Consulta Regional y Reunión de Alto Nivel sobre Acceso Universal a la prevención, atención, tratamiento, apoyo y cuidado en VIH/SIDA

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Uniting for Universal Access in Latin America: Towards Zero New HIV Infections, Zero Discrimination and Zero AIDS-related Deaths

REPORT FROM THE LATIN AMERICAN REGIONAL CONSULTATION ON PROGRESS TOWARDS UNIVERSAL ACCESS FOR PREVENTION, TREATMENT, CARE, AND SUPPORT FOR HIV/AIDS

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Executive summary

In March of 2011, approximately 100 individuals from 17 Latin American countries met to review progress toward the commitments made by the world's governments in the 2000 Millennium Development Goals (MDGs), the 2001 United Nations Declaration of Commitment on HIV/AIDS, and the 2006 United Nations Political Declaration on HIV/AIDS, including commitments for universal access by 2015 to HIV prevention, treatment, care, and support.

This group reviewed Latin American progress and challenges in relation to governmental HIV/AIDS commitments, and crafted recommendations for action. Approximately 100 delegates came from 17 countries and were comprised of representatives of the government (primarily heads of national health programs) but including 7 Ministers (again primarily of health but also for youth), civil society (primarily representatives of regional networks), representatives of all ten co-sponsors of UNAIDS, and bilateral agencies (primarily in the form of funders and providers of technical assistance). For two days, the group met, listening to presentations, chatting in side meetings and over lunch, and then in small group sessions reviewing challenges and proposing action steps and focus issues.

The following is a summary of the meeting outcomes and recommendations. This provides a broad-stroke direction for the region to help to reach the goals by 2015. This document is therein written as a synthesis of the results of that meeting and a proposal for orientation for the next five years (2011-2015).

The recommendations from this 2011 regional consultation propose the integration of vulnerable groups most at risk for HIV and other social groups such as refugees, migrants, children, women, young and drug users with development of integrated strategies in health, nutrition and education related to HIV. Achieving these synergies between the HIV response, promotion of social development, and other efforts to increase access to health, education and justice represents a unique opportunity for meeting the Universal Access commitments and Millennium Development Goals in Latin American countries.

Global and regional contexts

Though thirty years of HIV and AIDS has claimed more than 30 million deaths worldwide and has widened many social gaps, it is important to recognize many important achievements in recent years. Political will has increased. Political and financial agreements have been signed. More and more sectors are taking an active role in undertaking strategies for prevention, care and treatment more effective.

UNAIDS developed its Global Strategy 2011-2015 "Getting to Zero" as a call to direct available resources where they will achieve the most results for those most in need. The strategy is based on three strategic directions for universal access: a) revolutionizing HIV prevention, b) catalyzing a new generation of treatment, care and support, and c) advancing human rights and gender equality. The UNAIDS strategy is intrinsically linked with achieving the Millennium Development Goals (MDGs), meeting needs of people affected and vulnerable to HIV and achieving the greatest outcomes with development resources.

HIV and AIDS in Latin America

Since 1999, globally the rate of new infections officially reported has fallen by 20% (UNAIDS Report on the Global AIDS Epidemic 2010). In Latin America, the number of new infections reported annually has remained largely stable since 2000 and has even tended to decline since 2008 in some countries. In 2009 new infections decreased by 10,000 (10% in comparison with 2001). Likewise, the HIV prevalence rate has remained between 0.4 and 0.5% in the general population. The epidemic remains principally concentrated in men who have sex with men and transgendered persons. The latter group, for example, has had reported prevalence rates of 27.6% in Argentina and of 29.6% in Peru. Within these populations, moreover, there are subpopulations with less social support networks, less education and low income, as well as less access to adequate health services, lower social capital for participation in policy making, and higher vulnerability to HIV infection. (Gupta et al, 2009, Aggleton et al, 2009). Other key vulnerable groups in Latin America include young men and women, intravenous drug users (IDUs), sex workers and their clients.

In Latin America, the number of deaths associated with AIDS has also remained largely stable since 2006. In 2009, however, the number of AIDS-related deaths increased by 2,000 (3%). This may be related to the epidemic being concentrated among marginalized and vulnerable groups with poor access to health services or other consequences of stigma and discrimination related to sexuality, gender, ethnicity and marginality.

It is also worth noting that while over 50% of people with HIV are women and girls around the globe; in Latin America this percentage is lower than 40% for women over 15 years old. Gender in all forms must be addressed so that violence and economic dependence does not increase vulnerability and greater risk of HIV infection.

Current status of Universal Access in Latin America

Globally, an estimated 14.6 million people in low and middle-income countries are living with HIV and need HIV treatment now. Only 5.25 million of these people (approximately one-third) have access to HIV treatment. In Latin America, an estimated 950,000 people need HIV treatment and 478,000 (51%) have access. Although this is the highest rate of regional coverage in the world, it illustrates the need for increased efforts. This rate of access normally translates into lower rates of morbidity and morality associated with AIDS. However major challenges remain. Problems persist in the procurement, supply and distribution of medications. Spending on the HIV epidemic varies widely in Latin America.

Worldwide, the prevalence among young people has declined by up to 25% in 15 of the most affected countries. Young people appear to have better information on HIV transmission and to have adopted safer sexual practices. There remain some key challenges, however, such as timely access to male and female condoms and, in the case of Latin America, information disaggregated by sexual orientation and gender identity.

In more than half the countries reporting such data, over 50% of MSM who know the results of their HIV tests have access to prevention programs, know how to prevent HIV transmission and reject misconceptions about HIV transmission. However, few countries have rates on access to prevention programs, and on knowledge on how to prevent HIV transmission higher than 80%. Progress has not been maintained in all countries: in Argentina, Mexico, Honduras, Chile and Peru, for example, the proportion of men who have taken the test and know the results decreased between 16 and 5% in 2005 and 2009. Additionally, in Latin America, it is difficult to monitor the achievements since not all countries report data prior to 2009 on the proportion of MSM who identified the principal forms of HIV prevention. This illustrates the heterogeneity of the information from the region and the challenges therein for establishing common strategies, monitoring their progress and undertaking more complex cost-effective analyses of these strategies.

Reported condom use at last anal sex with between men indicates that the percentages in ten of the seventeen countries in the region are around 50% or higher. However stigma against MSM has negatively impacted by limiting access to information as well as to preventive services and quality care and support. The scope of prevention programs targeting MSM in the region varies greatly. For example, it is reported that 31% of MSM in Honduras have access to prevention programs and 98% in Argentina. This illustrates the differences within the region, especially in Central America and Andean countries, where not enough prevention programs target this group.

In Latin America, less than half the population of men and women aged 15 to 24 years old knows how to prevent sexual transmission of HIV. Argentina, Chile (Southern Cone) and Nicaragua are the only countries where more than 80% of this population group identifies ways to prevent infection through sexual contact (UNGASS, 2010). In Central America, only 40% of this group identify the forms of prevention of HIV and reject major misconceptions about HIV transmission (UNGASS, 2010). In the other regions of Latin America the figures range from 25.3% for the Andean countries, to 65.2% is for the Southern Cone including Brazil and Argentina (UNGASS, 2010).

Stigma, discrimination, human rights and gender equity

Globally, most countries have incorporated human rights as central to the response to the HIV epidemic and an important part of national strategies. 89% of countries explicitly recognize the rights of people living with HIV and vulnerable groups most affected. 91% of countries officially reported to have programs that seek to reduce stigma and discrimination associated with HIV. Issues related to human rights remain, however, that have not been addressed comprehensively.

Several regions of the world continue to criminalize HIV infection. Worldwide, more than 80 countries have laws that punish same sex sexual behaviour, and 51 countries restrict the entry and mobility of people with HIV. These regulations and laws are not only discriminatory and violate the rights of people living with HIV but that limit and become barriers to search and access to timely care. In the case of Latin America, although progress has been made for mechanisms to record, document and address cases of discrimination and violations of human rights for people with HIV and vulnerable groups, challenges remain to provide continuity and maintain the sustainability of programs especially in the case of non-governmental organizations (Aide-Memoirs of the National Consultations).

All countries in the region have laws and regulations that protect against discrimination against people with HIV. However there are still countries with regulations that require HIV testing of certain groups and for some civil procedures (UNDP, 2010). There is often little overall progress in the formulation of laws, regulations and policies to facilitate a voluntary basis for testing and counselling, access to timely diagnosis by rapid testing, prevention (availability and access to information, condoms and lubricants), treatment, care and support to groups vulnerable to HIV.

Currently there are countries where violence targeted at population groups, especially groups such as transgender sex workers, are frequently perpetuated and which have been documented by civil society. Policies persist in the region that criminalize and penalize HIV and sex work activities.

There are other challenges such as gaps in comprehensive care for sexual and reproductive and sexual rights of women including emergency contraception, safe abortion and post-exposure prophylaxis to HIV and treatment of domestic violence sexual abuse by government programs which directly impacts on the human rights of women and puts it in a social disadvantage and at risk of HIV infection (Aide-memoirs of the National Consultations, Regional Report on Latin America UNGASS , 2010, Preliminary versions).

Gaps[1] in universal access

Overall in Latin America, there is limited dissemination on forms of prevention, transmission and access to voluntary HIV testing, including links with other sexual and reproductive health programs. This limitation is greater outside capital cities and urban centres in the countries of the region. Health care systems often do not always have a community approach nor strategies and resources in rural areas to reach out and bring programs to marginalized groups who are vulnerable to HIV.

Limited access to information is also found primarily in those populations with difficult access to health care systems such as injecting drug users, marginalized youth, MSM, sex workers and transgendered persons. This difficulty often results from cultural and social issues especially stigma and discrimination related to gender, sexuality, and marginality which persist around the region. Conservative countries, moreover, have policies that sometimes impede access to prevention, care and treatment services for these groups. In a similar vein, there is limited information about the status of access and prevalence in these vulnerable groups. In this sense, more and better data on the effectiveness of prevention programs, especially evaluation studies, are needed.

Another existing gap is the fact that although several countries have reported progress in preventing vertical transmission of HIV, 15 of the 17 countries in the region reported levels below the regional average (with a high estimate of over 95%). Likewise, women living with HIV have limited access to comprehensive, non-stigmatizing, and discrimination-free sexual and reproductive health services.

Other common gaps include:

- Weak procurement systems: programming and distribution of medicines and supplies for the prevention, care and treatment.

- Lack of access to drugs designed for children can lead to adherence problems in children and higher costs of services. Pediatric drugs or second and third line regimens, especially the latest ones, are comparatively more expensive because patents in developing countries with production capacity are increasingly required.

- Lack of coordination for the consolidated procurement of medicines and supplies for prevention, care and treatment services among various national agencies within and between countries in the region. In general, countries in the region have limited capacity to negotiate better prices in isolation.

- Limited access to social security schemes for groups vulnerable to HIV and people with HIV

- Limited institutional mechanisms that promote community participation in the design of policies, programs, budgets, and encourage citizen oversight.

[1] * This information is drawn from presentations at the Regional Consultation as well as from Proceedings of National Consultations.

Common challenges to the Achievement of Universal Access[2]

The principal challenge facing the HIV response in Latin America is inequality and social exclusion. This exclusion has multiple expressions, including disparities related to economic status, access to health services and social security schemes, lingering stigma, discrimination and violence related to HIV, gender and sexual diversity. These challenges are, in turn, exacerbated in low and middle income countries in the region that have major constraints to achieving sustainability and long-term funding for national AIDS programs. Worth noting is the fact that in Latin America the percentage of national health expenditures has remained unchanged over the past 10 years (3.6% of GDP) in spite of economic growth between 2005 and 2009 (CEPAL, 2009).

In this sense, investment in AIDS ranges from $ 250 million to $623 million in the three largest countries in the region (Brazil, Mexico and Argentina). This investment is less than $100 million in most countries in the region. According to the UNGASS reports, an upward trend in total investment for the response to the epidemic between 2007 and 2009 was identified in 10 of the 13 countries in the region who reported this information for more than one year. In the same period, an increasing trend in the percentage of total investment financed by private sources and a decrease in the percentage financed by public sources was noted. The percentage of investment from international sources (mainly from the Global Fund) remained stable between 2007 and 2009 (UNAIDS Global Report, 2010 pp. 228-239).

Another major challenge in the region has been slow and limited progress towards achievement of the 2008 Mexico Ministerial Declaration Prevention through Education which calls upon the region to ensure sexuality education and access to differentiated sexual and reproductive health services for adolescents. Only five countries: Costa Rica, El Salvador, Nicaragua, Venezuela and Uruguay report having given more than 30 hours of HIV education in more than 80% of public and private schools in the last academic year (UNAIDS Global Report, 2010 pp. 292-293). This reflects the difficulty in the region to openly discuss sexuality and condom use in key social spaces with young people and the difficulty that countries sometimes have in terms of fulfilling commitments. Major challenges remain in relation to the allocation of responsibilities related to these are similar commitments and clear monitoring and evaluation systems for the implementation of comprehensive sexuality education. It is also important to recognize the need to strengthen relations among ministries, especially between health and education but also with civil society in the design, budget allocation and implementation of comprehensive sexuality education policies.

Other key challenges include:

- The need for better strategic information: improved availability of data disaggregated by age, sex, race / ethnicity, socio-economic and other variables that reflect the reality of the epidemic, and help define appropriate strategies for prevention, measuring progress and gaps at local, national and regional levels.
- The promotion of sexual and reproductive rights as an inherent part of human rights: removing the legal barriers, social and cultural factors that restrict the access of adolescents and youth to health services, or which criminalize sexual relations, sexual diversity, sex work or drug use
- Empowerment of women and girls: providing access to comprehensive sex education is central as well as achieving the necessary cultural changes to address discrimination and violence against women

[2] * This information was obtained from the presentations of the Regional Consultation as well as the Proceedings of the National Consultation countries

Results of the Regional Latin America Consultation

Political Commitment

One commitment made by Ministers in the March 2011 Latin American consultation was the creation of a Latin American political position to bring to the high-level meeting of the UN General Assembly in New York, in June 2011. This commitment includes strengthening regional representation by sending high level multi-sectoral country delegations to the meeting.

The group proposed to place the issue of HIV on the agenda at the highest level of the Cabinet in ministries other than health (education, justice, development) in each of the countries, to present and promote the issue of HIV among regional bodies. The opportunity is strategic given the leadership of the Minister of Health of El Salvador, current President of the Governing Board of UNAIDS (PCB), and with the participation of the Ministers of Health of Mexico and Brazil as members of this Board of Governors.

The Minister of Health of El Salvador proposed a roadmap endorsed by the Ministers present which includes the following steps:'

- Joint Meeting of Health Ministers who are Members of the Board of Governors, other representatives of the region to the Governing Board of UNAIDS (PCB) and representatives of subregional coordination bodies (Southern Cone, Andean, Central America) to be held in April this year in El Salvador to help ensure the highest level of participation in the High-Level Meeting to be held in New York, USA in June 2011.
- A Joint Call from El Salvador and UNAIDS to Ministers of Health in Latin America to participate in the World Health Assembly in Geneva in May 2011 in order to achieve greater political representation at the meeting in Geneva in June 2011.
- Formation of delegations from each country, so political figures including high-level country government and civil society.

These commitments also include working toward achieving the following objectives:

I. Implement new evidence-based HIV prevention strategies aimed at the populations most affected by the epidemic and corresponding to the characteristics of each Latin American country's epidemic;
II. Expand and maintain coverage of ART, ensuring friendly and respectful services and the provision of ARV drugs. This implies that countries can benefit from lower prices, especially those in middle and upper middle income, applying the provisions under DOHA and TRIPS;
III. Respect for human rights and establishment of mechanisms to decrease discrimination and homophobia against those with increased HIV vulnerability perpetrated by various public and private entities
IV. Increased sustainability of the HIV response by governments in the region in order to obtain greater value for money by re-engineering management systems and improved tracking of spending

As part of the process for the fulfilment of these objectives the group recommended strengthening the Horizontal Technical Cooperation Group (HTCG) as a mechanism to coordinate the relations between governments, civil society organizations and networks in the area of HIV prevention and care, access to health services and combating all forms of discrimination as well as to achieve greater transparency in decision making and financial management.

Technical and programmatic recommendations

The following are the key recommendations generated during the regional consultation. They are listed according to common commitments to the regional consultation in 2006, which are still considered valid and new outstanding commitments for the coming years.

Overall Regional Recommendations common to both 2006 and 2011

- Clarification of which populations are more vulnerable to or at-risk for HIV and for which a country should focus comprehensive prevention, care and treatment,
    - Consideration for not only epidemiological but also social, structural and gender conditions to which these populations are subjects
- Base the implementation of interventions for HIV prevention on research evidence produced by various disciplines including social sciences.

Common Regional Recommendations in both 2006 and 2011

- Support production and use of strategic information and build common data sources in order to lessen the reporting disparities between countries and facilitate regional analysis, country comparisons and determination of where to focus efforts
- Maintain and strengthen a regional response to price negotiations and purchasing unified regional or sub-regional supplies and commodities in order to reduce costs.
- Find innovative strategies related to costs and patents of second-line ARVs.

Common national recommendations in 2006 and 2011

- National governments need to
    - Ensure sufficient resources for the prevention of HIV and other STIs.
    - Ensure the participation and investment in different sectors (education, health, employment, social development)for efforts to address the epidemic.
    - Strengthen and support civil society to ensure their effective participation in public policy decisions.

- All persons involved in national responses must work toward
    - Achieving greater financial and political commitment from national governments and institutions to support the actions of civil society.
    - Inclusion of sexual education and gender including addressing homophobia as an integral part of national strategic plans
    - Strengthening public policies and gender-sensitive legislation to prevent discrimination, to promote and advocate for human rights of all including those most vulnerable.

New recommendations for 2011

The following is a summary of recommendations that were proposed and repeatedly mentioned in the workshops. The full list of recommendations is presented in Annex 1. After a process of prioritization, recommendations were identified in the areas of prevention, treatment and care, stigma and discrimination and gender equity. Other recommendations were classified as cross-cutting themes of leadership and social commitment and four on the issue of sustainability. The recommendations are linked with UNAIDS strategies and the objectives for the Millennium Development Goals (MDGs).

Leadership and Social Commitment

Reinforce existing leadership and invest in strengthening emerging leaders in the field of HIV from communities of diversity (sexual, gender, identity, ethnic, occupational).

- There are a variety of communities in the region seeking to respond to their populations to the HIV epidemic. Each of them brings vital elements to the response in different areas such as health, education, law enforcement system, work environment, social protection and community development. It is essential to ensure the strengthening of those leaders and constant renewal of leadership.
- Secure financial support for promotional activities and networks that seek to reposition the HIV issue on national agendas, regional and international levels.

The 2011-2015 UNAIDS strategy considers the participation of national and community leaders as key to supporting the three strategic directions: to revolutionize prevention, catalyzing the next phase of treatment, care and support of HIV and advances in the rights gender equality and human in the response to HIV.

HIV Prevention

Prioritize prevention targeting those vulnerable to or at greater risk of HIV infection

- Taking into account that Latin American countries have concentrated epidemics, a greater focus of prevention efforts among vulnerable groups is vital.
- Ensure comprehensive sex education, innovative strategies for prevention that targets groups such as MSM, homeless youth, migrants, sex workers, indigenous people, transgendered people, incarcerated and drug users.
- This recommendation is consistent with the objectives of UNAIDS that propose to reduce transmission among vulnerable population groups (youth, MSM and sex work), particularly in countries with concentrated epidemics. It emphasizes a need to focus resources where prevention interventions that have proven effective in changing the dynamics of the epidemic.

Include health promotion in prevention strategies by providing tools for empowerment of those vulnerable and at greater risk of HIV infection.

- Ensure the participation of groups of people most affected by and most at risk for HIV in the design of prevention strategies. This creates more effective prevention strategies but also the empowerment of the populations most vulnerable to HIV.
- This is in line with MDGs which emphasized the need for programmatic and political commitment of countries to include the most affected communities in the definition and implementation of prevention programs

Ensure timely diagnosis in pregnant women to prevent vertical transmission.

- Increase prevention strategies of PMTCT through increased supply and access to rapid testing for pregnant women and access to ARV treatment to pregnant women with HIV.
- This proposal support the UNAIDS goal of " zero babies born with HIV" which proposes increasing the rate of maternal survival with improved access to antiretroviral therapy as well as building synergies in the areas of sexual and reproductive health by strengthening ties with prenatal care including detection and treatment of antenatal syphilis. It proposes improving access to contraception through universal access to reproductive health services and a focus on young people and sexuality.

HIV Treatment, Care and Support

Ensure comprehensive quality care for people living with and affected by HIV

- Include pediatric interventions, nutritional support, emotional counselling, early diagnosis and treatment of STIs, TB and hepatitis, as well as sexual and reproductive health.
- Integral HIV care can help ensure adherence to treatment and improve prevention of HIV transmission.
- The criteria for comprehensive care managed at the regional consultation meets the objectives of UNAIDS for 2015 where the issue is universal access to ART for people living with HIV eligible for treatment and guaranteed access to comprehensive care. It also recognizes the need to improve the care for children and infants including antiretroviral medication and monitoring adherence.

Promote models of care and community care to promote the participation of people living with HIV.

- Strengthen the participation of community organizations for support in maintaining treatment adherence and monitoring of HIV cases.
- Fostering participation particularly through peer strategies is considered key to more effective approaches to care and support to HIV.
- Although issues of collaboration for treatment adherence and monitoring of HIV by community members with medical personnel is included in the goals by 2015. It is worth emphasizing how health systems are often overburdened and under resourced and how progress toward such an approach to care must include addressing obstacles posed by stigma and discrimination

Stigma, Discrimination, Violence and Gender Equity

Strengthen integrated health services free of stigma and discrimination towards people living with HIV and affected populations and foster youth-friendly health services

- Make health services accessible, friendly and dependable for the comprehensive care of people living with HIV as well as those vulnerable or at greater risk of infection.
- Sensitization of healthcare workers on non-discriminatory services, informed consent and confidentiality and equitable, reliable and accessible services is consistent with the Millennium Development Goals.

Stimulate improved access to comprehensive friendly reproductive and sexual health services for adolescents, young women and men in the region.

- Sexual health issues and reproductive rights, emotional support, judicial, economic, educational, social, and gender-based violence among adolescents, young women and men in the region are relevant issues to ensure access to information and services.

Develop human and social capital of communities and populations affected by HIV.

- As part of the strategy for progress in human rights and gender equality for the response to HIV, the UNAIDS strategy 2011-2015 sets out the need to strengthen and empower civil society in knowledge and advocacy of their rights as part of reducing stigma and discrimination associated with HIV. This includes understanding legal terminology, law reform, and legal processes.

Create a regional observatory on law, human rights, stigma and discrimination associated with HIV.

- Given the constant evolution in legislation and local conditions related to stigma and discrimination associated with HIV, the creation of a regional observatory that maintains updated information on legislative changes and the right of the people most vulnerable to HIV in each country as well as monitoring progress in reducing stigma and discrimination against vulnerable populations.

Improving services access to justice for violations of human rights, discrimination and violence based on gender.

- Improved access to justice for violations of human rights are part of the proposals for the objectives of UNAIDS for 2015 designed to strengthen national responses to the protection of the rights of those affected by HIV specifically in areas such as providing support and legal education, the promotion of law reform, awareness of the national police for non-discrimination of vulnerable populations, management of violence against women and the training of health workers on non-discrimination, informed consent and confidentiality.

Sustainability

Secure political commitment at various levels to ensure financial sustainability.

- Mobilize legislative power in the countries of the region to ensure specific budgets for HIV coordinated activities that are not subject to variable patterns of resource allocation. Local governments need to identify and allocate funding sources for sustainable national response to HIV.
- This recommendation is in line with the UNAIDS strategy proposal that middle-income countries assume greater responsibility for domestic financing of the response to HIV, manage internal inequalities and develop partnerships based on principles of human rights in order to improve the effectiveness of the response.
- Ensure political participation of national authorities at the highest level with representatives of civil society as part of the official delegation to the High Level Meeting of the Assembly of the United Nations Universal Access in June 2011.

Promote multi-stakeholder participation (education, employment, private sector) in financing the response.

- Involve sectors other than health, such as education, social development, labour and private sector to strengthen the national response against HIV.
- Sectoral harmonization and alignment has become a key aspect of the UNAIDS strategy to ensure a sustained multisectoral response to strengthen national responses to HIV.

Focus resources where new infections are concentrated.

- Target resources where new infections are concentrated in order to make efficient use of resources in a context of economic crisis.
- The focus of strategies targeting vulnerable populations at greatest risk, particularly in countries with concentrated epidemics, is a key to ensuring more efficient use of resources.

Use information from the costing of national strategic plans for effective resource mobilization.

- The use of evidence-based information in decision making including the real costs of a national strategic plans is a key tool for the development of national spending on HIV to ensure optimal use of resources.

Road Map 2011 - 2015

Regional experts suggest the following critical path to contribute to the UNAIDS Global Strategy and thereby advance the achievement of the goals of Universal Access and the Millennium Development Goals by 2015 in Latin America.

Short term:

- Ensure the development of innovative approaches for multisectoral participation in both the design and implementation of strategies for improved care, prevention and treatment and in funding the response to the HIV epidemic.
- Ensure that national programs have efficient management and administrative mechanisms that ensure the distribution, availability and access to quality prevention, care and treatment commodities and supplies.
- Invest in prevention with special emphasis on those populations where evidence indicates new infections will arise.
- Promote the active participation of people living with HIV, youth, and most at risk populations in the development of strategies and policies by strengthening existing leadership and investing in new leaders.
- Strengthen the systems of care to create spaces free from stigma and discrimination and which incorporate a vision of gender equality and recognition of sexual, ethnic and racial diversity.

Medium term

- Strengthen the advocacy work with national authorities at the highest political level in order to position HIV and influence agendas other than health (e.g. education, law enforcement, social development and work). This will allow for sustainable and consistent financial strategies to achieve the MDGs and to guide a long-term investment. It will build a sustainable response based on social inequality, addressing social marginalization and achieving Universal Access.
- Ensure that the response to the HIV epidemic is developed with a focus on social justice and human rights in which the groups most vulnerable to HIV and those most disadvantaged have access to health services, education, labour and social security schemes
- Establish a minimum standard of legal services available that respond to cases of violation of human rights and gender-based violence and thereby reduce hate crimes and vulnerability to HIV infection.

Long term:

- Identify gaps in national public policies and promote the inclusion of the needs of vulnerable populations in prevention, treatment, and care, and which support the principles of human rights and gender equity.
- Maintaining and strengthen a regional response to price negotiations and consideration of purchasing unified regional or sub-regional commodities in order to reduce costs of purchasing drugs and supplies for care and prevention, according to measures allowed by TRIPS and Doha.

Conclusions

The regional consultation on Universal Access in Latin America (2011) provided a vital opportunity for the development of a regional strategy for prevention, treatment, care and support for HIV with measurable results that contributes directly to achieving Universal Access targets and supporting the Millennium Development Goals by countries in the region.

As a result of this consultation process, the civil society organizations and governments and various sectors involved in the regional response to HIV developed specific recommendations based on a situational analysis of the achievements and persistent barriers to achieving the set goals. In a collective manner they developed strategies for implementing the priority challenges identified in key subject areas. Indicators for monitoring and evaluation of processes and compliance with the agreements established were then identified.

It is important to note that the future of the HIV epidemic in the region and the impact it will have on individuals, families, communities and countries will be determined by decisions made now and in the coming years. These decisions must be strategic in the context of scarce resources and in line with the reformulation of global priorities. HIV is currently competing for resources that address other social problems, climate change and various health issues.

Currently, Latin American countries have the opportunity to refocus its response to the HIV epidemic by investing in developing inter-sectoral partnerships and long-term perspective that is linked to the development and strengthening civil society organizations and health systems. It is therefore essential to ensure the reduction and elimination of HIV-related stigma and discrimination, of human rights violations and of violence based on gender, gender identity and sexual orientation in order to reduce vulnerability to HIV infection.

The focus of the strategies should aim to develop systems of care with community approaches and targeted to those most affected, most vulnerable and most at risk according to existing evidence of where new infections occur. It is important to ensure access to early diagnosis and treatment. Maintaining and addressing principles of human rights and gender equity is vital.

In line with this strategy is necessary to have key strategic information on the epidemic and response. Likewise, it is vital to develop studies of effectiveness and costs of strategies for prevention care and treatment. The use of strategic information relating to HIV (profile of the epidemic, costs of strategic plans, use of NASA) is essential for decision makers to make evidence-informed decisions and budget allocations and efficient use of resources and for implementers including civil society, to monitor progress.

UNAIDS Global Strategy for 2015 proposes coordinated action by governments and civil society in collaboration with inter-agency and inter-sectoral bilateral and multilateral donors which meet targets Universal Access and the Millennium Development Goals by 2015. The recommendations contained in this 2011 regional participatory consultation proposed the integration of vulnerable groups most at risk for HIV and other social groups such as refugees, migrants, children, women, young and drug users with development of integrated strategies in health, nutrition and education related to HIV. Achieving these synergies between the response to HIV and those actions that promote social development, and access to health, education and justice represents a unique opportunity for meeting the Millennium Development Goals in Latin American countries.

Appendix 1

PRIORITY RECOMMENDATIONS FOR LATIN AMERICA

THEME: LEADERSHIP AND SOCIAL COMMITMENT		
Recommendations	**Strategies for Action**	**Expected Results**
Strengthen existing networks, reinforce leadership and invest in the formation of new community leaders, respecting needs of diversity in the process of bolstering leadership on HIV. Joint leadership by developing a common agenda to enable dialogue with other sectors and reposition the issue of HIV. Networking among different sectors for the strategic positioning of the issue of HIV in other political agendas (education, justice, equality, work, social development, etc.). Ensure political participation at the highest level in the UN Assembly to monitor the Millennium Development Goals on HIV.	Involve existing leaders in HIV work and invest in training new leaders. Link various leaders on the issue of HIV and those who are strategic (community, labour, other sectors such as education, gender, sexual diversity) to reset the issue of HIV in policy and funding agendas. Identify common threads across sectors and impact on common strategies to be formulated from the leaders in the area of HIV. Creation of a regional fund to strengthen existing leaders and train new leaders.	Outcome 1 Civil society organizations and governments and their leaders are positioning and advancing the response to HIV in political and technical key national, regional and global in 2015. 1. Result Indicator: Commitment of leaders and organizations at national and regional levels to advance the response of HIV (UNGASS # 2 - NCPI). (This can be measured either by statements from political leaders or by the creation of bodies for monitoring and implementation of HIV policy).

THEME: SUSTAINABILITY AND MULTISECTORAL PARTICIPATION		
Recommendations	**Strategies for Action**	**Expected Results**
Secure political commitment at various levels of government and across sectors in order to ensure sustainability in a financial, technical, and political	Mobilize elected officials to increase their involvement in developing and improving HIV Regulations and Legislation and the approval of the national budget that includes HIV Involve education, labor and private sectors to	Outcome 1 Countries have national strategies for resource allocation to HIV. 1. Process Indicator: Number of countries with effective national strategies to allocate budgets according to the profile of the epidemic (develop criteria for analyzing the budget)

response to HIV. Promote multi-stakeholder participation (education, employment, private sector) in financing the response to HIV. Prioritize the investment of resources where new infections are concentrated. Achieve continuous negotiations on intellectual property patents on medicines to lower drug costs by promoting TRIPS and DOHA Improve health system capacity for procurement, storage and distribution of supplies and commodities for the prevention and treatment. Diversifying sources of financing. Ensure efficient use of resources through monitoring	invest in a coordinated response to the HIV epidemic as a strategy for social development linked to the achievement of the MDGs Form a regional policy agenda that reflects the repositioning of HIV within national budgets Generate innovative financing mechanisms Focus investment in prevention, care and treatment in vulnerable groups at increased risk of infection (defined by prevalence of infection). Allocate a budget by law to ensure coverage of universal access to prevention, treatment and care Establishing South-to-South cooperation mechanisms, Use costing information of national strategic plans for effective resource mobilization. Ensure the implementation of National AIDS Spending Assessments (NASA) for monitoring the use of resources.	Outcome 2 Allocation and efficient use of budgetary resources for HIV. Outcome 3 Use of resources focused on responding to the profile of the epidemic in each country. 2. Result indicator: Number of countries whose budgets allocated to HIV show a budget increase for activities that reflect the current profile of the epidemic or; Budget allocation according to the profile of the epidemic has had an impact on HIV prevalence or; Domestic and international spending on AIDS by category and funding source in Latin American countries (UNGASS # 1)

THEME: PREVENTION		
Recommendations	**Strategies for Action**	**Expected Results**
Implement prevention strategies that have proven effective. Ensure combined prevention, early diagnosis, availability and access to information, condoms and lubricants, and safe equipment for drug use (if applicable to vulnerable populations in the country) and voluntary counseling and testing Prioritize prevention in vulnerable populations and those at greater risk of infection. Implement HIV prevention policies through multi-sectoral participation (health, education, social development, uniformed services, national drug control board, etc.) including community organizations. Incorporate strategies for sexual and reproductive education and HIV prevention, gender equality and sexual orientation in formal and informal educational spaces (implementing the ministerial declaration of education). Promote universal prenatal care to achieve the elimination of vertical transmission of HIV and congenital syphilis, ensuring confidentiality and informed consent. Identify gaps and promote necessary changes to ensure blood safety	Identify and develop effective evidence-based prevention strategies Ensure the availability and access to prevention materials (lubricants, male and female condoms and drug paraphernalia to avoid sharing used needles) Implement combination prevention strategies that involve individuals, families and communities. Increase efforts to ensure early diagnosis through the availability and supply of rapid tests with pre and post counseling focusing on vulnerable populations and those at greater risk of infection. Ensure the participation of groups of people most affected and most at risk of HIV in the design of prevention strategies. Reach those vulnerable and at greater risk such as young homeless, migrants, sex workers, marginalized groups, indigenous groups, transgenders, men who have sex with men, prisoners, and intravenous drug users through comprehensive sex education strategies and prevention Ensure compliance with the agreements of the Declaration of Mexico 2008 "Prevention through Education " in formal and informal (youth homeless, migrants, sex workers, marginalized groups, indigenous groups, transgenders, MSM, women, private of liberty and drug users). Eliminate HIV transmission through blood transfusion	Outcome 1 (Long Term): Prevention strategies have achieved a 50% reduction in incidence in HIV infections in the groups MARPS 2015. AND / OR Countries have multisectoral public policies aimed at prevention MARPS populations and people living with HIV by 2015. 1. Result Indicator: Percentage of MARPS reached by prevention programs (UNGASS # 9) and 2. Result Indicator: Percentage of men and sex workers who report using a condom during anal sex with a male partner in Latin America countries (UNGASS # 18 and 19) 3. Result Indicator: Number of countries in Latin America that have multisectoral prevention policies aimed at MARP populations and PLHIV 4. Impact Indicator: Percentage of most at risk population infected with HIV (UNGASS # 23) Outcome 2 Latin American countries have eliminated vertical transmission of HIV and congenital syphilis. 5. Result Indicator: Percentage of HIV-positive pregnant mothers (expecting) receiving antiretroviral drugs to reduce the risk of mother to child transmission in Latin America countries (UNGASS # 5) 6. Impact Indicator: Percentage of HIV-infected nursing infants born to infected mothers in Latin American countries (UNGASS # 25)

THEME: CARE AND TREATMENT		
Recommendations	**Strategies for Action**	**Expected Results**
Promote comprehensive quality care and reduce harm associated with HIV Achieve early diagnosis and ARV treatment - with informed voluntary consent and counseling in high-risk groups Ensure early diagnosis and ARV treatment (including pediatric) in pregnant women to prevent vertical transmission. Strengthen adherence to ARV treatment through strategies that incorporate the participation of people living with HIV Integrating services for sexual and reproductive health with STIs and HIV. Foster community care and support systems	Increase access and availability of rapid testing for pregnant women and ARV treatment for those who test positive. Increase access and availability of rapid tests to vulnerable populations and those at increased risk of infection and ARV treatment to those infected with HIV. Incorporate nutrition, emotional support, counseling and diagnosis and treatment of STIs, TB and hepatitis in the comprehensive quality care interventions. Implement care and treatment based on updated guidelines. Strengthen actions that increase adherence through the participation of PLHIV and monitoring of drug resistance. Development of alternative care services such as day hospitals and home visits. Strengthening human resource capacity in HIV clinics as well as general health services.	Outcome 1: Number of countries where all people needed treatment have access to it. Number of countries where the coverage of treatment and care increased by 50% 1. Result indicator: Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy by gender and age in Latin American countries (UNGASS # 4). Result 2: Countries have social protection policies aimed at MARPS populations and people living with HIV. 2. Result indicator: Number of countries in Latin America that have social protection public policies aimed at MARP populations and PLHIV (UNGASS # 2). 3. Result indicator: Percentage of health units with capacity to provide appropriate care for people living with HIV and AIDS (UNGASS # 7-ADDITIONAL INDICATOR).

THEME: STIGMA, DISCRIMINATION, VIOLENCE AND Y EQUALITY		
Recommendations	**Strategies for Action**	**Expected Results**
Use existing tools to generate information on stigma and discrimination in the region (eg, stigma and discrimination index). Improve access to justice for violations of human rights, discrimination, homophobia, lesbo-phobia and tansphobia and gender-based violence. Implement sensitization interventions on the defense of human rights among uniformed people (especially police, immigration and prison authorities) Establish a minimum standard of legal services to reduce vulnerability and strengthen the AIDS response and community resilience. Strengthening integrated health systems that have friendly health services, free of stigma and discrimination towards people living with HIV and affected populations	Eliminate laws that criminalize HIV infection, the status of being HIV-positive and potential exposure to HIV, sex work in all its forms and same-sex sexual relations Build friendly and safe spaces for communities of people living with HIV and affected by HIV Create networks of legal experts (and strengthen existing ones) that work on the issue of HIV and other issues related to stigma and discrimination (sexual orientation, identity, gender, sex work) for the documentation to and response to human rights violation and discrimination Build models of exemplary legal challenge cases for the rights of people living with HIV and vulnerable groups. Create a regional observatory in law, human rights, stigma and discrimination associated with HIV.	Outcome 1: All countries * have a baseline on the rate of stigma and discrimination towards the most vulnerable populations and those with increased risk of infection by 2013. 1. Result indicator: Number of countries that have a monitoring mechanism on violations of human rights, gender-based violence targeting vulnerable populations and those at greater risk of infection 2. Impact Indicator: Percentage of people most vulnerable to or at greater risk of infection and those living with HIV who perceive some form of stigma and discrimination (stigma and discrimination index and other related studies). 3. Impact Indicator: Percentage of women and men aged 15 to 49 years expressing accepting attitudes towards people living with HIV (by sex: female, male-), age (15-19, 20-24, 25-49) and educational level (none, primary, secondary, higher) (PEPFAR, GF). Outcome 2: 50% of countries have a monitoring mechanism on violations of human rights, gender-based violence targeting vulnerable populations and those at greater risk of infection 4. Impact Indicator: 50% reduction in perceived levels of stigma and discrimination for vulnerable populations and those at greater risk of infection

THEME: GENDER EQUALITY - AGENDA FOR WOMEN AND CHILDREN		
Recommendations	**Strategies for Action**	**Expected Results**
Identify the structural gaps in public policy that have been implemented with a gender perspective. Document the current state of the HIV epidemic in adult women, young women and girls. Promoteaccess to intercultural, comprehensive and youth-friendly sexual and reproductive health services for men and women in the region. Foster economic and emotional independence of women to reduce their vulnerability and risk of HIV infection.	Incorporate issues of sexual and reproductive rights, emotional support, judicial, economic, educational, social, and gender-based violence into strategies Identify scientific evidence and document the current state of the HIV epidemic in adult women, young women and girls. Implement prevention strategies with a gender perspective with emphasis on the ownership of one's body and use of the female condom. Build awareness of health care providers so as to provide care with a gender perspective. Improve the situation of women in access to decent work with equity pay and access to sources of employment and social benefits for the care of children, for example, and reduce the reliance of women on men. Increase access for men and transgendered persons to programs of sexual and reproductive health.	Result: An increase of 50% of the countries of the region * implementing evidence-based prevention programs, treatment, care and support that meet the needs of women and girls in 2015. 1. Outcome Indicator: Percentage of expenditure on women and girls in the fight against HIV (UNGASS # 1 - NASA) 2. Outcome Indicator: Policies and programs directed at responding the needs of women and girls related to HIV (UNGASS # 2 - NCPI and Gestos Reports)

* All countries of the region refers to those who were summoned to the regional consultation on Universal Access in Mexico 2011.