

THIRD LATIN AMERICAN
AND CARIBBEAN FORUM
"ROAD TO ENDING AIDS IN LATIN AMERICA AND
THE CARIBBEAN: TOWARDS SUSTAINABLE
REGIONAL FAST-TRACK TARGETS"



NOVEMBER 6 - 8, 2017
PORT-AU-PRINCE, HAITI

CALL FOR ACTION
THIRD LATIN AMERICAN AND CARIBBEAN FORUM
ROAD TO ENDING AIDS IN LAC- TOWARDS SUSTAINABLE REGIONAL FAST TRACK TARGETS
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INTRODUCTION

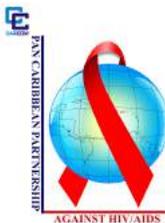
In Port-au-Prince, Haiti, from the 6th to the 8th of November 2017, key regional stakeholders met for the Third Latin American and Caribbean (LAC) Forum on HIV. The main goal of this meeting was to facilitate a space for discussion and to generate consensus on regional priorities and strategies to support the rapid expansion of a sustainable, efficient, effective, integrated and intersectoral HIV response for the achievement of the Fast Track targets in Latin America and the Caribbean.

The First Regional Forum was held in Mexico City in 2014 to discuss regional coordinated approaches to the continuum of care and how to deliver on the 90-90-90 targets. A second forum on HIV Combination Prevention and Zero Discrimination followed in 2015 in Rio de Janeiro. It resulted in a consensus and a call for action with agreed targets to guide the response in Latin American and the Caribbean.

During the Third Forum in Haiti, participants reviewed the progress and challenges towards meeting the international and national 90-90-90 targets, and discussed strategies to sustain the response in the medium and long-term. Discussions focused on how to improve health systems effectiveness and strengthen efficiency and appropriateness of resource allocations. Participants also made recommendations on how to close the resource gaps specifically through increased domestic funding.

There are currently more than 2 million people living with HIV in LAC; 56 percent of them are on antiretroviral treatment. Between 2010 and 2016, There has been a 19 percent reduction in the number of AIDS-related deaths currently estimated at 45,400, due to the sustained increase in access to antiretroviral treatment. However, it is of concern that the number of new infections per





year has stagnated at 120,000 since 2010. Currently, 46% of people with HIV have achieved suppressed viral load, well below the 72% target. Progress has been made in increasing the number of people with HIV who know their HIV status, currently around 80%, but the percentage of people with late diagnosis remains high, at 30%, and far from the established goal of 10% or less by 2020.

In 2014, countries in the Americas approved the Regional Strategy for Universal Access to Health and Universal Health Coverage (Universal Health), adopting the right to health, equity, and solidarity as core values. The Universal Health Strategy is based on four simultaneous, interdependent strategic lines:

- 1) Expanding equitable access to comprehensive, quality, people and community-centered health services;
- 2) Strengthening stewardship and governance;
- 3) Increasing and improving financing with equity and efficiency, and advancing towards the elimination of direct payments that constitute a barrier to access at the point of service;
- 4) Strengthening multi-sectoral coordination to address the social determinants of health that ensure the sustainability of universal coverage.

In 2015, 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 to achieve the 2020 targets. The report also proposes that the cost of inaction would translate into significantly higher resource needs. Increasing importance is being placed on mitigation of the risks and vulnerabilities associated with decreasing international financing for HIV.

Through the 2016 Political Declaration on HIV and AIDS: The Member States committed to accelerate the response against HIV and to end the AIDS epidemic as a public health threat by 2030. Countries have committed to a “Fast-Track” approach¹ from now until 2020, and in line with the Addis Ababa Action Agenda reaffirm the need for concrete policies and actions to close the global HIV and AIDS resource gap and to fully fund the HIV and AIDS response with the target of ending the AIDS epidemic by 2030.

To achieve the targets and sustain the response requires the meaningful participation of people living with HIV, key populations (Gay and other MSM, sex workers and transgender, people who use drugs, people in prisons and other closed settings,) and most vulnerable populations (adolescents and youth, women and girls, orphans, people with disabilities, migrants and mobile

¹ The Fast-Track strategy, adopted by UNAIDS, is the acceleration of the implementation of essential HIV prevention, treatment and human rights approaches that will enable the response to outpace the epidemic.





workers and indigenous and African descendants). This underscores the critical role of civil society in guaranteeing a more effective HIV response.

The presence and importance of international agencies in Latin America and the Caribbean has been disparate in supporting National HIV/AIDS programs. In some countries, the support of donors such as the Global Fund to Fight AIDS, TB and Malaria (The Global Fund) and PEPFAR continues to be fundamental, but in many countries external aid is expected to decline due to economic growth that resulted in countries exceeding eligibility thresholds for aid.

Countries that are transitioning out of the Global Fund and PEPFAR funding require significant increases in domestic resources to guarantee the continuation and scale up of HIV/AIDS programmes. The expected phasing out of external aid has raised concerns about the sustainability of the response in LAC and on the ability of the countries to meet the agreed targets.

Sustainability challenges are beyond financial needs and the specific need to replace donor funding with national resources. Countries need to develop a more multidimensional perspective, including addressing institutional and political characteristics of health systems.

CALL TO ACTION

As a result of this Third Forum, we the participants, gathered in Port-au-Prince, have agreed on a call for the following actions to achieve the goal of sustainability of the HIV response based on the principles of Human Rights and Universal Health, and for adopting the core values of the right to the enjoyment of the highest attainable standard of health, equity, and solidarity:

A. We call upon the Latin America and the Caribbean governments to:

- i. Reaffirm the commitment to move towards increasing public expenditure in health, aiming for at least 6% of the GDP considering innovative sources of financing to increase fiscal spaces for health in the context of transformations towards more progressive tax systems;
- ii. Re-affirm the leadership role of the MOH in the HIV response and strengthen governance structures to sustain the leadership including improving and institutionalizing coordination and alignment among the stakeholders in the HIV response;
- iii. Leverage other health frameworks such as the SDGs, Caribbean Cooperation in Health (CCH) IV, the Regional Strategy for Universal Health and the UN Multi-Country Sustainable Development Framework in the Caribbean for advocacy, resources and program support;



- iv. Increase accountability by implementing mechanisms to strengthen data collection (including disaggregation by sex, gender, age and key population), storage, analysis and dissemination. The information must be aligned with the national health information systems, to inform decision making, investments and planning (including information on HIV needs and expenditures) and also aligned with health and human rights frameworks;
- v. Create and implement multi-sectoral policies, actions and accountability mechanisms to fast track the HIV response (i.e. including Governments and line ministries, civil society, academia, private sector, faith-based organizations, etc.);
- vi. Develop institutional policies, processes and mechanisms for resource allocation that ensures measurable and meaningful involvement of civil society, and allocation of resources for CSOs (including key populations) to support an effective HIV response;
- vii. Institutionalize multi-sectoral mechanisms for policy development and monitoring;
- viii. Develop national policies and protocols for procurement and supply chain management for drugs, laboratory and other health commodities, including negotiated prices and maintaining of contracts (including pricing arrangements) post-transition;
- ix. Use joint procurement mechanisms taking advantage of existing regional and sub-regional mechanisms and negotiate prices, incorporating TRIPS flexibilities² and avoiding anti-counterfeit measures to reduce drug and lab supply costs;
- x. Ensure a disaster management approach that allows for prepositioning of medication and supplies to be made available in a timely manner during emergencies;
- xi. Implement comprehensive interventions within a combination prevention framework³ to reduce the number of new infections to fast track the HIV response;
- xii. Implement concrete, measurable and effective policies and actions to confront discrimination related to HIV and AIDS, especially aimed at key and vulnerable populations including ending discriminatory laws and criminalization of key populations and HIV transmission;
- xiii. Establish multi-sectoral transition committees for countries that are moving away from external donor funding;

² http://onusidalac.org/1/images/2016/febrero/Call_to_Action.pdf

³ http://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2007_Combination_Prevention_paper_en.pdf

- xiv. Include within M&E frameworks indicators to measure the level of inclusiveness and effectiveness of CSOs such as their contribution to reducing vulnerability of key populations;
- xv. Develop policies and norms to promote a people-centered approach that simplifies HIV care, for example task-shifting or use of lay providers, within an integrated Health Service Delivery Network;
- xvi. Accelerate the integration of HIV services into the health system including strengthening the first level of care;
- xvii. Adopt and implement national laboratory policies to ensure national quality monitoring and access to laboratory services;
- xviii. Support regional laboratory networks, for example Regional Public Health Laboratory Networks (CariPHLN), and the Caribbean Public Health Agency (CARPHA) for effective case detection, management and monitoring and evaluation of the HIV response.

B. We call upon the civil society organizations to:

- i. Continue, expand and build advocacy efforts to ensure that national HIV prevention care and treatment is appropriate, adequate, responsive and effective;
- ii. Utilize mechanisms to hold governments accountable to meet the health needs of their populations including their commitments in the HIV response;
- iii. Advocate to mobilize domestic resources and monitor budget allocation and expenditures;
- iv. Strengthen organizational capacities to adapt to the changing financing and HIV landscapes, including optimizing resources and a focus on core capacities;
- v. Document and disseminate best practices to inform national health systems;
- vi. Strengthen organizational governance including strong boards of directors/advisors and leaders, transparent programme management practices and accountability mechanisms;
- vii. Participate in the preparedness processes of countries transitioning out of external donor support including GFATM and PEPFAR;
- viii. Support governments to reform the legal framework towards an enabling environment for timely access to justice and health services for key and most vulnerable populations;
- ix. Ensure transition plans that include a multi sectoral approach with the active participation of civil society in the assessment and planning for transition and strengthen governance capacity.

C. We call upon the donor governments and multilateral funding mechanisms to:

- i. Support a planned, measured and effective transition from donor funding to domestic reliance for the HIV response;

- ii. Establish or strengthen existing mechanisms to support national HIV and AIDS responses;
- iii. Strengthen coordination to ensure that there is no duplication of donor support;
- iv. Continue supporting the work of global, regional and national CSOs and networks working on programme monitoring, advocacy and particularly those working with Key Populations and groups in conditions of vulnerability;
- v. Maintain funding to the UN and other technical partners to support regional and national responses;
- vi. Work with the UN system, governments and CSO to better respond to countries facing political, health and humanitarian crises and those in challenging operating environments;
- vii. Standardize indicators and harmonize reporting and information systems with national systems;
- viii. Align funding and programmes with national and regional health priorities and plans;
- ix. Validate data and plans with national authorities and key stakeholders;
 - x. Ensure transition planning includes a multi sectoral approach including the active participation of civil society in the planning for transition and strengthen governance capacity;
 - xi. Increase transparency regarding future funding plans for the HIV response to give governments and civil society adequate information on planned funding changes;
 - xii. Mobilize private sector support for increased national investment and sustainability.

D. We call upon the United Nations to:

- i. Support countries in gathering, analyzing and disseminating information to increase understanding of gaps and needs for financing, other resources and programming strategies required for an accelerated HIV response;
- ii. Proactively share existing and new information on evolving technologies and other innovations for HIV prevention, care and treatment;
- iii. Promote south-south and horizontal technical cooperation such as the Horizontal Technical Cooperation Group (GCTH), Pan Caribbean Partnership Against HIV and AIDS (PANCAP) and the use of evidence-based and highly effective interventions to prevent and treat HIV and related diseases, reduce stigma and discrimination;
- iv. Increase technical cooperation capacity to implement innovative technologies⁴ with a financing mechanism to improve implementation;
- v. Support the strengthening of governance capacity of LAC governments, particularly within the MOH, to strengthen leadership of the HIV response;

⁴ For more on innovation in HIV prevention -, new tools, more effective service delivery -, see http://www.unaids.org/sites/default/files/media_asset/20151019_IC2766_Fast-tracking_combination_prevention.pdf



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- vi. Support PAHO and UNAIDS Secretariat to monitor and report against the actions in this statement, including collaboratively establishing indicators and targets;
 - vii. Support, facilitate and engage in high-level advocacy with governments to create an enabling financing and programmatic environment;
 - viii. Advocate for the use of the vulnerability index as an essential component in the economic classification of countries as recommended in the UNDP 2016 Human Development Report.

We ask all Latin America and Caribbean stakeholders to take up this Call to Action, jointly and with mutual accountability so that The Region gets on track to end AIDS as a public health threat by 2030.

Port-au-Prince
8 November 2017

