

## **Report of the ECOSOC Annual Ministerial Review**

### **Regional Preparatory Meeting on HIV and Development in Latin America and the Caribbean**

**Montego Bay, Jamaica, 5-6 June 2009**

#### **Summary**

As part of the 2009 Annual Ministerial Review process of the Economic and Social Council, a Latin American and Caribbean regional meeting was held on 'HIV and Development in Latin America and the Caribbean' on 5 and 6 June in Montego Bay, Jamaica. The event was hosted by the Government of Jamaica and gathered ministers and other high-level representatives from the health, education, labour and economic planning sectors.

The meeting drew together 103 participants, including representatives from governments, as well as other international organizations, non-governmental organizations and the private sector. Participants took stock of the progress made in controlling HIV in the region; analyzed the main obstacles in achieving further successes; and discussed ways of making further advances in the prevention, treatment and care of HIV, towards the achievement of the HIV-related Millennium Development Goals (MDGs).

A number of key messages emerged from the presentations and discussions. Firstly, addressing HIV is central to public health, socio-economic development and human security. Secondly, the region must provide renewed leadership and keep HIV on national and regional agendas. Current investments in HIV must be maintained and/or increased, with a focus on integrated development approaches. Thirdly, prevention of HIV infection is a critical component in halting and reversing the HIV epidemic. Significant increases will be required in prevention coverage, particularly in health education, with particular emphasis on most-at-risk populations and youth. Fourthly, as stigma, homophobia and discrimination represent perhaps the single greatest barrier to attaining the HIV-related Goal, urgent and increased investment and interventions are needed in support of human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country.

The participation by a variety of sectors, in addition to the health sector, during the panel discussions, reinforced the consensus that above-mentioned actions should be undertaken with a multi-sectoral approach. Due to the strong social determinants of the epidemic and the stigma and discrimination associated to the disease, HIV cannot be tackled by the health sector alone but must involve all sectors, particularly social sectors and actors. Especially in the area of HIV prevention, the health and education sectors in

close collaboration should take a leading role to address the needs of young people. This multi-sectoral approach should include the labour sector in order to reach the working population. The critical importance of involving all relevant stakeholders at all levels, including communities and families, was also highlighted. .

A total of 11 recommendations emerged from the discussions and key messages mentioned above and are presented in the concluding section of this report. As a concrete action, delegates also agreed to formalize the Inter-sectoral Working Group as mandated in the Ministerial Declaration “Preventing through Education” adopted in August 2008 in Mexico. This Inter-sectoral Working Group has been charged with following the recommendations and resolutions of the Declaration.

The event provided an opportunity for participants from all sectors to renew their commitments on HIV and collaborate closely across sectors to control the HIV epidemic and achieve the MDGs.

## **I. Introduction**

The Annual Ministerial Review (AMR) of the Economic and Social Council (ECOSOC) was established by Heads of State and Government at the 2005 World Summit. It serves as an instrument to track progress and step up efforts towards the realization of the internationally agreed development goals (IADGs), including the Millennium Development Goals (MDGs), by the 2015 target date. The theme for the 2009 AMR is "Implementing the internationally agreed goals and commitments in regard to global public health".

To provide input to the 2009 AMR, the Government of Jamaica, under the leadership of The Honorable Rudyard Spencer, Minister for Health, and The Honorable Andrew Holness, Minister of Education, hosted a Regional Preparatory Meeting on 5 and 6 June 2009 in Latin America and the Caribbean on the theme ‘HIV and Development in Latin America and the Caribbean’ with the support of the United Nations Department for Economic and Social Affairs (UNDESA), the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Joint Programme for HIV/AIDS (UNAIDS) and the Pan American Health Organization (PAHO).

The meeting was attended by 103 participants, including Ministers and representatives of Governments from the Latin America and Caribbean region, experts from the United Nations system and other international organizations, non-governmental organizations and the private sector. Participants took stock of the progress made in controlling HIV in the region; analyzed the main obstacles in achieving further successes; and discussed ways of making further advances in the prevention, treatment and care of HIV, towards the achievement of the HIV-related MDGs.

The meeting also provided an opportunity for the Member States of Latin America and the Caribbean to renew their commitments in the field of HIV, in particular those made in the Ministerial Declaration adopted at the 17<sup>th</sup> International AIDS Conference in August 2008 in Mexico. At the initiative of the Government of Mexico and the UNAIDS Cosponsors Regional Directors' Group for Latin America and the Caribbean (RDG), a smaller meeting was held the night before the ECOSOC meeting to share updated information and strategies about Ministerial level efforts to follow up on the commitments assumed in this important declaration.

The ECOSOC event was organized around four panel discussions on the following themes: (1) Challenges of HIV as a development concern and the Latin American and Caribbean response; (2) Challenges and solutions in the response to HIV in Latin America and the Caribbean in reaching universal access goals; (3) Presentations of best practices and policies in response to HIV in the region; and (4) Implication of the global financial crisis for HIV and health.

The key messages and recommendations that emerged from the presentations and discussions will be transmitted by the Government of Jamaica to ECOSOC during the Annual Ministerial Review, to take place in July 2009 in Geneva. These are presented in the concluding section of this report.

## **II. Proceedings of the regional preparatory meeting**

### **A. Welcoming and opening remarks**

#### **Welcoming remarks:**

Opening the Ministerial Meeting, **Honorable Rudyard Spencer**, Minister of Health, Jamaica recalled the purpose of the event, which is to bring together key decision makers from across the region to assess progress and define an approach for future achievements towards the Millennium Development Goals on HIV/AIDS.

Honorable Spencer recognized the work and dedication of ECLAC and ECOSOC in advancing human security. As the region and the rest of the world face an uncertain future, the poor need the sustainable support of institutions that have the reach, influence and capacity to advocate for them. This is especially needed with a worrying economic forecast which will provoke serious implications for social security, notably in the fight against HIV/AIDS.

In response, Mr. Spencer stressed the need for this conference to be bold in drafting a course that will allow the region to fulfil the MDGs and free itself from the shackles of poverty, ill-health and inequity. He expressed the need for innovative strategies to

combat HIV, and to produce a social revolution built on the fundamental principles of human rights. Otherwise, he warned, “we will fail our people”.

Long term success will require strengthening regional and national institutions to assist the poor and marginalized in a way that will enhance social freedoms.

Hon. Rudyard Spencer reported that today, as the delegates deliberate 55 individuals will become infected, adding to the 2.5 million people already living with HIV in the region. Now is the time to offer a better hope for sustainable and equitable health outcomes for these people.

### **Opening statements:**

**H.E. Ambassador Sylvie Lucas**, President of the United Nations Economic and Social Council (ECOSOC), in her opening remarks, highlighted the importance of this meeting’s contribution to the Annual Ministerial Review to take place on ‘Implementing the internationally agreed goals and commitments in regard to global public health’ in July in Geneva.

Ambassador Lucas emphasized that this consultation and its conclusions can provide an impetus to re-energize efforts towards the target date of realizing universal access to HIV prevention, treatment, care and support by 2010. It is a pressing matter for all of humanity, as the virus represents not only a global health-issue, but equally a challenge in sustaining present and future development.

The President of ECOSOC stressed the necessity of leadership and political commitment in order to achieve significant progress towards the HIV-related MDGs. As an example of good national responsibility towards healthcare, Ambassador Lucas explained Luxembourg’s commitment to adequate health standards and support of the “aids2031” initiative launched by UNAIDS. It aims at developing a sustainable, multi-sectoral and global strategy to combat the virus.

Ambassador Lucas expressed her interest in hearing the analysis and policy recommendations from participants – policies which could be shared with the broad membership in Geneva.

**Mr. Thomas Stelzer**, Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs, United Nations Department of Economic and Social Affairs, congratulated the convening of the meeting and thanked the Governments of Jamaica and Luxembourg for their generous contribution to the conference.

Mr. Stelzer remarked that despite the advanced means of preventing, diagnosing and treating HIV, lack of global awareness and funding hinders the task of achieving the Millennium Development Goals (MDGs). Consequently the Secretary-General has made

global health one of the top priorities of the United Nations. Promoting and securing health is imperative for laying a strong foundation for prosperity, stability, and poverty reduction.

Though there has been significant progress in controlling the HIV epidemic through prevention programmes and treatment services, other indicators (women represent a growing proportion of people living with the disease and an increasing number of children are orphaned by HIV) are less encouraging. The consequences of the global financial crisis will exacerbate the HIV situation and Mr. Stelzer proposed increased effort, renewed commitment and initiatives to address the social factors that increase vulnerability and risk-taking behaviours.

Lastly, he called on Member States of the Latin American and Caribbean region to make concrete progress on the Ministerial Declaration adopted at the 17<sup>th</sup> International AIDS Conference in Mexico last year, where they committed to a set of actions to stop HIV and sexually transmitted diseases.

In concluding, Mr. Stelzer hoped that this meeting will serve as a platform for building more efficient initiatives and actions to improve HIV-related health issues.

**Dr. As Sy**, Deputy Executive Director, United Nations Joint Programme on HIV/Aids (UNAIDS) congratulated the organizers for convening this conference on such an important issue. He stressed that despite the situation in HIV that he qualified as a global epidemic, we are not helpless. We can do something to achieve universal access to HIV prevention, treatment, care and support, and that is a message of hope.

This calls for leadership and solidarity. Dr Sy stressed that though this is challenging, we need to recognize that different countries pursue specially tailored paths to achieve these goals against the epidemic.

He noted that Latin America and the Caribbean have seen substantive progress, including prevention of mother-to-child transmission of HIV and antiretroviral programmes. However, unprotected sex remains the main mode of transmission in the region and prevention remains a challenge. Where prevention programmes exist, they are not tailored toward groups most at risk (men having sex with men, sex workers, prisoners, substance abusers and young people), largely due to discrimination.

The Deputy Executive Director said that the key priority for UNAIDS remains the continuation of innovating public health programmes and a regional change in laws which impact negatively on the most vulnerable groups. This is necessary in order to move societies towards a clearer understanding of human rights issues as they relate to the HIV public health approach. Unless they succeed in reducing stigma and discrimination, he added, it will hinder the effectiveness of the response to HIV.

UNAIDS has just released its Outcome Framework for the period of 2009-2011 spelling out its vision. Three priority areas are particularly relevant for the LAC region:

- (1) Preventing babies from becoming infected and mothers from dying from AIDS
- (2) Removal of punitive laws, policies and practices and discrimination that block effective responses to AIDS
- (3) Empower young people to protect themselves from HIV

Dr. Sy called on Member States to identify where progress is lagging behind; put young people's leadership at the centre of national responses; and create an enabling environment for people with HIV and AIDS to live productive lives and be part of the solution.

**Dr. Socorro Gross**, Assistant Director of the Pan American Health Organization (PAHO), delivered her remarks on behalf of Dr. Mirta Roses Periago, Director of PAHO, and the UNAIDS Cosponsors Regional Directors Group for Latin America and the Caribbean (RDG).. Dr. Gross emphasized the importance of this meeting, as the lessons learnt and conclusions will serve as the contribution of the Government of Jamaica to the AMR of ECOSOC in Geneva. She stated that the focus of this year's Review, public health, is timely for the Latin American and Caribbean region, because even though the region has made progress in certain goals, there is still much to do.

In 2003, the RDG publicly took on several commitments, including to reinforce political dialogue on HIV/Aids; increase collaboration between regional and subregional entities with civil society; offset discrimination, strengthen prevention and mobilize resources; and harmonize efforts within the UN system.

The support of the Regional Directors to the 2008 Mexico Declaration on "Preventing through Education" is part of their efforts to honour their commitments. Dr. Gross stressed that the inter-sectoral perspective that this meeting offers, because of the participation of various sectors, is now more than ever necessary to achieve a sustainable response for the region.

Dr. Gross concluded by expressing the full support of the Group of Regional Directors to the common effort towards the achievement of the Millennium Development Goals.

**Ms. Laura Lopez**, Secretary of the Commission, Economic Commission for Latin America and the Caribbean (ECLAC) pointed out that the conference comes at a time of severe financial crisis, which will adversely affect all aspects of economic and social development. As a result, it would require greater effort from all parties of the international community to achieve the MDGs.

Ms. Lopez emphasized the region's commitment to addressing the HIV threat, but acknowledged how difficult it is for most Latin American and Caribbean countries to

sustain spending on public health with scarcer resources. However, she highlighted the importance of health spending as a countercyclical measure to stimulate future economic development.

The Secretary of the Commission said that ECLAC has been monitoring the impact of the international financial crisis on the region's progress towards achieving the MDGs, with particular regard towards the HIV pandemic. The meeting's debates on HIV and regional public health, she stressed, will complement the work already accomplished on health related issues. Future progress will not merely be the responsibility of ministries, but all actors in charge of finance, education, environment, political and social affairs must be an integral part of the solution.

Finally, Ms. Lopez welcomed the genuine multilateral collaborative effort demonstrated by the number of participants at the meeting.

**Honorable Andrew Holness**, Minister of Education, Jamaica expressed how important it was for the region of Latin America and the Caribbean to come together to discuss common issues and find common solutions, with the aim of exchanging and sharing best practices.

While the issue of HIV/AIDS remains a priority on the global development agenda, Latin American and Caribbean countries have sustained efforts towards the prevention of new infections. He explained that since the very beginning of the epidemic, regional cooperation has enabled the region to mobilize resources towards the management and containment of this virus. One example of a successful regional initiative is the Pan-Caribbean Partnership (PANCAP), established as a regional coordinating mechanism to engage governments and civil society in raising the political profile of AIDS.

Hon. Holness stated that though the financial crisis will require leaders to make difficult decisions regarding the allocation of scarce resources, the region must remain committed to the implementation and maintenance of programmes and initiatives. Investments should focus on the following areas:

- (1) Relevant research and high-quality data
- (2) Maximizing the effectiveness of investments
- (3) Integrating public health systems
- (4) Implementing Human Rights and Social Justice programming
- (5) Strengthening programs to address social vulnerability and risks
- (6) Strengthening prevention coverage
- (7) Strengthening collaborative responses for HIV/TB co-infection

The Minister of Education recognized the importance of cross-sectoral partnerships to ensure optimal and meaningful utilization of resources. Managing this epidemic should no longer be perceived merely as a health issue, but as a developmental issue. This

approach requires the participation of other sectors as critical players in national programmes. Jamaica has made significant strides in establishing such a national policy framework for the fight against HIV/AIDS.

Jamaica's National Policy on the Management of HIV/AIDS in schools was approved by the Cabinet in 2004 and is now being revised to incorporate a wider range of issues, including gender inequalities. National policies are being further revised to define the role of teacher training colleges, and other key stakeholders, in equipping educators with the required skills and competencies to educate the population. Honorable Holness emphasized that these policies can be replicated among other regional member states.

The Ministry of Health has been a key strategic partner in leading the charge in the prevention and treatment programme. Honorable Holness concluded that the Jamaican Government is committed to ensuring the availability of quality health care to all citizens at an affordable cost. Furthermore, he hoped that the meeting's deliberations would seek to strengthen the response to HIV/AIDS by building better and more effective partnerships.

## **B. Session 1: Challenges of HIV as a Development Concern and the LAC Response**

In Latin America and the Caribbean, the main mode of transmission of HIV is unprotected sex. The disease impacts disproportionately a number of vulnerable groups, namely women, drug users, prison populations, migrants, indigenous populations and youth. In this regard, the most-at-risk groups include men who have sex with men, sex workers, both male and female, and drug users.

Poverty and lack of education are major factors in the transmission of the disease. Equitable access to resources, decent employment, education and health are essential components of efforts to diminish incidence of HIV/Aids.

HIV has a serious socio-economic impact in the region, on individuals, households, private companies, as well as governments and the overall economy. It is estimated that in certain countries of the region, the disease could cost approximately 5% of their GDP.

Most countries in the region have established national plans and strategies to respond to the epidemic. However, these plans are generally within the health ministries and rarely involve other ministries, leading to a fragmented approach. HIV/Aids is a social issue, as much as it is a health issue and should be tackled in a multi-sectoral approach. For example, in 2005, the Pan Caribbean Business Collation on HIV/AIDS was created. The main objectives include providing assistance in the implementation of workplace policies and initiatives in response to HIV/AIDS.



Some progress has been made in the region to increase access to prevention, treatment and anti-retroviral drugs. However, the persistence of social norms, beliefs and legal policy barriers create highly stigmatized environments where discrimination, homophobia and violence against certain groups thrive, preventing from further progress in decreasing the transmission and incidence of HIV.

*Recommendations from Session 1:*

- Maintain strong political leadership to scale up multi-sectoral efforts, led by the Health sector, notwithstanding numerous conflicting priorities (economic crisis, climate change, emerging diseases).
- Maintain strong involvement of the health, labour and education sectors and ministries in dealing with HIV/AIDS.
- Integrate HIV plans and programmes in national development plans to adopt a broader social and development perspective in tackling HIV.
- Involve participation of all social sectors, namely civil society, the private sector, organizations of people living with HIV and vulnerable population into national plans and programmes.
- Strengthen public health systems to ensure universal access to prevention and treatment care.
- Prioritize tackling stigma and discrimination towards people living with Aids and homophobia within HIV plans and programmes.

**C. Session 2: Challenges and Solutions in the Response to HIV in LAC in reaching Universal Access goals**

*Presentation of the background document:*

**Dr. César Núñez**, Regional Director, Regional Support Team for Latin America, United Nations Joint Programme on HIV/AIDS (UNAIDS) presented the background document of the meeting on progress on HIV in Latin America and the Caribbean. The HIV epidemic remains stable overall, but continues to grow among vulnerable groups. The estimated number of people living with HIV/AIDS is 1.7 million in Latin America and 230,000 in the Caribbean.

The major gaps in addressing HIV reside in the quality and availability of data; the social vulnerability and risk-taking behaviours of vulnerable groups; and legal and social barriers that drive the epidemic underground and limit access to prevention and treatment.

The main measures that are needed to improve care, treatment and support of people living with HIV are further integration of HIV into primary health care services; further integration of community care and support services; geographic decentralization of treatment sites; and equity in treatment access.

On a positive note, great strides have been made in the area of access to care, especially to anti-retroviral (ARV) therapy to prevent mother-to-child transmission. However, more needs to be done to raise the percentage of population eligible for ARV care in the Caribbean.

Dr. Núñez highlighted two main challenges that persist in the region, namely multi-sectoral involvement and the inclusion of broader development drivers of the epidemic into HIV plans and programmes.

*Panel and plenary discussion:*

Social prejudice and discrimination are major factors in the expansion of the epidemic. Some challenges that hinder greater progress in this area are: insufficient investments and interventions targeted towards groups that are most affected; criminalization of people for their sexuality; a lack of understanding of the context for forced migration and sexual exploitation; inadequate means to attend to people living with HIV/AIDS; and absence of good quality data and monitoring and evaluation of programmes and policies. Even though many countries do not recognize sexual rights, the topic is increasingly being put forward and discussed in global and regional forums.

The main challenges faced by the health system in Jamaica are insufficient health workforce; limited testing and partner notification; and inadequate monitoring and evaluation. The four main pillars of Jamaica's response to HIV include (1) increased access to anti-retroviral drugs (ARVs), through abolition of user fees, decentralization and improvement quality of care; (2) strengthening of the health system; (3) building partnerships and creating a supporting environment for people living with HIV/AIDS; and (4) communications. The prevention of mother-to-child transmission constitutes a best practice with more than 85 percent coverage.

Progress in dealing with HIV in Uruguay is being achieved through (1) the establishment of a national integrated health system; (2) specific legislation for preventing and addressing HIV; (3) strong social participation of people living with HIV and NGOs in an inter-sectoral institutional decision-making process; and (4) actions for social protection of people living with HIV. The 90 per cent ARV coverage is one of the important successes of Uruguay's HIV programme. Uruguay also highlighted the importance of establishing a continuous information system aimed at tracking the financial resources used for HIV prevention, treatment, care and support by means of systematic approaches, i.e. National AIDS Spending Assessments that show the origin and use of the funds.

The Ministerial Declaration on "Preventing through education" was endorsed by 30 Health Ministers and 26 Education Ministers in August 2008 in Mexico City. The

Declaration emphasizes that evidence-based sexuality education is a foundation for HIV prevention. It also acknowledges the right for all to access information and protect themselves. The goals established by the Declaration are to reduce by 75 per cent the number of schools under the jurisdiction of the Ministries of Education that have failed to institutionalize comprehensive sex education; and reduce by 50 per cent the number of adolescents and young people who are not covered by health services that address their sexual and reproductive health needs appropriately by 2015. A technical working group is to be established for follow up and implementation; the Government of Mexico has been requested to continue to support this group as the Executive Secretariat.

#### *Recommendations from Session 2:*

- Create an enabling environment for people living with HIV/AIDS to live freely and get access to testing and treatment, legal protection, education, employment and support networks and self help groups.
- De-stigmatize the provision of HIV services by integrating HIV services into regular health services and removing the element of 'identifiable' HIV facilities, including in the workplace.
- Support human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country.
- Support social investigations to understand the dynamic of HIV in the region.
- Strengthen surveillance systems that routinely capture all those affected by the epidemic, including those most at risk and vulnerable (women, prisoners, drug users). Surveillance systems should also capture where new cases are coming from and project where they are likely to arise; whether the epidemic is increasing, stabilizing or decreasing; and profiles and numbers of people living with HIV.
- Multiply efforts in evaluation and monitoring of policies and programmes, especially of the most vulnerable groups.

#### **D. Session 3: Presentations of Best Practices and Policies in response to HIV in Latin America and the Caribbean**

A strong collaboration with and involvement of non-governmental actors seems to permeate throughout all best practices in HIV responses across the region. In Brazil for example, decisions on HIV at all levels are taken with the strong participation of civil society. The Brazilian Government works within a strategic triangle that includes the Government, civil society, including the private sector, and international organizations. It provides financial and technical support to sex workers organizations directly through civil society organizations. The Honduras Ministry of Labour works directly with groups of women with HIV/AIDS to support them in setting up micro-businesses. It also associates with ILO to conduct trainings on HIV in private and public companies. Civil

society has a critical role to play in HIV responses by reaching out to the marginalized and disenfranchised, reminding policy makers of the rights of the right holders and communicating about what happens at the community level.

At the regional level, the Pan-Caribbean Partnership against HIV and AIDS (PANCAP) coordinates all major actors in the field of HIV across the region. It is a unique regional coordinating entity, which brings together 24 countries, with 16 civil society organizations, 12 bilateral/multilateral agencies, seven development partners and six regional institutions. PANCAP sets strategic priorities for the whole region, which are closely linked to policies at the national level. This collaborative framework counts with many successes in providing guidance to countries on public policies and goods.

The decentralization of HIV plans and policies at the state or municipal level was also mentioned, based on the Brazilian case, where the HIV response is set as a State policy, with robust financial backing from the central government.

It is only through a multi-sectoral approach that HIV can be effectively resolved because of the important socio-economic and gender determinants in HIV. Stigma and discrimination were again pointed out as being major obstacles to the success of HIV policies and programmes, as it prevents people to get tested and treated. As a result, between 80 and 90 per cent of people living with HIV/AIDS do not know they have the disease and the epidemic is driven underground. Gender identity, roles and power forces shape sexual expression and access to resources and can cause risk-taking behaviours. For example, femininity was associated with sexual submissiveness and availability, which limits the capacity or inclination to demand safe sex. Gender analysis is thus central to understanding HIV/AIDS transmission and initiating targeted programmes of action.

Widespread education to all youth was seen as being the most effective tool to change cultural and social behaviours. Proper community level support to drug addicts was also mentioned as being effective so as to prevent them from adopting risk-taking behaviours to be able to buy their drug dose.

Additionally, under-nutrition of HIV/AIDS patients is very serious and threatens to undermine the gains that have been made in the region.

#### *Recommendations from Session 3:*

- Guarantee inclusive structures and policies that respect civil society's right to participation.
- Repeal legislation which is premised on prejudicial and oppressive notions and pass legislation which advances social justice without discrimination or distinction based on gender, sexual orientation, socio-economic status, disability, or age.

- Address social drivers of the HIV epidemic such as marginalisation, poverty, gender, exclusion, violence and abuse as they undermine peoples' rights and freedoms and increase HIV infections in our communities.
- Adopt effective legal provisions and administration of justice against violence against women and girls; develop social services including shelters and social communications for zero tolerance.
- Develop and support educational programmes throughout the education system aimed at transforming social behaviour from the perspective of integral human development, with a focus on health, sexual education, human rights, empowerment and gender violence.
- Inform and empower individuals to take rational decisions about their sexual behaviour, by including education about sexual rights and reproductive health in prevention efforts.
- Include nutritional counselling in HIV care.

#### **E. Session 4: Implications of the Global Financial Crisis for HIV and Health**

It is clear that the global financial and economic crisis affects the region negatively, putting in question the capacity of the region to reach the MDGs by 2015. Some of the major social concerns are rising unemployment, a set back in poverty reduction, increased civilian unrest and criminality, political instability and a worsening of the health situation, including malnutrition and HIV incidence.

The consequences of the crisis on the population's health status are mainly defined by the vicious circle between poverty and illness. Also, the cuts in public expenditures are usually associated with a lesser quality of services and goods provided to patients. Prices of drugs generally tend to increase, which diminishes the capacity of people to access drugs.

All governments of the region have reacted to the crisis to mitigate its effects by putting in place stimulus packages. In particular, several actions were pointed out as being necessary actions to take in times of crisis. First, it is critical to maintain or increase investments in health. Health should be seen as an instrument to come out of the crisis, as it is a very important economic sector, with a great capacity to redistribute resources, create employment and reactivate the economy. The United States and China were mentioned as two examples of countries that are using massive investments in health to get out of the crisis.

Some countries pointed out that cuts in public expenditures are forcing governments to use their limited resources more efficiently. This has led Haiti for example to cut unneeded expenses in management, and look for increased involvement of other sectors to increase possible sources of funding and create synergies among sectors. Similarly, the Global Fund is currently seeking to coordinate the work among donor agencies and avoid duplications. Focusing on prevention and early detection, as a way

to reduce the number of new cases and reduce future costs was also pointed out. The Global Fund has also been looking into alternative funding instruments, including debt to health mechanisms, through which donor countries convert the debt of developing nations into donations to the Global Fund.

Secondly, as drugs often represent a major cost of health systems, an effective way of maintaining access to drugs in times of crisis is to decrease the cost of drugs and other medical inputs. In this regard, Argentina, along with a number of the region's countries has negotiated the price of drugs with laboratories, reducing their prices significantly. Similarly, Haiti is looking into establishing partnerships with Brazil to buy locally produced drugs and other medical products at a lower price.

Thirdly, governments must place special attention in protecting the whole population from poverty and illness, with a major emphasis on the most vulnerable, namely the poorest, the elderly, youth and most-at-risk groups. This requires maintaining or putting in place a basic social security, as China has established for its rural population, strengthening primary health care and increasing the capacity of communitarian systems to reach and protect the most vulnerable.

Finally, the importance and relevance of working in a horizontal/transversal manner with a view of strengthening the whole health system instead of treating diseases vertically is increased in times of crises. This approach allows significant savings and synergies to occur as well as a robust health system to emerge, which is necessary for a sustainable health system. The treatment of HIV/AIDS will increasingly call for chronic care, thus highlighting the relevance to the burgeoning problem of the chronic noncommunicable diseases and the impact of both on health systems.

#### *Recommendations from Session 4:*

- Strengthen horizontal cooperation among countries of the region to exchange and learn from best practices, as well as errors.
- Increase coordination and collaboration among countries to improve cost and efficiency of preventive and treatment efforts, including drugs and other medical inputs.
- Promote investments to strengthen local governments' and community-based groups' capacity.
- Include children orphaned by HIV, in social protection programs and support networks.
- Strengthen efforts to improve prevention of HIV, information and sexual education; Prioritize preventive interventions targeting high-risk and vulnerable groups.
- Conduct critical analysis and data analysis to identify deficiencies, gaps, and opportunities for intervention in the short-term and needs for long-term reforms.

- Protect and develop human resources for health to maintain its quality, competency and availability.

## **F. Closing remarks**

### **Feature Address**

**Sir George Alleyne**, United Nations Secretary General's Special Envoy on HIV/AIDS in the Caribbean Region and Director Emeritus of PAHO, stressed that one of the objectives of the meeting was to take stock of governments' response to the current economic and financial crisis and the likely implications for the fight against HIV in the broader context of the regional health and development goals. The involvement not only of governments but also of other actors, such as United Nations agencies and programmes and civil society, is the only way to advance and take concrete actions. He stressed the importance of investing in health as the basis for development and as a key factor to influence other sectors such as education, environment and climate change.

Dr. Alleyne reminded participants of the inverse relationship between economic performance and expenditure on health to showcase the likely negative impact of the economic crisis on the health sector and most specifically on HIV. The World Bank estimates that the number of poor people in the Latin America and Caribbean Region increased by six million as the result of the crisis. Dr. Alleyne also noted the reduction in economic activity, development assistance and flow of remittances as a consequence.

During these times of crisis, expenditure in health must be seen as a counter-cyclical measure. Governments must abide to their commitments and pay attention to maintaining a balance between HIV and other health priorities. Strengthening health systems, including Hospital Information Systems and Human Resources management, can also bolster the response to HIV. Dr. Alleyne also recalled the importance of offering protection to the most vulnerable in times of crisis – a lesson learnt from the 1990s' crisis.

The Secretary General's Special Envoy on HIV/AIDS stated that the three most important health issues of the Caribbean region include non communicable diseases (NCDs), HIV/AIDS and injuries. He pointed out the evolving similarities of HIV/AIDS and NCDs, which both require chronic disease care. As far as HIV is concerned, Dr. Alleyne concluded by saying that Governments must put priority on HIV prevention and addressing the social aspects of the disease as a means to reduce the number of newly infected. Efforts in HIV prevention, treatment, care and support must not be seen as conflicting with other health priorities. All should be maintained.

### **Closing Remarks**

**H.E. Ambassador Sylvie Lucas**, President of ECOSOC warmly thanked the Government of Jamaica for hosting the meeting on 'HIV and Development in Latin America and the Caribbean,' and all the organizations involved in the planning of the conference.

Ambassador Lucas noted how the past two days have been encouraging, particularly because of the presence and active participation of Ministers and others stakeholders not just from the health sector, but other sectors as well, making the meeting truly multi-sectoral. The President of ECOSOC underscored that the diverse background of participants present allowed the discussion on HIV to go beyond its health-related impacts, into the broader context of socio-economic development. What came out most strongly was the need to focus on education, awareness raising, communication and collaboration.

As President of the Council, Ambassador Lucas will endeavour to include some key messages of the Jamaican meeting in the Ministerial Declaration that is to be adopted by the Council's Member States in Geneva in July. She highlighted five elements she strongly urges Member States to take action on:

- (1) Governments should involve ministries of education, labour and finance among others, to develop a comprehensive, multi-sectoral and integrated approach in tackling HIV/AIDS.
- (2) The design of policies in all sectors should be supportive of public health. This includes better nutrition, safe drinking water, sanitation, and sustainable urbanization.
- (3) A need to change social behaviours towards HIV infected patients, with the view of respecting their dignity and basic human rights.
- (4) Governments need to ensure better and more equitable health outcomes for those affected. Governments need to lead the effort to reach out to the most excluded communities and make available affordable care, including through the promotion of risk pooling and pro-poor insurance schemes.
- (5) Health literacy and education is an important factor in ensuring significant health outcomes and should be a key component of all health policies and strategies.

Ambassador Lucas explained that next year's ECOSOC Annual Ministerial Review has as its theme gender equality and the empowerment of women, marking 15 year since the Beijing Conference on the advancement of women. With this in mind, she hoped that ECLAC Member States would volunteer to host another regional event.

**Dr. Grace Allen Young**, Permanent Secretary, Ministry of Health, Jamaica, explained that the success of the two day meeting comes from the firm and unrelenting commitment to find concrete solutions to overcome the spread of the virus in the region. The meeting's broad coverage of HIV/AIDS demonstrates the understanding of the complexities involved in the response to the epidemic.



Dr. Allen Young expressed how encouraging the progress towards access to antiretroviral drugs has been in the region. Thanks to the sustained efforts of national governments, the international community and private sector, individuals living with HIV/AIDS are living longer. Despite the economic crisis and its threat of eroding achievements towards the MDGs, Dr. Allen Young noted that there are many new windows of opportunity which the Region can pursue.

Furthermore, she commented that we all know that stigma and discrimination undermine the ability to progress at a faster pace. Therefore it is imperative that Governments address this issue. The Permanent Secretary added that the Latin American and Caribbean Region faces the common historical condition of repression, which affects how human rights are perceived. There is a lot of work to be done additionally in incorporating gender analysis into national policies and programmes.

The meeting included appeals to build more effective partnerships, focusing on prevention and capacity building. Integrated health systems and education were identified as being a key link in the success against HIV/AIDS.

Dr. Allen Young thanked ECLAC, ECOSOC and the Government of Luxembourg for the financial and technical support that was critical to the success of the event. She thanked the United Nations and its various arms for the continued support to this region, and congratulated the presence of so many participants as an indication of the individual and collective commitment to the HIV/AIDS agenda.

### **III. Conclusions and Recommendations**

A number of key messages emerged from the presentations and discussions. Firstly, addressing HIV is central to moving forward the public health agenda, socio-economic development and human security. Secondly, the region must provide renewed leadership and keep HIV on national and regional agendas. Current investments in HIV must be maintained and/or increased, with a focus on integrated development approaches. Thirdly, prevention of HIV infection is a critical component in halting and reversing the HIV epidemic and in sustaining and expanding the care and treatment response. Significant increases will be required in prevention coverage, particularly in health education, with particular emphasis on most-at-risk populations and youth. Fourthly, as stigma, homophobia and discrimination represent perhaps the single greatest barrier to attaining the HIV-related Goal, urgent and increased investment and actions are needed in support of human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country.

The presence of diverse sectors, in addition to the health sector, during the panel discussions reinforced the consensus that above-mentioned actions should be undertaken with a multi-sectoral approach. Due to the strong social determinants of the

epidemic and the stigma and discrimination associated to the disease, HIV cannot be tackled by the health sector alone but must involve all sectors, particularly social sectors and actors. Especially in the area of HIV prevention, the health and education sectors in close collaboration should take a leading role to address the needs of young people. This close collaboration and partnership should also be established with the labour sector to promote best practices and policies in response to HIV. The critical importance of involving all relevant stakeholders at all levels, including communities and families, was also highlighted.

Based on these central messages, participants reached consensus on a number of key recommendations for improving the prevention, treatment and care of HIV. These are drawn from the recommendations made during the four panel discussions and are summarized in 11 recommendations set out below:

- Member States should establish without delay an Inter-sectoral Working Group to follow up on the commitments made in the Ministerial Declaration adopted at the 17th International AIDS Conference in August 2008 in Mexico. Implementation of commitments undertaken in the Declaration should be closely monitored.
- Governments need to develop a balanced approach to comprehensive prevention, care and treatment programming that addresses the social, infrastructural and legal factors and barriers that underpin risk-taking and vulnerability.
- Investments should be targeted to strengthening integrated public health systems. Multi-sectoral approaches to health education, health communication and health service delivery should be a key component of this integrated approach. Success of treating HIV/AIDS will show the similarities with the care of chronic non communicable diseases, both of which will benefit from strengthened health systems.
- Governments, employers, labour sector, and other partners, must work together to develop and implement a comprehensive approach to HIV prevention in the workplace. HIV workplace policies and programs need to promote prevention, expand access to care and treatment, and promote non-discrimination to mitigate the social and economic impact of the HIV epidemic.
- To effectively scale up HIV treatment, it will be critical to strengthen primary health care services, decentralize service delivery points; integrate community-based care and informal social networks; and de-stigmatize the provision of HIV services by removing the element of 'identifiable' HIV facilities, including in the workplace.
- Governments must promote the active engagement of the mass media and civil society in the promotion and implementation of comprehensive sexual education, promotion of sexual health and prevention of HIV. Health promotion programmes

should include ample participation of communities and families, including adolescents and youth.

- Given the impact of the epidemic on women throughout the region, gender inequity needs to be addressed across development programming through specific and targeted interventions, and in particular the empowerment of women.
- Most-at-risk populations, such as men who have sex with men, sex workers, prisoners and injecting drug users require targeted interventions, including outreach services and improved access to basic sexual health services.
- Health services must include access to counselling, testing and comprehensive clinical care for HIV, counselling and services for reproductive choice, and counselling , harm reduction strategies and treatment for drug and alcohol abuse. Health services must be provided in settings free from discrimination and homophobia.
- Antiretroviral drugs should be made available to all at lower costs.
- Policy decisions and programmes must be based on high quality and timely research. Strengthened surveillance systems that routinely capture all those affected by the epidemic, including those most at risk and vulnerable is the basic tenet upon which country responses should be based. Surveillance systems should also capture where new cases are coming from and project where they are likely to arise; whether the epidemic is increasing, stabilizing or decreasing; and profiles and numbers of people living with HIV.