

UNAIDS 2021

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# Latin America and the Caribbean

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**Regional report 2020**

the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million (FAO 2001).

There are a number of reasons why the world's population is becoming more undernourished. One of the main reasons is that the world's population is growing rapidly. In 1990, the world's population was 5.3 billion. By 2000, it had increased to 6.1 billion. By 2010, it is expected to reach 6.9 billion (UN 2004).

Another reason why the world's population is becoming more undernourished is that the world's food production is not keeping pace with the world's population growth. In 1990, the world produced 1.8 billion tonnes of food. By 2000, it had increased to 2.4 billion tonnes. By 2010, it is expected to reach 3.0 billion tonnes (FAO 2001).

There are a number of reasons why the world's food production is not keeping pace with the world's population growth. One of the main reasons is that the world's agricultural land is being degraded. In 1990, the world had 1.5 billion hectares of agricultural land. By 2000, it had decreased to 1.4 billion hectares. By 2010, it is expected to reach 1.3 billion hectares (FAO 2001).

Another reason why the world's food production is not keeping pace with the world's population growth is that the world's agricultural production is becoming more inefficient. In 1990, the world produced 1.8 billion tonnes of food. By 2000, it had increased to 2.4 billion tonnes. By 2010, it is expected to reach 3.0 billion tonnes (FAO 2001).

There are a number of reasons why the world's agricultural production is becoming more inefficient. One of the main reasons is that the world's agricultural production is becoming more dependent on fossil fuels. In 1990, the world produced 1.8 billion tonnes of food. By 2000, it had increased to 2.4 billion tonnes. By 2010, it is expected to reach 3.0 billion tonnes (FAO 2001).

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## Progress towards the Fast-Track targets

Regional priorities/ targets <i>(by end of 2021)</i>	Status	Results <i>(by end of 2020)</i>
By end 2021, 90% of people living with HIV know their status, 70% of people living with HIV are on treatment and >80% are virally suppressed.	ON TRACK	Latin America: 80% people living with HIV knew their status, 65% were on treatment and 60% were virally suppressed. Caribbean: 82% people living with HIV knew their status, 67% were on treatment and 59% were virally suppressed (Preliminary UNAIDS special analysis, 2021).
By end 2021, there will be fewer than 2,500 new child infections (0-14 years old).	SLOW PROGRESS	4,360 new child infections in Latin America and the Caribbean (3,400 and 960, respectively). Seven countries or territories in the region have been certified for eliminating MTCT and congenital syphilis (Global AIDS Update, 2020).
Reduction in new HIV infections to fewer than 100 000 by 2021.	WITHIN REACH	133 000 new HIV infections in Latin America and the Caribbean (120 000 and 13 000, respectively) (Global AIDS Update, 2020).
By the end of 2021, 15 countries provide a minimum package of essential HIV services to migrants and asylum seekers.	ON TRACK	67% (10 out of 15) countries in the region: Argentina, Bolivia, Brazil, Chile, Ecuador, Dominican Republic, Panama, Paraguay, Peru and Uruguay provide a minimum package of essential HIV services to migrants, refugees and asylum seekers (Coordination Platform for Refugees and Migrants from Venezuela, 2021).
By end 2021, GAM stigma and discrimination indicators demonstrate a reduction in self-reported human rights violations by people living with HIV and key populations.	NO DATA AVAILABLE	

<p>By the end of 2021, 50% of the countries in the region have developed sustainability plans featuring increased, diversified and innovative domestic investments.</p>	<p>WITHIN REACH</p>	<p>47% (8 out of 17) countries in the region: Costa Rica, Cuba, the Dominican Republic, El Salvador, Guyana, Jamaica, Panama, and Suriname have developed sustainability plans for submission to the Global Fund and to support 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>
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## Joint Programme contributions and results in 2020

### **Access to treatment**—*upstream advocacy, technical support, capacity building (UNHCR, WFP, UNFPA, UN Women, WHO-PAHO, UNAIDS Secretariat)*

In the context of the Quito Process<sup>1</sup>, an international organization formed in 2018 to promote communication and coordination between host countries receiving Venezuelan refugees and migrants, the Joint Team has been working to expand the coverage of health services for refugees and migrants living with HIV and to guarantee ART. Support has been provided to scale up HIV testing, treatment, prevention and care services for refugees, asylum seekers and other populations affected by humanitarian emergencies in Chile, Colombia, Costa Rica, Ecuador, Guatemala, Guyana, Mexico, Peru and Venezuela.

The region focused on CBO capacity-building to improve access to services. For example, in Venezuela, over 300 CBOs in the states bordering Brazil, Colombia and Trinidad and Tobago received technical assistance to provide HIV protection services, sexual and gender-based violence, and psychosocial care for returning refugees and migrants. In Ecuador, an HIV programme in border areas was launched in coordination with the NGO CARE and the Ministry of Public Health. It focused on providing support to CBOs for sex workers, LGBTI and young people to strengthen their organizational capacities for HIV prevention and treatment, which benefited more than 3,500 refugees.

Advocacy was conducted for the inclusion of displaced populations in national services, for example, expanding health programmes in Colombia and Venezuela. In Chile, a qualitative study assessed access to HIV prevention and treatment services for asylum seekers and refugees, and developed policy recommendations to strengthen services for LGBTI refugees and migrants as part of the National AIDS Programme. In Mexico, support was provided to

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<sup>1</sup> <https://procesodequito.org/en/what-we-do>

initiatives strengthening services to transgender migrants, refugees and asylum seekers, and to ensure safe management of sensitive data. Guidelines, training and sensitization increased the knowledge of shelter staff, government, local authorities and migrants on the importance of the use and protection of LGBTI migrants' personal data.

Joint Programme collaborative efforts increased access to HIV information, testing, treatment and care services, and health and gender-based violence services for women in key populations. In partnership with the national networks of women living with HIV in Guatemala, female sex workers are now able to access sexual and reproductive health and gender-based violence services, and are linked to HIV testing, treatment and care in the context of the COVID-19 lockdowns. In Uruguay, women in prisons accessed HIV and sexual and reproductive health information and menstrual hygiene kits.

**Gender equality, gender-based violence and human rights—*partnership, policy dialogue, technical support, capacity building (UNHCR, UNDP, UN Women, UNAIDS Secretariat)***

In Mexico, support was provided to the local chapter of an international network of women living with HIV to improve access to health and HIV services and provide gender-based violence information/training for 100 women living with HIV in the rural areas of Monterrey, as well as follow-up and accompaniment of cases before the state's Human Rights Commission, reporting difficulties in accessing treatment.

The Joint Programme partnered with the Judicial Education Institute of Trinidad and Tobago, and the Organization of Eastern Caribbean States Judicial Education Institute to host the second Caribbean Judges Forum on HIV, human rights and the law, a two-day forum attended by 39 judges and magistrates, which focused on gender-based violence in the context of HIV.

National chapters of the regional network REDTRASEX received training in 12 countries to collect and analyse information on human rights violations experienced by sex workers. Less than six months after implementing the reporting system, 170 cases were directly reported on the platform by sex workers who had received the training.

Argentina and Jamaica signed the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. During the COVID-19 pandemic, both Governments worked towards strengthening national coordination platforms that allow for greater visibility of the needs of people living with HIV, cisgender women, sex workers, transgender people and LGBTI. Similarly, coordination mechanisms are working at promoting changes in laws and programmes for reducing stigma and discrimination.

The "Being LGBTI in the Caribbean" project was implemented in Barbados, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica and St Lucia, addressing stigma and

discrimination, and increasing inclusive public policies, representation and access to justice for LGBTI people. Over 400 human rights defenders participated in project capacity-building sessions, including social media advocacy, political participation and training for transgender people, in collaboration with civil society and local communities.

**Towards an evidence-based and sustainable response**—*coordination; technical support (WHO-PAHO, UNAIDS Secretariat)*

In partnership with the Global Fund, the Joint Programme provided technical support to countries in strengthening their health information systems on HIV/STIs, services for key populations, and developing HIV estimates to support national decision-making and planning. Working alongside HIV programmes and CSOs, nine countries have developed their key population prevention cascades.

US\$ 113 000 has been invested in Bolivia, Haiti, Honduras, Guatemala, Nicaragua and Venezuela for technical assistance to programme activities, including planning, epidemiological analysis, assessing programmatic gaps and priority areas for resource allocation, and landscape analysis. Expected outcomes include improved budgets for national plans and strengthened performance frameworks.

Multidisciplinary technical review panels were organized for Global Fund proposals from Costa Rica, Cuba, Haiti, Guatemala and Paraguay to strengthen the quality of funding requests. Ongoing support was provided to these countries to respond to recommendations from previous reports in the region. All the country proposals in the region were successfully approved.

**Contribution to the COVID-19 response** (*WFP, UNDP, UNFPA, UN Women, UNAIDS Secretariat*)

The Latin American and Caribbean regional Joint Team was instrumental in conducting surveys on COVID-19, focusing on understanding the dynamics and impacts on prevention, treatment, and care for people living with HIV. Fully 27% of the Country Envelope and Business Unusual budgets were reprogrammed to address COVID-related issues and support civil society, care and treatment, combination prevention, communications, and the provision of food and essential medicines.

Intensive monitoring of ARV shortages and the implementation of MMD in the context of the COVID-19 pandemic led to strong advocacy for the official adoption of MMD policies.

In collaboration with UN agencies, civil society and government counterparts, food kits, commodity vouchers or cash transfers were distributed to reduce and mitigate COVID-19

related risks. These reached almost 400 000 people living with or affected by HIV in Bolivia, Colombia, Dominican Republic, El Salvador, Guatemala, Haiti and Peru. The Joint Team was also instrumental in financing 31 proposals from CBOs in 15 countries in response to the need of enhancing efforts to scale-up HIV prevention in the region during the COVID-19 pandemic.

The economic empowerment of young women living with and affected by HIV was supported to mitigate the socioeconomic impact of COVID-19 and to enhance access to HIV services. In Jamaica, young women living with HIV and survivors of sexual violence participated in a mentorship programme which enabled them to develop business proposals and access small grants to fund implementation. In Haiti, female sex workers boosted their entrepreneurship skills and started other income-generation activities to support their livelihoods.

Information was collected on levels of integration of LGBTI persons into social assistance programmes and access to health services in the Dominican Republic, Barbados, Grenada, Guyana and Saint Lucia. The data showed that 72% of households with at least one LGBTI person have had difficulties accessing protective equipment such as masks, while 45% indicated that household members in need of regular treatment had not been able to access health services. As a result of the survey in Dominican Republic, additional funding has been secured to support LGBTI inclusion in national socioeconomic recovery efforts.

## **Contribution to the integrated SDG agenda (*UNHCR, WFP, UNDP, UNFPA, UN Women, WHO-PAHO, UNAIDS Secretariat*)**

Together with the UN Economic Commission for Latin America and the Caribbean, all the Joint Programme agencies, including the UNAIDS Secretariat, participate in the development and continued refinement of the SDG Gateway, offering a single access point to information on country progress towards the 2030 agenda and the 17 SDGs.

Argentina, Colombia, Guatemala, Panama and Paraguay developed new UN Sustainable Development Cooperation Frameworks, with three of the countries explicitly integrated HIV in the frameworks. In addition, 13 countries included people living with HIV as vulnerable populations in their UN emergency plans, and 17 countries defined actions to address and protect people living with HIV, with the explicit participation of the Joint Programme in those plans.

Currently, six countries are reporting data through UN INFO and 11 additional countries are using the UN INFO tool, while 61% of countries in the region are following a business operations strategy approved by the UN Country Team.



## **Challenges and bottlenecks**

During the COVID-19 crisis, primary health-care services were disrupted due to isolation measures and lockdown restrictions. This posed significant barriers to accessing sexual and reproductive health services, which can lead to increases in unwanted pregnancies and undiagnosed/untreated STIs. The COVID-19 pandemic has fuelled violence against women, exacerbating the risk of HIV for women and girls. Gender inequality, stigma and discrimination also continue to impede an effective HIV response.

COVID-19 has exacerbated financial, technical and human resource gaps in health systems, leading to a worsening of health inequalities. The pandemic's socioeconomic impact has affected key populations in particular. The sustainability of national HIV responses is at risk in a region affected by the largest displacement of people in its history (mainly due to Venezuela's humanitarian crisis), systemic inequities and inequalities, political instability, strong adverse reactions from conservative sections of society, high levels of stigma and discrimination, and high rates of hate crimes, xenophobia and homophobia.

It is imperative to create or strengthen legislative and policy frameworks that formalize participation of communities in Latin America including people living with HIV, key and indigenous populations and young people in decision-making, technical, programmatic, financial management, and horizontal accountability platforms.

## **Key future actions**

In order to improve treatment and reach 90–90–90 targets, joint advocacy must continue for the adoption of MMD. Efforts will also be made by the Joint Team to improve PMTCT-related estimations by supporting landscape analysis on antenatal care and HIV data. Support will also be provided to increase access to social protection resources for people living with HIV and key populations.

Sexual and reproductive health services must be integrated with STI/HIV services for overall improved health outcomes; that area will receive focused effort from the regional team. In order to guard against future humanitarian crises interrupting activities and to ensure progress on comprehensive sexuality education, the implementation of out-of-school comprehensive sexuality education activities will be a priority. This will be especially important in the event of further pandemic-related lockdowns or similar restrictions.

The regional team will continue to provide technical support to community-based (civil society, people living with HIV, key and indigenous populations and young people) monitoring of human rights violations.





**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)