

# BOLIVIA

Report prepared by the Joint UN Team on AIDS

## JOINT TEAM

UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, WHO-PAHO, UNAIDS SECRETARIAT

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The Joint Team played a critical role in prioritizing people living with HIV in the national COVID-19 response, including the COVID-19 vaccination programme reducing their vulnerability to co-infection and the overall socio-economic impact of the pandemic. Personal protective equipment, hygiene supplies, and COVID-19 rapid testing kits were procured and distributed to healthcare facilities; and healthcare workers were trained on COVID-19 infection prevention and management ensuring the continuity of HIV services, particularly among pregnant women, babies, adolescents, and young people. Strategic information and surveillance for HIV was strengthened to support HIV and sexual and reproductive health (SRH) programming targeting vulnerable and key populations, including adolescents and young people, men who have sex with men, and indigenous persons. Awareness raising initiatives targeting these groups were also conducted to increase their knowledge on HIV, sexual and gender-based violence, teenage pregnancy prevention. The National AIDS Programme was supported to rollout an operational investigation of stigma and discrimination in HIV services rendered in selected health centres and implement mitigating actions. The National AIDS Spending Assessment (NASA) 2017-2020 was completed and results informed strategies, advocacy, and resource mobilization for the national HIV response.*

## HIV TESTING AND TREATMENT, AND COVID-19 SERVICES

In 2021, the Joint Team supported the development of the antiretroviral treatment (ART) procurement plan for implementation in 2022.

The Government updated HIV and COVID-19 protocols in alignment with the World Health Organization's recommendations through technical support from the Joint Team. Commitments were also made to include people living with HIV as a priority population for the COVID-19 vaccination.

The Joint Team provided technical and financial assistance to support the implementation of the Expanded Immunization Programme. Around 1400 cold boxes were procured and distributed strengthening the cold chain of health facilities in 334 municipalities in Bolivia. More than 160 tons of biosafety supplies and personal protective equipment (PPE) were delivered to ensure the continuity of health services, especially maternal, child and adolescent health

services. A total of 1572 units of COVID-19 vaccination reached peri-urban areas and rural communities with difficult access in 330 (97%) municipalities in the country. To date, more than 5 million Bolivians, including people living with HIV have been vaccinated for COVID-19.

### ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

With Joint Team's support, the Ministry of Health developed and adopted a national strategy to implement the framework for the elimination of mother-to-child transmission of HIV, syphilis, chagas, and perinatal hepatitis B (EMTCT Plus) for the 2021-2023 period. The strategy includes activities aimed at strengthening health information systems, follow-up of mother-child pair, and integration of Hepatitis B service in antenatal care.

The Joint Team contributed technically and financially to the scale up of COVID-19 prevention, treatment and isolation services for pregnant women, newborns, adolescents, and young people in 10 maternal hospitals and 59 prioritized health services facilities in all departments of the country, including El Alto—with focus on improving access for indigenous families from remote communities. These included training of 220 health professionals and technical support to 19 auxiliary nurses on COVID-19 prevention and management, procurement and distribution of biosafety supplies, basic PPE, 38 000 polymerase chain reaction (PCR) tests and 22 000 rapid antigen nasal tests for COVID-19 diagnosis. These efforts contributed to ensuring continuity of maternal and child health services for 107 000 pregnant women, 45 335 newborns, and pregnant women who were diagnosed with COVID-19 in 2021.

### HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Government, with technical assistance from the Joint Team successfully conducted the Integrated Bio-Behavioural Surveillance (IBBS) survey, providing critical evidence for the national HIV response, HIV estimates, and relevant policies targeting key populations—IBBS are done regularly in Bolivia since 2008; the last IBBS was conducted in 2016. This followed the preparatory training of six members of the IBBS technical team, comprising representatives from the Ministry of Health and Global Fund Principal Recipients, on utilizing the Respondent Driven Sampling Analysis Tool (RDSAT) and the multiplier method used to calculate size estimates. Initial IBBS results highlighted a 26% HIV, 11% syphilis, and 1% hepatitis prevalence among men who have sex with men, and a 31.8% HIV prevalence among transgender women.

As a result of technical support, an assessment on access and use of male and female condoms among adolescent and young people was conducted to guide the development of a national strategy to improve condom coverage in the country. Key findings highlighted that only 9.3% of the health facilities routinely inform their clients about condoms; 23% male adolescents and 33% female adolescents confirmed condom use in all their sexual debuts and more than 50% reported that private pharmacies do not want to sell them condoms; 17% of female participants had information and access to condoms compared to 11% men; and key populations, including men who have sex with men, sex workers, transgender persons, and people living with HIV had more information than the rest of the population. In response, the Ministry of Health, with the Joint Team's support, developed and adopted a national condom promotion strategy targeting the general population to ensure universal access and consistent use of condoms—implementation of the strategy will commence in 2022. PPE and contraceptive commodities, including female and male condoms were also procured to ensure the continuity of sexual and reproductive health (SRH) services and condom programming the country.

Comprehensive health care guidelines were updated to include gender sensitive approaches, including gender-based violence (GBV), HIV, sexually transmitted infections (STI), and teenage pregnancy prevention programmes and 1479 health workers were trained for implementation of the updated guidelines.

In collaboration with the General Directorate of Penitentiary Regime and civil society stakeholders, and network of people living with HIV, the national protocol for HIV services in prisons was finalized and endorsed by an Administrative Resolution from the General Directorate of the Penitentiary Regime. The Joint Team organized and funded a workshop on HIV in prisons facilitating South-South Cooperation between Argentina and Bolivia.

With Joint Team's catalytic efforts and investments, various community mobilization, social network communication, and capacity building initiatives led to increased awareness of adolescents on HIV prevention in seven priority health networks—Chimoré, Cobija, El Alto/Corea, Puerto Villarroel, Ribalalta, San Borja, Shinahota, and Sud Cochabamba. As a result, 85 518 adolescents received information and services on prevention of HIV, pregnancy, and violence while 886 health professionals from 225 health facilities were trained on Comprehensive Care for Adolescents and the implementation of Continuous Quality Improvement Cycles in HIV and pregnancy prevention services. 693 adolescents from indigenous communities were also engaged with information on prevention of HIV and adolescent pregnancy. The information, education, and communication (IEC) used were produced in consultation with SERES El Alto, Redes de Salud and young leaders' groups.

### HUMAN RIGHTS, STIGMA AND DISCRIMINATION

In December 2021, the Joint Team provided technical and financial support for an operational research called "*Pulsometer against stigma and discrimination*", aimed at exploring the effective ways of eliminating stigma and discrimination in HIV service delivery. This research, initiated by the National AIDS Programme, is conducted in four health centres in La Paz and Santa Cruz cities, within the framework of the COVID-19 response. In the first phase, carried out in 2021, sets of qualitative and quantitative baselines (two experimental and two counterfactual) were drawn for the health centres. The second phase, will commence in 2022, expecting to reach around 100 healthcare workers with workshops to help change harmful attitudes and eliminate HIV-related stigma and discrimination. Results will be available in the form of a scientific publication.

The Joint Team provided technical assistance to the Positive Leadership Alliance (ALEP) to conduct the regional Stigma Index study in Andean Countries, which is funded by the Global Fund. This included facilitation of technical meetings with the national team which oversees the Stigma Index 2.0 study in Bolivia, representatives from the National HIV/AIDS Programme and the Global Fund Country Coordinating Mechanism (CCM), and civil society to discuss and agree on the study methodology and secure political support for the process. Results from these studies are scheduled to be published in late 2022.

### INVESTMENT AND EFFICIENCY

The National AIDS Spending Assessment (NASA) 2017-2020 was completed, and results showed that the central and local governments currently cover 62% of the spending on AIDS in the country. The remaining 38% is covered by international cooperation and the private sector in a similar proportion. 48% of spending was for prevention, closely followed by treatment and management of the national response. The study also showed that in 2020, an estimated 44% of the HIV financing was invested on programmes targeting the general population, 32% went on programmes among people living with HIV, and less than 5% was allocated to benefit key populations, including men who have sex with men, sex workers and transgender people.

Technical assistance was also provided for the analysis of normative, social, and financial sustainability of the response, complementing the NASA. The evaluation highlighted the need to mobilize resources to reinforce the implementation decentralized HIV response; build capacities at subnational levels to accelerate progress in HIV prevention, service promotion and behavioural change communication; and introduce new technologies for HIV prevention.

The national HIV estimates were finalised and the National Commitments and Policy Instrument (NCPI) on public policies on HIV prevention, care, and treatment services and human rights issues was updated to strengthen monitoring national policies and laws. Evidence from these studies informed the Global Fund concept note and National Strategic Plan on HIV/AIDS.

The Joint Team supported the preparation of the Global Fund concept note for US\$ 13 million for the national HIV and tuberculosis responses during the 2023-2025 grant period. Technical assistance was provided to gather relevant information including HIV data, evidence on the scale up of innovative programmes, such as multimonth dispensing of ART, interpretation of HIV prevention and care cascade. The Joint Team also advocated for the sustainability of monitoring and evaluation mechanisms and community-based services which are supported by the Global Fund. The concept note was timely submitted for approval.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Bolivia as implementing partner of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022 continued to make valuable contributions towards the United Nations Sustainable Development Goals (SDGs).

Under the *leave no one behind* principle, the Government was assisted to expand HIV prevention, treatment, and care services, hepatitis B, and COVID-19 vaccines for vulnerable and key populations, including adolescents and young people, pregnant women, and indigenous people and accelerate progress towards achieving universal access to health services (SDG 3).

Assessment of HIV service delivery, Stigma Index study, and capacity building of health workers are underway to reduce HIV-related stigma and discrimination, inequalities and attain human rights for all, in line with SDG 10.

The Joint Team continued to facilitate national and regional partnerships for development, such as the South-South Cooperation between Argentina and Bolivia, to improve access to HIV services for key populations, including prisoners, contributing to SDG 17.

### CHALLENGES AND LESSONS LEARNED

A recent institutional reform merged the National AIDS Programme in the national tuberculosis, leprosy, and influenza programmes—now known as the National Programme on Transmittable Diseases (NPTD). This shift introduced more steps for decision-making and delays in the national HIV response, including regarding the procurement of supplies, approvals for research, submission of grant proposals, and programme implementation. Some of these issues are expected to be resolved with the finalization of the reform.

Lessons from the NASA and Global Fund grant proposal development process showed that despite the concentrated nature of the epidemic, Bolivia does not have a national HIV prevention strategy targeting key populations. Investments in HIV prevention programmes for key populations remain marginal and continue to be predominantly funded by the Global Fund (with risk for sustainability) and implemented by civil society and community organizations with limited outreach.

To achieve the goals of the Global AIDS Strategy, support for a political transition to ensure prioritization of HIV prevention programmes and maintaining a high-level political commitment and translating it into action for a more equitable and sustainable HIV response is needed.

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