

## Report of the Regional Consultation on the UNAIDS Strategy 2016-2021: Latin America

23 – 24 February, Panama City, Panama.

### Executive Summary and Key Messages

*The UNAIDS Cosponsor Regional Group (UCRG) for Latin America met in Panama City for one day and a half to discuss the adaptation of the UNAIDS Strategy 2011-2015 for the period 2016-2021. The Group The following recommendations can be drawn from the discussion.*

1. *The UNAIDS Strategy 2011-2015 can be adapted and extended for the period 2016-2021.*
2. *Countries and regional and sub-regional bodies need to increase sustainability of the response by increasing the percentage of local funds in the total amount.*
3. *Some key populations are being left behind and need to be included in all stages of the response: children, adolescents, FSW, MSM, transgender, indigenous peoples, drug users (including IDUs), prisoners, migrants, people with disabilities and the elderly.*
4. *Prevention efforts among key populations need to be dramatically increased. These efforts must include combined prevention, treatment as prevention and innovative methodologies should be assessed.*
5. *Integration of services is still far from ideal.*
6. *Quality of strategic information should be improved at all levels.*

### Responses to 5 Consultation Questions

1. **How will developments – globally and in the region – impact the epidemic and response in the region, sub-regions and specific countries over the next six years?**

*The Group analyzed how developments the areas of economy, technology, society and politics and international cooperation will impact the epidemic and the response.*

**Social and political developments.** *A more unequal region is leaving the poorest behind. The growth of urban population in the region poses risks and challenges. Policy changes are under increasing pressure from strong conservative and religious lobbies, opposed to more open states previously. Punitive laws threaten participation of marginalized groups. The rights-based approach is being threatened by international security. Leadership and mobilization by CSOs are facing a slow-down. High levels of generalized violence specifically in Central America and gender-based violence are affecting youth, women and LGBTI disproportionately.*

**Economic developments.** *The number of middle-income countries (MICs) is increasing. Due to inequalities, more poor people are living in MICs thus being excluded from international cooperation. Market regulations are not benefitting the poor although some policies aiming at social inclusion are being put into place. Economy-driven migration is increasing within the region.*

**Technological developments.** *There is a rise in the use of social media, posing challenges and opportunities for prevention. Treatment monitoring is easier and diagnosis tests are more widely available.*

**International cooperation.** *Cooperation is focusing on technical assistance in the context of funds reduction and a broadening health agenda. HIV is losing attention. South to South cooperation is gaining momentum but still uncoordinated. The UN System should develop strategies for cost recovery of investment. The UN should include inequalities in the criteria to classify countries for eligibility for funds.*

2. What achievements of the regional response should be expanded and built upon? Where are the main challenges and gaps? Who is being left behind and why?

The UCRG identified three categories in which results, challenges and gaps are to be highlighted.

**Societal**

Results	<ul style="list-style-type: none"> <li>•Protective laws - significant progress on some areas of rights protection (E.g. LGBTI rights, non-discrimination to include sexual orientation/gender identity)</li> </ul>
Challenges and gaps	<ul style="list-style-type: none"> <li>•Consistently or even increasingly rigid and conservative policies on other areas such as sex work and drug use.</li> <li>•Harmful gender norms in a context of poverty and legal and social inequalities</li> <li>•Lack of monitoring of access to justice.</li> <li>•HIV test mandatory in laws and policies.</li> <li>•Links between GBV and HIV not holistically addressed.</li> <li>•Sensitization of law enforcement officers.</li> <li>•Lack of integration of social protection and HIV services.</li> <li>•Reaching adolescent girls and young women.</li> <li>•CSO networks “distracted” by GF grants and not performing their oversight role or establishing capacity to provide HIV services.</li> <li>•Leadership capacity and skills among young people to advocate still lacking.</li> <li>•Fragmentation of civil society (particularly women’s groups and LGBT networks)</li> <li>•Lack of renewed or emerging new leadership to take the movement past 2015.</li> </ul>

**Economic**

Results	<ul style="list-style-type: none"> <li>•Move to sustainability</li> </ul>
Challenges and gaps	<ul style="list-style-type: none"> <li>•High donor dependency on preventive programs for key populations</li> <li>•Reaching new actors such as BRICS.</li> <li>•High out-of pocket expenditures in health in the region</li> <li>•Need to reactivate National Health Accounts</li> </ul>

**Health dimensions and health systems**

Results	<ul style="list-style-type: none"> <li>•New testing methodologies.</li> <li>•Growing access to ARV.</li> <li>•Scale-up of HIV/Tb collaboration.</li> </ul>
Challenges and gaps	<ul style="list-style-type: none"> <li>•Impact of development projects in health needs to be assessed</li> <li>•Decentralization of health services</li> <li>•Fragile and/or vertical health systems in some countries</li> <li>•Costly supply chains</li> <li>•Lack of integration of services (eg. HIV and SRH)</li> <li>•The region has not set targets for the elimination of TB</li> <li>•Definition of the role of CSOs in the provision of services</li> <li>•Rapid test is not accessible to all.</li> <li>•Resistance to ‘pooled purchasing’ in some countries.</li> <li>•Lack of harmonized costs for ARVs threatens scale up.</li> <li>•Lack of data disaggregation (e.g. by age, gender, sex, key population, subnational level).</li> <li>•Data collection methods are not harmonized</li> <li>•Capacity for HIV surveillance in key populations still weak</li> </ul>

Key populations left behind are children, adolescents, prisoners, FSW, MSM, transgender, drug users (including IDUs), migrants, people with disabilities, the elderly.

3. In order to reach the Fast-Track targets, what should be the region's strategic priorities in the response?

*The UCRG reviewed the strategic priorities of the current Strategy in the light of the new developments and agreed that no fundamental changes should be included. The targets in the strategies (such as % of reduction of HIV transmission) need to be adapted to the Fast Track targets and the mention to eligibility for treatment is to be eliminated in accordance to new WHO treatment guidelines and trends towards test-and-treat.*

*The group recommends adding add transgender and adolescents as individualized groups in sexual transmission prevention strategies. A new item on the usage of new testing methodologies should be included. The strategy of combined prevention needs to be embraced.*

4. What will need to change in support of those priorities? What are the “game-changers” – in terms of policy and law reform, funding, resource allocation, partnerships, service delivery, empowering civil society, science and innovation, and links with other health and development efforts?

6 Game-changers highlighted by the UCRG. Actions to be taken for each game-changer follow.

**Policy and law reform**

- *New WHO treatment guidelines and Fast Track targets.*
- *Existing health programmes need to converge and be integrated to respond to health-related emergencies, such as ebola, viral hepatitis, etc.*
- *Parliamentarians and law enforcement structures need to install capacity to ensure access to justice in cases to HIV and sexual diversity.*
- *Legal precedents related to HIV in the region need to be documented and shared.*
- *HIV needs greater integration within gender-based violence elimination plans and policies.*
- *Shift to preventive medical approach.*

**Service delivery**

- *HIV prevention, treatment and care must be mainstreamed in primary health level.*
- *Community service delivery needs to be boosted (HIV testing, care and navigation to and within health services).*
- *Inventory of social and relevant services.*
- *Development of efficient referral systems.*
- *Continuous capacity building of all actors of the response aimed at achieving the Fast Track targets.*
- *Supply chain management systems need to be strengthened to avoid stock-outs.*

**Civil society empowerment**

- *Increased capacities and knowledge of communities (including adolescents and young people) on how to advocate for rights and for the implementation of governmental commitments.*
- *Strong CSO activism and new leadership to promote HIV prevention as an entry point to the Fast Track targets.*

**Funding and resource allocation**

- *Focus domestic resources on the Fast Track targets.*
- *Countries should use TRIPS exceptions as mechanisms to reduce ART and commodities prices.*

**Science and innovation**

- *Adequate surveillance systems for reliable and disaggregated information.*
- *Adoption of new technologies for early HIV diagnosis.*

**Partnerships**

- *Increased commitment from the private sector for better implementation of workplace policies and corporate social responsibility.*

- *Sub regional and regional agendas of key actors and inter-governmental bodies need to be aligned and harmonized to achieve Fast Track targets.*

**5. What are the most critical ways in which the UNAIDS Joint Programme can support efforts in the region to end AIDS as a public health threat by 2030?**

*The UCRG concluded that there are five key actions that the UNAIDS Joint Programme should undertake in the coming years.*

- *Provision of technical support to countries, including governments, civil society organizations, communities, regional and sub-regional actors, to accelerate HIV response in the region to meet Fast Track targets.*
- *Support advocacy efforts to mobilize resources from within the region for a sustainable response, including advocating for a more efficient allocation of national resources..*
- *Strengthen cosponsors' HIV commitment in the region to support achievement of the Fast Track targets by 2020 and 2030.*
- *Identify national response gaps and non-efficient financial allocation to promote policy and cost-efficient investments.*
- *Inform countries with hard evidence on their HIV epidemic and response for policy development.*

**Additional issues raised during the consultation process**

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3. *Some key populations are being left behind and need to be included in all stages of the response: children, adolescents, FSW, MSM, transgender, indigenous peoples, drug users (including IDUs), prisoners, migrants, people with disabilities and the elderly.*
4. *Prevention efforts among key populations need to be dramatically increased. These efforts must include combined prevention, treatment as prevention and innovative methodologies should be assessed.*
5. *Integration of services is still far from ideal.*
6. *Quality of strategic information should be improved at all levels.*

**Annex 1 List of participants**

UNFPA	Lícida Bautista	UNAIDS	Cesar Núñez
WFP	Hugo Farias		Andrea Boccardi
UNODC	Melva Ramírez		Claudia Velásquez
UNESCO	Mary Guinn Delaney		Alicia Sánchez
UNDP	Maria Tallarico		Michela Polesana
PAHO/WHO	Rafael Mazin		Shirley Eng
UNICEF	José Bergúa		Christian Aran
UN WOMEN	Jayne Adams		Marjolein Jacobs

## Annex 2 Event Agenda

FEBRUARY 23 <sup>rd</sup> 2015			
Time	Description		Objectives
09h00	<b>Welcome, introductions, adoption of agenda</b>		
09h15	<b>The Global and Regional Context</b> <ul style="list-style-type: none"> <li>UNAIDS Secretariat priorities for 2015</li> <li>UNAIDS DoL 2014</li> <li>Updates on undg-LAC</li> <li>Review of UN Cares programme</li> </ul>	To update each other on relevant issues at global and regional level and review implementation of UN cares programme in the region.	
10h30	<b>Coffee break</b>		
10h45	<b>UCRG Latin America</b> <ul style="list-style-type: none"> <li>UCRG thematic subgroups yearly report</li> <li>UBRAF 2014-2015 – JPMS</li> <li>Priorities and Strategies for coordination and joint work for 2015</li> </ul>	To review the general status of activities undertaken in 2014, the progress of UBRAF 2014-2015 and identify collaborative areas of work for 2015.	
11h30	<b>Regional consultation on the update of the UNAIDS Strategy 2016-2021</b> <ol style="list-style-type: none"> <li>General objectives</li> <li>Chronogram</li> <li>Methodology</li> <li>Topics for discussion: <ul style="list-style-type: none"> <li>Analyze developments – globally and in the region – that might impact the epidemic and response in the region.</li> <li>Review main achievements of the regional response that should be expanded and built upon, main challenges and gaps and identify who is being left behind and why.</li> </ul> </li> </ol>	Promote an open dialogue to capture specific top messages, action oriented priorities and fresh ideas that should be considered by the next UNAIDS Strategy 2016-2021.	
13h00			
14h00	<b>Consultation on the update of the UNAIDS Strategy 2016-2021 (continue)</b> <ul style="list-style-type: none"> <li>Identify region's strategic priorities to reach Fast Track targets.</li> </ul>	Identify milestones to reach 90-90-90 targets by 2020 and 2030 in Latin America.	
15h30			
17h00	<ul style="list-style-type: none"> <li>List “game-changers” – in terms of policy and law reform, funding, resource allocation, partnerships, service delivery, empowering civil society, science and innovation, and links with other health and development efforts.</li> </ul>	List efficient mechanisms that will need to be kept and to be scale up to allow the region achieving fast track targets.	
FEBRUARY 24 <sup>th</sup> 2015			
Time	Session	Description	Objectives
08h30	<b>Consultation on the update of the UNAIDS Strategy 2016-2021 (continue)</b> Identify the most critical ways in which the UNAIDS Joint Programme can support efforts in the region to end AIDS as a public health threat by 2030		Based on DoL 2014 adapted to the region set concrete activities the Joint Programme will be focusing to support countries ending AIDS.
11h30	<b>Coffee break</b>		
11:45	<b>Closure</b>		Key messages