Despite significant efforts to halt the spread of the epidemic, HIV continues to grow, with over 4.3 million new infections in 2006 worldwide. HIV challenges governments, civil society, and international organizations to respond in a comprehensive and decisive manner – while usually facing insufficient human and financial resources.

**LAÇOS SUL-SUL (LSS)**
**SUPPORTING THE RESPONSE TO HIV THROUGH SOUTH-SOUTH COOPERATION**

LSS was launched by Brazil in 2004, and includes Bolivia, Cape Verde, Guinea Bissau, Nicaragua, Paraguay, Sao Tome and Principe, and Timor Leste. It involves a common commitment to ensure universal access to HIV/AIDS prevention, treatment and care through horizontal exchanges of information and joint elaborations of strategies and action plans – all within the context of solidarity among developing nations and a model of horizontal cooperation.

This model of South-South cooperation recognizes that the ultimate responsibility and ownership of the response to HIV lies with participating countries, not donors or international organizations, and is in line with the “3 ones” principle. Another novel characteristic is that the Initiative utilizes a human rights-based approach to achieve these goals, focused on:

- The right to know how to protect oneself and others from HIV
- The right to know one’s HIV status, with the guarantee of adequate counselling
- The right to integrated comprehensive treatment and care, including paediatric treatment
- The right of all babies to be protected from HIV transmission from their mother

Because children and adolescents have often been ignored in national programmes to fight HIV/AIDS, the second phase of LSS placed an added emphasis on them, especially in terms of PMTCT, which complements existing programs for other populations and groups. This approach is in line with the Global Campaign launched by UNICEF — Unite for children, Unite against AIDS, as it includes prevention of HIV transmission from mother to child (PMTCT), paediatric treatment, prevention among adolescents, and protection of orphans and vulnerable children. In addition, LSS also includes treatment of mothers who, through PMTCT, are found to be HIV+, independent of their child’s HIV status (PMTCT+).
In September 2004, the Government of Brazil, through its National Programme on STD/AIDS, pledged to offer universal access to first line treatment to six Portuguese and Spanish-speaking countries committed to halt the spread of the epidemic while HIV/AIDS prevalence is still relatively low. The purpose of the Brazilian pledge was to contribute to the strengthening of national policies and efforts to support universal access to antiretroviral treatment (ART).

UNICEF joined this partnership, adding technical and financial support to incorporate a special focus on pregnant women, adolescents and children. This particular focus includes informing these populations of their right to prevention and treatment so as to increase utilization of such services. UNAIDS, realizing the innovative nature of this partnership, as well as its potential, also joined.

In October 2004, Brazil hosted the first meeting of the newly formed partnership, which included representatives from the governments of Brazil, Bolivia, Cape Verde, Guinea Bissau, Paraguay, and Sao Tome and Principe, Timor Leste, as well as representatives from UNICEF and UNAIDS.

During this initial meeting, all participating countries agreed that the focus would be much broader than just treatment, and the provision of anti-retrovirals (ARVs), but that the Initiative would also include an ongoing exchange among the countries involved, focused on universal access to prevention, treatment, and care, through several mechanisms, such as human capacity development, and strengthening of civil society, human rights, and youth involvement and mobilization. As a result, the following lines of action were agreed to:

- Ensure universal access to prevention, including counselling and testing, and treatment
- Generate demand for services, thus increasing utilization
- Create a supportive environment through social mobilization to decrease stigma and increase service utilization
- Active participation of those who utilize services at different levels of decision-making and evaluation

In November of 2005, Brazil hosted the second meeting of the Initiative, and Nicaragua joined as the 8th participating country. This second meeting consolidated the partnership, and allowed countries to share the significant progress that has already resulted from the Initiative. Some of the key agreements made during the meeting included:

- Move from a bilateral “Brazil-other country” approach to an alliance where all eight countries share and learn from each other, therefore changing the name from Brazil + 7 to Laços Sul-Sul (LSS)
- Commit to continued scale-up of national treatment programmes, including paediatric treatment, PMTCT, and PMTCT + , utilizing Brazilian ARVs and technical assistance
- Commit to continued scale-up of counselling and testing programmes, with the goal of reaching 100% of pregnant women, with Brazilian technical assistance and rapid tests procured by UNICEF
- Strengthen monitoring and evaluation as well as surveillance systems, using Brazilian models and technical assistance
- Expand social mobilization programmes and prevention efforts among adolescents

In February of 2007, the Government of Cabo Verde hosted the third meeting of this Initiative – for the first time held outside Brazil. The meeting reinforced the ongoing commitment of all partners, and allowed participating countries to share the remarkable advances and concrete results achieved since the birth of the Initiative. During this meeting, participating countries signed the “Praia Declaration,” which among other topics included:

- An increased commitment to ongoing cooperation and activities that seek to consolidate the Three One’s principle
- A joint commitment to greater inclusion of civil society in both the development ad implementation of public policies in the participating countries, including through the creation of networks of people living with HIV/AIDS
- A continued commitment to strengthening PMTCT + programmes, guaranteeing both access to testing and treatment for pregnant women
- A renewed commitment to reach universal access to prevention, treatment and care in all the countries involved
- A recognition of UNICEF’s important contribution to the initiative in supporting a model of true horizontal cooperation among nations and in supporting the Initiative’s attention to pregnant women, children, and adolescents
COMMITSMENTS OF PARTICIPANTS IN THE LSS INITIATIVE

1. The Brazilian Government will:
   - Provide free first line ARVs manufactured in Brazil to the other seven member countries
   - Identify and send consultants to the other seven member countries to scale up prevention, treatment and care activities, with a special focus on PMTCT
   - Offer technical assistance and logistics support for counselling and testing activities
   - Provide relevant publications to help in the training of health care professionals working with HIV/AIDS
   - Provide the necessary infrastructure to allow persons from the other seven member countries to complete relevant trainings in Brazil

2. The Governments of Bolivia, Cape Verde, Guinea Bissau, Nicaragua, Paraguay, Sao Tome and Principe, and Timor Leste will:
   - Strengthen National HIV/AIDS Programmes through cooperation with Brazil, other member countries, UNICEF, and other UN agencies
   - Ensure free access to HIV counselling and testing for a growing number of adolescents and 100% of pregnant women
   - Ensure universal access to anti-retroviral treatment and increased utilization, with a focus on pregnant women, adolescents, and children
   - Accelerate the implementation of PMTCT programmes
   - Accelerate the utilization of treatment and services to all HIV+ pregnant women, their children, and their partners
   - Ensure access to second line and opportunistic infection treatment

3. UNICEF will:
   - Support national capacities in their response to HIV in all eight countries participating in the Initiative, with a focus on increased service utilization
   - Strengthen the participation and mobilization of adolescents in prevention activities and interventions targeting couples
   - Procure rapid test kits to diagnose HIV infection in pregnant women, and in the case that they are positive, to diagnose their children and partners
   - Conduct evaluative research of existing services to determine disparities in the access to information and services based on gender, race/ethnicity, age, geographic location, and socioeconomic status, in order to more effectively and efficiently implement treatment and PMTCT programs
   - Support the development of effective communication strategies to increase the demand for information, access, and use of prevention, treatment, and care services, therefore fostering a supportive social environment for the utilization of services
   - Support the provision of ARVs

4. UNAIDS will:
   - Offer technical assistance to the eight member countries
   - Make available local and regional UNAIDS offices to help the Initiative
   - Offer existing educational materials
   - Support the development of communication strategies to showcase the achievements of the initiative
   - Mobilize and encourage UN agencies to offer specific contributions to the Initiative

COUNTRIES PARTICIPATING IN THE INITIATIVE
RECENT ACHIEVEMENTS THROUGH LSS

Brazil
With a population of almost 180 million inhabitants, the Brazilian National Programme estimates there are almost 600,000 HIV+ persons, with a national prevalence of 0.6%. Every year, there are close to 25,000 new aids cases, with growing numbers among women and blacks. The epidemic continues to grow primarily through heterosexual transmission.

Achievements to date through LSS:
- Launched the 2006 updated version of the National PMTCT Protocol
- Trained 234 professionals during 11 workshops in the North and Northeast regions to conduct rapid HIV testing, with a focus on maternities
- Completed the first part of the Sentinel Study of Pregnant Women to estimate HIV prevalence and access to HIV testing
- Piloted and finalized the kit “Do I need to get tested for HIV?” among 1,600 adolescents in 3 states, and will begin implementation of this kit in 2007
- Supported the Health and Prevention in Schools Project, which includes the Ministry of Health, the Ministry of Education, UNESCO, and UNICEF with the training of over included training of over 300 professionals, including health and education professionals, as well as the training of over 200 peer educators
- Overall, Brazil has been able to reduce new AIDS cases among children due to MTCT by close to 50% in the last 2 years (669 cases in 2004, 530 cases in 2005, and 109 by June 2006)

Bolivia
Over 2,200 HIV+ people have already been identified, but UNAIDS estimates that approximately 6,800 people are living with HIV/AIDS in this country of approximately 8 million inhabitants, with an estimated prevalence varying from 0.1% to 0.3%. The epidemic shows increasing feminization, and there are approximately 2 men for every woman identified with HIV/AIDS.

Achievements to date through LSS:
- Developed and validated national guidelines for paediatric treatment and PMTCT
- Capacity building for civil society engagement and participation with 61 representatives of civil society

Cape Verde
The first case of AIDS in Cape Verde was identified in 1985, and prevalence is currently estimated to be among 1.1% and 1.7%. As of the end of 2006, 1,940 people had been identified as HIV+. One of the greatest challenges in this country is protecting young persons, who represent almost half of the total population of 434,000 inhabitants.

Achievements to date through LSS:
- Increased HIV testing for pregnant women by over 400% from 2005 to 2006 (1,156 to 4,974)
- 220 adults and 22 children now on treatment, ensuring access to treatment for all who were known to be HIV+ and met clinical guidelines for initiating ART
- Completion of a HIV National Training Plan for health professionals
- Exchange program for health care professionals working with clinical care and PMTCT

Guinea Bissau
Of the countries participating in the Initiative, Guinea Bissau has the highest HIV prevalence, estimated to be 8.7% among its 1.5 million inhabitants. Among pregnant women, recent studies indicate a 7.3% prevalence rate.

Achievements to date through LSS:
- Began offering ART for the first time thanks to the Initiative, and now have 328 adults and 21 children on treatment – ART treatment is planned for 89 children and 500 adults in 2007
- Trained over 100 health care professionals in diagnosis, treatment, and care of HIV/AIDS
- Began implementation of the National HIV/AIDS Surveillance System
- The national HIV/AIDS treatment protocol has been approved; a new National Strategic Plan against HIV/AIDS (2007-2012) has been finalized

Paraguay
The first case of AIDS was identified over 19 years ago, and since then, the number of documented HIV/AIDS cases has risen to over 5,000 cases in 2006. However, there are an estimated 20,000 people living with the virus. Women represent approximately 1/3 of all cases, and the prevalence among pregnant women is 0.8%, higher than that of the general population, estimated at 0.5%. Among new cases, 81% are between the ages of 15-39.

Achievements to date through LSS:
- 300% increase in the number of pregnant women tested for HIV from 7% to 22% of all estimated pregnant women being tested (from 4,709 to 35,000 pregnant women tested out of an estimated 160,000)
400% increase in the number of HIV+ pregnant women receiving ARVs for PMTCT (from 28 to 113 out of a total of 850)

780 professionals trained in PMTCT

Thanks to the Initiative, an additional 593 people now receive ART, including 112 children, bringing the total up to 1,179 people on ART

50% increase in the National Budget dedicated to HIV/AIDS

Sao Tome and Principe

In the two islands that comprise this country, there are a total of 140,000 inhabitants. HIV/AIDS prevalence is currently estimated to be around 0.44% and 3%. There has been a significant increase in prevalence among pregnant women, going from approximately 0.1% in 2001 to 1.5% in 2005. To date 238 identified people have been identified as HIV+.

Achievements to date through LSS:

90% of identified HIV+ pregnant women received ARVs for PMTCT

2,180 pregnant women were tested for HIV

Developed a National Strategic Plan to fight HIV/AIDS for 2004-2008

Expansion of counselling and testing programmes throughout both islands

Nicaragua

With a total population of almost 5.5 million inhabitants, Nicaragua has an estimated HIV prevalence of 0.2%. One of the greatest challenges is the increasing number of women who are infected. Five years ago there were 7 men for each woman infected, while today the ratio is 2.4 men for each woman infected. In addition, infections continue to grow significantly along adolescents, with an estimated 50% increase in incidence rates in the last 2 years.

Achievements to date through LSS:

335 people now on treatment

Completion of a HIV National Training Plan for health professionals

Training of health professionals in clinical care

With ARV treatment now available, mortality rates due to AIDS have dropped to 25.3%

10 of the 17 national departments now offer PMTCT services

50 of the 153 municipalities in the country now offer rapid HIV testing

400% increase in the demand for HIV testing

Timor Leste

With almost 925,000 inhabitants, HIV prevalence is estimated to be 0.5%. However, there are serious challenges in prevention due to inadequate surveillance and information on the epidemic as a whole. A recent study indicated that only 16% of women between the ages of 15 and 49 have heard of HIV/AIDS, and of these, only 1% knows how to prevent transmission. Studies also indicate that close to 40% of commercial sex workers do not use condoms. To date, there have been a total of 43 HIV+ people identified in Timor Leste (35% of which are women).

Achievements to date through LSS:

Began offering ART for the first time and now 12 persons (9 adults and 3 children) are on treatment

Began an HIV/AIDS prevention program for young persons in and out of school including the media (both TV and radio)

Developed a 2006-2011 National AIDS Plan

Established an HIV/AIDS unit within the Ministry of Health

Training for health care professionals