



PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)

13th ANNUAL GENERAL MEETING

4-5 November 2014

Gosier, Guadeloupe

Theme: *Positioning the Partnership for Post-2015*

Meeting Declaration

**Pan Caribbean Partnership against HIV and AIDS (PANCAP)
13th Annual General Meeting
Meeting Declaration**

The 13th Annual General Meeting of the Pan Caribbean Partnership against HIV (PANCAP) was held in Gosier, Guadeloupe on 4-5 November 2014.

The meeting endorsed the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018, acknowledging the inclusive consultative approach to its development and reaffirming PANCAP's commitment to the key goals of:

- Increasing access to justice for all in the Caribbean
- Strengthening country ownership and multisectoral approaches
- Promoting good governance by strengthening accountability and transparency mechanisms
- Expanding access to high-quality, evidence-based and appropriately targeted packages of prevention services (combination prevention)
- Expanding access to high-quality treatment, care and support,
- Improving linkage, adherence and retention in treatment, care and support
- Integrating HIV into national health systems, and wider social and economic development efforts
- Policy, planning and evaluation for sustainable high-impact national responses

The meeting noted the significant progress that has been made towards achieving the goals of the 10th PANCAP Annual General Meeting, the Political Declaration of the UN High Level Meeting (2011) and the PANCAP Caribbean Regional Strategic Framework for HIV and AIDS (2008-2012). In particular, the meeting is pleased to highlight:

- A 49 percent decline in HIV incidence in the Caribbean over the past decade
- A reduction in HIV prevalence in the Caribbean to one percent in 2012
- A major reduction in deaths due to AIDS, and improved quality of life for people living with HIV due to the roll out of antiretroviral (ARV) treatment to 70 percent of those eligible for treatment
- A 52 percent decline in HIV infections among children between 2001 and 2012 due to 90 percent of pregnant women living with HIV receiving services to prevent mother-to-child-transmission
- A decrease in HIV prevalence among female sex workers in several Caribbean countries
- The strengthening of health systems and scale-up of prevention, treatment, care and support services
- Increased access to more affordable medicines and shared capacity in key areas due to the provision of regional public goods and services

The meeting recognised that the Caribbean could be the first region in the world to eliminate mother-to-child transmission of HIV, and encouraged countries to strengthen their programmes and to complete the validation process.

These successes rest on the combined efforts of all PANCAP Partners with strong leadership from national programmes and regional, national and community Partners supporting national responses.

Despite the overall gains, considerable challenges remain. The Caribbean has a mixed HIV epidemic consisting of a low-level generalised epidemic in the adult population, but an unacceptably high HIV prevalence among vulnerable and marginalised populations, including and especially, men who have sex with men (MSM). We note that the HIV epidemic will not be controlled without significant reductions in the stigma and discrimination associated with HIV and AIDS, and the affirmation of the rights of people living with HIV and the marginalised, including men who have sex with men and people engaged in sex work.

Progress towards an AIDS-free Caribbean in the face of shrinking resources, requires strategic investment in effective interventions that save lives, maximise the impact of regional efforts, ensure value for money and scale-up work where HIV is most heavily concentrated. Further reductions in AIDS-related mortality and transmission rates will only be possible through improved efforts to meet the needs of people who are disproportionately affected by HIV. Achieving universal access to comprehensive, high-quality, integrated HIV prevention and treatment services requires inclusive and harmonised multisectoral action, including the removal of legal, social and cultural barriers.

The Partnership resolved to address the following priorities:

1. Reduce stigma and discrimination

Acknowledged that drivers of the epidemic are deeply rooted in stigmatising beliefs and attitudes and discriminatory practices in all domains of Caribbean societies. These are reinforced by prevailing practices in several institutions including schools, churches, workplaces and health systems.

Agreed that progress towards sustainable health and the elimination of HIV transmission is not possible until the human rights of all people, and particularly those most vulnerable to HIV, are fully realised.

Recommitted the Partnership to working for equal opportunities for health and well-being regardless of HIV status, race, class, religion, gender, sexual orientation, gender identity or expression, age, disability, country of citizenship or other status.

Encouraged efforts to address deeply ingrained societal and cultural norms and beliefs, particularly around gender roles and punitive legal environments. These drive the epidemic in the Caribbean by increasing vulnerability to HIV transmission and by creating barriers to access to services, especially for marginalised groups.

Underscored the need for strong leadership and political commitment by Heads of Government, service providers, mainstream organisations and communities to reduce stigma, eliminate discrimination and strengthen rights-based legislative frameworks, including reforming laws that are incompatible with international human rights standards.

2. Expand treatment, care and support for all in need

Renewed the call for expanded access to treatment, care and support for all in need in order to save lives, eliminate AIDS and further reduce the transmission of HIV.

Recognised that the greatest need for HIV treatment, care and support is among vulnerable and underserved populations, including adolescents and youth, men who have sex with men, drug users and sex workers.

Recognised the challenge for national programmes of supporting increasing numbers of people on treatment with earlier diagnosis and initiation of treatment, and provision of lifelong ARV treatment

Acknowledged the critical role of community action and support in increasing access and uptake of HIV testing, treatment, support services and retention in care.

Recognised the critical need to improve the quality of laboratory support for care and treatment, including increasing resource allocations to laboratories, as well as through strategies for obtaining reduced pricing for laboratory supplies.

Underscored the long-term impact of strategic expansion of treatment, care and support programmes for saving lives, reducing incidence, promoting sustainability and controlling the epidemic.

3. Prevention

Reaffirmed that the prevention of new infections is the cornerstone of a sustainable and successful regional response, and that accelerating prevention efforts is an imperative in the context of diminishing financial resources for HIV.

Acknowledged the need for a combination prevention approach with a range of relevant and appropriate evidence-based structural, behavioural and biological interventions in order to maximise impact and value for money.

Called on countries to target resources to where the epidemic is, and to remove barriers to services for marginalised and vulnerable people.

Called for strengthened efforts to engage and equip young people with the knowledge and tools they need for healthy development alongside accessible high-quality, evidence-based and appropriately targeted packages of prevention services.

4. Sustainability

Reaffirmed the central principle of shared responsibility through strong and mutually accountable partnerships with strengthened voice and participation in decision making for communities and people living with HIV.

Stressed the importance of strengthening communication strategies at all levels of national and regional HIV responses within and outside of PANCAP.

Emphasised the need to address the social determinants of health, and promote social justice and equity in order to achieve sustainable development.

Called for the acceleration of regional efforts to mobilise resources, and to implement measures to further reduce the cost of ARV treatment, including second- and third- line treatments.

Underscored the importance of sustained access to affordable HIV medicines and commodities, and the challenge of achieving this in light of decreasing AIDS funding and increasingly restrictive Trade-Related Aspects of Intellectual Property Rights (TRIPS).

Called on the countries, the Council of Human and Social Development (COHSOD) for Ministers of Health and Heads of Governments to urgently consider strategies for joint action to ensure that the region continues to maximise the use of TRIPS-related flexibilities, including the Doha Declaration, which provides opportunities for Caribbean countries to expand access to low-cost, quality-assured pharmaceutical products, and to pass laws to prevent patent 'ever-greening' practices.

5. AIDS in the Post-2015 Development Agenda

Recognised that ending AIDS is an unfinished agenda that needs to be sustained beyond the 2015 Millennium Development Goals (MDGs).

Resolved to include AIDS as a priority for sustainable health within the post-2015 development targets.

Supported the 2012 recommendation by Caribbean Heads of Government on the complementary roles of PANCAP and Caribbean Public Health Agency (CARPHA) as the agencies which, in collaboration with other partners, will usher in the end of the AIDS epidemic in the Pan Caribbean Region by 2030.

Recognised the 90-90-90 treatment targets-- by 2020, 90 percent of those with HIV know their status, 90 percent of those who are HIV positive have access to and are on affordable treatment and 90 percent of those on treatment have undetectable viral loads -- as pre-requisites to ending AIDS by 2030.