

# Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men



Joint United Nations Programme on HIV/AIDS

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con Hombres que tienen Sexo con Hombres de América Latina y el Caribe*  
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UNAIDS - 20 avenue Appia - 1211 Geneva 27 - Switzerland  
Tel.: (+41 22) 791 46 51 - Fax: (+41 22) 791 41 65  
e-mail: [unaids@unaids.org](mailto:unaids@unaids.org) - Internet: <http://www.unaids.org>

**Regional consultation on  
HIV/AIDS prevention, care  
and support programmes  
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# Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men

## Foreword

Sex between men occurs in most societies. For several reasons, it is often stigmatized and denied, and therefore the public visibility of male-to-male sex varies considerably from one country to another. Men who have sex with men (MSM) are a vulnerable group and the cultural, sociopolitical and religious factors that lead to the denial of male-to-male sex increases their vulnerability.

In Latin America, sound epidemiological data indicate that the epidemic of HIV amongst MSM is spreading fast. It is a major route of transmission of the virus and there is a need to support and encourage prevention, care and support programmes that aim to decrease the spread.

Lessons learned from MSM programmes have shown that the vulnerability of this group is reduced where political leaders and other key players in society accept the existence of male-to-male sex and its relevance to HIV/AIDS programming. There is an important role for leaders to play in creating a supportive environment for MSM that fosters better understanding, eliminates stigmatization and criminalization, and decreases vulnerability to HIV. This must be done in collaboration with partners including nongovernmental organizations, UN agencies, international and community-based organizations, donor agencies, and civil society.

The Colombian League for AIDS Control has taken an important step in addressing some of these issues in relation to Latin America at the consultation which was held in Bogotá and supported by UNAIDS. The report of the consultation is now made available to provide some guidance and direction to all of us.

**Awa Coll-Seck**

*Director, Department of Policy, Strategy and Research  
Joint United Nations Programme on HIV/AIDS (UNAIDS)*

## INTRODUCTION

Men who have sex with men (MSM) have been the population most affected by HIV in Latin America and the Caribbean. Although heterosexual transmission is increasing rapidly in the region, homo- and bi-sexual transmission represents about half (48%) of AIDS cases, compared to 25% attributed to heterosexual transmission.

This epidemiological vulnerability is strongly linked to sociocultural and political vulnerability. Men who have sex with men face social discrimination at work, school, university, in clinics, hospitals and in their own families. Legally, homosexual behaviour is criminalized in Chile, Ecuador and Nicaragua.\* In other countries, other forms of repression are used to discriminate against men who have sex with men.

Faced with this multifactoral vulnerability to HIV of men who have sex with men, national AIDS programmes, the United Nations and other cooperation agencies have generally responded inadequately, focusing their efforts on the “community at large” or other populations. Few multifaceted interventions designed by nongovernmental organizations (NGOs) have been supported adequately by the governmental sector.

Recognizing this as an area in which action was a priority, UNAIDS, in cooperation with the Colombian League for AIDS Control, organized a *Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men*, held in Bogotá, Colombia.

Representatives from four national AIDS programmes<sup>1</sup> from nine NGOs<sup>2</sup>, from the Colombian National Sex Education Project, from the Bogotá district health department, from CAREC Trinidad, from the UN Theme Group on HIV/AIDS in Colombia, and from UNAIDS, Geneva, met to analyse the situation and develop recommendations on male-to-male transmission of HIV in the region.

It was the first consultation of its kind in the region. First, it brought together an intersectoral group on a regional scale to debate a specific theme in the spirit of GIPA (greater involvement of people living with HIV/AIDS); and secondly, it explored a subject, homo- and bi-sexuality, which has been infrequently addressed in the region.

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\* *This was the status at the time of the regional consultation. At the date of publication, homosexual behaviour is no longer a criminal offence in Chile and Ecuador.*

The objectives of the consultation were:

- to analyse existing approaches to this group at the regional level;
- to review and recommend policies and concrete actions in support of activities with MSM in the region;
- to revise a draft manual on prevention with MSM.

During the three days of the consultation, the 23 participants addressed the following topics: the epidemiological situation in Latin America and the Caribbean, a regional overview of HIV/AIDS prevention, care and support programmes, the policies of national programmes<sup>3</sup>, and four NGO projects<sup>4</sup>. Networking and technical cooperation were also addressed. Working groups were organized to analyse strengths, weaknesses, opportunities and threats (SWOT) and to develop three sets of recommendations intended for national AIDS programmes, NGOs and community-based organizations (CBOs), and UNAIDS and technical cooperation agencies. Finally, a draft manual on how to carry out activities with MSM was presented.

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1 *The national programmes of Argentina, Brazil, Colombia and Mexico.*

2 *NGOs from Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guatemala and Puerto Rico.*

3 *Argentina, Brazil, the Caribbean and Mexico and Colombia.*

4 *Brazil, Costa Rica, Ecuador and Puerto Rico.*

## REGIONAL OVERVIEW OF HIV/AIDS PREVENTION, CARE AND SUPPORT PROGRAMMES FOR MSM

On the first day, participants were given an overview of the epidemiological situation of male-to-male transmission. Then came presentations by the national AIDS programmes and NGOs from four subregions of Latin America and the Caribbean. A reporting group synthesized the information; its conclusions highlight the following challenges:

- **Dehomosexualization of AIDS in Latin America and the Caribbean:** Most national and regional AIDS programmes are unaware that male-to-male transmission of HIV is predominant in the region;
- **Decentralization:** Throughout the region, health-care programmes are being decentralized, presenting new challenges to raise awareness and train local AIDS programme managers;
- **Policies of health-care systems:** In most countries in the region, new policies are being implemented with a strong focus on the cost-benefit/efficiency of HIV/AIDS programmes, often with negative implications;
- **Lack of indicators:** There is a lack of appropriate and dependable indicators to evaluate projects targeting men who have sex with men;
- **Community development versus professionalism:** There is a constant clash between experience in the field and the position of NGO professionals.
- **Low political commitment:** On almost all levels throughout the region, political commitment to implementing adequate HIV/AIDS prevention, care and support programmes is lacking.
- **Good NGO/governmental relations, but scant action:** Although there are many good relationships between NGOs and governments, these are seldom converted into project financing and implementation;
- **Low political influence on HIV/AIDS policies:** In general, NGOs and CBOs have little power or influence over governments' HIV/AIDS policies and are in a poor position to make demands on their governments for concrete action.

- **Corruption and nepotism:** These phenomena exist throughout the region, and so funds are frequently allocated as a result of “connections” or as “political favours”;
- **Human rights:** Men who have sex with men face social, cultural and sometimes legal and economic discrimination because of their sexual behaviour. HIV/AIDS prevention, care and support programmes must be accompanied by activities which promote equality and non-discrimination;
- **Poor understanding of epidemiology:** Epidemiological information in the region is often poor because of under-reporting. Where there is reliable information, it is frequently not used to direct HIV/AIDS programmes.

## NETWORKING

Four experiences of networking were presented during the second day of the seminar:

**ARCEGAL:** This network was set up in 1995 by organizations from El Salvador, Guatemala, Costa Rica, Honduras and Nicaragua, with the support of the Dutch Government.

**Binational cooperation:** ABIA, Rio de Janeiro, Brazil, and the Centro Lambda, Santiago de Chile, Chile, organized a series of exchanges on research methodologies on sexual behaviour and educational activities. This proved to be an extremely enriching experience for both organizations.

**ILGA AIDS working group:** The AIDS working group was formed in 1992 and expanded its activities in Latin America in 1994. Organizations from Argentina, Brazil, Chile, Colombia, Ecuador and Guatemala have worked together to promote the exchange of information between organizations and government institutions.

**The Horizontal Technical Working Group:** This technical cooperation group is a creation of Latin American and Caribbean AIDS programmes, which have joined forces to promote mutual and horizontal exchange in the region. The Group’s coordination and secretariat functions are assumed on a rotating basis by one of the countries serving as Focal Points for the Group. The Group hopes to become an effective tool to promote the exchange of experience and expertise among the countries of the region.

## SWOT ANALYSIS

(strengths, weaknesses, opportunities and threats)

One evening of the consultation was devoted to a SWOT analysis to identify the strengths, weaknesses, opportunities and threats to HIV/AIDS prevention, care and support among men who have sex with men. Four subgroups were formed to carry out the analysis. A summary of their conclusions is set out below.

### Strengths

The strengths or positive features identified that may bolster activities targeting MSM were:

- The recognition that HIV/AIDS is a social and not solely a medical problem;
- Human resources: the existence of trained staff, technical support at the international and regional levels, networks and/or countries or organizations with a wide range of experience that are capable of assisting, training and advising others;
- Funds: these are available but still very limited;
- Infrastructure: the existence of offices and technical teams;
- Development of suitable models for intervention and educational material for the region;
- The recognition of the need to adapt and not simply adopt;
- The building of a gay identity;
- Professionalization of gay individuals and groups, a sense of commitment;
- The need to restore historical memory.

## Weaknesses

The following weaknesses or negative points were identified:

### ***Overall***

- Economic and political crises in various countries and health systems;
- Failure to define needs; inappropriate use of existing resources and failure to implement existing legislation;
- Unequal sharing of financial and human resources and of technical capacity; ideas and models suited to large cities are imposed on rural areas and smaller cities;
- Absence of local and international financial support; there are few sponsors, and community groups dispute the use of funds;
- The lack of leadership and participative planning, training and experience among human resources; overwork and exhaustion.

### ***NGOs***

- The failure to define objectives and excessive professionalization that may cause workers to lose sight of the original objectives;
- Networks: there is a lot of talk but projects lack sustainability.

### ***Problems affecting the gay community:***

- Political splits and poor organization; discrimination between social classes and sexual roles;
- Low self-esteem because of the supremacy of the heterosexual culture.

## Opportunities:

Existing opportunities should be used to promote HIV/AIDS prevention, care and support among MSM.

### *As regards policies and the government sphere:*

- Support from the ministries of health and the desire of other organizations to become involved in the area;
- Alliances and exchanges among governmental and nongovernmental organizations;
- Greater gay representation and participation in national policies;
- Implementation of existing legislation and of specific legislation on HIV/AIDS;
- The establishment of human rights in all constitutions.

### *Sociocultural:*

- The trend towards a more progressive and open culture;
- Better acceptance within society for gay political organizations;
- Greater tolerance by the church and openness in various non-Catholic religions.

### *Mass media:*

- Acceptance by society and more positive coverage of gay issues, HIV/AIDS and human rights in the mass media; expand information workshops for journalists.

### *Economic:*

- Improve support from the private sector and sponsors and apply for loans, international funding and commitment by governments.

### *Resources:*

- Improve access to information and drugs; make use of modern technology such as telecommunications.

***Political and governmental:***

- Adopt a more comprehensive approach to health and take advantage of decentralization;
- Improve the organization of the gay community involved in AIDS and its networks.

**Threats:**

***Political and governmental:***

- Failure to respect national laws and limited use of legal mechanisms; policies fail to take existing legislation into account;
- Discriminatory legislation, such as immigration legislation in the United States of America; HIV/AIDS legislation may be a threat and/or a basis for discrimination;
- Outlawing of homosexuality and police repression;
- The prevalence of external models and demands over the activities carried out.

***Health systems:***

- Failure to classify specific subgroups in epidemiological information systems;
- Weakness in medical and hospital infrastructure;
- Privatization, decentralization and reform of the health-care system;
- Homophobia among health-care workers and fear of HIV/AIDS.

***Sociocultural:***

- Discrimination against MSM, stigmatization of vulnerable groups, the ghetto phenomenon;
- Fundamentalist forces; opposition by the church and religious ideas that hinder the expression of sexuality; dual moral standards and the homophobia of the Judeo-Christian tradition; machismo.

***Resources:***

- Dehomosexualization of HIV/AIDS: funds intended for MSM have been used for the general public on the grounds that AIDS is not considered to be an exclusively gay problem. Other funds are assigned to other issues;

- The high cost of drugs;
- Impoverishment of people living with HIV/AIDS.

***Communication:***

- Denial and invisibility of the groups active in specific human rights, gay rights, and HIV/AIDS campaigns;
- Media ignorance, sensationalism, homophobia and the association of AIDS with homosexuals. Limited, repressive and stereotyped coverage in the mass media.

## PROCEDURAL MANUAL FOR MEASURES FOR MEN WHO HAVE SEX WITH MEN

On the evening of the third day, a draft procedural manual for measures with men who have sex with men was revised. Three ad hoc working groups were formed and the group discussions were led by the joint authors of the draft manual. Some of the proposals made by the working groups are set out below.

The manual should:

- Draw from the experience and expertise of the region;
- Include a directory of NGOs with expertise in the region and possible sponsors;
- Be directed at decision-makers (national and local AIDS programme managers, technical cooperation agencies, and NGOs).
- Have short, concise paragraphs that call for action;
- Contain no more than 50 pages and be available in Spanish, French and English;
- List training opportunities;
- Include an executive summary;
- Include graphs and illustrations.

## RECOMMENDATIONS BY THE REGIONAL CONSULTATION

The *Regional consultation on HIV/AIDS prevention, care and support programmes in Latin America and the Caribbean for men who have sex with men* proposed a series of recommendations to UNAIDS, cooperation agencies, governments, national HIV/AIDS programmes, nongovernmental organizations and community-based organizations.

The consultation's participants were aware of their responsibility and of the urgency of the epidemic, and proposed that the recommendations should be made known regionally with the support of UNAIDS. It was also suggested that at the country level the UN Theme Group on HIV/AIDS and NGOs working with the MSM community should organize intersectoral outreach activities.

Given the importance of the technical cooperation agencies in the region and their neglect of this issue, they should participate in the follow-up to the consultation. Finally, the participants proposed the establishment of a UNAIDS Task Force for the region to contribute to the follow-up of these recommendations. It is hoped that these recommendations will contribute to a comprehensive, multisectoral, technical and ethical response, taking into account the epidemiological profile of Latin America and the Caribbean and of its subregions and countries, for the benefit of the population most affected by the epidemic in the region.

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To facilitate their dissemination, the full text of the recommendations is provided below:

Bogotá, Colombia

**Regional consultation on  
HIV/AIDS prevention, care and support programmes  
in Latin America and the Caribbean for men who have sex with men**

**Recommendations**

We, the representatives of the national AIDS programmes of Argentina, Brazil, Colombia and Mexico, NGOs and gay organizations from Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala and Puerto Rico, of PAHO in Colombia and the Caribbean, gathered in Bogotá, Colombia, from 12 to 15 June 1997 to participate in the Regional consultation on HIV/AIDS prevention, care and support programmes with men who have sex with men in Latin America and the Caribbean.

During these three days, we analysed the situation of HIV transmission between men who have sex with men and the governmental and nongovernmental response. On the basis of a SWOT (strengths, weaknesses, opportunities and threats) analysis of epidemiological data and government and nongovernmental policies, we recommend that:

## I. Governments and national STD/HIV/AIDS programmes

- 1.1 Formulate and enact national legislation that will defend the human rights of all people, including those of sexual minorities and people living with HIV/AIDS in the region.
  - 1.2 Publish and disseminate the legislation at all levels and implement information campaigns to make them known and enforce them.
  - 1.3 Establish coherency in the formulation of local and national policies and legislation on HIV/AIDS, taking into account international agreements and treaties.
  - 1.4 Repeal all laws, norms and regulations that penalize sexual relations between people of the same sex or discriminate against sexual minorities.
  - 1.5 Enact laws and other legal measures, which specifically include the following aspects:
    - prohibition of obligatory HIV tests;
    - respect for confidentiality
    - access to HIV/AIDS promotion, prevention, comprehensive care and rehabilitation services;
    - access to specific treatment for HIV/AIDS;
    - the right to autonomy of people living with HIV/AIDS;
  - 1.6 Exchange, distribute and analyse information on HIV/AIDS legislation and plan action on HIV/AIDS and human rights at the local and national level with community participation.
2. Promote intersectoral activities on HIV/AIDS (health, education, justice, communications, labour, etc.) as a joint effort with the private sector, through co-financing.

3. Strengthen and contextualize projects, specific campaigns and health promotion, prevention and care policies targeted at and developed with the participation of the most vulnerable populations, and particularly MSM.
4. Promote scientific research into the sexuality (behaviour, identity) and sexual health of men who have sex with men.
5. Promote research on sexuality, sexual health, human rights and the construction of masculinity.
6. Incorporate the issue of men who have sex with men into government sexual health campaigns in the mass media.
7. Promote cooperation between governments, pharmaceutical companies, international cooperation agencies and organizations of people living with HIV/AIDS to ensure access to drugs and the reduction of their cost.
8. Implement prevention programmes, multinational cooperation and the promotion of equal civil rights between bordering countries.
9. Strengthen government policies based on scientific and lay precepts whose primary ethical objective is to reduce the transmission of HIV.
10. Create supportive environments for HIV/AIDS prevention and care for men who have sex with men, through community development, anti-discrimination campaigns in the mass media and other activities.
11. Facilitate the implementation of the recommendations made to UNAIDS, to technical cooperation agencies, national programmes and to the NGOs mentioned in this document.

## **II. Nongovernmental organizations and community-based organizations**

1. Prepare and publish a directory describing projects undertaken with men who have sex with men in Latin America and the Caribbean, indicating their principal characteristics, methodologies and an evaluation, and distribute it to organizations which work or might work on this issue.
2. Promote and organize training seminars between organizations working with men who have sex with men, at the local, national, subregional and regional levels, in order to strengthen them in terms of project planning and management methodologies and organizational development.

3. Strengthen and professionalize NGOs with experience in the areas of care, setting strategies such as empowerment, counselling, legal advice and outpatient care.
4. Promote the inclusion of the issue of men who have sex with men and human rights on the agendas of NGOs and CBOs which are progressive in social, political and cultural terms, in order to build strategic alliances.
5. Encourage the presence and participation of organizations working with men who have sex with men in conferences, seminars, congresses or other related national and international events in order to improve the exchange of experience with other organizations and create opportunities for debate and problem solving.
6. Improve media awareness of homo- and bi-sexuality, human rights and HIV/AIDS through counselling and training in order to reduce stigmatization, discrimination and repression of sexual minorities.
7. Promote, support and advise training activities which contribute to improving the awareness of health workers, in order to reduce discrimination against sexual minorities and people living with HIV/AIDS.
8. Reorient the discussion of HIV/AIDS as a political issue by supporting lobbying, cooperation, denunciation and advocacy to strengthen leadership among and improve the quality of life of men who have sex with men, other sexual minorities and persons living with HIV/AIDS.
9. Facilitate the distribution of information on the HIV/AIDS epidemic from a community perspective and with a sense of social responsibility to improve the national and regional response to the epidemic.
10. Reinforce activities that lead to an improvement in quality of life, access to treatment, care and support for people living with HIV/AIDS, while respecting their autonomy and human rights.
11. Help to improve the quality of epidemiological records, reporting and data analysis in order to gain a more accurate view of the epidemic, while at the same time ensuring respect for human rights.
12. Make the relationship between NGOs, CBOs, governments and technical cooperation agencies more egalitarian so as to permit balanced participation and foster consensus.

### III. The Joint United Nations Programme on HIV/AIDS

#### 1. Policy development and research

- 1.1 Analyse the available epidemiological data from Latin America and the Caribbean on men who have sex with men, including information on viral subtypes, especially in the regions where the transmission of HIV between men who have sex with men is “apparently” insignificant, so that these epidemiological data may be verified.
- 1.2 Expand research to include qualitative and quantitative models relating to HIV/AIDS, with community participation and provide the necessary advice and technical and financial cooperation.
- 1.3 Undertake studies to validate risk reduction models at the community level and promote peer participation regarding HIV/AIDS, with an emphasis on the sociocultural aspects of communities of men who have sex with men.
- 1.4 Strengthen and support the exchange of information and experience between groups, institutions and networks specifically involved with men who have sex with men.
- 1.5 Organize training seminars for NGOs and groups working with men who have sex with men on the logical framework for, and management and evaluation of, projects.

#### 2. Technical support

- 2.1 Strengthen the UN Theme Groups on HIV/AIDS through regular consultation with the community, ad hoc training and the allocation of resources to carry out the related projects.
- 2.2 Formulate guidelines for technical cooperation in the implementation of measures aimed at this population, in collaboration with NGOs with experience and active in the field.
- 2.3 Organize training seminars for NGOs, national programmes and other organizations on how to respond to the needs of men who have sex with men regarding HIV/AIDS, through the Department of Country Planning and Programme Development, the Department of Policy, Strategy and Research and the UN Theme Groups on HIV/AIDS, with the cooperation of governments and national STD/HIV/AIDS programmes.

### **3. Advocacy**

- 3.1 Ensure that sufficient and necessary funding is earmarked for activities with the populations most vulnerable to HIV/AIDS including men who have sex with men, in order to promote a comprehensive and multisectoral response which is technically, ethically and strategically sound, and which takes into account the epidemiological profile.

### **4. Coordination**

- 4.1 Promote an adequate response to the HIV/AIDS epidemic among men who have sex with men, in accordance with the epidemiological data, taking into account the importance of coordination between United Nations agencies, and in support of the national response.

### **5. Task force**

- 5.1 Set up a task force on HIV/AIDS prevention, care and support for men who have sex with men in Latin America and the Caribbean in order to follow up these recommendations, and develop commitment and greater involvement of key actors. The task force should accelerate programme activities by:

- clarifying strategies
- harmonizing efforts
- mobilizing additional resources.

To achieve a strategic mix of technical, political, financial and institutional resources, we propose the following names which UNAIDS could consider:

- Rafael Freda, Argentina
- Paulo Junqueira, Brazil
- Rubén Mayorga, Guatemala
- Orlando Montoya, Ecuador
- Toni Reis, Brazil
- Jeff Stanton, Colombia
- José Toro-Alfonso, Puerto Rico.

## **6. Other recommendations from the consultation**

- 6.1 Facilitate the implementation of the recommendations made to governments, national programmes, technical cooperation agencies and the NGOs mentioned in this document.

### **IV. Technical cooperation and financial agencies, international NGOs and other agencies working in AIDS:**

1. Take into account the impact of the epidemic among the population of men who have sex with men and consequently allocate adequate and proportional resources.
2. Facilitate the implementation of the recommendations made to UNAIDS, governments, national programmes and the NGOs mentioned in this document.

### **V. Participants in the regional consultation**

1. We shall disseminate the recommendations made by the regional consultation.
2. We shall create a follow-up committee to make the recommendations widely known and facilitate their implementation. To this end, we appoint the following members of the Committee:

- Rafael Freda, Argentina
- Paulo Junqueira, Brazil
- Rubén Mayorga, Guatemala
- Orlando Montoya, Ecuador
- Toni Reis, Brazil
- Jeff Stanton, Colombia
- José Toro-Alfonso, Puerto Rico.



**ANNEX 1**  
***Participants***  
***and acknowledgements***

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# ANNEX 1

## Participants

1. Pilar Aguirre  
National Sex Education Project, Ministry of Education, Colombia
2. Calle Almedal  
UNAIDS, Geneva, Switzerland
3. Armando Alvarez  
AIDS Prevention Group, Havana, Cuba
4. Iván Angarita  
District Health Department, Bogotá, Colombia
5. Henry Ardila  
Colombian League for AIDS Control, Bogotá, Colombia
6. Claudio Bloch  
National STD/AIDS Programme, Argentina
7. Julio Mario Camaño  
National STD/AIDS Programme, Colombia
8. Rafael Freda  
SIGLA, Buenos Aires, Argentina
9. Luis Gauthier  
NGO Representative to the UNAIDS Programme Coordinating Board,  
Latin America
10. Michel de Groulard  
CAREC, Trinidad
11. Paulo Junqueira Aguiar  
National STD/AIDS Programme, Brazil
12. Rubén Mayorga  
OASIS, Guatemala
13. Orlando Montoya  
FEDAEPS, Quito, Ecuador
14. Luiz Mott  
Bahia Gay Group, Salvador, Brazil

15. Victor Ortiz Aguirre  
National STD/AIDS Programme, Mexico
16. Roberto Pablo  
Centro Lambda, Santiago, Chile
17. Elena Prada  
Consultant, Bogotá, Colombia
18. Toni Reis  
Grupo Dignidade, Curitiba, Brazil
19. Jeffrey Stanton  
Colombian League for AIDS Control, Bogotá, Colombia
20. Veriano Terto  
ABIA, Rio de Janeiro, Brazil
21. José Toro Alfonso  
AIDS Foundation, San Juan, Puerto Rico, USA
22. Rodrigo Vargas Ruiz  
ILPES, San José, Costa Rica
23. Juanita Zuleta  
PAHO-UNAIDS, Colombia

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Rafael Freda	SIGLA, Buenos Aires, Argentina
Luis Gauthier	NGO Representative to the UNAIDS Programme Coordinating Board, Latin America
Rubén Mayorga	OASIS, Guatemala
Orlando Montoya	FEDAEPS, Quito, Ecuador
Roberto Pablo	Centro Lambda, Santiago, Chile
Toni Reis	Grupo Dignidade, Curitiba, Brazil

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners – governmental and NGO, business, scientific and lay – to share knowledge, skills and best practice across boundaries.



Joint United Nations Programme on HIV/AIDS

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**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

20 avenue Appia, 1211 Geneva 27, Switzerland

Tel. (+4122) 791 46 51 – Fax (+4122) 791 41 65

e-mail: [unaids@unaids.org](mailto:unaids@unaids.org) – Internet: <http://www.unaids.org>