

Call to Action
Second Latin American and Caribbean Forum on the Continuum of HIV Care:
“Enhancing Combination HIV Prevention to Strengthen the Continuum of
Prevention and Care”

Rio de Janeiro, Brazil, 18 -20 August, 2015.

The Second Latin American and Caribbean Forum on the Continuum of HIV Care was held in the city of Rio de Janeiro, Brazil. Topics related to combination prevention and reduction of stigma and discrimination as essential elements to strengthen previously agreed upon approaches on the continuum of prevention-care in the region were discussed. Also, commitments related to and aligned with the substantial reduction of new infections by 2020 proposed by the “Fast Track” UNAIDS’ initiative, as well as to ending AIDS as a public health problem by 2030.

More than 150 representatives of national HIV/AIDS programmes in the region; civil society organizations and networks; key- and most-affected populations; persons living with HIV; members of scientific and academic communities; United Nations programmes and agencies; international organizations and bilateral partners attended. The government of Brazil, represented by its Ministry of Health and the Department of HIV/AIDS, STIs and Viral Hepatitis, hosted the meeting. The political commitment of the host country was evident with the presence of the Vice Minister of Health Surveillance who addressed delegates at the opening of the event.

The Forum was co-sponsored by the Government of Brazil, the Horizontal Technical Cooperation Group (GCTH); PANCAP (Pan Caribbean Partnership Against HIV/AIDS); AIDS HEALTHCARE Foundation (AHF), International Association of Providers of AIDS Care (IAPAC), PEPFAR/USAID/CDC, networks of organized civil society; International HIV/AIDS Alliance, PAHOWO, UNAIDS, UNICEF and UNDP.

The participants deemed the progress towards detection, rapid linkage to treatment services and viral suppression as being very positive, albeit concerns were expressed that the sustainability and expansion of these gains will be hampered if adequate resources are not mobilized to support the expansion of these services. While the Caribbean has shown a noticeable trend in declining incidence of new HIV infections, in Latin America the annual number of new infections seems to be decreasing more slowly.

In spite of the significant progress made in increased availability of HIV testing, the gains related to increased number of early diagnosis of and treatment for persons living with HIV have been meager. Therefore, primary prevention actions, as well as targeted interventions for those most at risk, should be scaled up in order to attain a drastic and sustained reduction in the number of new infections annually. To achieve the goals described in the annex new HIV infections should be reduced by 75% by the year 2020 and by 90% by the year 2030.

The participants reviewed data and up-to-date information on scientific studies and evidence-based interventions that may support the inclusion of new technologies and approaches as elements of combined prevention. Those elements should include behavioral, biomedical and structural interventions with a focus on Human Rights. Combination Prevention may include educational approaches, information and education,

systematic distribution of condoms and lubricant, harm reduction strategies, diagnosis and treatment of STIs, promotion and provision of HIV testing, pre-exposure prophylaxis, post-exposure prophylaxis, and treatment as prevention, among other interventions. Nevertheless, the prevention “packages” must be adapted to the specific needs of diverse communities and groups, while striving to maintain the highest quality. At the conclusion of the forum, the participants emphasized the need to promote and support youth leadership in all spheres of the response to HIV/AIDS. Youth engagement should place special emphasis on young people living with HIV and young people who belong to key populations.

Among the achievements of the meeting was the agreement established by Latin America and the Caribbean -- as one single region or LAC -- to define a set of prevention and zero discrimination goals (annexed at the end of this document). These goals reflect the characteristics of the epidemic and the responses in each of the sub-regions. The participants also agreed that Combination Prevention should be the central approach in achieving the prevention goals for 2020 and 2030. Hence, participants approved the following Call to Action:

With the intention to attain the goals previously stated, we assert that:

1. All commitments and subsequent actions to attain the Combination Prevention and Zero Discrimination goals should be based on respect, promotion and assurance of Human Rights with a gender perspective.
2. The LAC countries should link Combination Prevention actions to the continuum of HIV care, within a comprehensive health care response.
3. The LAC countries should adapt and progressively implement their own combination prevention “packages” and access to HIV diagnosis in alignment with the international recommendations by WHO.
4. Each intervention intended to attain the combination prevention goals should be adapted to local settings and should focus on key and vulnerable populations.
5. The goals hereby listed can only be achieved with increased intersectoral collaboration. Therefore, it is critical that governments fully engage civil society, including people living with HIV and key populations, in the design, implementation, monitoring and evaluation of the strategies and interventions adopted for combination prevention.
6. For countries to provide more sound and innovative responses it will be necessary to expand horizontal technical cooperation and foster exchange of experiences among the various actors involved in the response.
7. The commitment to eliminate vertical transmission of HIV and syphilis is hereby restated, while commending Cuba as the first country in the world that has achieved the elimination of both diseases.
8. The need to increase actions aimed at reducing prejudice, violence, stigma, and discrimination associated with HIV/AIDS or against persons living with HIV/AIDS and key populations¹ (Gay men and other men who have sex with men, female and male sex workers, transgender persons, drug users, persons in prisons, women and girls) and other vulnerable populations was recommended by participants. Among others, actions may include: elimination of legal and political barriers, reduction of discrimination in health care settings, addressing the

¹ <http://www.unaids.org/en/resources/presscentre/featurestories/2014/07/20140711who>

- specific needs of women and girls, reduction in violence and assurance of access to justice.
9. To ensure appropriate monitoring of the progress towards achieving the Combination Prevention and Zero Discrimination goals it is necessary to strengthen national strategic information systems and conduct relevant studies.
 10. To ensure the sustainability of the goals, the LAC countries must allocate the necessary financial resources while promoting more rational use of those resources.
 11. An increase in external financial resources is needed to close the existing funding gaps and increase investment in: strengthening strategic information systems, scaling up Combination Prevention interventions, implementing comprehensive sexuality education, and addressing the reduction of stigma and discrimination, as well as supporting the work of civil society.
 12. Without a significant increase in financial contribution by bilateral and multilateral mechanisms, the LAC region will not achieve the goals. Thus, in addition to increase in domestic investments in health and HIV, it is essential for the countries to rely on the support provided through international cooperation for development. This support is of critical importance to countries for attaining their goals.
 13. Also, it will be necessary to promote the creation of other sources of sustainable resources. Among other examples, could be a mechanism based on the contribution obtained from financial transaction taxes as well as the establishment of reforms geared toward more innovative taxation schemes. At this point, it is worth mentioning the work undertaken by UNITAID, founded by Brazil, Chile, France, Norway, and the United Kingdom, which may become active in the region very soon.
 14. Given the significant reduction/withdrawal of funds for investment in LAC, we urge the Global Fund for AIDS, Tuberculosis and Malaria to define a clear model of investment for all the nations of our region. Such a model, framed within the Global Fund's new strategy, should be aligned to achieving all the global and regional goals and should be based not only on the epidemiological profile or macro-economic classification of the nations.
 15. To achieve sustainability, in many countries we have to overcome barriers and clear hurdles related to intellectual property. This can be done by implementing the flexibilities of the TRIPS Agreement and other mechanisms that could ensure the right to affordable prices for quality drugs and commodities that would allow for the expansion in coverage in a sustained and responsible manner.

The participants of the Second Forum are committed to working with the countries in a process of defining precise national goals related to 90-90-90, Zero Discrimination and Combination Prevention which should be aligned with the global and regional targets. The national goals should be the outcome of a nationwide process involving all sectors and actors in the national response. The goals should be linked to a clearly defined framework for monitoring and evaluation, definition of responsibilities, liability and accountability.

We make a commitment to review before the end of 2016 the preliminary results at the national level that should include the agreement on the goals and implementation plans.

In the city of Rio de Janeiro, we the participants of the Second Latin American and Caribbean Forum on the Continuum of HIV Care: "Enhancing Combination HIV

Prevention to Strengthen the Continuum of Prevention and Care” reiterate our commitment to end AIDS by 2030 and the achievement of agreed goals.

This Call to Action is endorsed by the following organizations and participants of the Forum: See complete list in Annex 3.

Annexes:

1. - Combination Prevention Goals

Targets	Baseline	2020	2030	Scope
Decline in HIV new infections (modelled) (baseline 2010)	100000	25000 75%	10000 90%	Regional
Decline in new HIV infections among young people, 15-24 y.o. (modelled)	35000	9000 75%	3500 90%	Regional
Access to combination prevention packages*: % gay men and other MSM, transgender women and Sex workers reached by combination prevention programs	SW: 76% MSM: 57%	90%	95%	Regional
% Gay men and other MSM, transgender women and sex workers that had an HIV test in last 12 months and knows the result	SW: 65% MSM: 46%	90%	95%	Regional
% Sex workers that report using a condom with last client and of gay men and other MSM and transgender women that used a condom in last episode of anal sex with a male partner	SW: 93% MSM: 64%	90%	95%	Regional
# countries that have pilot projects on PrEP as an option within an HIV combination prevention package*	2	10	Redefine target after piloting of PrEP	Regional
% 15–24 yr. olds who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission	41%	90%		South America and Caribbean
Access to combination prevention packages: % Drug users reached by prevention programs	---	90%	95%	South America
% Drug users that had an HIV test in	---	90%	95%	South

last 12 months and knows the result				America
% Drug users that report using a condom in their last sexual intercourse	---	90%	95%	South America
% of women and men, aged 15-24, who had more than one partner in the past 12 months, who used a condom during their last sexual intercourse	Pending	90%	95%	Caribbean
% of total HIV budget dedicated to HIV prevention among key populations	LA: 7%	25%	25%	Caribbean South America

2. PROPOSED ZERO DISCRIMINATION TARGETS FOR LAC

OVERALL GOAL
<ul style="list-style-type: none"> By 2020, everyone everywhere lives a life free from HIV-related discrimination and abuse. By 2030, all people living with HIV, gay and other MSM, transgender people, sex workers, people who use drugs and other key and affected populations fully enjoy all human rights, including protection within their communities and equal access to health, employment, justice, education, nutrition and social services.
OBJECTIVE 1: Zero HIV-related discriminatory laws, policies and regulations
SUB-TARGETS
1.1. Zero new or amended HIV-related discriminatory laws, regulations or policies are passed.
1.2. 80% of countries that have laws and policies that discriminate against PLHIV, all key and vulnerable populations, or that criminalize the transmission of HIV or non-disclosure of HIV status, have repealed and/or reformed them.
1.3. 80% of countries have approved at least one protective law or normative instrument that safeguards the human rights of the people most vulnerable to HIV.
OBJECTIVE 2: Zero HIV-related discrimination in health and social service settings
2.1 All countries have a resourced monitoring system to address discrimination by health workers against MSM, trans, FSW, people who use drugs, PLHIV and other vulnerable populations.
2.2. In 20 countries of LAC, there has been a reduction of at least 15% in PLHIV and key populations who experience denial of health services. [For countries that don't have a baseline, construct a baseline within two years]
2.3. In 20 countries of LAC, there has been a reduction of at least 15% in PLHIV and key populations who experience discrimination in health services. [For countries that don't have a baseline, construct a baseline within two years]
2.4. 80% of countries eliminate legal barriers in access to sexual and reproductive health services.
OBJECTIVE 3: 90% of national responses address HIV-specific needs of women and girls in all their diversity.
3.1. HIV responses in 90% of countries are transformative in gender relations; address the specific needs of all women, including trans women, and girls in the context of HIV and their sexual and reproductive health and rights.
3.2. 50% reduction in the number of countries that have reported cases of forced or coerced sterilization against women living with HIV.
OBJECTIVE 4: Zero tolerance for all forms of violence, including violence based on gender, gender identity, sexual orientation, HIV status, sex work, drug use, ethnic origin, disability or incarceration.
4.1. 75% of countries have reduced by 30% the number of violent acts/hate crimes, against

people who live with or are affected by HIV, including LGBTI people and sex workers.
<i>OBJECTIVE 5: All people living or affected by HIV have access to justice and international protection</i>
5.1. 90% of countries have protective systems, policies and/or legislation with mechanisms for reporting and resolving human rights violations, including those related to HIV and key populations.
5.2. People living with and affected by HIV enjoy humanitarian protection in climate-related events, humanitarian crises, and other economic, social, and political unrests.

3.- List of Participant