

## REPORT ON THE REGIONAL HIGH LEVEL CONSULTATION ON UNIVERSAL ACCESS

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### **ACTIVITY 1: CS WORKING MEETING**

By invitation nine Latin American networks of organizations and populations in the HIV/AIDS response participated in a working meeting on Monday February 28: AL SICAL (MSM), RedLA+ (PLWHA), COASCE (organizations working with prisoners), ICW, LACCASO, Latin American and Caribbean Movement of Positive Women (MLCM+), Red Lac Trans, RedTraSex, Relard (harm reduction). Amira Herdoiza and Mabel Bianco were invited in representation of the PCB NGO Delegation from LAC.

#### **Results:**

1. Information sharing about the PCB and the NGO Delegation (Mabel, Amira), especially about its membership, characteristics, functions and communication mechanisms. The work dynamic of the delegation through internal consensus building processes was explained and it was made clear that the delegation's positions are reached in a joint manner.

Participants were invited to participate through the LAC delegates by providing their input, in order to guarantee the presence of the region with regard to its needs and expectations at the grassroots level. There was very positive feedback and commitment to maintaining permanent communication.

Joint responsibility was requested and agreed on for mobilizing high level authorities at country and regional levels to participate in the HLM in New York.

Lilian Abracinskas from the Civil Society Task Force (CSTF), and the only representative of Latin America in that group, presented updates about the Hearing that will be held in April. It became clear that there could be problems with the participation of government actors, since it overlaps with a meeting of the Horizontal Technical Cooperation Group (GCTH for its Spanish abbreviation, which brings together all the heads of the HIV Programs of the Health Ministries in the region), which will be held on almost the same days in Panama. Since it is fundamental that the Hearing consider the dialogue between CS and governments, we will insist with UNAIDS, GTZ and the GCTH to reorganize the dates or move the meeting to New York prior to the Hearing. (This was requested on the last day but it was not successful).

2. Networks' Position Document for the Consultation: UNIVERSAL ACCESS IN LATIN AMERICA AND THE CARIBBEAN. FEWER PROMISES, MORE ACTION! The networks had reached consensus on the position document with two main approaches: promote that the consultation not only create promises, but that it propel actions and that a clear proposal for monitoring and evaluation come out of the meeting, that will allow for follow up of concrete, real and practical results.

The document was reviewed and although there were some suggestions for ways to strengthen it, it was agreed that it was strategically appropriate to deliver it on the first day.

Ministers and Vice Ministers (El Salvador, Cuba, Uruguay, Mexico) participated, as did other government representatives, mainly Health Ministers, an OAS representative, one Children's Minister (Paraguay), UN agencies and other cooperation agencies, several CS sectors: 9 networks, PCB representatives, International NGOs. Latin American CS had a strong presence.

## **ACTIVITY 2: CONSULTATION**

On the **first day** of the consultation there were two sessions:

### **1. Presentations**

- Emphasis on analyzing the context and evolution of the epidemic
- Need to give LAC more visibility in the global context
- Overcome rhetorical positions and move forward to actions
- Establish clear follow up mechanisms with community participation and especially PLWA
- Make all populations visible
- Multi-sectoral approaches are fundamental, particularly in work developed in conjunction with education
- The Human Rights approach, an approach based on gender equity and an intensive response to stigma and discrimination

### **2. Working groups**

7 groups were established: Leadership, Prevention, Financial sustainability, comprehensive care, stigma and discrimination of PLWA, stigma and discrimination of affected populations, gender perspective.

The methodology was that all the participants rotated groups with the different themes. Time was very limited and for this reason in the final plenary it was identified that there is a need to continue working to create reporting that goes beyond diagnoses and declarations. CS pushed the process forward and agreed to review a new version on the second day of the consultation.

## **Second Day**

Despite perceived disagreement between different actors, the work continued as planned with the presentations and without any more possibilities for debate. For this reason, CS decided to give up its space for the presentation and review of the document that was pending from Day 1.

In the presentations, donors' visions were presented: USAID, GTZ, GFATM, WB and another Futures Groups, in reference to these presentations some themes were highly questioned:

The WB study that presents the efficient countries and therefore qualifies the inefficient countries in terms of investments in HIV. Primarily, it was observed that the evaluation criteria are not put into effect with countries and that they are not appropriate to local realities.

The long term perspective is principally based only on technological discoveries without considering how fundamental the social and rights-based approach is. The dangers of bioclinical research based on pharmaceutical companies' interests was referred to a fair amount.

Likewise, participants insisted on not defining the eligibility and prioritization criteria of countries based on averages. In the case of the GFATM, it was raised that the criteria will be reviewed next May by the Board.

The document is attached. Because it is still very conceptual, a commission was created to write a final version that considers quantifiable goals and concrete follow up mechanisms. The commission will be made up of: 2 network delegates, 2 government delegates, 2 UN delegates from UNESCO and UNAIDS.

### **Some general agreements:**

The Minister of El Salvador committed to convening a meeting with regional representatives and national government authorities to get them interested in the meeting

Bring greater visibility to the region

Anti-stigma and discrimination approach

Advocate for sustaining funding in the region

Advocate for national investments in the response

Some countries, principally Brazil, continuously advocated for a regional proposal for production of and access to generic medicines

The CS organizations insisted on the need for a gender equity approach, a focus on comprehensive sexuality education, and access to condoms, especially female condoms

The sex worker's network insisted on access to education as a true element for social inclusion.