



Call to Action "First Latin American and Caribbean Forum on the Continuum of Care."

The First Latin American and Caribbean Forum on the Continuum of Care was held in Mexico City, May 26-28, 2014. The theme was diagnosis to effective treatment: optimizing the stages in the continuum of care, with the aim of contributing to the expansion and sustainability of the HIV response and in particular the comprehensive care through partnerships between national programs, health services, skilled clinicians and representatives of civil society. This is based on a platform of agreed strategies and measures to reduce the number of new infections and achieve the greatest possible number of people with effective and sustained viral suppression.

The Forum was attended by 141 people from 26 countries and included representatives of National HIV / AIDS Programs, scientists, academics and experts in HIV, civil society and the different collaborating organizations and sponsors of the event (Department of Health, Mexico, Government of Brazil, Horizontal Technical Cooperation Group (GCTH), Aids Healthcare Foundation (AHF), International Association of Providers of AIDS Care (IAPAC), U.S. Government (PEPFAR), USAID, CDC, PANCAP, UNAIDS (RST Latin America and Caribbean), PAHO / WHO.

The following civil society organizations and networks participated in the Forum: Acción Internacional para la Salud, AIDS for AIDS, Alianza Latinoamericana y del Caribe en VIH y SIDA por los niños, niñas y adolescentes (ALACVIH), International HIV/AIDS Alliance, Asociación de Salud Integral (ASI), Centro de Atención Profesional a Personas con SIDA (CAPPSIDA A.C.), Caribbean Vulnerable Communities/CVC Coalition, Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CARIFLAGS), Centro de Promoción y Solidaridad Humana (CEPROSH), Comité Humanitario de Esfuerzo Compartido contra el SIDA (CHECCOS A.C.), Coalición Internacional de Activistas en Tratamientos (CIAT), Coordinadora de ONG de las Américas sobre Sida, Cárcel y Encierro (COASCE), Community Action Resource (CARE), Compañeros A.C., Condomóvil A.C., Caribbean Regional network of people Living with HIV/AIDS (CRN+), Fondation Esther Boucicault Stanislas (FEBS), Fundación Mexicana para la Salud A.C (FUNSALUD A.C.), Grupo Multisectorial, International Community of Women with HIV/AIDS (ICW), Asociación de Investigación, Desarrollo y Educación Integral (IDEI), INSPIRA, International Treatment Preparedness Coalition (ITPC), Jamaica AIDS Support Live, Consejo Latinoamericano y del Caribe de Organizaciones No Gubernamentales con Servicio en VIH/SIDA (LACASSO), Letra S A.C. (Salud, Sociedad y Justicia), Movimiento Homosexual de Lima (MHOL), Movimiento Latinoamericano y del Caribe de Mujeres Positivas (MLCM+), Pela Vidda Rio de Janeiro, Proyecto Quiero Hacer, Red de Jovenes Positivos, Red Centroamericana de Personas con VIH (REDCA+), Red Latinoamericana y del Caribe de personas

trans (REDLACTRANS), Red de Trabajadoras Sexuales de Latinoamérica y el Caribe (REDTRASEX), Rede Brasileira de Redução de Danos e Direitos Humanos (REDUC), red Latinoamericana de Reducción de Daño (RELARD), Salud, y Derechos y Justicia A.C., Salud Integral para la Mujer (SIPAM A.C.) y Somosgay/Asociación para la Salud Integral y Ciudadanía en América Latina (ASICAL).

In the past years, the response to HIV in the countries of Latin America and the Caribbean has undergone a process of updating HIV treatment and care programs based on the five pillars of the Treatment 2.0 strategy, the monitoring of the continuum of care and adoption of the new consolidated WHO 2013 guidelines.

The HIV response in Latin America and the Caribbean shows progress and gaps:

- Progress in updating national guidelines.
- A median 70% of persons living with HIV (PLWH) know their diagnosis.
- A median of 35% of new diagnoses are late with baseline CD4 <200.
- 48% of eligible PLHIV receive ARV treatment (based on the new WHO 2013 guidelines) in 2013
- An median of 66% in viral suppression (<1000) among individuals on treatment.

Forum participants recognized:

1. That the scientific evidence demonstrates the benefits to individuals and community of timely diagnosis and earlier initiation of antiretroviral treatment as reflected in the WHO 2013 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.
2. Timely access to testing, care and treatment in an environment free of coercion, stigma and discrimination are fundamental rights of individuals.
3. That the cascade of the continuum of HIV care is a framework and a tool to strengthen the response to HIV in all countries.
4. That the active involvement of civil society, key populations (men who have sex with men, trans, alcohol, injectable drug and other drug users, male/female sex workers) and people living with HIV is essential to effectively close the gaps in each of the pillars of the treatment cascade.
5. That there are successful experiences in the region, from government and civil society, of application of diversified strategies and new technologies to expand access to HIV screening, increasing testing coverage among key populations.
6. That the timely diagnosis with successful linking people with HIV to health services is one of the fundamental objectives of HIV testing.
7. The importance of accompanying HIV testing with appropriate counselling, following WHO guidelines, with emphasis in peer support methodology in this type of services.
8. The timely access to antiretroviral treatment without interruption makes HIV infection a chronic disease, which poses a challenge to the existing models of care.
9. Despite advances in the efficient use of antiretrovirals, challenges persist in simplifying treatment regimens and the effective follow-up and monitoring of patients.
10. Many countries in the region continue to purchase antiretrovirals, reagents and laboratory supplies at high prices, which could jeopardize the expansion and sustainability of the response.

11. Expansion and sustainability of the response will require additional resources, political leadership and commitment and improved efficiency.
12. Several countries still have high dependence on external funding for the HIV response,
13. A global retargeting process is being undertaken to give continuity to the HIV response in the post-2015 agenda.

Therefore propose:

1. That all commitments related to improving the cascade of the continuum of care be based on respect and the guarantee of human rights and gender perspective.
2. That all countries adapt and work towards the implementation of the recommendations of the WHO 2013 consolidated guidelines on the use of antiretroviral drugs for the treatment and prevention of HIV infection.
3. That countries guarantee the right of all persons to early and voluntary access to HIV testing, care, treatment and support in an environment free of coercion, stigma and discrimination within a human rights framework.
4. That countries develop and update their cascade of continuum of care, and evaluate and monitor progress using the information from the cascade as well as a policy tool.
5. That governments actively involve from the beginning and work in partnership with civil society, key populations, and people living with HIV in the elaboration of national strategic plans and to strengthen the delivery of each of the pillars of the cascade, developing in each country mechanisms to support sustainability of civil society actions and capacity building.
6. That the national programs, in collaboration with civil society and private partners, expand access to HIV testing by applying diverse strategies in different scenarios: implementing universal access to HIV testing in health services and at the community level, ensuring among positive cases linkage to health services.
7. That national programs working in conjunction with civil society and private partners guarantee effective and timely linkage of people diagnosed with HIV to health and social support services.
8. That health systems review existing models of care and adapt taking into account that the use of antiretroviral therapy has turned HIV infection into a chronic disease. (For example, integration into primary care services, integrated services network).
9. That governments to ensure training and sensitization of healthcare providers.
10. That countries continue adopting simplified treatment regimens, including the use of fixed-dose combinations based on WHO recommendations.
11. That the programs improve HIV care and monitoring to be more friendly, accessible and flexible (hours of operation, frequency of consultations and drug delivery, access to viral load) to improve retention, adherence and viral suppression.
12. Countries and agencies to promote coordinated negotiation of prices of antiretroviral drugs, and laboratory reagents and supplies, given the available mechanisms, opportunities and tools to negotiate prices in the region.
13. countries to develop and/or seek and exhaust all legitimate existing national, regional or global mechanisms including, for example, TRIPs safeguards, among others, in order to obtain quality drugs, reagents and laboratory supplies at fair prices, that will effectively contribute to achieving the goals 90-90-90.

14. Countries to define national goals based on regional ones (90-90-90) to expand HIV treatment targets in the context of the framework of regional goals and to use these targets as tools for political advocacy.
15. Governments to ensure adequate and efficient allocation of resources to meet the targets, develop plans for sustainability aligned with national strategic plans and perform cost analysis of different scenarios of action.
16. Governments must address all structural barriers to universal access to HIV care.