

UNAIDS 2023

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# Results in Latin America and the Caribbean

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**2022 Regional report**

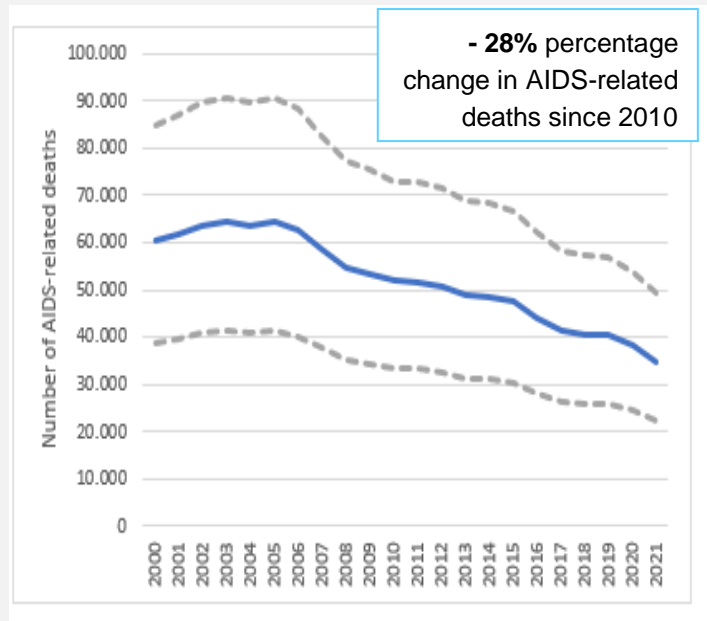
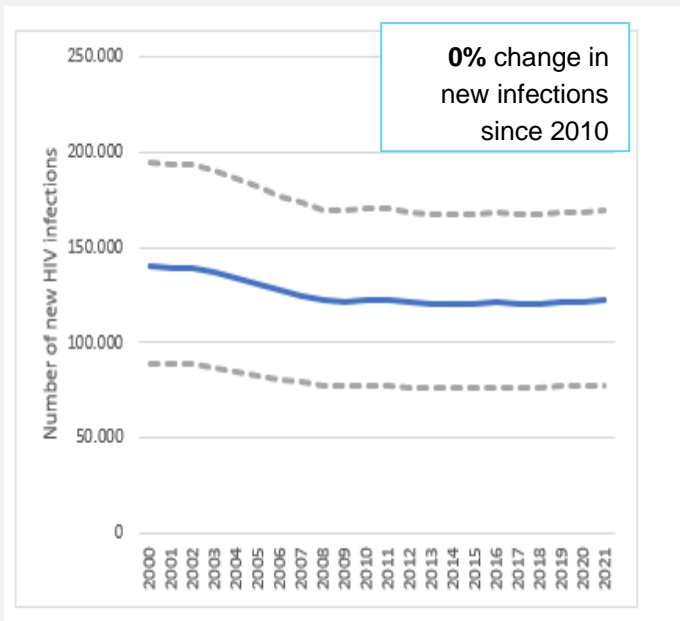


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# Results in Latin America and the Caribbean

## Progress towards bending the curves and saving lives<sup>1</sup>

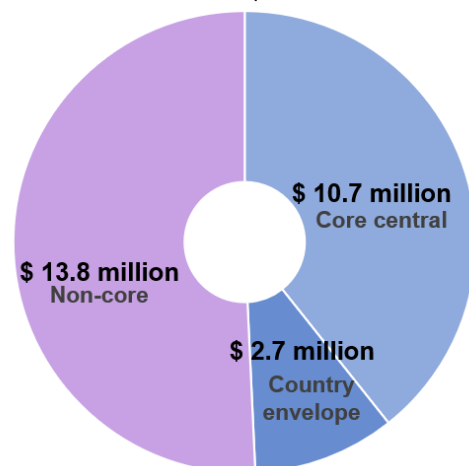


### Key results in the region thanks to support from the Joint Programme:

- 49,336 people used PrEP
- 70% [61-80] of all people living with HIV in the region are accessing antiretroviral therapy
- **17 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **15 countries** have stronger community-led HIV responses
- **14 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **5 countries** implemented measures advancing full and sustainable HIV financing

### 18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

**Latin America and the Caribbean: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of US\$ 27.2 million**



<sup>1</sup> Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

*In 2022, Latin America and Caribbean countries continued to expand and improve the quality of their HIV programmes, with the Joint Programme’s support. New testing algorithms strengthened the accuracy of HIV diagnosis, and coverage of combination HIV prevention services, including PrEP, increased among young people and key populations. Dolutegravir and opportunistic infection management programmes also improved the health outcomes of people living with HIV. Analysis of the HIV and social protection programmes and implementation of revitalized strategies strengthened both the evidence and impact of the overall response in many countries. Intensive advocacy and technical support resulted in the adoption by some countries of laws and policies decriminalizing HIV transmission and addressing stigma and discrimination towards people from the LGBTI+ community. Capacity building and CSE deepened knowledge of HIV and SRH prevention and services among adolescents and young people.*



**UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

With the Joint Programme’s support, national HIV response assessments in 10 countries gathered evidence to better guide programming. Colombia, Cuba, the Dominican Republic, Ecuador, Guatemala and Jamaica developed road maps to strengthen their national HIV responses, with a focus on HIV prevention and care services for key populations and people living with HIV. An analysis of barriers hindering adolescents and young people aged 13–18 years from accessing combination HIV prevention programmes was completed in Argentina, Costa Rica, the Dominican Republic, Honduras and Peru, informing efforts to improve legal frameworks. In addition, 10 countries expanded PrEP services for people at high risk of HIV infection.

In Brazil, recommendations from national and regional dialogues on HIV prevention and treatment services for women who use drugs (including on the need to expand HIV, SRH, hepatitis C, mental health and social protection services) informed the new National Strategy on Women in Drug Policy for implementation by multisectoral ministries (UNODC, UNAIDS Secretariat).

Awareness creation and outreach initiatives improved knowledge of HIV prevention among young people and key populations. In Peru, 700 adolescents from Afro-Peruvian, Amazonian and Andean communities received information on the prevention of HIV and

STI, gender-based violence, unintended pregnancy and early marriage (UNFPA). In Chile, information, education and communication materials on HIV prevention and other essential health services were distributed to 15 support centres for refugees and migrants and refugee housing units in a region with high levels of migration (UNHCR). Collaboration with community-based organizations on outreach initiatives further improved access to HIV self-testing in Chile and expanded PrEP services in Ecuador (WHO).

Cuba's elimination of mother-to-child transmission of HIV and syphilis, first confirmed in 2016, was revalidated by WHO, thanks to sustained technical support from the Joint Programme. Belize, Jamaica and Saint Vincent and the Grenadines have reached the EMTCT pre-validation stage and received recommendations to reach validation.

Brazil, Paraguay and Trinidad and Tobago rolled out a pilot programme on the use of combined rapid antigen testing for opportunistic infections (histoplasmosis, cryptococcosis and TB) to improve management of advanced HIV infection. This was coupled with a cost-effectiveness analysis for histoplasmosis testing in the management of people living with advanced HIV, with support from the Joint Programme. In Guatemala, a prophylactic guide on the care and treatment of opportunistic infections has been developed to improve the health outcomes of people living with HIV (WHO).

Accelerated transition to dolutegravir-based treatment regimens in 10 countries led to increased viral suppression rates. Dolutegravir-based paediatric treatment was also scaled up in 11 countries, through technical support and donation of medicines from the Joint Programme. In the Dominican Republic, the "Undetectable = Untransmittable" campaign to increase adherence to treatment reached 4,640 people living with HIV in health services and over one million people via digital media. The Peru National Laboratory joined the HIV Drug Resistance Network, a global network that advises WHO on the control and surveillance of HIV drug resistance. Belize, Cuba and Ecuador conducted an HIV drug resistance survey, and national laboratories in Brazil, Cuba, Martinique, Mexico and Peru are now accredited to perform HIV resistance testing, thanks to technical contributions made by the Joint Programme (WHO).

**UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.**

In collaboration with civil society and key stakeholders, support from the Joint Programme led to more conducive legal and service delivery environments for key populations and to the expansion of SRH services for young people. [Argentina passed a new law](#) that shifts the country's current, heavily biomedical approach to the national response to HIV, viral hepatitis, TB and STI to an approach that is more focused on gender and human rights. The new law further calls for an end to stigma and discrimination against people living with HIV or STIs and a prohibition of the criminalization of HIV exposure or transmission. Additionally, in 2021, one year after the enactment of a labour law in Argentina that established a 1% labour quota for transgender people, the public sector hired 409

transgender people—a 348% increase from the previous year. Staff members of the Mocha Celis, the first transgender school in the region, were also trained to better equip transgender persons with appropriate skills for these jobs (UNDP, UNAIDS Secretariat).

Other progress in establishing protective laws and policies in the region included HIV legislation in Guatemala, the Family Violence Bill and stigma and discrimination policy in Guyana, and the [striking down of a law](#) criminalizing sexual acts between consenting same-sex adults by Antigua and Barbuda's High Court. In addition, the St. Kitts and Nevis and Barbados High Courts [ruled](#) that provisions which criminalize private sexual acts between same-sex partners were unconstitutional. The latter legal result stemmed from a collaboration with the Eastern Caribbean Alliance for Diversity and Equality, a consortium of attorneys, civil society groups and human rights trusts. A transgender organization in Peru drafted a gender identity bill and developed an advocacy strategy to support the participation of civil society organizations in the process, with support from the Joint Programme. In Venezuela, the High Court agreed to hear arguments for nullifying a law that criminalizes consensual same-sex relations within the military. In addition, 10 Caribbean countries completed an analysis of national laws that affect people living with HIV, key populations and people from the LGBTI+ community, with results presented at the Fourth Caribbean Judges Forum on HIV, Human Rights and the Law (UNDP, UNAIDS Secretariat).

The Dominican Republic became a member of the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, joining 33 countries across the region, including Argentina, Costa Rica, Ecuador, Guyana and Jamaica. In addition, civil society organizations engaged the private sector to create stigma- and discrimination-free workplaces for people living with HIV. A total of 28 private companies in nine countries signed the Labour Positiva declaration to create stigma-free workplaces and took actions to eliminate stigma and discrimination against employees living with HIV.

In five cities in Brazil, some 3,000 vulnerable people from key populations, predominantly young pregnant women, people from the LGBTI+ community and people experiencing homelessness accessed combination HIV prevention, testing, treatment and CSE services, thanks to financial support provided to five civil society organizations as part of the Fast-Track Cities initiative (UNAIDS Secretariat). In Jamaica, following the adoption of the Comprehensive National Health Strategy for Trans and Gender Non-Confirming Persons (2021–2025) and an accompanying advocacy strategy, the Joint Programme continued to support TransWave Jamaica, a transgender-led civil society organization, to advocate for and deliver comprehensive health services for transgender persons (UNFPA).

In 2022, more than 100 participants from 19 countries completed the sixth edition of the course on CSE by the Latin American Faculty of Social Sciences (FLACSO) in Argentina. Over 1,000 specialists have completed the course, which has strengthened national capacities to design, implement and monitor CSE and empower adolescents and young people to make healthy and safe decisions (UNFPA, UNESCO). Costa Rica, Cuba, the Dominican Republic and Ecuador also integrated new combination HIV prevention education materials in their respective out-of-school CSE curricula. Additionally, more than 4.7 million people from 15 countries followed two podcasts (on HIV and STI prevention, and aimed at teachers) and the "Let's talk about HIV and STIs" podcast

(aimed at young people), which FLACSO developed with technical and financial support from the Joint Programme (UNFPA, UNESCO, UNAIDS Secretariat).

In Argentina, El Salvador, Panama and Peru, 610 people were trained on the "Four steps to prevent gender-based violence in and out-of-school" toolkit (UNFPA). Thirteen civil society organizations working with people living with HIV and key populations received technical and financial support from the Joint Programme to implement gender-transformative actions in more than 15 countries across the region. The actions focussed on empowering women's networks, implementing gender assessment tools and providing technical assistance to transform legal and policy frameworks (UN Women, UNAIDS Secretariat).

**UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.**

Following advocacy and technical support from the Joint Programme, 11 countries mobilized resources from the Global Fund to expand integrated and differentiated HIV services, including community-led services for people living with HIV and key populations (WHO, UNAIDS Secretariat). Governments and civil society organizations in those countries further committed to produce evidence, tools, guidance and advocacy for accelerating the scale up of HIV services for key populations.

With the Joint Programme's support, HIV services and social protection programmes for refugees, asylum seekers and other populations affected by humanitarian emergencies expanded, with a focus on adolescent and young women, people from the LGBTI+ community and persons who sell or exchange sex. Argentina, Costa Rica and the Dominican Republic completed the HIV and Social Protection Assessment to better understand the HIV-sensitivity of existing social protection mechanisms and identify barriers preventing key populations from accessing social protection programmes, drawing on support from the Joint Programme. Also, Costa Rica signed a third agreement with the Social Security Agency to increase access to the public health system for people with chronic illnesses, including HIV treatment and follow-up services for refugees and migrants living with HIV.

National partners, civil society organizations and communities were engaged in regional discussions on the delivery of HIV and SRH services tailored for refugees and migrants from the LGBTI+ community. For example, Peru implemented HIV screening and case management programmes, including referrals to legal services for migration status among Venezuelan refugees and migrants from the LGBTI+ community. Over 150 migrants in Guatemala benefited from HIV prevention, testing and adherence services, and Venezuelan migrants in Brazil received information materials on HIV self-testing (UNESCO, UNAIDS Secretariat).

In the Bolivarian Republic of Venezuela, HIV treatment services among refugees and migrant populations improved due to improved ARV treatment management and community-led monitoring; the inclusion of adult and paediatric dolutegravir-based



treatment regimens; and improved viral load monitoring thanks to Global Fund Emergency Funds and technical support from the Joint Programme.

In response to a growing concern for the health and well-being of refugees and migrants living with HIV, several countries are moving ahead with implementing the Cross-Border Action Plan. It includes delivery of comprehensive HIV service packages, ARV standardization and transitioning to dolutegravir-based regimens, capacity building and awareness-raising activities. The Plan is implemented through existing frameworks such as the Quito Process for managing regional coordination of the Venezuelan refugee crisis and the Interagency Coordinated Platform for Refugees and Migrants, which includes 24 partner organizations, including all Cosponsors and UNAIDS Secretariat.

The Brasilia Declaration, a high-level political declaration of the Quito Process, introduced for the first time a specific pledge to allocate resources for combination HIV services, including rapid HIV testing among migrant and refugee populations. Country-level actions include implementation of a drug monitoring and supply system to guarantee timely ARV supplies in the Darién region in Panama, and protocols for swift linkage to services in Colombia, Guatemala, Mexico, Panama and Peru. In addition, 250 border patrol staff improved their knowledge of basic human rights and access to HIV prevention, testing, and treatment services among people living with HIV and people from the LGBTI+ community in humanitarian contexts.

In Peru, which had the world's highest Mpox rate per million people, the Joint Programme supported development of an inclusive strategy that was rapidly implemented under the leadership of the national HIV strategy team and with community engagement (WHO, UNAIDS Secretariat)

## Lessons learned

Joint actions with national governments, territorial entities and civil society organizations contributed to improved access to HIV services and, more broadly, to more equitable access to integrated HIV, gender-based violence and SRHR services, and CSE, modern contraception for vulnerable women, including women living with HIV and scaled-up maternal and new-born health care.

Lessons learned showed the need to strengthen advocacy, policy dialogues, quality data and programme evidence, partnerships and coordination with regional and national governments and civil society in order to scale up access to quality HIV prevention and SRH services among young people. New operational research in HIV prevention care and treatment programmes remains vital for improving the quality of services. Participatory processes that involve communities are essential throughout the planning and implementation of projects to achieve sustainability of the HIV response.

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