

UNAIDS 2022

Latin America and the Caribbean

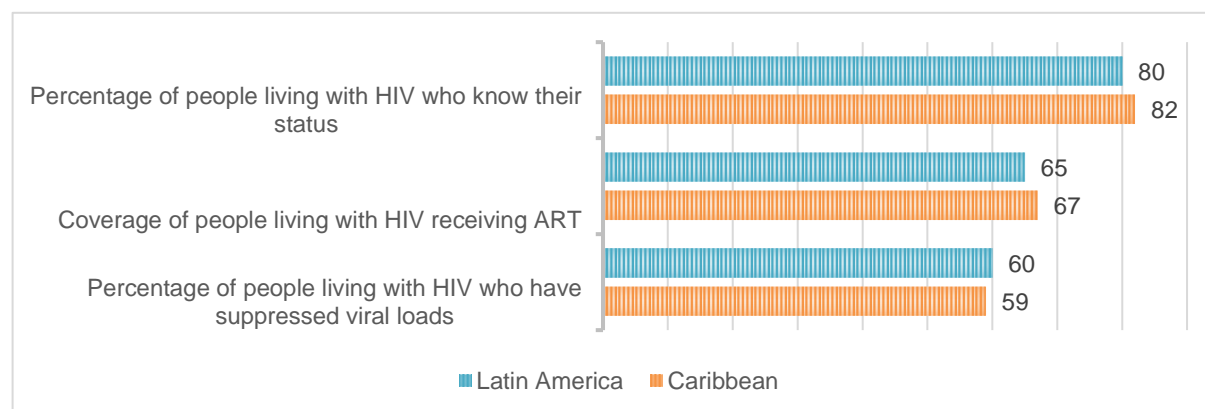
Regional report 2020-2021

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HIV testing and treatment cascade in the Latin America and the Caribbean region (2020)

Regional and country-level data are available on [AIDSinfo](https://aidsinfo.unaids.org/).



Source: Global AIDS Monitoring 2020

2021 reporting on selected 2016-2021 UBRAF indicators

Number of countries in the Latin America and the Caribbean region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **20**

2016–2021 UBRAF Indicators	2021
1.1: Countries with selected HIV testing services in place	15
1.2: Countries adopting WHO HIV treatment guidelines	8
1.5b: Countries offering HIV-related services for populations affected by humanitarian emergencies	9 (refugees and asylum seekers)
	6 (internally displaced persons)
	6 (people affected by emergencies)
2.1 Countries implementing latest EMTCT guidance	11
4.1 Countries with comprehensive packages of services for key populations defined and included in national strategies	14 (gay men and other men who have sex with men and sex workers)
	12 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	8
8.2: Countries with social protection strategies and systems in place that address HIV	10

Featured stories

- New study recommends strategies to serve the under-protected Caribbean transgender community ([link](#))
- Wide range in access to HIV testing of babies in the Caribbean ([link](#))
- Multicountry People Living with HIV Stigma Index 2.0 study launched in Latin America ([link](#))

Joint Programme contributions towards achievement of 2020–2021 regional priorities

In Latin America and the Caribbean, the regional Joint Team made concerted efforts to expand access to HIV testing services and optimize ART, including for children, with scaling up of innovations including through community-based services, peer support networks and South-to-South cooperation in the challenging context of COVID-19, to ensure early HIV diagnosis and reduce AIDS-related deaths. The Joint Programme also contributed to strengthening HIV drug resistance surveillance in several countries and to accelerating progress towards the dual elimination of mother-to-child transmission of HIV and syphilis. To reduce the persistently high levels of new HIV infection across the region, countries were supported to accelerate the scale-up of PrEP, CSE and SRH.

Support was provided to strengthen GBV surveillance systems and related responses, and to improve the capacity of civil society organizations to promote and defend the human rights of key and vulnerable populations, including people on the move, as well as their access to HIV and other public health services. The regional Joint Team led efforts to monitor and respond to needs of essential HIV services for persons affected by humanitarian emergencies. Gaps for HIV sensitive social protection were identified and best practices for the inclusion of key populations in national and subnational social protection programmes shared paving new opportunities to expand social protection for vulnerable communities.

HIV testing and treatment

Late diagnosis remains unacceptably high across much of the region. The regional Joint Team backed the implementation of pilot programmes focusing on HIV testing, rapid identification of HIV, TB, histoplasmosis and cryptococcosis in Paraguay and in Trinidad and Tobago. Several countries were assisted in setting testing targets in line with WHO recommendations and updating their guidelines to include self-testing, same-day ARV initiation and expanded access to treatment for opportunistic infections, such as liposomal amphotericin B.

The Joint Programme contributed to the revision of national guidelines and protocols, sensitization of service providers and NGOs, and coordination to fast-track transitions to dolutegravir-based treatment regimens. Support was provided for implementing the WHO HIV Drug Resistance Strategy in nine countries, and for improving the surveillance of HIV drug resistance and quality of ART and PrEP services.

The COVID-19 pandemic has disrupted HIV services, exacerbated financial and health worker shortfalls, and affected procurement and supply chain systems across the region. In response, the Joint Programme supported countries to scale up multimonth dispensing of ART and PrEP, community-based and peer-to-peer HIV testing and support services, including self-testing, rapid linkage to care and treatment services, and the use of peer networks and south-to-south cooperation. This helped ensure continuity of essential HIV prevention and care services.

Elimination of mother-to-child-transmission of HIV and syphilis

In 2020–2021, a health system strengthening project supported by the Joint Programme continued to provide financial and technical support to advance HIV integration in the broader health-care system and achieve Universal Health Coverage. For example, in Paraguay, the project aided the scaling up of primary and micro health-care networks and interventions aimed at improving access to maternal and child health services, HIV testing for men and boys aged 15 years and older, and treatment for HIV, STIs, TB, cervical cancer and other diseases.

The Joint Programme provided technical and financial support for the procurement of paediatric dolutegravir-based regimen. It also trained health professionals in Guatemala, Panama, the Bolivarian Republic of Venezuela and Caribbean countries on the inclusion and optimization of paediatric dolutegravir-based regimens, in partnership with the Pan-Caribbean Partnership Against HIV and AIDS (PANCAP).

The Joint Programme supported the Dominican Republic in the validation process for EMTCT of HIV and syphilis. The country was certified for EMTCT in May 2021, becoming the eighth Caribbean country to receive WHO validation for dual elimination.

HIV combination prevention among key and vulnerable populations

Delays in adoption of global recommendations on PrEP and treatment optimization have hindered implementation of proven strategies to reduce new HIV infections and AIDS-related mortality. The number of new infections across the region, particularly in Latin America, have not declined in the past 10 years and reductions in AIDS-related mortality remain below the global average. The regional Joint team provided technical support to enable 10 countries to complete estimations of PrEP needs, target-setting and implementation costs under different scenarios. An estimated 3300 health-care workers were trained through an UN-led virtual campus platform to improve their knowledge of PrEP. With support from the Joint Programme, Argentina, Costa Rica, Guyana and Paraguay began the roll-out of PrEP in 2021. Technical support was also provided to prepare for the roll-out of PrEP in Belize and El Salvador, including through capacity-building activities.

The Joint Programme also supported the monitoring of HIV services for key populations. This resulted in 10 countries developing prevention cascade analyses in the past year: Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Paraguay.

The regional Joint Team conducted a study on the availability, accessibility and acceptability of post-exposure prophylaxis among key populations and promoted its universal access in the English-speaking Caribbean countries as part of HIV combination prevention. The study

highlighted the need to foster the active participation of key population networks and civil society to expand exposure prophylaxis programmes in the region.

Adolescents and young people, particularly young men, remain at higher risk of acquiring HIV in the region. Efforts are needed to improve access, uptake and correct use of condoms, and to scale-up awareness-creation efforts and the dissemination of evidence-based information. The Joint Programme supported Bolivia, Colombia, Costa Rica, Ecuador, Nicaragua, Paraguay and Peru in implementing an out-of-school CSE programme that uses an integrated approach to HIV and SRH which is aligned to global guidance. The Latin American Faculty of Social Sciences in Argentina, in collaboration with the regional Joint Team, launched a series of digital CSE materials entitled “*Pausa. Vamos de Nuevo*”. These target adolescents, teachers and families to facilitate safe and evidence-based decision-making and to forge positive relationships and ensure diverse masculinities.

Addressing stigma and discrimination and promoting gender equality and women's empowerment

Despite significant progress in creating enabling legal policy environments across the region, some countries continue to have restrictive legal frameworks that undermine access to HIV testing, treatment and other health services, particularly for vulnerable and key populations. The crisis caused by the COVID-19 pandemic also disproportionately affected members of vulnerable communities, including people living with HIV, key populations, youth, women, indigenous and Afro-descendent communities, migrants and refugees. As early as April 2020, an online survey highlighted that 8 in 10 people in Latin America and the Caribbean lacked access to information or advice on care for people living with HIV in the context of COVID-19.

Under the initiative #I AM KEY: By Communities, For Communities, the Joint Programme in 2020 launched a call for projects to support communities during the COVID-19 crisis. Sixty community-based organizations in 19 countries implemented projects aimed at (i) upholding human rights and preventing stigma, discrimination and violence towards people living with or affected by HIV and COVID-19; (ii) preventing COVID-19 transmission; and (iii) ensuring continuity of the HIV response. From September 2020 to December 2021, this initiative reached more than 700 000 people living with HIV and persons from key populations.

The COVID-19 pandemic has exacerbated inequalities and GBV across the region. In response, the Joint Programme provided support to strengthen surveillance, prevention and assistance systems at country level. For instance, in partnership with the UN Girls' Education Initiative, government and civil society participated in a three-day event on school-related GBV held in Santiago, Chile.

In Peru, a health system strengthening project reinforced GBV surveillance systems in targeted health facilities and improved access to essential health services, including HIV services for survivors of GBV. In Brazil and El Salvador, support was provided to improve municipal social assistance systems aimed at addressing GBV. In Ecuador, 492 paediatric post-exposure prophylaxis kits were donated to the Ministry of Health, which distributed them to 134 health-care units in 24 provinces. The Joint Programme also supported the Ministry of Women, Family and Human Rights in Brazil to build knowledge- and experience-sharing platforms for protection systems that survivors of domestic violence can use.

Essential HIV services for persons affected by humanitarian emergencies

During the biennium, the Joint Programme played an active role in improving access to HIV services for persons affected by humanitarian emergencies. Within the Regional Interagency Coordination Platform for Refugees and Migrants of Venezuela, the regional Joint Team leads the effort to identify and respond to the main barriers that prevent refugees and migrants from the Bolivarian Republic of Venezuela from accessing essential health services, including treatment for TB, HIV and STIs, as well as sexual and reproductive health care.

The Joint Programme also provided extensive technical assistance to several national health entities and programmes in the context of COVID-19. For example, the National Tuberculosis Programme in Peru was assisted to analyse the impact of COVID-19-related service disruptions and prioritize programmes aimed at mitigating the impact and protecting lives.

An estimated US\$ 4.6 billion was mobilized from the World Bank to support the regional COVID-19 response and strengthen national systems for public health emergency preparedness in 16 countries, including Argentina, Ecuador, Haiti and Uruguay. The fund was used to ensure continuity of HIV prevention and treatment services and provision of urgent social, financial and safety net support to affected households of vulnerable people living with HIV, COVID-19 patients and their families. In the Bolivarian Republic of Venezuela, direct support provided to the national HIV and TB programmes ensured the continuity of HIV treatment for more than 56 000 persons living with HIV and for 10 000 people diagnosed with TB. The support was financed through an Exceptional Funding Mechanism of the Global Fund to address the health crisis in the country (US\$ 12 million for 2022–2023).

Sustainability and transitions

The regional Joint Team conducted qualitative studies on HIV as part of social protection programmes in Chile, Ecuador and Peru. The studies sought to generate evidence to create new or strengthen existing public policies enabling the introduction of social protection mechanisms that are sensitive to the needs of people with HIV. The main finding across the three studies was the lack of adequate statistical information. In most cases, the desired information was unavailable in relation to people living with HIV in different population groups and other pertinent characteristics, such as their living conditions food security and housing status. The studies revealed that the available information focused almost exclusively on the health dimension and did not comprehensively reflect the needs of people with HIV.

The regional Joint team, in collaboration with the Inter-American Centre for Social Security Studies, organized a series of subregional consultations covering Latin America and the Dominican Republic to identify best practices for the inclusion of key populations in national and subnational social protection programmes. The Joint Programme supported the Ministry of Health in Brazil to conduct a study using big data science to examine service delivery relating to viral hepatitis—a major comorbidity concern for people living with HIV—and identify possible improvements in efficiency and effectiveness.

Contribution to the integrated SDG agenda

The Joint Programme made valuable contributions to improving access to health-care and social protection services among vulnerable and key populations, including sex workers and refugees. Work also focused on ensuring the inclusion of refugees in national development plans, grant proposals, Universal Health Coverage and health programming, including HIV, TB and immunization. For example, in Peru the Joint Programme provided financial support to cover the cost of medical exams that are needed to enrol people living with HIV in the national HIV programme. Refugees and migrants in Colombia were assisted to regularize their legal status in the country to access the subsidized health system—contributing to SDGs 3 and 10.

Substantial support was provided to scale up comprehensive and integrated HIV, SRH and GBV services, including maternal and child health care for pregnant women and mothers living with HIV, key populations, adolescents and young people in the region. In Colombia, refugees and migrant mothers living with HIV received formula to feed their babies and contraception options post-delivery before leaving the hospital—in line with SDGs 3, 4 and 5.

Partnerships and collaborations with various stakeholders (including governments, regional institutions, community and other civil society organizations, and academia) contributed to the SDG 17 aim of advancing partnerships for development.

GUATEMALA – Addressing gender-based violence and gender inequalities to leave no one behind in the HIV and COVID-19 responses

In 2020–2021, the Joint Programme prioritized partnerships and technical support to address key social and structural factors that increase HIV vulnerability and reduce service access, with particular attention to the unique vulnerabilities associated with the colliding HIV and COVID-19 pandemic. Despite important advances, gender inequality and sexual- and gender-based violence remain among the greatest barriers to the HIV response in Guatemala. Moreover, the Joint Programme provided technical support for the development of the UN Socio-Economic Response Plan and Multi-Partners Trust Fund proposals, especially in the social cohesion component that included actions focused on women, including women living with HIV, transgender women, and female sex workers in the COVID-19 response.

The Joint Programme assisted the civil society organization Grupo de Apoyo Xela to provide hygiene and prevention kits to 140 LGBTI people living with HIV. An additional 500 people were sensitized on HIV and COVID-19 prevention and services, while 160 teachers from Quetzaltenango City were trained on the prevention of sexual- and gender-based violence, with a focus on LGBTI persons. Extensive technical and financial support to the Ministry of Health and civil society organizations raised public awareness during the 16 Days of Activism against Gender-Based Violence.

The Joint Programme supported Red Multicultural de Mujeres Trans de Guatemala (a civil society organization working on protecting the rights of transgender women) to conduct community-led monitoring in the Guatemala, Escuintla, Izabal, Quetzaltenango, Peten, Suchitepéquez and San Marcos departments. Results showed the need to improve access to information and HIV prevention and care services, as well as on COVID-19 prevention, care and vaccination among populations at risk, including transgender women. Following the monitoring process, a strategy was developed to strengthen services to address the needs of young transgender women in Guatemala.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org