

Concept Note Third Latin American and Caribbean Forum

"Road to Ending AIDS in LAC: Towards Sustainable Regional Fast Track Targets"
Port-au-Prince, Haiti, 6-8 November, 2017

Background

Through the Political Declaration of 2016, the world has pledged within the Sustainable Development Goals to end the AIDS epidemic as a public health threat by 2030. Such an extraordinary achievement will require an extraordinary and urgent effort— to fully fund and front-load investments in comprehensive HIV responses with proven impact and to intensify the focus on the populations and locations in greatest need as quickly as possible. Countries have committed to a “Fast-Track” approach from now until 2020, critical to establishing the momentum necessary to reach the Sustainable Development Goal target to end the AIDS epidemic as a public health threat by 2030 and overcome one of the largest public health threats in human history^{1,2}. Achieving this goal will require focused, proven high-impact HIV prevention; accelerated testing, treatment and retention in care to achieve individual and collective viral load control; anti-discrimination and social protection programmes; and an unwavering commitment to respect, protect and promote human rights.

In the last three decades the Latin America and the Caribbean region has seen a sharp drop in the rate of new HIV infections. However in the past five years the region has noted a steady increase of 3 percent in the number of new infections³ attributable to expanded detection efforts. Simultaneously, economic growth in Latin America and the Caribbean resulted in a region broadly comprising high and upper-middle income countries, and as a result, having constraints placed on their access to international donor aid. For the Caribbean, small island nations with small scales of economy have limited fiscal space for undertaking all kinds of social programmes. The UNAIDS Fast Track update on investments needed in the AIDS response estimates that middle income countries will need to increase the international and domestic investments in HIV programmes by one third in order to achieve the 2020 targets⁴. The report also

¹UNAIDS: Understanding Fast-track: Accelerating Action to End the AIDS Epidemic by 2030. (June 2015).

²On 28 May 2016, the Sixty-ninth World Health Assembly endorsed the World Health Organization's global health sector strategies to cover HIV, viral hepatitis, and sexually transmitted infections (STIs). The strategies cover the period 2016-2021 and propose a long term goal of ending STIs, hepatitis and HIV as public health threats by 2030. Then in June, the General Assembly adopted the 2016 Political Declaration on HIV, which reaffirms the commitment to end the AIDS epidemic by 2030 as a legacy to present and future generations.

³UNAIDS: Prevention Gap Report. (2016) <http://www.unaids.org/en/resources/documents/2016/prevention-gap>

⁴UNAIDS: Fast-track Update on Investment needed in the AIDS Response. (2015).
http://www.unaids.org/en/resources/documents/2016/unaids_fast-track_update_investments_needed

proposes that the cost of inaction would translate into significantly higher resource needs. Increasing importance is being placed on mitigation of the risk and vulnerabilities of decreasing international financing for HIV. At the same time, ensuring that the gains achieved in the HIV response over the last 30 years are resilient in the face of financial and economic threats is of critical importance. Notwithstanding the expressed need for more funds, there is an ongoing concomitant need to be cost-efficient in delivery of national responses. The UNAIDS 2016-2021 strategy calls for accelerated momentum in the HIV response over the five year period to avoid reversing the gains of the last 30 years⁵. This included a strong political commitment to the 90-90-90 targets.

Making the Investment Case:

Ending AIDS by 2030 in LAC will require increased investment in the expansion of prevention, diagnosis, care (including social protection) and treatment services in the most efficient way to safeguard the sustainability of the national responses. In numbers, achieving the 90-90-90 target requires diagnosing nearly 251 000 additional persons who do not know their HIV status; putting 492 000 people on antiretroviral therapy and making sure that 600 000 persons on treatment achieve viral suppression⁶. Bridging the gap and sustaining the 2020 and 2030 targets will require significant resources not only for health but also for non-health services (such as education, legal, social, etc.).

Additionally, the projected average cost per patient per year on first-line antiretroviral treatment (including laboratory costs) is estimated to be US\$980 and the projected annual cost per stable patient per year (approximately 90% of all people on antiretroviral treatment) is US\$481 for Latin America and the Caribbean².

Given the expansion needed to achieve the 2020 targets, the dialogue on ensuring the sustainable achievement of the targets must be facilitated with stakeholders in the region to effectively allocate the necessary financial resources while promoting efficiency.

In 2015, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development called for a holistic agenda for delivering on the promises

⁵ UNAIDS 2016–2021 Strategy: On the Fast-Track to End AIDS. (2015)
http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18

⁶ UNAIDS: Ending AIDS. Progress towards the 90-90-90 target. (July 2017).

on the new sustainable development goals, including ending AIDS by 2030. The action areas included calling for increase in domestic public resources, public-private partnerships, and international trade as engine for development, science technology, innovation and capacity building, data, monitoring and follow-up. It called for addressing systemic issues, about debt and debt sustainability as well as international development cooperation.

The Latin American and Caribbean governments went further and called for the rethinking of the financial architecture for development, recognizing the challenges faced by developing economies and calling for social and environmental criteria to inform the guiding principles in the provision of development financing⁷.

Furthermore, with the development of the new sustainable development goals (SDGs) there is greater impetus to expand the scale and scope of addressing HIV within the framework of health, well-being and the right to health. The 2016-2021 UNAIDS strategy bridges the commitment to ending AIDS to the 2030 Agenda for Sustainable Development across five of the seventeen SDGs, including health and well-being, gender equality, justice and strong institutions and partnerships⁸. Leaders of LAC committed to the new SDG agenda, therefore tabling the sustainable achievement of the 90-90-90, prevention and stigma and discrimination targets within this framework is crucial.

Sustaining the Response:

How are the gains that have been made to date sustained if investments are withdrawn before the epidemic is under control, or even to keep HIV from becoming an epidemic again?

Sustainability of the HIV response is seen through slightly different prisms by major technical actors and 'donors'. Governments are assessing their capacity to maintain a sustainable response, and civil society is looking for new and innovative ways to stay relevant and participate effectively.

UNAIDS relies on evidence, equity and efficiency to inform what investments are required to effectively end AIDS. Equally important are the synergies, critical enablers and people-centred activities that must be harnessed to address the local context of

⁷ ECLAC. Financing for development in Latin America and the Caribbean: A strategic analysis from a middle-income country perspective (2015), Santiago; United Nations

⁸UNAIDS 2016–2021 Strategy: On the Fast-Track to End AIDS. (2015) http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18

the epidemic⁹. Given recent trends in donor support, countries that are to 'transition out' of donor support are concerned about the sustainability of their responses; at the same time, other countries should also address the same question seeking efficiency and effectiveness. The question: "If we can end AIDS, what will it take?" - looked at the bottom line - costs. However it is clear that sustainability requires that all elements contribute to having a controlled epidemic.

UNAIDS has costed investments required globally, supported the development of investment cases in the region, and set intermediate Fast Track targets to end AIDS as a global public health threat by 2030. It involves front loading for controlled costs by averting new HIV infections earlier and achieving higher efficiencies and programme effectiveness. If the front-load does not occur the costs needed will be higher.

For **The World Bank**, sustainability of the health sector and HIV responses refers to the ability of government, other funding institutions and households to maintain systems, programs and inputs for the duration required to achieve specific health and HIV goals. The Bank is therefore concerned about efficiency and effectiveness of programmes, and carries out analytical work in these related areas: (i) increasing the efficiency of aid allocations; (ii) program and technical efficiency; (iii) effectiveness studies; (iv) financing and sustainability studies; (v) national strategic planning; and (vi) financing through grants and loans.

The Global Fund defines sustainability as the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other major external donors. However, even if a country has achieved a level of economic growth that permits financial independence, this does not necessarily translate into equal access to health and healthcare. There are significant inequalities within the broad cohort of middle-income countries. Furthermore, economic growth does not ensure equity in responses for key and vulnerable populations disproportionately affected by [HIV, TB and malaria], particularly where criminalization, stigma and discrimination are common.^{10 11}

⁹ UNAIDS. Investing for Results. Results for People. 2012.
http://www.unaids.org/en/resources/documents/2012/20120604_investing_for_results

¹⁰ See http://www.theglobalfund.org/documents/board/35/BM35_04-SustainabilityTransitionAndCoFinancing_Policy_en/

¹¹ See also http://www.theglobalfund.org/documents/core/eligibility/Core_ProjectedTransitions2016_List_en/

For **PEPFAR**, sustainability of the HIV response means that a country has the enabling environment, services, systems, and resources required to effectively and efficiently control the HIV and AIDS epidemic.¹²

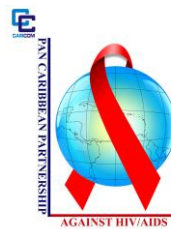
The plateau of HIV resources over the past five years has elevated the discussion on financial sustainability, especially among countries that are facing ‘transitioning out’ of the Global Fund or PEPFAR support. In 2015, **Oberth and Whiteside**¹³ documented a six-tenet conceptualization of sustainability: Financial, Programmatic, Epidemiologic, Political, Structural and The Right to Health. These tenets are summarized briefly below as they relate to Latin America and the Caribbean.

Financial Sustainability - Although the LAC region funds 87% of an estimated US\$ 3.05 billion allocated to financing the HIV response from domestic resources (94% in Latin American countries and 21% in the Caribbean), this regional average hides the financial fragility of one-third of Latin American and the Caribbean countries which depend on donor funding to implement 40% or more of their national HIV responses. Another major challenge for shared responsibilities in the region is the high donor dependency to finance the implementation of prevention programmes targeting key populations at higher risk (MSM, Trans people, Drug Users, Sex workers, including young people, etc.). First, half the countries in the region are dependent on external resources to fund prevention programmes for these groups. Second, out of overall spending in 23 countries targeting these populations, one third came from donor funds. Preliminary estimates show that financing the Fast Track targets in LAC will require US\$ 4.00 billion by 2020. One of the key challenges today for the region is to maintain growth in coverage to meet the goals by 2020 in the current context of lower economic growth rates. The financial sustainability can’t be achieved if there is no epidemic control, and if countries are not able to scale-up services efficiently and effectively.

Epidemiological sustainability - The epidemic in LAC is mostly concentrated among key populations and in locations where there is a high density of key and vulnerable populations. Gay men and other men who have sex with men accounted for nearly one-third of new HIV infections in 2014, especially in urban areas. The key for epidemiological sustainability is to prevent or control the rate at which new infections occur and quickly bring people living with HIV into care. An analysis of the “cascades” of HIV care at the regional and national levels, highlights gaps and needs in the

¹² PEPFAR (2016). Sustainable HIV epidemic control. PEPFAR position paper

¹³ Oberth, G., & Whiteside, A. (2016). What does sustainability mean in the HIV and AIDS response? African Journal of AIDS Research (AJAR).



expansion of HIV testing, especially to reach the most vulnerable and hard-to-reach populations, in adapting and improving service delivery to ensure linkage to- and retention in care, adherence and viral suppression.

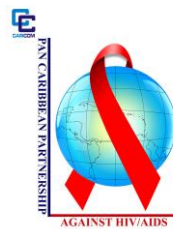
Political sustainability – An indicator of political commitment to sustaining the AIDS response is the diversity of government financial commitments to the HIV response. An analysis of expenditure patterns shows that governments are more committed to financing treatment and care, and some prevention components than other aspects such as an enabling environment, human rights and other support interventions. Advocating and securing political support for a policy and legislative environment that supports an effective response is key in sustaining the epidemiological gains in the region, and requires partnership between government and non-government partners. The political will to address difficult topics with sufficient domestic financing of prevention services for key and vulnerable populations under a human rights framework is vital for a sustainable response.

Structural sustainability – Despite the marked success in the HIV response in LAC, prevention targets remain sub-optimal. There is a need for continued regional dialogue on how best to address the social and economic factors fueling the HIV risk behaviors that undermine the impact of current package of interventions being delivered in the region. There are programmatic challenges which require strengthening, for example in the utilization of health systems, and diversifications of service delivery modalities. For example, there is a need for increased community based service-delivery to increase the efficiency and programme effectiveness of prevention services and to enhance access to testing and linkage to care.

Programmatic sustainability – An appropriate response to end AIDS as a public health threat has to make sense for the region as a whole as well as within the context of the subtle differences in social, economic and political environment. It requires prioritizing critical actions in an environment with competing programmes. Programmatic sustainability comprises the gradual integration of HIV care in all levels of care, including at the primary level and making HIV response sustainable through health system strengthening, under the larger framework of Universal Health.

Sustaining the right to health – Despite the commitment of Latin American and Caribbean governments to the four high level political declarations since 2001, there has been limited traction in removing legislative and policy barriers that impede access to services to key populations most in need. Punitive laws and prohibitive





policies remain barriers to services for key and vulnerable populations such as young people, MSM, sex workers, and transgender persons in the region. Civil society partners find themselves at the forefront of these discussions.

Therefore, other critical questions arise pertaining to how to achieve zero discrimination in the provision of health and social welfare services. For example, how sustainable can the regional HIV response be within environments that are not protective and enabling and where the rights of key and vulnerable populations are not protected, where key populations are criminalized, or where popular opinions lead to stigma and discrimination? In addition, how do we mobilize the political will to fund programmes for key and vulnerable populations from domestic sources and/or build partnerships with civil society players to ensure the financial, structural and programmatic sustainability necessary to end AIDS by 2030?

Dialogue on Ending AIDS in LAC:

For the past three years the Latin America and Caribbean forums have facilitated the space for discussion among representatives from the Minister of Health of LAC countries, Donors, UN agencies, regional HIV experts and Civil Society contributing to the expansion of an effective and sustainable HIV response in the region. In 2014 the *First LAC Forum* focused on the theme “From diagnosis to effective treatment: optimizing the stages in the continuum of care,” to contribute to the expansion and sustainability of the HIV response, and in particular, of comprehensive care through partnerships between national programs, health services, clinicians and representatives of civil society. The first Forum generated a “Call to Action” subscribed to by all participants, with key recommendations to guide the efforts of countries in the region to expand sustainable and equitable access to, and coverage of, quality HIV care and treatment services. During the first forum, the 90-90-90 goals were endorsed as new ambitious, but feasible programmatic targets for the Region by 2020. A fourth goal was also endorsed, namely reducing to less than 10% the proportion of late diagnosis of HIV infection (<200 CD4 cells at diagnosis).

The *Second LAC Forum* was held under the theme of “Enhancing Combination HIV Prevention to Strengthen the Continuum of Prevention and Care”, with the aim of facilitating a space for discussion and target setting for a comprehensive combination HIV prevention approach and end HIV related discrimination in the region. The participants of the forum adopted a “Call to Action” that included ambitious regional prevention and zero discrimination targets for 2020, positioning LAC as the first region to initiate the operationalization of the global Fast Track Strategy. Given the



importance of a sustainable HIV response for securing the 2020 targets for the region the “Call to Action” arising from the II LAC Forum on the continuum of HIV care signaled the need for the III LAC forum to focus on HIV response sustainability.

The forum noted that:

- To ensure the sustainability of the targets, countries must allocate the necessary budget, and promote a more rational and efficient use of the available resources.
- An increase in financial resources is needed to close the existing funding gaps and increase investment in strengthening strategic information systems, scaling up combination prevention interventions, implementing comprehensive sexuality education, addressing the reduction of stigma and discrimination, and supporting the work of civil society. Both domestic and international resources are needed to close the financing gap.
- Without a significant increase in financial contribution by bilateral and multilateral mechanisms for the countries which lack the ability to pay for the response, the LAC region will not achieve the targets. Thus, in addition to an increase in domestic investment in health and HIV, it is essential for the countries to rely on international cooperation for development. This support is of critical importance in order for countries to attain their targets.
- It will be necessary first to maximize the efficient and effective use of existing resources and to promote the creation of other sources of sustainable resources when the existing mechanisms cannot provide sufficient resources. An example of innovative financing could include a mechanism involving tax-based contributions obtained from financial transaction taxes as well as the establishment of reforms geared toward more innovative taxation schemes. It is worth mentioning the work done along these lines by UNITAID (established by Brazil, Chile, France, Norway, and the United Kingdom), which may become active in the region very soon.
- Given the significant reduction in investment in LAC, we urge the Global Fund for AIDS, Tuberculosis and Malaria to define a clear investment model for all the nations of our region. Such a model, framed within the Global Fund’s new strategy, should be aligned with all the global and regional targets and not based only on the epidemiological profile or macro-economic classification of each country.
- To achieve sustainability, in many countries we have to overcome barriers and clear hurdles related to intellectual property. This can be done by implementing the flexibilities of the TRIPS Agreement and other mechanisms

that could ensure the right to affordable prices for quality drugs and commodities that would allow for the expansion in coverage in a sustained and responsible manner.

This third Forum on sustainability of the HIV response will provide a space for sharing information on national progress and preliminary results towards the achievement of the agreed “90-90-90” and the prevention and zero discrimination targets, challenges and unmet needs from the 2015 Rio Call to Action. It will also provide as space for sharing new scientific data following the International AIDS Conference in Durban, South Africa, to support the implementation of cost effective and efficient interventions across the HIV continuum of care. Finally, it will facilitate a discussion of strategies and mechanisms transition into nationally sustainable responses in the ambitious Latin America and the Caribbean engagement to halt and eventually eliminate HIV as a public health threat by 2030.

Pre-LAC3 consultations

Like the previous LAC forums, it is expected that there will be several consultations ahead of the main Forum. These consultations will be thematic and allow representatives from different stakeholder groups to formulate their positions and actions around ending AIDS as a public health threat by 2030.

Two consultations were held in the Region; one on 21 November, 2016, in Port of Spain, Trinidad (for the Caribbean sub-region) and on 23 November 2016 in Panama City, Panama (for the Latin America sub-region). These consultations brought together leading technicians in the two regions to deliberate on the concept of sustainability and what a LAC3 Forum should address.

Proposed Overall Objective:

To help to develop and implement a sustainable HIV response needed for rapid expansion of an efficient, effective, and integrated HIV response aligned with the Sustainable Development Goals and the Latin America and the Caribbean regional Fast Track agenda. To facilitate a space for discussion and target setting needed for the rapid expansion of efficient, effective and integrated delivery of services.

Specific objectives

1. To review progress towards the commitments made during the 2014 “Mexico City Call to Action”, the 2015 “Rio Call to Action,” and for monitoring HIV Prevention, Stigma and Discrimination in the region.

2. To promote dialogue between national health and non-health actors and other stakeholders on ensuring a sustainable mechanism for achieving national, regional and global health and development targets
3. To facilitate the discussion, based on evidence and successful programme experience, on practical ways or best practices to improve the efficiency in allocation of resources regionally and nationally for Health and HIV in LAC
4. To discuss and endorse a set of common regional goals, targets and recommendations for closing the resource gaps, including increased domestic financing and the implementation of more efficient and effective responses to HIV within broader social and health frameworks.

Expected outcomes

1. A Call to Action with recommendations (including an advocacy plan) for commitment, solidarity and partnership to ending AIDS by 2030 through increased country ownership for financing efficient and effective HIV programming.
2. Draft a regional accountability framework for monitoring a sustainable HIV response
3. Advocacy plan

The Call for Action will be informed by participants' understanding of:

1. Progress with implementation of the "Call to Action" of the Mexico City and Rio Forums, towards the 90-90-90, HIV Prevention and Zero Discrimination targets.
2. Funding mechanisms in place for the HIV response in the region and recommendations for integrating HIV financing into existing health financing mechanisms
3. The impact of the investments on the epidemiology of HIV in the region; dialogue on the effectiveness of the investments in containing the epidemic and recommendations for investing in high impact, efficient, effective HIV interventions in LAC.

Target Audience

The forum is expected to bring together approximately 150 participants from both Latin America and the Caribbean. LACIII will target countries in transition and those that are dependent on external resources for key and vulnerable populations. It will include:

- government representatives of health, finance, economic development and planning; NAPS
- CCM (transitional countries, All Central America HIV grants; Panama; Guyana, Suriname, Jamaica, OECS, Dominican Republic; Cuba)
- multi-lateral and bi-lateral partners; (UNAIDS, PAHO, UNDP, USG, GLOBAL FUND,
- civil society, faith community (regional networks: REDLACTRANS, REDTRASEX, CVC, AHF) and the private sector
- people living with HIV (Regional networks: REDCA, ICW, GIPA/GNP,)
- academia - experts in health financing

Proposed Steering Committee Members

PAHO/WHO, UNAIDS, Haiti MOH, AHF, PEPFAR and USG agencies involved in technical cooperation in the region (OGAC, USAID), PANCAP, HCTG, Global Fund (MCR/RCM), Regional CSO, Local Coordinating Teams (UNAIDS, MOH, PAHO or partners at country level).

Programme

Pre-forum: Stakeholder consensus building.

Day I

- Setting the Context : Trends in financing the response, projections on ending AIDS by 2030 (UNAIDS, PEPFAR, GF)
- Combination prevention, zero discrimination and 90-90-90 treatment targets
- Defining the programmatic gaps in achieving the 2020 targets.
- Implementing effective and efficient interventions in the region – Optimized responses to sustain gains and mitigate challenges (Innovations at work)

Day II

- Implementing effective and efficient interventions in the region – Optimized responses to sustain gains and mitigate challenges (Innovations at work)
- The stability of the mechanisms in place to finance the AIDS response in the region (GF)
- Sustaining the AIDS response beyond care and treatment (health);

Day III

- No one left behind: Sustaining the right to health and well-being

- Importance of critical enablers and development synergies, to achieve 2030 targets
- ...

Key documents / References

Ending AIDS. Progress towards the 90-90-90 Targets

[https://embargo.unaids.org/static/files/uploaded_files/UNA17014 GR FULL 013 WEB SINGLE3.pdf](https://embargo.unaids.org/static/files/uploaded_files/UNA17014_GR_FULL_013_WEB_SINGLE3.pdf)

Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030

http://www.hlm2016aids.unaids.org/wp-content/uploads/2016/06/2016-political-declaration-HIV-AIDS_en.pdf

Doha Declaration

<https://www.wto.org/english/ress e/booksp e/ddec e.pdf>

http://www.who.int/medicines/areas/policy/doha_declaration/en/

LAC Forum I Call to Action

<http://onusidalac.org/1/images/2016/febrero/Call to Action Final 3 with logo.pdf>

LAC Forum II Call to Action

<http://onusidalac.org/1/images/2016/febrero/Call to Action.pdf>