The International AIDS Society

Educational Fund meetings: Outcome report
17, 18, 21 April 2018
Mexico City, Mexico

Translating science to end HIV in Latin America and the Caribbean
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### 2. List of abbreviations and acronyms

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>DTG</td>
<td>Dolutegravir</td>
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<tr>
<td>FTC</td>
<td>Emtricitabine</td>
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<tr>
<td>GNP+</td>
<td>Global Network of People Living with HIV</td>
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<td>HCV</td>
<td>Hepatitis C Virus</td>
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<tr>
<td>HIV</td>
<td>Human immuno-deficiency virus</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<tr>
<td>IAS 2017</td>
<td>9th IAS Conference on HIV Science</td>
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<tr>
<td>INCMNSZ</td>
<td>National Institute of Medical Sciences and Nutrition</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NCD</td>
<td>Non-communicable disease</td>
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<td>NGO</td>
<td>Non-governmental organizations</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PEP</td>
<td>Post-exposure prophylaxis</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<td>TDF</td>
<td>Tenofovir disoproxil fumarate</td>
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<td>TGM</td>
<td>Transgender men</td>
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<td>TGW</td>
<td>Transgender women</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>UNAM</td>
<td>National Autonomous University of Mexico</td>
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<tr>
<td>UPCH</td>
<td>Cayetano Heredia University of Peru</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>YPLHIV</td>
<td>Young people living with HIV</td>
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3. Introduction

The IAS Educational Fund meetings are held around the world to provide key scientific and policy content from the International AIDS Conference and the IAS Conference on HIV Science. During these meetings, specific subjects are discussed and recommendations are drawn up to drive a local call to action.

On this occasion, a dynamic three-day meeting (17, 18 and 21 April 2018) was held in conjunction with the HIV & Hepatitis in the Americas 2018 congress in Mexico City, with the theme, Translating Science to end HIV in Latin America and the Caribbean. Leading scientists, advocates, healthcare workers and policy makers participated. It was co-chaired by Dr Luis Soto-Ramirez (IAS Governing Council member and Regional Representative on the IAS Executive Committee, and Professor of Infectious Diseases, Instituto Nacional de Ciencias Médicas y Nutricion Salvador Zubiran, Mexico), Professor Mauro Schechter (IAS Governing Council member and Professor of Infectious Diseases, Universidade Federal do Rio de Janeiro, Brazil) and Dr Anton Pozniak (IAS President-Elect).

The objective of the first day was to present key scientific and policy content from the 9th IAS Conference on HIV Science (IAS 2017) and discuss how to effectively translate this into the local policy and practice context in the Latin America and Caribbean region, in particular with regards to implementation of PrEP and PEP. On the second day, the scientific symposium took place, bringing together HIV professionals, government and regional leaders, public health specialists and HIV programme managers in the region. The objective was to empower these professionals to implement HIV strategies using the latest HIV science, both locally and nationally, in line with the latest findings on HIV, new prevention technologies and HIV co-morbidities. Discussions also focused on targeted populations at risk: youth, transgender groups and sex workers. The third day was geared towards developing a call to action by HIV researchers, programmers, implementers and policy makers, with the intention of effectively translating latest scientific findings into responsive HIV programmes in the region.
4. Background and context

Despite important progress in the region, gaps and barriers remain. HIV incidence is still high in key populations, mainly MSM and transgender people. According to UNAIDS (2017), 2.1 million people were living with HIV in Latin America and the Caribbean region in 2016. The prevalence in adults was 0.5% with an incidence of 115,000 new HIV infections and 45,400 AIDS-related deaths. The Caribbean by itself has the second highest HIV prevalence after sub-Saharan Africa and the percentage of people with suppressed viral loads is well below the global average. In this region, 11 out of 16 countries rely heavily on external funding.

Progress towards the 90-90-90 targets is still slow; 81% of people in the region are aware of their HIV status, and of these, 72% are on HIV treatment, and 79% of these are virally suppressed. This is among adults (aged 15-59), but there are marked differences across countries. In Latin America, access to ART has increased from 34% (2011) to 72% (2016). In the Caribbean, it has increased from 20% to 64%. However, this access continues to be uneven across countries. Despite having the highest total spend on ART among low- and middle-income countries, one of the key problems is frequent stock-outs.

According to UNAIDS estimates (2017), new HIV infections have not changed significantly in Latin America since 2010 and have actually slightly increased in males in the Caribbean. In this context, approximately one-third of new HIV infections occur in young people between 15 and 24 years old (UNAIDS, 2016) and around two-thirds occur in key populations and their sexual partners (UNAIDS, 2014).

Young people in Latin America and the Caribbean, especially those who are also members of key populations, are disproportionately at risk of HIV infection. Barriers, such as access to prevention services and high risk for young women starting sexual activity below the age of 15, remain in some countries. Between 9% and 24% of women aged 15 to 24 years reported having sex with a man at least 10 years older than themselves within the past 12 months.

MSM account for one-third of new HIV cases in the region, and they still suffer from considerable limitations in access to services. Transgender people make up a small group and have the highest prevalence across the region. Limited socio-economic settings, education and opportunities favour sex work, particularly at young ages, while they are also subject to extreme social exclusion and violence.

In this context, the IAS Educational Fund Meeting in Mexico City was held in conjunction with the HIV & Hepatitis in the Americas 2018 congress. This was as a follow-up to the IAS Educational Fund meeting in Rio de Janeiro (2017) and the 9th IAS Conference on HIV Science (IAS 2017). The intention was to develop a call to action in the region by HIV researchers, advocates, implementers and policy makers, working towards effectively translating latest scientific findings into responsive HIV programmes.
5. Meeting report

5.1 Executive summary

The IAS Educational Fund meeting in Mexico City was held on 17, 18 and 21 April 2018 in the context of the HIV & Hepatitis in the Americas congress, with the theme, *Translating Science to end HIV in Latin America and the Caribbean*.

Leading experts and IAS Members presented regional data regarding the status of the epidemic. This was followed by panel discussions and group work to discuss how to effectively translate this data into local policy and practice context in the Latin America and Caribbean region.

On the first day, Dr Luis Soto-Ramirez (INCMSNZ, Mexico, and IAS Regional Representative for Latin America and the Caribbean) and IAS President-Elect Dr Anton Pozniak introduced the IAS Educational Fund programme and the objectives of the meetings: bringing the most recent updates, key scientific findings and implementation science from the IAS Conference on HIV Science to members; and creating a call to action for the region.

Dr Soto-Ramirez said that this year is the 10th anniversary of the first and only International AIDS Conference held in Latin America – it was held in Mexico City in 2008. He announced that the next IAS Conference on HIV Science (IAS 2019) will take place in Mexico City for the first time. He opened the meeting by asking participants to introduce themselves to other members. After the introduction, Dr Soto-Ramirez and Dr Pozniak shared key messages from IAS 2017, along with an overview of the region before the panel discussion regarding the implementation of PrEP and PEP followed after that by a group work.

Dr Pozniak presented an update of key messages from IAS 2017 about scientific findings of HIV self-testing in the USA and the UK, where private self-testing showed an increase in the number of HIV tests carried out and also an increase in the frequency of testing among people. Dr Pozniak highlighted the evidence presented about serodiscordant MSM couples: that Undetectable=Untransmittable. He also presented evidence that PrEP on demand is an adequate alternative to daily PrEP for MSM with infrequent sexual intercourse (IPERGAY study), and he stressed the importance of focusing on the needs of PrEP users. He also presented data on long-acting drugs and the experience in Africa with differentiated service delivery.

Dr Soto-Ramirez highlighted the gaps in achieving the 90-90-90 targets, and pointed to the example set by countries like Swaziland in decreasing HIV incidence related to viral suppression. He spoke about the evidence of switching from a protease inhibitor to Dolutegravir (DTG) to
improve the lipid profile, the role of the new pangenotypic hepatitis C virus (HCV) drug regimen to treat HIV/HCV co-infection and the role of the newest drugs to prevent mother-to-child transmission in pregnant woman.

The scientific symposium, “Building Consensus”, took place on the second day. Giovanni Ravasi (PAHO) presented an overview and data about post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) and HIV prevention in the region. Dr Anton Pozniak (IAS) spoke about the integration of health systems for HIV and co-morbidities. Both presentations were followed by discussions. The meeting brought together advocates and people working in the field to highlight and discuss the importance of youth, transgender populations and sex workers, along with barriers, opportunities and service delivery in the region; there were two discussion panels regarding these populations.

On the third day, the experts and implementers met to develop a call to action. This marked the conclusion of the meeting with group work discussions and a series of key recommendations for the region.

5.2 Panel discussion and group work: Addressing challenges for PrEP and PEP implementation in Latin America and the Caribbean

Before the panel discussion on the first day, Dr Omar Sued (Fundación Huésped, Argentina) spoke about the situation and the experience of Argentina, where 6,500 people are diagnosed each year. He pointed to estimates that about 30% of people in Argentina still do not know that they are living with HIV. He highlighted the fact that about one-quarter of new diagnoses are MSM under 30 years old, showing that the need is to focus on adolescents and young people.

Dr Sued said that PEP is available in Argentina for exposure in work settings and, recently, for sexual exposure. However, there is little information available for patients and the general public.

He said that there is also low knowledge about PrEP in the general public and low demand by civil society. Opposition groups have risen against PrEP, and there are problems in accessing PrEP through the black market. Dr Sued showed data that indicates high acceptability and willingness to use PrEP among key populations. At the same time, he indicated that there are obstacles for implementation in healthcare services: high costs; lack of knowledge of how to prescribe PrEP; and lack of approval of tenofovir/emtricitabine (TDF/FTC) as prevention and not only as HIV treatment.

Sandra Sosa-Rubí (Instituto Nacional de Salud Pública, Mexico) shared the experience of Mexico. She spoke of the use of incentives for sex workers to use healthcare and prevention services, and how poor socio-economic settings and poverty influence decisions in vulnerable populations; there is a need to increase access to HIV prevention in these high-risk populations. She mentioned that user-centred economic incentives have the potential to improve adherence, according to findings in the region.
Lídice López Tocón (Acción Internacional para la Salud, Peru) spoke about PEP and PrEP in Peru, where regulatory barriers against TDF/FTC as prevention remain. She said that there is a need for a strong healthcare system with more resources to ensure that PrEP services are not a heavy burden. There is also a need to reduce misinformation and to build more trust among users about the system.

After the presentations, discussion was built around how myths, misinformation and poor knowledge of PrEP among the general public and also among healthcare workers is still a major problem. It was pointed out that in many countries in the region, normative and financial barriers still exist; strong networks and collaboration among countries of the region are required.

After the panel discussion, participants formed work groups to discuss and bring to the table key recommendations for a call to action based on the background of the region and previous discussions.

Key recommendations

- Promote and provide knowledge about PrEP in the community and empower NGOs to support PrEP and PEP.
- Scale up knowledge of PrEP to provide and spread evidence and reach authorities and responsible stakeholders.
- Expand testing and link to treatment/PrEP in different levels of care.
- Increase access to HIV prevention in high-risk populations.
- Use user-centred economic incentives to improve adherence.
- Work on strategies to reduce the burdens and barriers linked to life settings.
- Promote quality sexual health education and information about prevention and PrEP.
- Promote and provide monitored access to PrEP from outside the health services, along with a comprehensive model of prevention.
- Bring together all actors to reach consensus on PrEP policies and create strong communication and bonds in civil society and academia to place pressure on policy makers.

5.3 HIV and co-morbidities in Latin America and the Caribbean: Integration into national global health systems

On the second day, Dr Anton Pozniak (IAS) and Dr Brenda Crabtree (INCMNSZ, Mexico) chaired the scientific symposium.

Giovani Ravasi (PAHO) presented regional data on PEP and PrEP. He showed how Latin America and the Caribbean is moving forward to PrEP trials (11 countries have PrEP trials underway and three more have local programmes for PrEP access in place). He also spoke about gaps of availability in the health systems and gaps in reaching the 90-90-90 targets in the region; these gaps are particularly around prevention and PEP.

Dr Pozniak then spoke on how to integrate HIV programmes into national and global health systems. He raised the issue of whether the future of the HIV response will depend on integrating HIV services more closely into healthcare systems. As examples, he mentioned the experience of South Africa and Kenya on screening for HIV alongside diabetes, hypertension and other non-communicable diseases (NCDs). He pointed out that in Nigeria, India and Russia, integrating HIV into the reproductive health services was shown to be cost effective.
Dr Pozniak said that while life expectancy is increasing in the region, HIV patients are aging and NCDs have emerged as important causes of death: NCDs (cardiovascular diseases, stroke, cancer and diabetes) are accounting for three out of four deaths in Latin America, making them a large part of the burden of disease. Further, geographic and socio-economic differences remain as barriers.

Regarding the search for a universal health coverage (UHC) system, he used the example of Mexico and other countries in the region that are establishing health as a citizen’s right in their constitutions, covering health interventions that can include HIV prevention. He spoke about how differentiated service delivery models could improve points of access for HIV counselling and testing. Finally, he highlighted the need to address challenges related to stewardship and financing, stigma and gender, and the need to include comprehensive personal health services and interventions to address social determinants of health, which represent major barriers to achieve UHC in the region.

Key recommendations

- Drive UHC reforms in the context of political and economic reforms.
- Make improvements in health system resources for better outcomes.
- Include prevention with PrEP and PEP as citizen’s rights into countries’ constitutions, along with the right to healthcare.
- Look for public funding with a focus on how it is spent.
- Work in differentiated service delivery models for public health approaches to address challenges like quality, decentralized models, the improvement of efficiency and the reduction of gaps in outcomes.
- Find ways to include HIV counselling, testing and treatment delivery into national programmes for management of NCDs like diabetes, metabolic diseases and cervical cancer.
- Move beyond the delivery function to also address challenges related to stewardship and financing.
- Include initiatives to integrate the “unfinished agenda”, especially stigma and gender, into UHC approaches.
- Include both comprehensive personal health services and interventions to address social determinants of health.

5.4 Panel discussion – HIV and youth: Barriers and opportunities

Juan Jacobo Hernández (Mexico) moderated the “HIV and youth” panel, which focused on barriers and opportunities faced by youth.

Aurelio Orta (IAS Youth Ambassador, Mexico) discussed the ways and contexts in which young people are involved in the HIV response. He distinguished between young people living with HIV (YPLHIV), young people at risk of infection (including young key populations), and young people working in the area of HIV (including students and advocates). He said that HIV affects these categories of young people in different ways, which means that different approaches are needed. At the same time, they should all be engaged and encouraged to work together from their areas of knowledge and to influence their networks for support; this would make it possible to influence specific youth agendas.

Lizbeth Quesada (Balance, Mexico) spoke about the important role of achieving access to comprehensive sexual health education and the promotion of reproductive health rights in social settings of the region, including linking to the healthcare systems. She also highlighted the need to ensure access to prevention services oriented to young people.
Raul Caporal (Red Mexicana de Jóvenes y Adolescentes Positivos, Mexico) provided an overview of the participation of young advocates and the difficulties in discussing the youth agenda with policy makers. He was drawing from his experience with networks of YPLHIV in Latin America and the Caribbean. He highlighted the importance of cooperation with networks of YPLHIV to share points of view and experiences and the importance of effectively addressing stigma and discrimination.

Juan Carlos Mendoza (UNAM, Mexico) said that, according to UNAIDS data, most new infections occur among young people, and there is a gap in prevention practices and the use of condoms among young people. He pointed to the importance of young people having access to prevention services early for their first sexual experiences; according to the literature, the use of condoms at this time is not as frequent as it is during later sexual experiences. Social settings like work, education and poverty determine barriers for young people, and they must be resolved in order to tackle disparities affecting access and links to healthcare services.

The panellists commented on the poor data regarding youth behaviour and knowledge of risk of infection in some countries of the region. They also pointed to the lack of good education among teachers in schools and even among healthcare workers, which is a problem in effectively offering quality information for young people. There were recommendations on how medical schools and healthcare students can represent an opportunity to improve education for stigma and discrimination while disseminating information among their peers and networks in both the short and long term. From discussion with the audience, there was some insight on how young people can be actively involved and collaborate with healthcare providers to develop strategies on prevention; also, there is an important opportunity to involve peer education groups for young people focused on sexual health education each community.

Key recommendations

- Encourage integration of sexual health education among policy makers and ensure quality education among educators and teachers in schools.
- Find ways to offer testing and prevention services to young people, and address the mandatory need for authorization from parents, which makes it more difficult to extend coverage.
- Involve medical schools and encourage them to include stigma and discrimination in the public health curricula.
- Include minorities of young people, like young transgender and indigenous people, in discussions.
- Start campaigns against homo and trans phobia to reduce the high incidence of new infections among young people and adults.
- Ensure effective access to PEP for healthcare students and workers, particularly in hospitals and clinics in low-income settings.
- Empower young people to seek access to healthcare services and to promote self-care with a focus on the right to health.
• Ensure access to clinical and epidemiological data on youth by all gender and ages, and make it more accessible for advocates and activists, not just for researchers.

5.5 Transgender populations, sex workers and HIV: Improving service delivery in Latin America and the Caribbean

Dr Mauro Schechter (IAS) opened the session by acknowledging that there are important gaps regarding male transgender people even though there have been some advances in transgender issues in recent years. He said that there is almost no data regarding this topic in the literature and highlighted the barriers that transgender people face in countries like Argentina and Brazil.

Javier Hourcade Bellocq (GNP+, Argentina) opened the panel discussion by highlighting the relevance of the transgender agenda, and welcomed Hamid Vega (Clinica Especializada Condesa, Mexico), who spoke about the models of care developed in the Condesa clinic. He explained the context of how the social history of Mexico and the changes in practice and legal regulations improved the process of working with policy makers and healthcare workers to provide medical services for transgender people and tackle the stigma surrounding this population. He then acknowledged the important scientific work done in Mexico and around the world to show that being transgender is not something that can be diagnosed as a psychiatric disorder and that problems transgender people might have in their lives are a result of the violence, discrimination and rejection that they are subjected to.

Benjamin Braga (Brazil) voiced the view of male transgender people. They face difficulties in accessing healthcare services due to fear and rejection from healthcare providers, who deny services because of religion or perhaps simply because they think that they are not specialized in dealing with transgender populations. Benjamin Braga pointed out that there is not much information about HIV in male transgender people partly because they do not attend healthcare services due to fear of discrimination.

Amaranta Gomez (Mexico) said that regarding PrEP, there are three important statements: there is scientific evidence that PrEP works; there should be financial support for PrEP in Latin America; and it is important to develop a regional model. In this context, she said that inequality and discrimination remain important problems across countries in Latin America and the Caribbean for transgender people because of social settings and gender. She added that
these issues have to be improved in order to effectively implement PrEP in the region, particularly for this key population. She also stated that the transgender agenda has been left behind for some time, but now there is an opportunity to find a way to integrate it into healthcare systems to promote a common agenda. She also remarked that life expectancy for transgender people in the region is between 19 and 35 years old, and implementing PrEP should be an opportunity to improve this situation.

Lola Delgadillo (Mexico) spoke about the difficult context in which transgender sex workers live in the region because of criminalization, discrimination and stigma. This comes from laws and policies demanding mandatory HIV testing for transgender people who are looking for health services like hormonal therapies, and making them pay for tests that are available for free to the general public. She said that in many places, sex work is still generally considered as a human trafficking, which makes it difficult for sex workers to access healthcare and prevention services. She also highlighted the importance of using the term “sex work” instead of “prostitution” or “sexual services” to prevent criminalizing people. Discussion turned to where activism and generational changes should be focusing to create optimal settings to improve the situation of transgender people.

**Key recommendations**

- Promote more spaces to bring the male transgender agenda into the discussion.
- Develop strategies to link transgender people to the healthcare systems.
- Use art as a tool to express and open discussion about transgender people among the public.
- Empower members of the transgender population to influence and educate their networks and healthcare providers on transgender topics and their needs.
- Focus activism and advocacy on the legal challenges facing transgender people and sex workers in accessing healthcare services and criminalization while working in the field with targeted day-to-day changes in networks.

5.6 Group work: Agenda for policy change in Latin America and the Caribbean – Development of a call to action for the translation of HIV research into local policy and practice

Dr Mauro Schechter (IAS) and Dr Kenneth Mayer (IAS) opened the last day, explaining that the objective of the meeting was to create a call to action for the region. After presenting a summary of the work and discussions of the previous days, two work groups were created with meeting participants to develop recommendations for the call to action.

The main topics for the call to action were working on gaps and prevention strategies in the region, particularly with PrEP. The discussion turned to ways to reach vulnerable populations, like transgender and young people, and strategies to create the settings to effectively implement PrEP as a model of prevention. After discussion and feedback, the work groups presented the following recommendations.
Key recommendations

- Provide effective health literacy for key populations and healthcare providers.
- Promote the creation of demand and advocacy for PrEP; focus on the need for prevention.
- Use social media and community influencers in creative and tailored ways.
- Seek opportunities for dialogue and discussion of PrEP in the public agenda.
- Build a strong narrative around PrEP as part of a package for sexual healthcare and as a combination for prevention.
- Build mechanisms for community delivery systems for ART and PrEP (while addressing legal barriers).
- Improve mechanisms for pricing, procurement and registration of PrEP (medicines as prevention, not just for treatment).
- Unify policies for key and vulnerable populations.
- Create models of peer educators for key populations.
- Create regulatory frameworks that include monetary resources destined specifically for PrEP.
- Create a pilot multi-sectoral committee for planning and monitoring PrEP, including scientific evidence, academia and civil society.
- Promote effective communication for education for targeted audiences with appropriate language, ways to respond to each population and differentiated strategies.

These recommendations formed the basis to a call to action further elaborated for effectively translating latest scientific findings into responsive HIV programmes in the region.
6. Conclusion

The IAS Educational Fund meeting in Mexico City was successful in providing a comprehensive discussion with different perspectives from people working in the HIV response in the region of Latin America and the Caribbean. This meeting was a great opportunity to bring scientific evidence from the 9th IAS Conference on HIV Science to people working in the region and to make it accessible for people involved in the response, not just academics and researchers, but also advocates, key populations and policy makers.

Experts of the Latin America and the Caribbean region pointed out that important gaps remain in achieving the 90-90-90 targets. Despite inequity across the countries and stigma and discrimination of PLHIV and key populations, progress has been made regarding some legal barriers and access to prevention. The implementation of PrEP programmes are helping to bring more subjects to the discussion table.

Advances have been achieved in some areas:

- Protocols and PrEP access are being scaled up and moved forward in some countries.
- The incidence of infection through mother-to-child transmission is declining.
- There is more information about prevention strategies, and access to integrase inhibitors is growing.

Still, there are challenges that must be addressed. These include: funding cuts for some countries; the high incidence of new infections among young people and transgender people; the difficulty in reaching key and vulnerable populations in the region; and stigma and discrimination.

In this context, the objective of the meeting was to develop a call to action by HIV researchers, programmers, implementers, advocates and policy makers to work towards effectively translating latest scientific findings into responsive HIV programmes in the region. This resulted in five key recommendations:

1. **Education and improved health literacy on sexual health**
   - Provide comprehensive and quality sexual health education, including PrEP and nPEP, to strengthen health literacy of key populations and other members of civil society.
   - Build knowledge and capacity of healthcare providers around the provision of comprehensive and quality sexual health services, including PrEP and nPEP, improving competences to provide differentiated care for specific populations.

2. **Advocacy for PrEP and nPEP**
   - Promote and engage in advocacy and demand creation for prevention services, including PrEP and nPEP, based on the right to health and the right to access all available and most effective tools to remain HIV free.
   - Build a strong narrative around PrEP as part of a package for sexual health and as part of HIV combination prevention interventions.
   - Seek opportunities for dialogue and discussion on HIV combination prevention, including PrEP and nPEP, in the public agenda.

3. **Effective communication and partnerships**
   - Promote and engage multi-sector effective communication dialogues for education and promotion of HIV combination prevention and sexual health, including PrEP and nPEP.
   - Promote the adoption of differentiated communication strategies to target each audience with appropriate language and messages.
• Promote creative and tailored use of social media, along with involvement of community influencers, to amplify the reach of communication strategies.

4. Enabling normative, legal and financial environment

• Develop or update national policies and norms on HIV prevention services, including PrEP and nPEP, and with a focus on key populations.
• Address regulatory requirements, such as registration of antiretroviral medicines for prevention, and use existing mechanisms of pooled procurement to reduce costs.
• Assign domestic financial resource for HIV prevention interventions, including PrEP and nPEP, within existing planning frameworks.
• Address legal barriers that make access to healthcare services difficult for key populations and others in situations of vulnerability.

5. Effective strategies for implementation

• Create a multi-sectorial committee for planning implementation and monitoring of PrEP including the review of the latest scientific evidence, involving academia and civil society.
• Create and reinforce models of peer educators and outreach for key populations to improve uptake, linkage and retention in services.
• Build mechanisms for supporting community delivery systems for HIV prevention, comprehensive care and treatment services that include PrEP and nPEP.

Next steps for the region will be to encourage the networks of advocates, researchers, programmers, implementers and policy makers to take these key recommendations and, with a collaborative vision, include them in implementation programmes in countries and communities. Participants plan to stay in communication with each other and monitor these agendas and projects in their countries and regions until future meetings to evaluate outcomes, identify obstacles and new opportunities.
7 Acknowledgements

The International AIDS Society (IAS) would like to acknowledge all participants and stakeholders in Latin America and the Caribbean for their contributions towards making the IAS Educational Fund meeting at the Hilton Hotel Reforma in Mexico City during April 2018 a huge success. It would also like to recognize the commitment and participation of international, regional, national and local HIV scientists and researchers, policy makers, implementers, community representatives, relevant stakeholders who attended, and the organizers of the HIV & Hepatitis in the Americas 2018 congress for their collaboration in making this meeting a success. The IAS would also like to extend its appreciation to ViiV Healthcare and Gilead for their financial support for the meetings.
### 8 Appendices

8.1 IAS Educational Fund meeting programme.

**IAS 2017 POST-CONFERENCE WORKSHOP**

**Challenges for PrEP and PEP implementation – 17 April 2018**

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| 09:00 – 09:15 | Opening comments and welcome / Overview of the three days  
Anton Pozniak, United Kingdom; Luis Soto-Ramirez, Mexico; Mauro Schechter, Brazil |
| 09:15 – 10:15 | Key messages from IAS 2017  
Anton Pozniak, United Kingdom  
Luis Soto-Ramirez, Mexico |
| 10:15 – 10:35 | Break |
| 10:35 – 11:45 | Overview of HIV in Latin America and the Caribbean and key updates since the IAS workshop in Rio de Janeiro in April 2017  
- HIV in Latin America  
  Carlos Cáceres, Peru (Center for Interdisciplinary Studies in HIV, AIDS and Society, Cayetano Heredia University (UPCH))  
- HIV in the Caribbean  
  Kevin Harvey, Jamaica (AIDS Healthcare Foundation) |
| 11:45 – 12:45 | Lunch |
| 12:45 – 14:00 | Panel discussion  
*Topic: Implementation of PrEP and PEP in Latin America and the Caribbean*  
* Moderator: Carlos García de León, Mexico*  
*Panellists:*  
- Omar Sued, Argentina (Fundación Huésped)  
- Anton Best, MoH, Barbados TBC (Ministry of Health, Barbados)  
- Sandra Sosa-Rubi, Mexico (Instituto Nacional de Salud Pública)  
- Lídice López Tocón, Peru (Accion Internacional para la salud) |
| 14:00 – 14:15 | Break |
14:15 – 16:30 Group work
Topic(s): Addressing implementation of PrEP in Latin America and the Caribbean

16:30 – 16:45 Rapporteur summary
Rapporteur: Aurelio Orta-Reséndiz, Mexico

16:45 – 17:00 Closing remarks
Mauro Schechter, Brazil
Luis Soto-Ramirez, Mexico

SCIENTIFIC SYMPOSIUM
Building consensus – 18 April 2018

Chair / Co-Chair: Dr Anton Pozniak, United Kingdom
Dr Brenda Crabtree, Mexico

09:30-09:40 Opening comments and welcome
Anton Pozniak, United Kingdom
Brenda Crabtree, Mexico

09:40-10:30 Plenary presentation(s) and discussions
- PEP and PrEP: Checkpoint on new HIV prevention
  Giovanni Ravasi, USA (Pan American Health Organization (PAHO))
- HIV and co-morbidities: Integration into national global health systems and implications for Latin America and the Caribbean
  Anton Pozniak, United Kingdom (International AIDS Society)

10:30-10:50 Break

10:50-12:30 Panel discussion – HIV and youth: Barriers and opportunities
Moderator: Juan Jacobo Hernandez, Mexico
Panellists:
  - Aurelio Orta Reséndiz, Mexico (International AIDS Society Youth Ambassador)
  - Raúl Caporal, Mexico (Coordinador para el área de Formación e Investigación de la Red Mexicana de Jóvenes y Adolescentes Positivos)
  - Juan Carlos Mendoza, Mexico (National University of UNAM)
  - Lizbeth Quezada, Mexico (Youth representative)

Format: Introductory question(s) for each panellist (10 min
each) followed by discussion with participants

12:30-14:00 Lunch

14:00-15:30 Panel discussion:
Transgender populations, sex workers and HIV: Spotlight on improving service delivery in Latin America and the Caribbean
Moderator: Javier Hourcade Bellocq, Argentina (GNP+ Argentina)
Panellists:
- Dr Hamid Vega, Mexico (Clínica Especializada Condesa) (Research perspective)
- Benjamim Braga, Brazil (Perspective on TGM and transmasculine transgendered)
- Amaranta Gomez Regalada, Mexico (TGW perspective)
- Lola Delgadillo Vargas, Mexico (Agenda Nacional Política Trans de México)

15:30-15:45 Concluding remarks

15:45-17:00 Networking

EXPERTS/IMPLEMENTERS MEETING

Call to action – 21 April 2018

Chair / Co-Chair: Dr Kenneth Mayer, USA (IAS)
Dr Mauro Schechter, Brazil (IAS)

16:00-16:15 Welcome
Kenneth Mayer (IAS) & Mauro Schechter (IAS)

16:15-16:30 Opening remarks
Summary of identified priorities and recommendations from the post-IAS 2017 meeting and the symposium
Aurelio Orta-Reséndiz, Mexico (Rapporteur)

16:30-18:30 Group work: Agenda for policy change in Latin America and the Caribbean – Development of a call to action for the translation of HIV research into local policy and practice

18:30-19:30 Groups’ feedback and discussion: Developing consensus on the call to action

19:30-19:45 Summary and closing remarks