We, people working to address the HIV epidemic in conservative social settings as religious leaders, civil society actors, people living with HIV (PLHIV), clinicians, scientists, and well-informed experts, gathered for the consultation meeting entitled “Overcoming HIV in Conservative Social Settings” on 29-30 April 2014, hosted by the OPEC Fund for International Development (OFID) in Vienna, Austria. Our aim was to increase understanding about the current status of HIV in conservative social settings, particularly amongst vulnerable, highly-affected, and underserved communities, known as Key Affected Populations (KAPs). After having considered the challenges, successes and good practices, we call for urgent action to improve the lives of those infected and affected by HIV/AIDS in conservative social settings in the form of an evidence-based response to HIV.

We, the participants of this meeting, defend the human rights of all people living with HIV. We recognize that the epidemic in conservative settings is concentrated, disproportionately affecting KAPs, namely sex workers, people who inject drugs, transgender people and men who have sex with men, as well as other vulnerable populations, including prisoners and migrants. These populations are integral members of society and therefore, there is an urgent and real need for greater awareness of HIV issues among the wider public in order to decrease stigma and discrimination, while increasing support for evidence-based interventions.

The current situation in most countries within conservative social settings is that of high levels of stigma and discrimination toward KAPs and PLHIV, low coverage of HIV testing and counselling as well as low treatment coverage and adherence, difficult access to life-saving drugs, a lack of demand for, and knowledge about, comprehensive HIV services, and the continued enforcement of discriminatory, stigmatizing and harmful laws targeting KAPs and other vulnerable groups. The prevalence of civil unrest, instability, as well as the low status of women, the high instances of gender-based violence and the poor protection of rights of migrant workers add to the complexity of the situation.

Call to Action
for Overcoming HIV in Conservative Social Settings

We, people working to address the HIV epidemic in conservative social settings as religious leaders, civil society actors, people living with HIV (PLHIV), clinicians, scientists, and well-informed experts, gathered for the consultation meeting entitled “Overcoming HIV in Conservative Social Settings” on 29-30 April 2014, hosted by the OPEC Fund for International Development (OFID) in Vienna, Austria. Our aim was to increase understanding about the current status of HIV in conservative social settings, particularly amongst vulnerable, highly-affected, and underserved communities, known as Key Affected Populations (KAPs). After having considered the challenges, successes and good practices, we call for urgent action to improve the lives of those infected and affected by HIV/AIDS in conservative social settings in the form of an evidence-based response to HIV.

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Multilateral:
1. The inclusion of HIV as a priority for governments, non-governmental organizations and other actors, in the post-2015 development agenda.

Legal:
2. The reform of legislation in order to support a comprehensive HIV response that respects, protects, and fulfills the rights of PLHIV and KAPs, and allows service providers and community organizations to adequately and safely access these populations without risking legal prosecution.
3. The elimination of all travel restrictions based on a person’s positive HIV status as well as of mandatory testing of migrant workers.

Financial:
4. The allocation of sufficient resources by governments to implement evidence-based programmes dedicated to KAPs, including the expansion of quality testing, treatment, and care services.
5. The conditional financial support from international donors based on the integration of KAPs into national HIV programmes and the existence of human rights-based interventions.

Gender:
6. The strengthening of civil society organizations, national programmes, and laws that bolster the status of women and female KAPs, and that specifically address their increased biological and socio-cultural vulnerability to HIV infection, including gender-based violence.

National Strategies:
7. The implementation of the Arab Strategy on HIV/AIDS as well as the MENA Treatment Initiative, which were previously adopted by the Council of Arab States and Ministries of Health in all concerned countries, and the inclusion of HIV-related services for migrant workers in all national AIDS strategies.

Partnership:
8. The involvement and collaboration of religious leaders, national authorities, civil society organizations, media outlets, the private sector, and UN agencies in the HIV response in order to achieve the health-related Millennium Development Goals (MDGs).

Access:
9. The increased engagement and inclusion of PLHIV and KAPs in the development of treatment programmes in order to enhance access and adherence to Anti-Retroviral Treatment (ART).

Behavior Change Communication (BCC):
10. The creation of culturally-sensitive national BCC strategies, which include the training of key influencers with regard to the knowledge, skills, and attitudes to address HIV and sexuality issues in the public domain, using various methods of information-sharing in an effort to better reach young people, who form the majority of the population in many conservative societies, and KAPs.

Scientific Research:
11. The strengthening of scientific research and national epidemiological systems for HIV to ensure adherence to international standards, and the implementation of Second Generation Surveillance in all countries.
12. Free and easy access to scientific and epidemiological research findings in order to facilitate the creation and implementation of evidence-based programmes that respect the rights and dignity of those living with HIV and those most vulnerable to infection.

As we collectively strive to overcome the stigma, discrimination, and criminalization in the context of HIV in conservative social settings, all communities and countries need to affirm the inherent dignity and rights of all human beings, including their undeniable right to equity, justice, and access to quality health services. We are committed to working together so that this may become a reality.