres
SWF	Social Welfare Fund
GAR	General Auditor for the Republic
IDU	Injecting Drug Users
DHS	Demographic and Health Surveys
MSM	Men who have Sex with Men
IEC	Information, Education and Communication
STI	Sexually Transmitted Infections
MH	Ministry of Health
WSW	Women who have Sex with Women
GO	Governmental Organisation
WHO	World Health Organisation
NGO	Non-Governmental Organisation
ILO	International Labour Organisation
UNAIDS	The Joint United Nations Program on HIV/AIDS
PHO	Pan-American Health Organisation
CAAP	Central American AIDS Prevention Project
NAP	National AIDS Program
PDF	Population Deprived of Freedom
PLHA	Persons Living with HIV/AIDS
RELSEAIDS	Religious Sector against AIDS
AIDS	Acquired Immunodeficiency Syndrome
SandRH	Sexual and Reproductive Health
ART	Antiretroviral Therapy
MTCT	Mother-to-Child Transmission
SW	Sex workers
IDU	Injecting Drug Users
EM	Epidemiological Monitoring
HIV	Human Immunodeficiency Virus

Currency
B/. 1.00 (one balboa) ≡ $ 1.00 (one American dollar)

INTRODUCTION

The National STI/HIV/AIDS program is in the preparatory phase of elaborating the **Multisectorial Strategic Plan 2003-2007**. Preparation of this plan requires updated documentation to be available.

On an international level, countries around the world that have seen their populations decimated by this epidemic have welcomed a series of commitments aimed at reducing its socio-economic consequences. In June 2001, during the United Nations General Assembly Special Session on HIV/AIDS, 189 heads of state and government representatives reviewed all aspects of the HIV/AIDS problem and drew up a declaration of commitment on the fight against AIDS. The declaration describes what governments have promised to do, with the support of other international and regional alliances and civil society, as well as specifying deadlines for most actions.

Four and a half years after having made this commitment, an information review is necessary to evaluate the degree of progress of the UNGASS commitments. This information review is based on a set of specifically constructed national and international indicators. The document "*Monitoring of the declaration of commitment on HIV/AIDS: guidelines on the construction of core indicators" published in Geneva/Switzerland in August 2005* will be taken as a basis for the analysis. This document also provides the list of indicators classified by category, the guidelines for the refinement of indicators, instruments and measurement methods, interpretation and some additional and alternative indicators to compliment the core indicators proposed for monitoring. For this new 2003-2005 report, the results of the indicators, as well as being included in the report with a qualitative analysis, are also reported in the Country Response Information System (CRIS) database. This system enables both calculation and global reporting of these indicators.

INVESTIGATION METHODOLOGY

This work began with a bibliographical review of documents published on HIV/AIDS in the last three years in Panama. These documents range from the 2003-2007 Multisectorial Strategic Plan by the Ministry of Health to consultant reports providing data on the state of knowledge, attitudes, practices and behaviour of the most-at-risk populations in the country.

Due to the characteristics of the epidemic concentrated on specific groups in our country, special attention was paid to the review of the Multicentre Studies of Knowledge, Attitudes and Practices, and condom use in existing SW and MSM populations. Information from these investigations was used to construct the core indicators for this second period.

For the construction of indicator n° 2 on national commitment and action, called the "National Composite Policy Index (NCPI)", a discussion and consensus workshop was organised with key actors from government and non-governmental sectors, civil society, those infected and affected by HIV/AIDS according to the guidelines for indicator construction. Furthermore, interviews were carried out with those responsible for programs and directors and associations whose efforts are aimed at the prevention, epidemiological monitoring, monitoring and evaluation, care and treatment of HIV/AIDS in both governmental and private institutions. Further data comes from the epidemiological monitoring program from the Ministry of Health and the Social Security Fund, documentation on the Internet and consultation of press reports and project reports.

Information was thus gathered conform to the document: **"Follow-up of the declaration of commitment on HIV/AIDS: Guidelines for the construction of core indicators" ,** and finally processed using the CRIS program (Country Response Information System), version 2.1.2.

CHAPTER 1
EVALUATION OF THE DEGREE OF PROGRESS MADE ON UNGASS COMMITMENTS

I. STATUS AT A GLANCE

Global AIDS situation

The global summary of the HIV/AIDS epidemic presented by the Joint United Nations System for HIV/AIDS, **UNAIDS** in December 2004, indicates than there are total of 39.4 million people living with HIV/AIDS in the world; 37.2 million adults, 17.6 million women and 2.2 million children under 15. The AIDS epidemic cost 3.1 million lives in 2004 and it is estimated that 4.9 million people contracted the Human Immunodeficiency Virus (HIV) during 2004.

In Latin America at the end of 2004, 1.7 million adults and children were living with HIV/AIDS, 240,000 new infections were generated with a prevalence of 0.6% and 95,000 deaths due to AIDS were registered over this period. In Central America, only Guatemala and Honduras maintained HIV prevalence higher than 1%. However, lower percentages in other countries, including Panama have localised epidemics in specific populations of those most exposed to the virus.

The AIDS situation in Panama

Panama has an approximate population of 3,228,186 inhabitants according to population estimates by the General Auditor for the Republic[1] and reports an overall total of **6981** AIDS cases in the whole country with a national prevalence of 0.92%[2] up to June 2005. These figures show an upward trend and are mainly concentrated in large urban conglomerations and specific population groups such as sex workers, homosexuals and men who have sex with men.

The cases reported up to June 2005 are broken down by transmission route: 67.4% correspond to sexual transmission, 2% to blood transfusion, 3.7% to antenatal transmission and for 26.9% the mode of transmission is unknown. In relation to age, most cases are registered between the ages of 25-29 (13.2%), 30-34 (19.3%), 35-39 (16.4%) and 40-44 (13.4%). Analysis by gender shows that men are most affected by the epidemic with 5249 cases compared to 1732 (24.8%) cases for women. However, the man/woman ratio is evening out and by June 2005, the ratio 3 to 1. The cumulative AIDS mortality rate is 71.6%, bearing in mind the significant decrease in the percentage of AIDS mortality registered over the last 3 years due to the provision of antiretroviral therapy.

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[1]Total urban and rural population estimates according to gender and age to 1 July 2000-2005. General Auditor for the Republic. Directorate for Statistics and Censuses.
[2] World Bank, Latin America and Caribbean region. HIV/AIDS in Central America. September, 2003.

The regions which presented the highest rates for 2004 are Province of Colón (44.1%), the Metropolitan Region (33.8%), the District of San Miguelito (23.7%) and West Panama (16.1%).[3]

Analysis of the response

Panama is one of the 189 member states which adopted the declaration of commitment on HIV/AIDS at the twenty sixth United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001.

In May 2003, the first report on the evaluation of the degree of progress made on UNGASS commitments based on the core indicators proposed, according to the first guidelines for the construction of core indicators, was presented. In this document, Panama took note of 6 of the 12 core indicators. For the remaining indicators, there was no information or the information did not enable breakdown by urban/rural area, age group and public/private care sector.

For this second follow up report, variants were presented to the guidelines for the construction of indicators (August 2005) ranging from the introduction of new indicators to the use of different indicators depending on whether it was a generalised, concentrated or low prevalence AIDS epidemic. Panama, with a concentrated epidemic, monitors **9 indicators** related in the main to most-at-risk populations, including sex workers (SW) and men who have sex with men (MSM) as the population groups with the highest rates of HIV/AIDS in the country.

One of the significant tools that enabled construction of UNGASS indicators for this period was the development of the CRIS (Country Response Information System) to handle UNGASS indicators and facilitate their construction using the input data required. This tool will enable indicator processing; for the first report period, indicators were calculated manually by means of national feedback forms.

In terms of the national response, Panama has made significant efforts to attenuate the spread of the epidemic through the health sector (Ministry of Health and Social Security Fund) in close coordination with the private sector, corporate sector, non-governmental organisations, international organisations and people living with HIV/AIDS. This is how the **Multisectorial Strategic Plan for STI/HIV/AIDS** was elaborated for the period **2003-2007** as a result of a highly participatory and democratic process.

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[3] MH. General Directorate of Health. Department of Health and Disease Monitoring. Executive summary of the epidemiological monitoring of STI/HIV/AIDS. September 1984 to June 2005. Elaborated by Licda. María Mastelari de Greco.

The plan identified 4 strategic objectives to guide the fight against AIDS in Panama: 1) Reduction of the incidence of STI/HIV/AIDS; 2) Improved integral care and quality of life for people affected by STI/HIV/AIDS; 3) Generation of a greater capacity of national response 4) Increased activities on the defence of human rights for people affected by STI/HIV/AIDS.

Actions have been strengthened in the field of epidemiological monitoring, monitoring and evaluation of the national response. This includes training civil servants and NGO personnel and evaluating the current monitoring and evaluation system with a view to developing a plan to monitor and evaluate the response to STI/HIV/AIDS in Panama in 2006.

The country's efforts to develop multicentre investigations and studies carried out with the support of international institutions cannot be ignored. Two such studies have given clear indications on the problem of HIV/AIDS in high-risk populations: sex workers, gay men and men who have sex with men (MSM).

The processing of data from these investigations has provided the necessary input for constructing the UNGASS core indicators. Panama, with its epidemiological characteristics (national HIV prevalence less than 1%; prevalence of HIV/AIDS greater than 2% in sex workers and above 10% in MSM), should use the indicators for countries with a concentrated epidemic. Table 1 presents the global results of the core indicators selected by population type.

Table 1 **Nine indicators for concentrated or low prevalence epidemic**[4]

Core indicators selected	Results of the indicator		
	Total	**SW**	**MSM**
• Amount of national funds disbursed by governments in low and middle-income countries	US$ **9,729,955** for 2003		
• National Composite Policy Index	Reporting of data from the Country Response Information System (CRIS)		
• Percentage of most-at-risk populations who received HIV testing in the last 12 months and know the results		76.5%	44.8%
• Percentage of most-at-risk populations reached by prevention programs		47.98%	43.77%
• Percentage of most-at-risk populations who both correctly identify the ways of preventing sexual transmission of HIV and who reject the major misconceptions about HIV transmission		No information currently	No information currently
• Percentage of female and male sex workers reporting the use of a condom with their most recent client	91.46%		

[4] The indicator: percentage of injecting drug users who have adopted behaviours in the last month that reduce the risk of HIV transmission; i.e. they avoid sharing injecting equipment and use condoms. This is applicable only to countries where the use of injectable drugs is a recognised HIV transmission route and therefore does not apply to Panama.

Core indicators selected	Results of the indicator		
	Total	SW	MSM
• Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	84.17%		
• Percentage of most-at-risk populations who are HIV infected		1.9% of the whole sample (3.5% street SW and 1.5% employed)[5]	10.6% of the whole sample (12.7% gay men and 5.5% bisexuals)

II. OVERVIEW OF THE AIDS EPIDEMIC

The first case of AIDS was diagnosed in Panama in September 1984 and **6981** cases were registered up to June 2005. The epidemic is still considered to be concentrated in the main urban cities and in high risk populations such as: sex workers, gay men, men who have sex with men, populations deprived of freedom and the indigenous Kuna population.

In May 2005, the number of new infections in Panama for 2006 was estimated using the Excel spreadsheet developed by Imperial College in cooperation with UNAIDS, Futures group and East West Center. The model is based on the formula by Weinstein et al and is used in the Avert model. These estimates take into consideration the current prevalence of HIV infection, the number of people with particular exposure and the rate of exposure. This example shows the calculation that estimates HIV prevalence in Panama at 0.92% of the population aged 15-49, corresponding to a total of 15,217 people infected with HIV[6].

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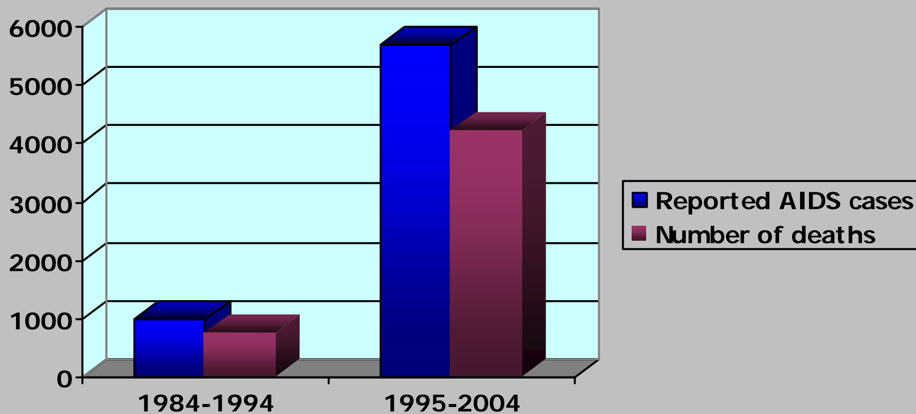
[5] The term street sex worker refers to those women who are cared for weekly on the so-called "social hygiene program" in the facilities of the Ministry of Health. The periodical follow-up of women includes care, gynaecological examination, STI/HIV tests and integral health care. The term employed sex workers refers to those who do not participate in the aforementioned hygiene programs.

[6] National STI/HIV/AIDS program of the Ministry of Health. Reference document "MODEL OF THE EXPECTED SHORT-TERM DISTRIBUTION OF THE INCIDENCE OF HIV INFECTION ACCORDING TO EXPOSURE GROUP". Panama, 2005.



Panama currently occupies third place with respect to HIV/AIDS prevalence in Central America (excluding Belize). It is preceded by Honduras and Guatemala which report HIV prevalence of 1.8% and 1.1% respectively[7]. Nevertheless, Panama is the country with the most deaths due to AIDS in Central America and the disease is the seventh cause of death according to data on deaths from the General Auditor for the Republic[8]. The situation differs according to age. For the age groups 15-24, 25-34 and 35-44, AIDS was the second cause of death in the country in 2004.

The temporal analysis of AIDS cases registered in the country up to December 2004 showed a significant increase in the number of cases and deaths between the first ten and the last ten years of the epidemic, as shown in graph N° 1. The highest numbers of cases were reported in: the Metropolitan area (41.8% of all cases); District of San Miguelito (19.8% of cases); Province of Colón (16%). Other regions, such as the District of La Chorrera in the Province of Panama, have seen an increase in the number of cases in the last few years.

As of 1999, a decrease in the number of deaths was observed. This decrease is related to the provision of antiretroviral therapy to insured persons. The Ministry of Health began this initiative in 2002. The death rate due to AIDS thus fell from 16.57 to 12.92 per 100,000 inhabitants between 2002 and 2004.

[7] MH. General Directorate of Health. Department of Health and Disease Monitoring. Executive summary of the epidemiological monitoring of STI/HIV/AIDS. September 1984 to June 2005. Elaborated by Licda. María Mastelari de Greco.

At the end of the 1980s, Panama set up HIV seroprevalence studies. Various groups are being investigated[9]. From 1989-1993, special studies were carried out on those deprived of freedom in both sexes (biological monitoring); in 1993 studies were begun on pregnant women in three health regions. However, this method did not continue. In 1993 to 1997 seroprevalence studies were carried out on pregnant women and were restarted in 2000 in Región de Salud de San Miguelito and Región Metropolitan. As of 2001, three special studies began: (1) Study on mobile populations in the public sex market (SW, MSM and their clients), (2) Prevalence of STI/HIV in young people from the Family Planning Clinic from the Centre for Research and Human Reproduction and (3) Multicentre Study on SW and MSM by means of the biological monitoring and behaviour survey.

Prevalence among blood donors varied between 0.17% in 1986 and 0.10% in 2001. Seroprevalence percentages among non-donors have been consistently higher than among donors since 1986 (1.88% for 1996 and 1.62% for 2001)[10].

In 2003-2005, significant progress was made in most-at-risk groups in Panama: sex workers, gay men, men who have sex with men, populations deprived of freedom and indigenous populations, mainly in the area of research on the behaviours of these populations.

There are two monitoring studies on behaviour and condom use among SW and MSM for 2001-2002 and 2003-2004, which provide significant reference information not only for the reporting of indicators but also for more in-depth analysis on the situation of vulnerability, stigma and discrimination to which these populations are still subject.

Based on the year 2000 population, it is estimated that there are between 5445 and 7000 female sex workers in the country, whilst for the MSM group, this number is estimated at between 29,760 and 44,641[11]. The behaviour study for 2001-2002 revealed a 2% HIV prevalence for sex workers and 10.6% HIV prevalence for MSM.

In the population deprived of freedom (PDF), studies revealed prevalence of 5 to 13%. Monitoring of this population revealed that those deprived of freedom were infected before

[8] General Auditor for the Republic. Directorate for Statistics and Censuses. Death and mortality rate for the principal causes of death in the Republic by sex according to age and cause, 2004.
[9] The following information was compiled from the report "HIV seroprevalence data in Panama", 1998. Guerrero, G. Consultancy report and presentation "Evolution of the Epidemiological Monitoring System for HIV/AIDS in Panama. November 2001 by the same author.
[10] Central Reference Laboratory for Public Health. MH. Antibody tests for donors and non-donors carried out in the clinical laboratories and blood banks of the national network.
[11] HIV/AIDS epidemic. Estimates and projections. 1980-2010. MH, National Program on STI/HIV/AIDS, PASCA, Panama, October 2002. p5

their inclusion in penitentiary centres and that seropositive patients belonged to groups with high infection indices. In this population the test was only applied in symptomatic cases[12]. The use of condoms in penitentiary centres is null because condoms are considered as objects that may cause violence/death within the prison.

III. NATIONAL RESPONSE TO THE AIDS EPIDEMIC

Each priority sector, according to functions and to the extent permitted by its resources, has carried out actions including health prevention and promotion, training health providers, promotion and defence of the human rights of PLHA, treatment, reduction of drug costs, guidance and assistance to people directly or indirectly affected by HIV/AIDS, investigations with specific groups and sexual minorities, epidemiological monitoring, consensus and political dialogue.

The non-governmental sector, whose organisations include PROBIDSIDA, APLAFA, AHMNP, REMAR, Red Cross, New Health Era, EMESSAR, IIDHESA, Corporate Board for the Prevention of AIDS in Panama, Positive Panama Genesis group, Living Positively group have contributed to caring for PLHA, the defence of the human rights of those infected and affected, treatment, training, drawing attention to high risk groups, monitoring and investigation of behavioural conduct (2nd generation monitoring).

In the field of care and treatment, antiretroviral therapy was approved for social security patients in 1999 and for those without insurance in 2001. Negotiations to obtain drugs at a lower cost enabled the cost of drugs for 2003 to be reduced by more than 50%.

Panama had six antiretroviral therapy clinics in December 2004 and two new clinics opened in the district of la Chorrera and the province of Veraguas in 2005. 2240 people (2065 adults and 175 children) received care up to December 2004 with coverage of 71.1%[13] .

The Panama government, together with UNAIDS, agreed to take part in the WHO initiative, called 3 x 5 "Treat 3 million people before the end of 2005". This initiative aimed to maximise contribution to extending survival and re-establishing quality of life for people with HIV/AIDS by facilitating universal access to diagnostic tests and antiretroviral treatment. Panama obtained good results during the 3x5 initiative.

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[12] "Participatory situational diagnosis to determine the factors which condition sexual practices at risk of acquiring STI/HIV/AIDS in the population from the Tinajita detention centre and the District of San Miguelito, Province of Panama in 2004". Red Cross. Batista, T; Ariza, Miguel A. June, 2004

[13] Information bulletin Nº 2. National MH STI/HIV/AIDS program. Panama, January 2005.

The health monitoring of pregnant women and the advice aimed at performing an HIV test for pregnant women was increased throughout the country. The country has tripled its funding for antenatal prevention. In 2001, the country spent **B/.51,222.00** on prevention whilst for 2003 funds stood at **B/.191,384.00**. Prevalence in pregnant women in Panama is currently 0.7%[14]. In 2004, epidemiological monitoring of HIV reported a total of 74 pregnant women carrying the HIV virus. 29.8 % of these received ART in the Ministry of Health in order to reduce the risk of mother-to-child transmission[15]. In this context, it was necessary to intensify efforts to establish a unique register for reporting the number of seropositive pregnant women receiving ART nationally. Voluntary tests on this population showed that there is still a high percentage of women who opt not to take the test, mainly due to lack of knowledge of the consequences, others due to fear or simply not considering it necessary as they were not in a risk situation.

Epidemiological monitoring and laboratory and blood bank processing have also registered achievements which constitute a positive response for the country by updating monitoring regulations and procedures, acquisition of second, third and even fourth-generation monitoring, increased non-donor testing, follow-up of viral load and CD4 levels in infected patients, training health personnel on handling techniques and biosafety in the laboratory for studies. Despite these achievements, further efforts are required to strengthen the monitoring and supervision systems principally in the private laboratories which make up the national network. Similarly, more decentralisation to obtain results more quickly is needed.

For prevention, monitoring and care of populations most at risk, Panama has identified various population groups where high rates of HIV prevalence are registered: sex workers, men who have sex with men (MSM), population deprived of freedom, population in indigenous communities, especially the Kunas group, and young people aged 15-24.

For the analysis of these populations, 2 studies have enabled characterisation of the behaviour among sex worker and MSM groups. These studies reveal the level of knowledge, risky sexual practices and consistent and correct use of condoms. Studies have been developed on knowledge, attitudes and practices in the young population. However, the studies reviewed for indicator construction do not provide the specific information required for reporting. To date, no prevalence studies have been carried out in indigenous communities.

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[14] Ministry of Health National STI/HIV/AIDS Program.

[15] "Coverage of essential services for STI/HIV/AIDS: Prevention of HIV transmission from mother to child". Preliminary consultancy report. November, 2005. López, Beatriz.

HIV prevalence studies in those deprived of freedom identified rates of 5 to 13%. Due to a lack of resources the test is currently only recommended for symptomatic cases and under these conditions, cases considered to be in a late stage. Currently, a total of 55 infected people are registered in penitentiary centres. The total number of prison inmates in the entire country stands of 11,584 according to statistics from the Penitentiary Department of Health[16]. The majority of infected prisoners became infected before entering penitentiary centres. A prevention program with the national STI/HIV/AIDS program from the Ministry of Health has been initiated in five penitentiary centres: La Joya, Buena Esperanza in the Province of Colón, Tinajitas and the Women's Rehabilitation Centre.

Greater attention must be given to high risk groups and associated actions must be expanded. Actions, which may be initiated by the government or NGOs must be implemented by organisations that know these populations well. Studies have shown that knowledge of the ways of transmitting and preventing HIV/AIDS in these populations is correct. However, the risky behaviour of these populations contradicts their high level of knowledge. This is demonstrated by the high rates of HIV prevalence in SW (2%) and much higher rates in MSM (10.6%). The latter constitutes an epidemiological bridge with the heterosexual population, as 14.5% of MSM interviewed declared that they have had sexual relationships with a regular or occasional female partner.

With respect to reference material, the studies, investigations and projects carried out on the subject in the last three years constitute a wealth of sources which have been taken into account during preparation of the Multisectorial Strategic Plan and the Annual Operational Plan for the fight against HIV/AIDS. These plans have been structured in collaboration with all sectors involved in the fight against HIV/AIDS, taking into consideration important aspects such as the results of evaluations of the mobile population projects on HIV/AIDS in Central America, Mexico and the United States (2002-2003); the project on "Prevention of STI/HIV/AIDS in 4th, 5th and 6th grade primary schools in the district of San Miguelito, Las Cumbres and Chilibre, financed by UNICEF and which as of 2006 will be duplicated in the Province of Colón and the Kuna Yala region. These are areas which present some of the highest rates of incidence in the Republic of Panama.

In 2005, an important diagnostic study was carried out on the state of the system for the monitoring and evaluation of the response to HIV/AIDS in Panama. This provided relevant information for initiating the design of the plan for monitoring and evaluation of the country response. Other studies such as the estimate of financial flow and expenditure on HIV/AIDS in

[16] "Coverage of essential services for STI/HIV/AIDS" Preliminary Consultancy Report. November, 2005. López,

Panama 2003 and the multinational study on "HIV knowledge, attitudes and practices, condom use and other sexual health issues", have also been also carried out. "Hidden risks in Central America", 2003-2004 financed by PASMO, is one of the most recent studies.

The impact of HIV/AIDS on the life of children was a subject which up to now had not been dealt with in the national public agenda. It is estimated that at the end of 2001 there were 8100 children orphaned by HIV/AIDS[17]. Nevertheless, at the end of 2005 an important step was taken to deal with this problem and a study was developed to analyse the situation of orphaned and vulnerable children affected by HIV/AIDS in Panama. This study was financed by UNICEF, with the support of the national STI/HIV/AIDS program and the NGO APLAFA. Analysis of the situation will enable the foundations to be laid for the design and implementation of a "National Action Plan" in 2006. This plan will establish priority areas for care, strategies, aims and immediate response actions in the short, medium and long-term with the objectives of developing programs to cover the needs of orphaned and vulnerable children, their families and communities; the design of relevant and appropriate public policies that protect the rights of children and ensure their care; the mobilisation of financial resources; stimulation of civil society mobilisation and creation of monitoring and evaluation methods for the continuous implementation of analyses on the situation of orphans and vulnerable children[18].

IV. MAJOR CHALLENGES FACED AND ACTIONS NEEDED TO ACHIEVE THE UNGASS GOALS/TARGETS

Despite having information available that points towards a characterisation of the most-at-risk populations studied, one of the main problems is the lack of access to databases processing of the results of the multicentre studies on behaviour and condom use in SW and MSM populations carried out in 2001-2002 and 2003-2004. Variables had to be processed to break down indicators by age, gender, geographical area (urban/rural) to comply with the guidelines on indicator construction. The lack of quantitative studies based on representative samples in other populations, such as populations deprived of freedom and indigenous populations, was a limiting factor in the study.

One of the principal problems faced currently for the reduction of HIV prevalence in most-at-risk populations is the lack of prevention, care and support programs for these populations,

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Beatriz.

[17] "Analysis of the HIV/AIDS situation in Panama. 1996-2002. National STI/HIV/AIDS program from MH. UNDP. Martínez, Hilda.

[18] "Report on the findings of preliminary results from the study: Analysis of the situation of orphans and vulnerable children affected by HIV/AIDS in Panama". National STI/HIV/AIDS program, UNICEF, APLAFA, Jáuregui, Rommel. December 2005.

whose situation is worsened by the high degree of stigma and discrimination to which they are subjected. Despite the multisectorial strategic plan for HIV/AIDS in Panama and the national plan for sexual and reproductive health, which include actions aimed at these populations, effort is required in close coordination with non-governmental organisations working with these populations.

Behavioural monitoring studies indicate that MSM and SW populations have progressed in their degree of knowledge on ways of preventing HIV transmission and also indicate a high level of condom use in their latest sexual relationship. However, risky sexual practices remain. Street sex workers present a higher rate of prevalence than employed sex workers who are cared for weekly by social hygiene programs in their country's health centres. Nevertheless, a common situation is observed for both groups: the percentage using condoms reduces in the regular client category and is much lower when a stable partner is involved. For reporting this indicator, we recommend breaking down information on condom use during the latest sexual relationship into categories: new client, regular client or stable partner.

V. SUPPORT REQUIRED FROM THE COUNTRY'S DEVELOPMENT PARTNERS

This section concentrates on the fundamental action that should be taken by development partners with a view to helping countries achieve their goals and targets:

1. Provide continuity to the annual studies of the National Accounts for HIV/AIDS to enable regular comparison of expenditure according to source of funding.

2. Intensify effects on prevention with a special emphasis on populations defined in Panama as most-at-risk: MSM and SW. Include other populations in prevention programs: PDF, young people aged 15-24 and the indigenous Kuna population.

3. Regulate existing laws to reduce stigma and discrimination for the prevention, care and support of PLHA and most-at-risk populations. Laws exist but many aspects are not applied in practice.

4. Based on the study and the situation of orphans and vulnerable children affected by HIV/AIDS (MH-APLAFA-UNICEF), implement a policy/strategy for this population for 2006.

5. Design and execute basic demographic surveys, surveys on the monitoring of behaviour in other populations (PDF, young people) that include unifying elements and items to be able to report national and international indicators.

6. Develop efforts aimed at enabling use of the results arising from the studies and make database processing of secondary studies more accessible by maintaining confidentiality.

7. Define the information system cycle (register, data source, person responsible, presentation of data, etc.) for the care register of seropositive pregnant women in the country.

8. Intensify the prevention and care programs for the SW population (employed and street SW) by means of the social hygiene programs adapted to the very transitory nature of this population.

VI. MONITORING AND EVALUATION SYSTEM

The national plan for second generation epidemiological monitoring for STI-HIV-AIDS in Panama for the period 2004-2008 has been drawn up. There are five main objectives:

- Second generation monitoring implemented nationally
- A network of laboratories functioning appropriately for STI-HIV-AIDS monitoring
- An automated information system that integrates all epidemiological monitoring components at all levels
- An operational training program tailored towards second generation monitoring of STI-HIV-AIDS
- A monitoring and evaluation subsystem that integrated all second generation monitoring subsystems for STI-HIV-AIDS.

In 2005, the monitoring and evaluation of the national response to HIV involved all key actors involved in the fight against HIV/AIDS. During the presentation and discussion of the results, an analysis of the strengths, weaknesses, opportunities and threats of the monitoring and evaluation system was developed. Priorities were established for areas and actions required to design a monitoring and evaluation plan for the national response, serving as an instrument for the Ministry of Health national STI/HIV/AIDS program and describing the guidelines for the evaluation and unification of data collection criteria, registers and unification of national and international indicators.

The government sector has made considerable efforts to train personnel from governmental organisations, NGOs and civil society, including PLHA, in the area of monitoring and evaluation of responses to HIV/AIDS. The first draft of the plan for monitoring and evaluation of the national response to HIV/AIDS was drawn up at the last workshop in October 2005. This plan will be made official in 2006.

Appendices

Appendix #1
METHODOLOGICAL FILES FOR THE CONSTRUCTION OF UNGASS CORE INDICATORS SELECTED FOR COUNTRIES WITH CONCENTRATED EPIDEMICS

Table 1 **Nine indicators for concentrated or low prevalence epidemic**

Core indicators selected
Amount of national funds disbursed by governments in low- and middle- income countries (see http://data.unaids.org/publications/irc-pub06/jc1126-constrcoreindic-ungass_en.pdf for indicator texts)
• Aim: To determine the details of local government funds devoted to the fight against HIV/AIDS by means of all components • Data source: Estimate of financial flows and expenditure on HIV/AIDS. Study carried out with the support of the Regional AIDS Initiative Latin America (SIDALAC) • Report period: 2003 • Institution responsible: Ministry of Health National STI/HIV/AIDS program in Panama.
Composite Index
• Aim: To evaluate the progress on the development and application of policies and strategies on HIV/AIDS nationally by means of strategic plans, political support, prevention, care and support, monitoring and evaluation, human rights and civil society participation. • Data source: National evaluation questionnaire. Discussion and consensus workshop for the indicator in each one of the components and with two priority sectors (governmental organisations and civil society) • Report period: 2003-2005 • Institution responsible: Coordination of the national STI/HIV/AIDS program in the Ministry of Health in Panama, participation of all key actors on STI/HIV/AIDS in Panama.
Percentage of most-at-risk populations who received HIV testing in the last 12 months and know the results
• Aim: To evaluate the progress in providing advice and HIV tests to most-at-risk populations. • Data source: "Hidden risks in Central America". Multinational study 2003-2004 on HIV knowledge, attitudes and practices, use and other sexual health issues. Presentation December, 2004. • Report period: 2003-2004 • Institution responsible: PASMO, USAID, PSP-One, PSI, ESA Consultores. Organisations participating on a local level: EMESSAR (SW population) and AHMNP (gay men and MSM population) • Observations: The study consisted of a sample of 298 SW and 297 men who have sex with men

Core indicators selected

whose information was collected between 11 February and 13 March 2004.

Percentage of most-at-risk populations reached by HIV prevention programs

- Aim: To evaluate the progress on the implementation of HIV prevention programs in most-at-risk populations.
- Data source: "Hidden risks in Central America". Multinational study 2003-2004 on HIV knowledge, attitudes and practices, use and other sexual health issues. Presentation December, 2004.
- Period: 2003-2004
- Institution responsible: PASMO, USAID, PSP-One, PSI, ESA Consultores. organisations participating on a local level: EMESSAR (SW population) and AHMNP (gay men and MSM population)
- Observations: The study consisted of a sample of 298 SW and 297 men who have sex with men whose information was collected between 11 February and 13 March 2004. Results from this indicator are related to promotion and prevention activities specifically carried out with PASMO for these populations and should not be interpreted as exposure of this population to all prevention program activities.

Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

- Aim: To evaluate the progress concerning knowledge of the basic facts on HIV transmission in most-at-risk populations.
- Data source: Central American multicentre study and HIV/STI prevalence and behaviour in MSM and SW in Panama. 2001-2002. Presentation in June 2003
- Period: 2001-2002
- Institution responsible: PASCA, USAID, UNAIDS, AECI, TFGI. Organisations participating on a local level: EMESSAR (SW population) and AHMNP (gay men and MSM population)
- Observations: A more recent study exists on the behaviour of SW and MSM, which dates from 2003-2004, but this study does not deal with the exact variables and questions required to construct this indicator. Therefore, information from the Multicentric Monitoring Study from 2001-2002 was used. To construct this indicator, some of the items for the population in general could be used but the number of SW and MSM who correctly answered all questions related to forms of prevention and misconceptions about HIV transmission was required for the global indicator. Since it was not possible to access study databases for the breakdown of these variables or even for the exclusive selection of the 15-24 year old age group of the population surveyed, this important indicator could not be constructed.

Percentage of female and male sex workers reporting use of a condom with their most recent client

- Aim: To evaluate progress on the prevention of HIV exposure among sex workers due to

Core indicators selected
unprotected sexual relationships with clients. • Data source: "Hidden risks in Central America". Multinational study 2003-2004 on HIV knowledge, attitudes and practices, use and other sexual health issues. Presentation December, 2004. • Period: 2003-2004 • Institution responsible: PASCA, USAID, UNAIDS, AECI, TFGI. Organisations participating on a local level: EMESSAR (P population) and AHMNP (gay and MSM population) • Observations: The study consisted of a sample of 298 sex workers and 297 men who have sex with men, 65 of whom declared that they had had a commercial sexual relationship. Data collected by PASMO requested information on the use during their last sexual relationship by **type of client**. For this indicator, a variable was created to indicate whether a condom was used with the last new, sporadic or regular client.
Percentage of men reporting use of a condom the last time they had anal sex with a male partner
• Aim: To evaluate progress on the prevention of HIV exposure in males who have unprotected anal sexual relationships with male partners. • Data source: "Hidden risks in Central America". Multinational study 2003-2004 on HIV knowledge, attitudes and practices, use of the condom and other sexual health subjects. Presentation December, 2004. • Period: 2003-2004 • Responsible institution: PASMO, USAID, PSP-One, PSI, ESA Consultores. • Observations: The study consisted of a sample of 298 sex workers and 297 men who have sex with men. Data collected by PASMO requested information on condom use during their last sexual relationship by **type of client**. For this indicator, a variable was created to indicate whether a condom was used with the last new, sporadic or regular client.
Percentage of most-at-risk populations who are HIV-infected
• Aim: To evaluate progress concerning knowledge of the basic facts on HIV transmission in populations most at risk. • Data source: Central American multicentre study on HIV/STI prevalence and behaviour in MSM and SW in Panama. 2001-2002. Presentation in June 2003 • Period: 2001-2002 • Institution responsible: PASCA, USAID, UNAIDS, AECI, TFGI. Organisations participating on a local level: EMESSAR (SW population) and AHMNP (gay men and MSM population). • Observations: The study consisted of a sample of 426 sex workers, 420 of whom consented to a test for HIV or other STI; and 410 men who have sex with men of which 235 consented to an HIV

Core indicators selected
test. In the multicentre study from 2003-2004 no HIV screening tests were carried out in order to measure prevalence.