

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

26 February, Panama City, Panama.

### Executive Summary and Key Messages

A group of key stakeholders was convened in Panama to discuss about the political scenarios in the light of HIV and the response. This group took an extra day to discuss the adaptation and extension of the UNAIDS Strategy 2011-2015 for the period 2016-2021. 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. A significant political commitment is needed to scale-up efforts to achieve the Fast Track targets.
3. Countries need to increase sustainability of the response by increasing the percentage of local funds in the total amount.
4. 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 and people with disabilities.
5. Prevention efforts among key populations need to be dramatically increased. These efforts must include treatment as prevention and innovative methodologies should be assessed.
6. Integration of services needs to be assured.
7. 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. 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. Discrimination against key populations is very strong and not decreasing. Multiculturalism is rampant across the region. Some societies are polarized by political ideologies. Machismo, racism, transphobia and misogyny impregnate societies. There is a significant lack of knowledge about the epidemic both at the popular and scientific levels. Civil society lacks capacities to respond appropriately although advocacy is increasing. Young activists do not participate meaningfully and the older ones lose energy. The greater regional and sub-regional integration presents opportunities for the response. Decision-makers lack the political commitment to sustain the response. Some governments in the region are increasingly authoritarian.

**Economic developments.** The number of middle-income countries (MICs) is increasing. 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. The region lacks resources to make the response sustainable. Corruption hampers efforts to scale up the response.

**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 group identified three categories in which results, challenges and gaps are to be highlighted.*

**Societal**

<b>Results</b>	<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> <li>•Civil society's strong advocacy.</li> </ul>
<b>Challenges and gaps</b>	<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>•Lack of political commitment to make the response sustainable.</li> <li>•Harmful gender norms in a context of poverty and legal and social inequalities.</li> <li>•Discrimination against key populations.</li> <li>•Religious movements hinder the response</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>•Burned-out HIV civil society movement.</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**

<b>Results</b>	<ul style="list-style-type: none"> <li>•Move to sustainability.</li> </ul>
<b>Challenges and gaps</b>	<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**

<b>Results</b>	<ul style="list-style-type: none"> <li>•The epidemic remains concentrated in key populations.</li> <li>•A functioning health system exists in every country.</li> <li>•Treatment is widely available.</li> </ul>
<b>Challenges and gaps</b>	<ul style="list-style-type: none"> <li>•The epidemic is growing among key populations.</li> <li>•Impact of development projects in health needs to be assessed</li> <li>•Health systems lack technical capacity</li> <li>•Vertical programs in most countries</li> <li>•Lack of integration of services (eg. HIV and SRH)</li> <li>•Lack of data disaggregation (e.g. by age, gender, sex, key population, subnational level).</li> <li>•Capacity for HIV surveillance in key populations still weak</li> </ul>

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

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

*The group reviewed the strategic priorities of the current Strategy in the light of the new developments and agreed that no fundamental changes should be included. A strategy to reinforce political commitment must be included. Other actors, such as the scientific community, new CSOs from other sectors and the education sector need to be included in the response. “Health without violence” – human rights need to be mainstreamed in the health sector. A strong strategy to facilitate adherence is needed. Links between violence prevention and discrimination against key populations need to be included. The human rights component needs to be enhanced in order to make the epidemic a priority.*

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?

*8 clusters of game-changers were highlighted by the group.*

<p><b>Capacity building</b></p> <ul style="list-style-type: none"> <li>• Training and institutional strengthening of civil society.</li> <li>• Technical capacities in health and social protection services.</li> </ul> <p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge of the epidemic.</li> <li>• Key populations not involved in research.</li> </ul> <p><b>Ear-marked financing</b></p> <p><b>Policies</b></p> <ul style="list-style-type: none"> <li>• Lack of sustainability policies.</li> <li>• Lack of decentralization policies.</li> </ul>	<p><b>Realization of human rights</b></p> <ul style="list-style-type: none"> <li>• Health as a human right.</li> <li>• Fragile governance.</li> <li>• Weak exercise of citizenship.</li> <li>• Law enforcement.</li> <li>• Prejudice and discrimination.</li> <li>• Racism.</li> </ul> <p><b>Coverage and access</b></p> <ul style="list-style-type: none"> <li>• Limited access and availability of prevention diagnosis and treatment supplies</li> <li>• Exclusion from health services.</li> </ul> <p><b>National budget allocation</b></p> <ul style="list-style-type: none"> <li>• Lack of resources for sustainability,</li> </ul>
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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 group concluded that there are seven 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 and more efficient ARV purchase.
- 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.
- Promote an accreditation system for stigma-free public services.
- Strengthen coordination between CSO, governments and regional and subregional bodies.
- Support efforts against homophobic and transphobic bullying.

### Additional issues raised during the consultation process

1. *The UNAIDS Strategy 2011-2015 can be adapted and extended for the period 2016-2021.*
2. *A significant political commitment is needed to scale-up efforts to achieve the Fast Track targets.*
3. *Countries need to increase sustainability of the response by increasing the percentage of local funds in the total amount.*
4. *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 and people with disabilities.*
5. *Prevention efforts among key populations need to be dramatically increased. These efforts must include treatment as prevention and innovative methodologies should be assessed.*
6. *Integration of services needs to be assured.*
7. *Quality of strategic information should be improved at all levels.*

### Annex 1 List of participants

NAME	POSITION	ORGANIZATION	COUNTRY
Edgar Valdez	Director	IDH	Bolivia
Rayza Torriani	President	REDTREBOL	Bolivia
Tatianna Alencar	Chief of International Division, AIDS Department	MoH	Brazil
Carlos Edson Martins da Silva	Chief	Seção Medicina de Combate da Academia Brasileira de Medicina Militar	Brazil
Beto de Jesus	Secretary for LAC	AB GLT/ ILGA World	Brazil
Hector Fabio Henao	Director	Caritas Colombia	Colombia
Ruth Linares Hidalgo	Advisor	Vice-Presidency	Costa Rica
Celeo Álvarez	Executive Director	ODECO	Honduras
Xiomara Bu	Coordinator	Foro Nacional de Sida	Honduras
Jana Villayzán	Coordinator	RED TRANS	Peru
Arletty Pinel	CEO	Genos Global	Panama
Efraín Soria Alba	President	Fundacion Ecuatoriana Equidad	Ecuador
Guillermo Herrador	Executive Director	ASALVE (private sector)	El Salvador
Esther Corona	President	AMES	Mexico
Amaranta Gómez	Activist	Universidad Veracruzana	Mexico
Lícida Bautista	HIV Senior Technical Adviser	UNFPA RO for Latin America	Panama
Kurt Frieder	Director	Fundacion Huésped	Argentina
Maria Tallarico	HIV Senior Technical Leader	UNDP Regional Center for Latin America	Panama

Patricia Villegas	Journalist	Telesur with regional LA coverage	Venezuela
Bertha Sanseverino	Member of Parliament	National Asembly	Uruguay
Mario Yanes Guerra	Member of Parliament	National Congress	Guatemala

### Annex 2 Event Agenda

<b>AGENDA 26 February 2015</b>	
<b>Morning</b>	<b>Afternoon</b>
8.30 <ul style="list-style-type: none"> <li>• Objectives</li> <li>• UNAIDS Strategy architecture</li> <li>• Guiding questions</li> </ul>	14.00 <ul style="list-style-type: none"> <li>• Group work</li> </ul>
13.00 Lunch	17.30 Closure