

# COLOMBIA

Report prepared by the Joint UN Team on AIDS

## JOINT TEAM

UNHCR, WFP, UNDP, UNFPA, WHO-PAHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*Despite the COVID-19 pandemic, Colombia has maintained progress in increasing HIV testing and counselling (HTC) services for key and vulnerable populations with the Joint Team's support. Close to 40 000 people received HTC including pregnant and breastfeeding women among refugees as well as survivors of gender-based violence. The first community-led pilot index case finding, and assisted partner notification programmes were implemented in Bogotá city to accelerate progress towards the first target of the 90-90-90 cascade. The Joint Team in Colombia rolled out ¡Haz tu parte! (Do Your Part!), an interagency project aimed at scaling up combination HIV prevention services among people who are at high risk of HIV infection. Information, education, and communication materials were developed and disseminated to increase knowledge of combination HIV prevention, including pre- and post-exposure prophylaxis (PrEP and PEP) among young people and key populations. Furthermore, capacity building training on income generating activities, food assistance, and cash transfers were provided for vulnerable people living with HIV, particularly women and young people to improve treatment adherence and health outcomes, and their livelihoods.*

## HIV TESTING, TREATMENT AND CARE

The Ministry of Health and Social Protection was supported by the Joint Team in revising the HIV clinical management guidelines, with the inclusion of HIV self-testing as one of the biomedical screening strategies. The new guidelines were distributed and discussed among 2430 health professionals and system actors, who helped identify possible implementation barriers and challenges.

The first community-led pilot index case finding, and assisted partner notification programmes were implemented in Bogotá city to improve HIV diagnosis in the country. Community-led monitoring and evaluation tools were also developed to monitor progress, address gaps, and measure the impact of these new programmes.

HIV testing and counselling (HTC) services were scaled up to reach refugees, migrants, including Venezuelan refugees, internally displaced persons, Colombian returnees, and host communities across Colombia. Through the Joint Team's support, these efforts prioritized the most vulnerable populations, including survivors of sexual and gender-based violence, people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community, pregnant and breastfeeding women, and people who sell or exchange sex in humanitarian settings. In 2020-

2021, HTC was provided for 5005 people and 33 411 pregnant refugee and migrant women without affiliation to the General System of Social Security in Health (SGSSS) in 18 departments while 3068 people were screened for hepatitis B, 509 people for hepatitis C, and 1320 people for syphilis. Additionally, 2168 male and female condoms were distributed in humanitarian settings and 4500 pregnant women received HTC within the elimination of mother-to-child transmission of HIV and syphilis (EMTCT Plus) framework using resources from the Central Emergency Fund (CERF).

### **SOCIAL PROTECTION FOR VULNERABLE POPULATIONS**

The SGSSS health insurance system in Colombia enables people living with HIV to access comprehensive healthcare, including ART and viral load monitoring services. Intense advocacy and technical support from the Joint Team to the municipal secretariats contributed to the orientation, regularization and documentation of relevant information process that led to the inclusion of 25 012 refugees and migrants in the national health system by 2021. A total of 6091 officials and institutional actors were also trained on the legal framework and pathways to SGSSS, and barriers to enrolling refugees and migrants on SGSSS. At the same time, 17 228 Venezuelan refugees and migrants were also informed on the health system affiliation and regulation processes.

Twenty women leaders from the municipality of Montería were trained by the Joint Team as citizens facilitators and supported them to sensitize 100 women living with HIV and their families on various issues, including gender equality, prevention of stigma and discrimination, as well as laws and policies that protect their rights, including their rights to health services. Another 398 people living with HIV received information on how to access legal assistance, health and psychological services, and healthy lifestyles. They also received cash transfer to cover living expenses, including nutritious food. Food and nutritional baskets, COVID-19 protection, and hygiene kits, including information of COVID-19 prevention and self-care were distributed to vulnerable people living with HIV and their families. Access to and utilization of the Nutrifami platform— an e-learning and food purchase tracking application— was promoted to boost good nutrition and healthy diet among this group. Similarly, the Joint Team built the skills of 454 people living with HIV in Sucre and Cúcuta to ensure their self-sustainability and provided them with food assistance and cash transfers.

Under the Ancestral Aromas project led by the Joint Team, 26 people living with HIV (13 women and 13 men), representing each of the 26 municipalities of the Department of Córdoba, were trained on manufacturing soaps, antibacterial gel, and alcohol based on traditional and modern techniques of making essential oil to help them establish income-generating activities.

In 2021, refugees and migrants living with HIV in vulnerable situations in Norte de Santander department were supported to expand their knowledge around access to rights, income-generating activities, and healthy lifestyles. A total of 90 people were trained as citizens facilitators on differentiated service delivery approach and gender equality, healthy eating habits, stigma and discrimination prevention, and laws and policies that protect the rights of all people, including their rights to health services and protection from gender-based violence. Cash transfers and capacity building training were also provided to improve their occupational and financial stability.

### **HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS**

To increase access to sexual and reproductive (SRH) services, 12 223 people received consultation on family planning and access to contraceptive methods, including long-term methods such as Pomeroy tubal ligation and vasectomy. Technical and financial support provided to three CSOs—Profamilia, LigaSida and Aids for AIDS—helped reach thousands of people with SRH and HIV information and services in 18 departments. These included 15 843 people, and 399 young people who sell or exchange sex with various SRH services

through the implementation of the Minimum Initial Package of Services for Sexual and Reproductive Health (PMIS); 36 young people who sell or exchange sex were enrolled on ART and had three HIV-specific medical teleconsultations.

The Joint Team, in collaboration with health secretariats, healthcare institutions, and civil society organizations (CSOs) rolled out the interagency ¡Haz tu parte! (Do Your Part!) initiative to scale up combination HIV prevention services among young people. Under this initiative, a virtual course on combination HIV prevention was designed and used to train 17 people from four local health secretariats, health institutions, CSOs, and higher education institutes. Pre- and post-course evaluations showed a 14% increase in the general knowledge domain and a 38% raise in knowledge of structural interventions.

In collaboration with representatives of key population groups, the Joint Team developed an information, education, and communication strategy to increase knowledge on combination HIV prevention. The strategy is anchored on five implementation phases: 1) Resignificando el VIH (Redefining HIV), 2) Vidas en PrEP (Lives on PrEP), 3) Indetectable=Intransmisible (Undetectable=Untransmissible), 4) Hazlo tu mismo (Do it yourself), and 5) Pruebatón de VIH (HIV Testing). In this view, audio-visual materials with HIV prevention messages targeting young people, including young people from key population groups, and health professionals were developed and posted on Facebook and Instagram—as of December 2021, the posts on Facebook recorded 16 100 views. Hardcopies of these messages were also distributed to 13 local health secretariats, 20 CSOs, 186 young people, and various health service providers in the country. Furthermore, the materials were uploaded on the PrEP Colombia website (<https://prep-colombia.org/>) that was designed to support the pilot PrEP programme and serves as a repository of strategic information on combination prevention, including PrEP. The website recorded 62 663 unique visitors and 18 328 consultations on the educational content.

The PrEP Colombia website was also used to conduct a self-assessment survey to evaluate the substantial risk of HIV infection among people who were sensitized to PrEP and showed interest in enrolling on PrEP services. Out of the 6134 people who completed the survey, 5520 identified as men who have sex with men or transgender people, demonstrating the resounding success of the recruitment strategy among these populations. Under the pilot PrEP programme, 546 people in the city of Bogotá were provided with the recommended daily doses and a 12-month follow-up with health facilities. Preparations are underway to implement the programme from provider institutions that participated in the pilot programmes in five Colombian cities— Bogotá, Bucaramanga, Cali, Medellín, and Pereira.

### HIV-RELATED STIGMA AND DISCRIMINATION

The Joint Team organized a public competition for initiatives aimed at addressing HIV-related stigma and discrimination in Colombia. Twenty-eight proposals entered the competition, which predominantly focused on awareness-raising actions, including the development and dissemination of audio-visual materials and implementation of educational programmes. Financial support was provided to five selected proposals that demonstrated the greatest scope and knowledge around the reduction of stigma and discrimination.

### INVESTMENT AND EFFICIENCY

In 2020-2021, the Joint Team's catalytic investments were essential to scale up combination HIV prevention, testing, and treatment services in Colombia, as well as to reduce stigma and discrimination among vulnerable and key populations. The Joint Team also provided substantial technical support to the Country Coordinating Mechanism (CCM) for the development of a Global Fund grant proposal for the 2019-2022 period. As a result, US\$ 10 014 581 was mobilized for the HIV, tuberculosis, and malaria responses and to mitigate the risks associated with the COVID-19 pandemic.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team worked with the Government, territorial entities, and CSOs to accelerate the country's progress towards the Sustainable Development Goals (SDGs) and the 2030 Agenda.

National programme implementing partners, the national department of planning (Departamento Nacional de Planeación - DNP) and statistics (Departamento Administrativo Nacional de estadísticas - DANE) were supported to monitor indicators and generate the third voluntary report on their progress towards the SDGs and the 2030, including HIV-related indicators. The report "[SDG Colombia: Accelerate the implementation for a sustainable recovery](#)" presents the progress of the country against monitoring indicators, despite the COVID-19 crisis, and the contributions of different actors to the "Leaving no one behind" principle. In addition, the report contains the progress in the formulation of strategies for the mobilization of actors and resources towards an integrated funding framework. It highlights the good practices identified in terms of appropriation and inclusion of the SDG Agenda in national planning instruments.

Contributing to the achievement of SDG 3, technical support was provided for the inclusion of WHO recommended strategies, including HIV self-testing, integrase inhibitors, and Treat All in the national guidelines and the 2021 HIV clinical management guidelines. The implementation of combination prevention strategies, including the pilot PrEP programme (biomedical, structural, and behavioural components), index case and assisted partner notification pilot strategy, and the interagency ¡Haz tu parte! HIV combination prevention project, improved access to services among at risk populations.

Tackling inequalities in the HIV response and in the access to healthcare, access to differentiated HIV prevention, testing, and treatment services; food, and nutritional assistance; and shelter and social protection were expanded to vulnerable and key populations, including refugees, migrants, and people living with HIV. They were also empowered to generate income and improve their livelihoods through skill building training and monetary support. Venezuelan refugees and migrants were included in the Colombian health system to access health services and antiretroviral treatment strengthening equality and upholding their basic human rights. The capacity of civil society and citizens facilitators was strengthened to provide services, monitor progress and work with communities to reduce stigma and discrimination.

## CHALLENGES AND LESSONS LEARNED

In 2020-2021, the COVID-19 and public demonstrations presented immense challenge in the national HIV response, restricting mobility, and disrupting health services, programme implementation, monitoring, and evaluation. Loss of livelihoods, low purchasing power, and other economic challenges resulted in decreased uptake and adherence to services, including ART among people living with HIV and other vulnerable populations. In response, several initiatives were introduced by the Joint Team to ensure continuity of the pilot PrEP services. For instance, virtual client consultations and programme support activities were conducted to comply with pandemic and security-related mobility restrictions. Digital educational materials were also developed and disseminated through social media platforms strengthening outreach among target populations.

There is an urgent need to strengthen the technical capacity of healthcare institutions CSOs and other stakeholders on the delivery of quality services, and to accelerate implementation of the biomedical component of the national combination HIV prevention strategy, such as HIV testing, PrEP and PEP. Demand generation among key populations will have to be sustained, with assertive communication strategies.

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