

UNAIDS 2020

Latin America and the Caribbean

Regional report 2018-2019

the first two years of life, and the third year of life is the most difficult for the child.

The first year of life is the most difficult for the child, and the second year of life is the most difficult for the child.

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The twenty-fifth year of life is the most difficult for the child, and the twenty-sixth year of life is the most difficult for the child.

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Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019)
90% of people living with HIV know their HIV status.	<ul style="list-style-type: none"> • WITHIN REACH 	80% of people living with HIV in Latin America and 72% in the Caribbean knew their HIV status.
75% of people living with HIV are receiving ART.	<ul style="list-style-type: none"> • SLOW PROGRESS 	Treatment coverage in 2018 was 55% in the Caribbean (compared with 43% in 2015) and 62% in Latin America (compared with 52% in 2015).
60% of people living with HIV are virally suppressed.	<ul style="list-style-type: none"> • WITHIN REACH 	In Latin America, viral suppression levels increased from 43% in 2015 to 55% in 2018.
	<ul style="list-style-type: none"> • SLOW PROGRESS 	In the Caribbean, viral suppression increased from 31% in 2015 to 41% in 2018.
Six countries certified as having attained EMTCT of HIV and congenital syphilis	<ul style="list-style-type: none"> • WITHIN REACH 	Seven countries have been re-validated by WHO as eliminating maternal child transmission of HIV and three countries have submitted national EMTCT reports and requested eMTCT validation.
Decline in new infections to 75 000 among adults and to 25 000 among young people	<ul style="list-style-type: none"> • SLOW PROGRESS 	In Latin America and the Caribbean, the number of new infections among adults (over 15) was 116 000 in 2018, the number of new infections among young people (15-24) was 25 400.
In 20 Latin America and Caribbean countries, at least 15% reduction in discrimination and denial of health services	<ul style="list-style-type: none"> • ACHIEVED 	The percentage of people who lost employment due to their HIV status decreased from 64% (2013) to 5% (2019) in Belize and from 19% (2011) to 5% (2019) in El Salvador. The same indicator decreased by 36% in Honduras and 29% in the Central American region as a whole. The percent of PLHIV

		reporting denial of health services decreased from 8.4% (2008) to 4% (2019) in the Dominican Republic.
80% of countries have eliminated legal barriers in access to sexual and reproductive health information and services, including legal reforms to reduce gender-based violence, teenage pregnancies and early marriage	<ul style="list-style-type: none"> • SLOW PROGRESS 	<p>Only 41% (7/17) countries in Latin America do not have laws requiring parental consent for adolescents to access sexual reproductive health. In the Caribbean, that percentage is 6% (1/16).</p> <p>78% of countries (26/33) in Latin America and the Caribbean have a national plan or strategy addressing gender-based violence against women that includes HIV.</p>
Countries in the region have developed sustainability plans featuring increased and diversified, innovative domestic investments.	<ul style="list-style-type: none"> • WITHIN REACH 	<p>Costa Rica, Cuba, the Dominican Republic, El Salvador, Guyana, Jamaica, Panama, and Suriname have developed sustainability plans for submission to the GFATM and to support strategic investments. While there is variability between countries, 95% of the HIV response in Latin America is funded through domestic resources while the Caribbean funds only 27%.</p>

Joint Programme contributions and results

HIV testing and treatment—*technical support, fostering partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat)*

Sixteen out of 17 countries in Latin America have introduced DTG as first-line therapy regimen but only 6 have started transitioning to TLD as first-line regimen. Thirteen out of 16 countries in the Caribbean have introduced DTG as first-line therapy regimen but only 4 have started transitioning to TLD as first-line regimen.

Joint Team members are active participants in the Regional Platform for Venezuelan Migrants, which addresses the protection, assistance and integration of the needs of migrants

and refugees from Venezuela in affected Latin American and Caribbean countries, including HIV-related vulnerabilities and needs. Because of the technical support provided to Venezuela and destination countries, Venezuelan migrants are being referred to HIV services in the region. In Peru alone, 3099 Venezuelan migrants living with HIV were enrolled in ART and offered access to legal services in the biennium.

In Brazil, a booklet was produced and distributed for Venezuelans migrants with all necessary information to access HIV testing and treatment service. A detailed brochure identifying HIV-related human rights and health services was developed in Peru, including addresses, phone numbers and contact persons. In Trinidad and Tobago, support to the Family Planning Association ensured the provision of IEC and counselling on SRHR, HIV testing, and post-exposure prophylaxis to Venezuelans and host community members. In Guyana, Spanish-language materials were developed to support interagency community-based health fairs and medical outreach interventions. This resulted in HIV testing and SRH services reaching Venezuelan migrants as well as the general population.

HIV prevention—*technical support, fostering partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat)*

Brazil, Barbados and the Bahamas offer PrEP through the public system. In Chile, Costa Rica, Guatemala, Mexico and Uruguay, PrEP can be obtained through private healthcare providers, the internet or research projects. Joint Team technical support also led to PrEP service expansion to CSO networks and continued service upgrades, PrEP implementation through a public/private partnership and implementation of a pilot PrEP demonstration project in the Bahamas, Guyana and Jamaica.

An online course for in-service training on CSE reached more than 400 teachers in over 20 countries, enabling them to deliver high-quality CSE programmes. In Argentina, 80 young LGBTI people were supported to develop an action plan for 2020, to ensure that the new national strategic plan incorporates CSE. Technical support for the design and implementation of CSE policies, curricula and the development of educational materials also resulted in the inclusion of human rights, gender and diversity, skills for decision making, and confronting stigma and discrimination in CSE programmes in some countries.

Six countries were revalidated by WHO for EMTCT of HIV and 3 countries have submitted national EMTCT reports and requested EMTCT validation.

Key populations—*policy dialogue, coordination and technical support, partnerships (UNHCR, UNICEF, UNDP, UNFPA, WHO)*

Based on the findings of a workshop on “The Extra Mile: Social and Economic Inclusion of Transgender Persons”, national and sub-regional plans were implemented, leading to close collaboration between countries in the region. For example:

- the Government of Uruguay supported the Government of Costa Rica through the Commission for LGBTI Populations to develop a national policy for transgender inclusion, resulting in the countries signing an agreement to implement their respective policies;
- Argentinian, Chilean, Paraguayan and Uruguayan government representatives, CSOs and Joint Team staff developed a joint advocacy plan for trans inclusion, focusing on strategic information, political and social leadership, and strategic communication.

Twenty HIV-positive young people from the Regional Network of Young People Living with HIV participated in a workshop to develop a campaign on combination prevention, sponsored by agencies of the Regional Joint Team. The results of the workshop were also used for a regional campaign to reduce stigma and discrimination among health-care providers against young key populations

HIV and social protection—*policy advice, technical support (WFP, ILO, World Bank, UNAIDS Secretariat, FAO)*

During 2018–2019, an HIV social protection training of trainers’ workshop hosted by the Joint Team improved the knowledge and capacity of stakeholders to implement HIV social protection assessments, using a Joint Team tool. Participating countries received additional tools to conduct assessments and engage civil society (including people living with, affected by or at risk of HIV). The resulting recommendations have been used to improve HIV-sensitive programmes in Argentina, Bolivia, Brazil, Chile, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Haiti, Mexico, Panama, Peru and Uruguay.

Technical and financial support led to the completion of the Stigma Index 2.0 in Argentina, Brazil, Belize, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica and Panamá, providing a better understanding of the impact of stigma upon different groups of people living with HIV, including key populations, and their access to health services across the continuum of care.

Fast Track Cities Ending HIV

A total of 42 cities as well as three state governments in Brazil; 19 cities in Argentina, 10 in Chile, two in Paraguay, one in Uruguay, Peru and Ecuador have joined the Paris Declaration and work to achieve the city-specific Fast-Track targets.

Contribution to the integrated SDG agenda

Regional support on gender-based violence resulted in the creation of safe spaces for women and girls, the promotion of cross-border referral and training on gender-based violence case management for service providers in Brazil, Colombia, Ecuador, Trinidad and Tobago, and Venezuela. Health providers were also trained on clinical management of rape in Ecuador, Trinidad and Tobago, and Venezuela, contributing to more responsive services for survivors of sexual violence.

Challenges and bottlenecks

- Limited national investments in countries to support HIV-related programming, especially for key populations, leading to stagnating progress.
- Weak national information systems and compromised reliability of data limit the quality of data for informed decision-making and the development of reliable PMTCT and other HIV estimates.
- Political shifts in the region have and will continue to challenge progress related to human rights, gender equality, inclusion and sexual diversity.
- Resources for HIV prevention work are limited.
- The potential of CSOs is constrained in many countries.
- There is a lack of strong legislative frameworks, political commitment, institutional capacity and willingness to work with young people.

Key future actions

- Collaborate with global, regional and national partners to strengthen information systems and generate strategic information to promote evidence-based programming at regional and national levels.
- Conduct a landscape analysis on ANC and HIV data to improve PMTCT-related estimations;
- Advocate for the inclusion of women, young people, gay men and other men who have sex with men, transgender people and other key populations in national and regional decision-making processes and fora.
- Advance the sustainability of human rights observatories managed by key population CSOs and networks.
- Improve access to post-exposure prophylaxis to survivors of sexual violence.
- Promote the expansion of combination prevention programmes tailored to the needs of key population in national strategic frameworks.
- Provide technical support to key population civil society networks for improved monitoring of human rights violations against gay men and other men who have sex with men, transgender women, female sex workers and people living with HIV.
- Implement qualitative and quantitative studies to assess HIV-sensitive social protection programmes.
- Expand access to integrated HIV prevention, treatment, care and support for migrants, asylum seekers and refugees, with a focus on key population groups and people living with HIV.

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