Report of the ECOSOC Annual Ministerial Review

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

Montego Bay, Jamaica, 5-

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.

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 "aids0000" 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 exac

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 aff

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 multisectoral involvement and the inclusion of broader development drivers of the epidemic into HIV plans and programmes.

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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 00 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

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)

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

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

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

F. Oosing remarks

Feature Address

Sr 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

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

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. Condusions 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

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