

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. Discussions focused on combination prevention and the reduction of stigma and discrimination as essential elements to strengthen previously agreed-upon approaches to the continuum of prevention-care in the region; on commitments to substantially reduce new infections by 2020, as proposed by the UNAIDS “Fast Track” initiative; and on ending AIDS as a public health problem by 2030.

More than 150 representatives of the region’s national HIV/AIDS programs participated in the Forum, along with civil society organizations and networks, key and most-affected populations, persons living with HIV, members of scientific and academic communities, United Nations programs and agencies, international organizations, and bilateral partners. The government of Brazil, represented by its Ministry of Health and the Department of HIV/AIDS, STIs and Viral Hepatitis, hosted the meeting. The host country expressed its political commitment through 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, PAHO/WHO, UNAIDS, UNICEF, and UNDP.

The participants deemed the progress made in detection, rapid linkage to treatment services, and viral suppression as being very positive, although 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 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 increases in the availability of HIV testing, only meager gains have been made in the early diagnoses of HIV and in treatment for persons living with the disease. Therefore, primary prevention actions, as well as targeted interventions for those most at risk, should be scaled up for a strong and sustained reduction in the annual number of new infections. To achieve the targets described in the annex, new HIV infections will have to be reduced by 75% by 2020 and by 90% by 2030.

The participants reviewed data from recent 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.

One of the achievements of the meeting was that Latin America and the Caribbean (LAC) agreed—as a single region—to define a set of prevention and zero discrimination targets (annexed at the end of this document), reflecting the characteristics of the epidemic and the responses in each of the sub-regions. The participants also agreed that combination prevention should be the main approach to achieving the prevention targets for 2020 and 2030. Accordingly, the participants approved the following Call to Action:

With the intention of achieving the previously stated targets, we assert that:

1. All commitments and subsequent actions to attain the combination prevention and zero discrimination targets should be based on respect for, and promotion and assurance of human rights with a gender perspective.
2. LAC countries should link combination prevention actions to the continuum of HIV care within a comprehensive health care response.
3. LAC countries should adapt and progressively implement their own combination prevention packages and access to HIV diagnosis in line with the international recommendations of the World Health Organization.
4. Each intervention aimed at attaining the combination prevention targets should be adapted to local settings and should focus on key and vulnerable populations.
5. The targets 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 the exchange of experiences among the various stakeholders in the response.
7. We reiterate the commitment to eliminate vertical transmission of HIV and syphilis, while commending Cuba as the first country in the world to have 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, and women and girls) and other vulnerable populations. Among others, actions may include eliminating legal and

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

- political barriers, reducing discrimination in health care settings, addressing the specific needs of women and girls, reducing violence, and guaranteeing access to justice.
9. To ensure appropriate monitoring of the progress towards achieving the Combination Prevention and Zero Discrimination targets, it is necessary to strengthen national strategic information systems and conduct relevant studies.
 10. To ensure the sustainability of the targets, LAC countries must allocate the necessary financial resources while promoting more rational use of such 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, addressing the reduction of stigma and discrimination, and 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 targets. Thus, in addition to an increase in domestic investment in health and HIV, it is essential for the countries to rely on international cooperation for development. This support is of critical importance in order for countries to attain their targets.
 13. Also, it will be necessary to promote the creation of other sources of sustainable resources, for example, a mechanism involving tax-based contributions obtained from financial transaction taxes as well as the establishment of reforms geared toward more innovative taxation schemes. It is worth mentioning the work done along these lines by UNITAID (established by Brazil, Chile, France, Norway, and the United Kingdom), which may become active in the region very soon.
 14. Given the significant reduction in investment in LAC, we urge the Global Fund for AIDS, Tuberculosis and Malaria to define a clear investment model for all the nations of our region. Such a model, framed within the Global Fund's new strategy, should be aligned with all the global and regional targets and not based only on the epidemiological profile or macro-economic classification of each country.
 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 to define precise national targets for 90-90-90, zero discrimination, and combination prevention, which should be aligned with the global and regional targets. The national targets should be the result of a nationwide process that involves all sectors and actors in the national response. The targets 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 targets and the corresponding implementation plans.

In the city of Rio de Janeiro, we, the participants in 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 to reach the agreed targets.

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

Annexes:

1. - Combination Prevention Targets

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 men who have sex with men, transgender women and sex workers reached by combination prevention programs	SW: 76% MSM: 57%	90%	95%	Regional
% Gay men and other men who have sex with men, 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 men who have sex with men 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 last 12 months and knows the result	---	90%	95%	South 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	61%	90%	95%	Caribbean
% of total HIV budget dedicated to HIV prevention among key populations	LA: 7%	25%	25%	Caribbean South America

*appropriate for, and adapted to, local and cultural context

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.
OBJECTIVE 5: All people living or affected by HIV have access to justice and international protection
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. Lista de Participantes que adhieren al llamado a la acción

Country	Institution	Name
Argentina	Ministry of Health	Carlos Falistocco
Brazil	Ministry of Health	Fabio Mesquita
Brazil	DDAHV/BRAZIL	Adele Benzaken
Brazil	DDAHV/BRAZIL	Gerson Fernando Mendes Pereira
Brazil	DDAHV/BRAZIL	Ana Roberta Pati Pascom
Brazil	DDAHV/BRAZIL	Marcelo Freitas
Brazil	DDAHV/BRAZIL	Regiane Nunes
Brazil	DDAHV/BRAZIL	Fabio Sartori
Brazil	DDAHV/BRAZIL	Alicia Kruger
Brazil	DDAHV/BRAZIL	Renato Chuster
Brazil	DDAHV	Miriam Franchini
Brazil	DDAHV	Mary Grace Figueira Perpetuo
Brazil	DDAHV	Carlo Augusto Laudari
Brazil	DDAHV	Alexandra Priscilla de Paula Soares
Brazil	DDAHV	Marielle Rodrigues da Cunha Castro Probst
Chile	Ministry of Health	Gloria Berrios
Colombia	Ministry of Health	Liliana Andrade Forero
Costa Rica	Ministry of Health	Alejandra Acuña
Costa Rica	Caja Costarricense Seguro Social	Gloria Terwes
Dominica	Ministry of Health	Dr Laura Espirit
Dominican Republic	Ministry of Health	Arelis Batista
El Salvador	Ministry of Health	Ana Isabel Nieto
Guatemala	Ministry of Health	Efraín López
Guyana	Ministry of Health	Shanti Singh
Haiti	Ministry of Health	Kesner Francoise
Honduras	Ministry of Health	Norma Artilles
Jamaica	Ministry of Health	Nicola Skyers
Mexico	Ministry of Health	Carlos Mágis
Mexico	Ministry of Health	Agustin Lopez
St. Lucia	OECS Secretariat	James St Catherine
Panama	Ministry of Health	Aurelio Nuñez
Paraguay	Ministry of Health	Patricia Olvelar de Garelik
Peru	Ministry of Health	Carols Benites
Saint Lucia	Ministry of Health	Alisha Eugene
Saint Vincent and the Grenadines	Ministry of Health	Simone Keizer Beache
Suriname	Ministry of Health	Monique Holtuin
Uruguay	Ministry of Health	Susana Gabriela Cabrera Alonso
Venezuela	Ministry of Health	Daisy Matos
Brazil	FIOCRUZ	Valdiléia Veloso
Brazil	FIOCRUZ	Celia Landmann Szwarcwald
Brazil	UFBA	Maria Inês Costa Dourado
Brazil	UFU	Flavia Bomsucesso
Brazil	UFCE	Lígia Regina Sansigolo Kerr Pontes
Brazil	SBI	Cristiane Lamas
Brazil	USP	Alexandre Grangeiro
Brazil	UFRJ/IAPAC	Celso Ramos Filho
Brazil	Infectious Diseases Society of Rio de Janeiro	Tania Regina Constant Vergara
Brazil	UFRJ	Luiz Antônio Alves de Lima
Brazil	Infectious Diseases Society of Rio de Janeiro	Mauro Sergio Treistman
Brazil	Rio de Janeiro State AIDS Programme	Marcia Cristina Rachid de Lacerda
Brazil	Hospital Federal dos Servidores do Estado, MOH	Luiz Fernando Passoni

Country	Institution	Name
Perú	Cayetano Heredia University	Carlos Cáceres
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Uruguay	API	Graciela Perez Sartori
Mexico	API	Juan Sierra Madero
Jamaica	UWI	Peter Figueroa
Trinidad and Tobago	QPCC	Jeffery Edwards
Haiti	GHEKIO	Jean William Pape
Trinidad and Tobago	HEU/UWI	Roger McLean
Trinidad and Tobago	UWI	Peter Douglas Weller
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RED GCTH	COASCE	Leonardo Arenas
RED GCTH	ICW	Arely Cano
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RED GCTH	REDJ+	Raul Montes
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RED GCTH	REDTRASEX	Elena Reynaga
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RED GCTH	ASICAL	Fernando Muñoz
RED GCTH	REDLA	Luiz Guiselly Flores Arroyo
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Brazil	ANTRA	Cristiana Stefanny (Cristiano José Venceslau)
Brazil	Rede Trans Brasil	Silvia Reis (Caxias Gomes da Silva)
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Brazil	RNP+ BRASIL	Paulo Roberto Giacomini
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Brazil	Rede Brasileira de Prostitutas	Leila Suely Araujo Barreto
Brazil	ABORDA	Álvaro Augusto de Andrade Mendes
Brazil	International Community of Women living with HIV/AIDS	Juçara Portugal Santiago
Brazil	Grupo Dignidade	Antonio Luiz Martins dos Reis
Brazil	GESTOS	Claudio Fernandes
Latin America	SOMOSGAY/UNAIDS PCB	Simon Cazal
Latin America	CIAT	Oswaldo Adolfo Rada Londoño
Latin America	AID FOR AIDS	Enrique Alejandro Chavez
Latin America	ITPC	Alma Griselda de Leon Calderon
Latin America	REDCA+	Otoniel Ramírez
Latin America	Corresponsales Clave	Ilsa Aguilar Bautista
Latin America	Alliance	Javier Hourcade
Caribbean	CRN+	Ainsley Reid
Caribbean	CSWS Guyana	Miriam Edwards
Caribbean	United Belize Advocacy Movement (UNIBAM)	Kelvin Remnarace
Caribbean	LGBT Belize	Caleb Orozco
Caribbean	COIN	Robert Paulino
Caribbean	LGBT Platform Suriname	Tieneke Sumter
Caribbean	PLHIV Group Trinidad and Tobago	David Soomarie
Caribbean	United and Strong St Lucia	Adaryl Williams
Caribbean	BGLAD Barbados	Donnya Piggot
Caribbean	CVC	Jonh Waters

Country	Institution	Name
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Caribbean	Levermore Excutive Director (JASL)	Kandasi Walton
Caribbean	JFLAG	Jaevion Nelson
Caribbean	CRN+	Winfield Tannis-Abbott
Caribbean	CRN+	Ms Chrystol Albert-Hope
Caribbean	S-Concepts	Ritchie Maitland
	Medicine Patent Pool	Erika Duenas
	Unitaid	Mauricio Cysne
	UN Women	Jayne Adams
	UNESCO	Mariana Braga
	WFP	Hugo Farias
	ACNUR Brasil	Barbara Amaral
	UNODC	Nara Santos
	PAHO/Washington DC	Massimo Ghidinelli
	PAHO/Washington DC	Rafael Mazin
	PAHO/Washington DC	Giovanni Ravasi
	PAHO/Washington DC	Monica Alonso
	PAHO/BRAZIL	Leandro Sereno
	PAHO/CPC	Yitades Gebre
	PAHO/Argentina	Marcelo Vila
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	UNAIDS/RST Caribbean	Benjamin Alli
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	UNAIDS Geneva	Karl Dehne
	UNAIDS Geneva	Luiz Loures
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	UNAIDS/BRAZIL	Cleiton Eusebio de Lima
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	UNICEF	Ralph Midy
	UNICEF	Caio Oliveira
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	AHF BRASIL/RJ AIDS PROGRAM	ANDRE PERISSE

Country	Institution	Name
	AHF BRASIL	BETO DE JESUS
	PEPFAR/CDC/CGH	Jonh K. Williams
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	PEPFAR/CDC/CAR	Shane Deikman
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	PANCAP	Valerie Wilson
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	The Global Fund	Jinkou Button Zhao
	The Global Fund	Rocio Enriquez