

Political Positioning of Civil Society and Communities in Latin America on the High-Level Meeting on HIV/AIDS – HLM 2021



Latin America has failed to achieve all the HIV-related goals that its governments have committed to. It is also the most unequal and inequitable region in the world. This significantly affects the universal access to comprehensive health services in general, and particularly those related to HIV/AIDS: health promotion, combination prevention, including timely HIV and STI testing, access to treatment for people living with HIV, and economic and social protection measures for the most vulnerable.

Our region is characterized by an epidemic concentrated among key and vulnerable populations. We are the most stigmatized, discriminated against, and criminalized groups. At the same time, we are populations with high rates of poverty, social exclusion, and unemployment.

The number of new HIV infections has not declined in the region, representing thousands of new persons diagnosed per year. Furthermore, poor strategic information management thwarts our efforts to improve our understanding of the epidemic, and we are not able to optimise the allocation of limited resources in more effective, efficient, and timely interventions for those who need them most.

High levels of stigma and discrimination against people living with HIV force us out of treatment cascades before we are able to achieve viral suppression, and our social vulnerability increases daily due to the high levels of exclusion in the labour and education sectors. In Latin America, living with HIV is not only a life-threatening condition, but also represent a high current and future deficit in economic, social, and educational aspects.

In Latin America, we face a dangerous and insidious growth of religious, fundamentalist, and anti-rights groups, which have strongly influenced our countries' executive, legislative, and judicial bodies. As a result, the dangerously symbiotic relationship between the government and several religions has increased. This jeopardizes our decades-long achievements in ensuring people's rights. We recognize that despite the progress so far, there are significant policy gaps for the protection of our human rights.

It is estimated that in Latin America, there are eight hundred indigenous peoples, the original owners of the lands, who are subject to systemic discrimination and social abandonment, with a lack of programmes that integrate health with cultural relevance. This makes them vulnerable to HIV, as well as to food and education insecurity.

Many of our governments have delegated their responsibility to manage externally funded projects, such as grants from the Global Fund for AIDS, Tuberculosis, and Malaria or PEPFAR, without assuming their commitment to increase national investment in health and, in particular, in HIV programmes.

Latin American countries are not prioritised in donor agendas and are severely threatened by a trend in reduced funding, which will further thwart our community systems. This is evident in countries where donors have withdrawn investments in health, resulting in the loss of comprehensive services for populations, as well as the extinction of decades-old civil society organisations and their ability to monitor and report low investments, questionable management, and corruption.

For over a year, Latin American countries have been facing the COVID-19 pandemic without having solved a previous pandemic: HIV. At best, our governments and their ministries have devoted all their resources to the response of the COVID-19 crisis, neglecting or suspending programmes related to HIV/AIDS, STI, Tuberculosis, Sexual Health and Reproductive Rights, Viral Hepatitis, among others, while leaving many key and vulnerable populations facing an unprecedented health and social emergency. This will have a high cost in morbidity and mortality. Even so, the new pandemic strikes Latin American countries with disparate health responses. We look with dismay at how COVID-19 vaccines, promising technologies for controlling this novel coronavirus, are stored in rich countries' warehouses. The concentration of about 80 percent of vaccines in developed countries shows that international health solidarity is only a rhetorical stance.

Inequalities, stigma, discrimination, and criminalization have increased structural barriers to a timely access to health and a lack of access to sustainable and predictable financial resources for a comprehensive response to HIV. Latin America is preparing for the new High-Level Meeting without having achieved the goals agreed upon in the previous HLM, in 2016. This trajectory would have been evident with or without the emergence of the COVID-19 pandemic.

In the region, we have never seen such a significant number of countries facing deep democratic, political, and institutional crises, poor governance, poor management, the intervention of religious fundamentalists, the loss of guarantees and human rights, and high levels of corruption. This has led to the loss of government leadership in the HIV response. We face a severe risk of losing health benefits and the realisation of rights.

Because of this, we demand from the governments of the region:

1. A genuine commitment to the goals of the Global AIDS Strategy and ensuring that the response to the COVID-19 pandemic is not used as an excuse to neglect the response to the HIV pandemic.
2. Introduce changes in legislative and policy frameworks, eliminate punitive laws that violate the rights of people living with HIV, key populations, and communities vulnerable to HIV. Governments and parliaments must protect people's rights, respond to people's needs, and honour the definition of a secular state, away from the influences of churches and creeds.
3. Implement specific actions to ensure that ministries of health, education, social protection, and security, among others, and their programmes regain their leadership in the government's response to HIV. None of the goals will be achieved without a State committed to the service of all citizens.
4. Develop comprehensive social care programmes for people living with HIV (addressing adverse effects, other comorbidities, and premature aging) and key and vulnerable

populations that ensure access to quality food and education. There is an urgent need for a state commitment to reduce the inequalities that mortgage the future of part of our population, particularly those related to HIV.

5. Urgently address the need for improved access and management of strategic information on HIV, STI, Tuberculosis, viral hepatitis, and other associated diseases to enable knowledge and scientific evidence-based decisions.
6. Ensure that the Political Declaration of the High-Level Meeting includes key populations by their name: gays and other men who have sex with men, sex workers, transgender people, drug users, and persons deprived of liberty, as well as naming vulnerable populations: young people, women, girls, boys, indigenous communities, ethnic minority populations, persons with disabilities, and migrant populations or people displaced by political and humanitarian crises.
7. Implement programmes and actions for women and young people to access integrated HIV and sexual and reproductive health services and timely HIV diagnosis to eradicate the vertical transmission of HIV and other STIs, including women and girl empowerment programmes. Moreover, there is an urgent need to integrate services to prevent and eliminate gender-based abuse and violence, closing the gap in the access to education and work. We call for the inclusion of Comprehensive Sexual Education in all educational levels, educational plans, and other areas outside the educational system.
8. Implement combination prevention programmes in all our countries, with population-differentiated actions and interventions to significantly reduce the number of new infections, timely access to diagnostic tests, and HIV treatment to achieve sustained viral suppression, thus stopping the circulation of HIV in the community (undetectable equals non-transmissible). An increase in the availability of condoms – male and female – lubricants, HIV pre-exposure prophylaxis, HIV testing, and self-testing, among others.
9. Guarantee universal and sustained coverage of optimal antiretroviral treatment, including antiretroviral drugs in paediatric formulation, as well as supplies needed for infection monitoring, such as CD4 and viral load tests.
10. Universalize the access to the prevention and treatment of (sensitive and resistant) tuberculosis among people living with HIV, being that this is still the leading cause of death.
11. Take the necessary actions to increase the meaningful participation of individuals, organisations, communities, and groups in designing, implementing, and monitoring HIV-related programmes and interventions. Provide organisations and networks with the necessary resources to provide quality community services and enable groups and NGOs to be strengthened and sustained.
12. Strengthen measures to curb the progress of the COVID-19 pandemic with interventions that consider human rights and the intersection between both pandemics. Health and social protection systems and services in the region are not resilient and have been affected by the response to the recent pandemic, to the detriment of the HIV responses. Even so, the most

vulnerable populations, including people living with HIV and affected by tuberculosis, must be prioritised in vaccination plans and access to economic and social assistance during this crisis. We demand a thorough review of the human rights violations that occurred in the health emergency context.

We urge the International Health Organisations, the United Nations System, and donor communities to:

1. Stop the systemic financial underfunding of our region due to a political decision justified by World Bank estimates that do not describe the reality of the so-called middle- and high-income countries.
2. Significantly increase their presence in our countries and the quality of technical advice to the Ministries and Programmes from all countries to ensure that the 2025 Targets are reached.
3. Implement a roadmap with the specific allocation of financial resources/investments to fulfil the new goals of the Global AIDS Plan.
4. Intervene in the abusive actions of the pharmaceutical industry and those who provide other health supplies or technologies for the treatment, care, and follow-up of people living with HIV. Patents and improper exercise of the right to intellectual property financially repress many countries in the region. We urge the vital adoption of the safeguards of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and intraregional assistance for the development and manufacture of medicines and medical supplies.
5. Provide access to sustained external financing without restrictions that allow civil society, communities, and organisations to fulfil their control, monitoring, and political advocacy roles.

The individuals, organisations, and communities supporting this regional statement support the goals and targets of the Global AIDS Strategy and urge member states to adopt them as a commitment in the 2021 Political Declaration of the High-Level Meeting on HIV/AIDS. We also demand compliance with international agreements and commitments related to a comprehensive and rights-based response to HIV, including the goals and objectives proposed in the 2030 Sustainable Development Agenda.

We request a mid-term review, not later than 2023, to weigh the progress and delays, and hold Member States accountable for meeting the goals of the global strategy. The actions or omissions of our governments in the coming years will make the difference between ending, or not, the AIDS epidemic by 2030, even more so in the context of the COVID-19 pandemic.

“Ending AIDS will only be possible if inequalities are eradicated.”

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