


The road towards universal access



Scaling up access to HIV prevention, treatment, care and support

30 JAN
2006

Meeting the challenge in Latin America

The Latin American regional consultation on scaling up towards universal access: lessons in regional and country ownership and broad inclusiveness of people living with HIV, faith-based organizations and civil society at large.

Regional consultation on scaling up towards universal access, Brasilia, Brazil, 12-14 January 2006



Lowering the prices of AIDS medicines and other essential commodities, securing additional donor support, increasing international awareness of the epidemic in the region, and reducing homophobia and gender discrimination were among the priority actions identified at the Latin America regional consultation on scaling up towards universal access.

The first universal access regional consultation

The regional consultation on universal access—the first of its kind—was organized by Latin America's Horizontal Technical Cooperation Group (HTCG) and seven civil society networks in Latin America and the Spanish-speaking Caribbean. Attendance by both governments and civil society groups from across the region was high. Representatives of networks of people living with HIV, sex workers, men who have sex with men and other groups at high risk of exposure to HIV engaged in constructive dialogue with representatives of national AIDS authorities, UNAIDS Cosponsors, the Assistant US Global AIDS Coordinator and the Catholic Church.

This diversity brought rich perspectives in identifying major obstacles to universal access and actions to overcome them. Participants expressed themselves with openness and zeal, bringing their countries' and communities' experience to bear on regional efforts to improve access to prevention, treatment, care and support.

Participants were urged to find solutions to the major political, economic and social obstacles to scale up. "Much excellent technical work has been done...but it is essential that comprehensive AIDS programmes address the political, social and cultural barriers that deter the poor, young people, women, men who have sex with men, and others from getting access to these programmes", emphasized UNAIDS' Michel Sidibe, Co-chair of the Global Steering Committee on scaling up towards universal access.

Largely successful efforts to scale up treatment and care programmes, insufficient action on HIV prevention.

An overview of the state of the AIDS response in Latin America found a paradox between largely successful efforts to scale up treatment and care programmes and insufficient action on HIV prevention. In general, current prevention programmes in the region do not sufficiently target groups vulnerable to infection, nor do they systematically use scientifically tested methods. Prevention commodities (e.g. male and female condoms, safe injecting equipment and diagnostics) are too scarce and too expensive. On treatment, the 62% coverage in Latin America appears to put universal access in sight, but the situation is challenging—medicines are still not locally made in sufficient quantity, second-line treatments are hugely expensive, and bilateral free trade agreements are eroding countries' abilities to take advantage of international agreements that allow countries to produce low-cost versions of patent-protected medicines. Together, rising HIV infections and high costs of medicines threaten the sustainability of present treatment coverage levels.

Prevention lags behind because of stigma, lack of financial commitment by countries and poor outreach in rural areas.

Three panels discussed general obstacles to scaling-up. A panel on the integration of prevention, treatment and care explained how prevention was lagging behind because of stigma, lack of financial commitment by countries, and poor outreach in rural areas and among vulnerable groups. Treatment and care efforts were faring better, although vulnerable groups faced difficulties in accessing treatment—homophobia and gender inequities were cited as major barriers—and follow-up care was uneven in quality, in part due to a high turnover of health workers.

Working with civil society

Another panel focused on the availability, cost and distribution of essential commodities. It identified several key factors restricting access to affordable medicines, condoms, HIV tests, viral load tests, safe injecting equipment and other important commodities:

- the inability of some countries to make use of flexibilities in the global patent rules;
- weak procurement and distribution practices;
- geography -- large areas with many remote populations -- coupled with inadequate planning and logistics; and
- prevention programmes driven by ideology rather than scientific evidence.

Recommended solutions

Homophobia, violence against women, reaching young people and adolescents, the role of people living with HIV in developing national policies on AIDS, and the role of the influential Catholic Church in the AIDS response—these issues were among the topics discussed by the third panel. In most countries of the region, laws were already in place that guarantee the right to health and protection from discrimination, but these were rarely enforced. Regulations and budgets necessary for the application of this legislation were not in place in most countries. There was a need for greater involvement of people living with HIV and civil society as a whole in forming policy and delivering services. The panel stressed the urgent need to counter homophobia across the region. The participants also suggested that AIDS activists needed to build bridges with the Catholic Church, as it was not only the leading spiritual influence in the region, but also a major provider health and social services. Ways to better provide adolescents and young people with prevention, treatment, care and support services—an issue that cuts across the entire AIDS response—were also discussed.

The second and third days of the consultation were devoted to developing recommended solutions to the major obstacles at regional, as well as national and global levels. The regional actions identified were the most detailed and had clear timetables, reflecting the regional focus of the consultation. These were:

1. Regional tracking of progress and the provision of support to national consultations on scaling up towards universal access.
2. Specific steps by sub-regional coordination mechanisms and regional civil society networks to strengthen joint price negotiations on essential commodities; and also to explore unified regional or sub-regional purchases of commodities in an effort to further reduce costs.

3. Development of a joint proposal by the Brazilian AIDS programme and the Latin American and the Caribbean Council of AIDS Services Organizations (LAACASO) to take advantage of flexibilities in global patent rules in promoting more affordable antiretroviral medicines, in particular those used in second-line regimens.
4. Enlargement and strengthening of a regional technological and multisectoral network (comprised of government and civil society) to guarantee technology transfer and local or regional production of prevention and treatment commodities including diagnostics.
5. Development of regional proposals for Global Fund grants and other external funding.
6. Increased technical support to be provided by the Horizontal Technical Cooperation Group for development of gender-sensitive monitoring and evaluation systems within national AIDS responses.
7. Increased technical support to be provided by the Horizontal Technical Cooperation Group for the establishment of national prevention baselines focusing on vulnerable populations.

Countries preparing national consultations on scaling up towards universal access were urged to allocate more resources to HIV prevention within both health and non-health sectors; to strengthen the role of civil society and social movements in national policy-making processes; to increase funding to nongovernmental organizations; to include education on sexuality and gender equality in the national AIDS plan; to strengthen the capacity of social movements and other key partners in the AIDS response; and to strengthen public policies and the enforcement of legislation against discrimination and gender bias and supportive of the human rights of the poor and vulnerable. Countries were also encouraged to hold national consultations on scaling up towards universal access by the end of March 2006.

Participants also called on global-level partners to develop tools to evaluate progress towards universal access at country and regional level, including external verification; to strengthen international political and economic commitments to reduce prices of essential commodities; and to review indicators and criteria used to determine countries' eligibility for international financing. They also called for stronger international efforts to improve support for populations at particular risk of HIV infection; to strengthen HIV prevention policies through greater application of scientific evidence from health and social science research; and to make Spanish- and Portuguese-language editions of key documents on the AIDS response available to the communities and governments in the region.