

CUBA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNDP, UNFPA, WHO-PAHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In the context of the COVID-19 crisis, the Joint Team reinforced its support to the national HIV response through collaboration with government institutions, civil society, and other partners achieving critical results for vulnerable people, including people living with HIV and key populations. HIV testing, treatment, viral load monitoring, COVID-19 and Hepatitis C diagnosis and management services were scaled up. This was achieved through procurement of HIV testing commodities and other laboratory equipment; reprogramming of funds to cover the cost of antiretroviral treatment (ART); technical and financial assistance to support services rendered by outreach workers; and procurement of personal protective equipment to curb the spread of COVID-19 and ensure the continuity of HIV services. Over half a million condoms and pre-exposure prophylaxis (PrEP) were also procured and distributed to strengthen access to HIV prevention services. Provincial and municipal counsellors as well as health promoters were trained to develop sexual and reproductive health (SRH) counselling services and provide quality adolescent health services, thus improving knowledge of SRH and access to related services among adolescents and young people. The Joint Team also supported needs assessments and trainings for healthcare workers, lawyers, and other key stakeholders to address human rights, gender-based violence (GBV), and gender inequalities, especially among transgender people. Various information materials, including prevention of COVID-19, HIV, SRH, and GBV were produced and disseminated to improve the wellbeing of communities.

HIV TESTING AND TREATMENT

Through the Global Fund grants, the Joint Team supported the continuity of HIV testing and counselling (HTC) and treatment services during the COVID-19 pandemic. In 2021, a total of 610 000 HIV rapid tests were procured and 78 111 people from key populations groups (76 566 men who have sex with men, 1545 transgender people) received HTC. HIV self-testing was implemented and mobile phones, tablets, and mobile data devices were procured for outreach workers facilitating demand creation and the use of HIV self-testing services through provision of accurate information and peer support. In addition, differentiated service delivery of HIV prevention, diagnosis, treatment, care, and follow-up services for key populations was strengthened in 2021, with the development and publication of five methodological notes for primary health care staff and community-based service providers.

During the same period, 26 631 people living with HIV received ART using the Global Fund reprogrammed grants while 330 people living with HIV accessed treatment for tuberculosis, and 1500 people living with HIV were provided with hepatitis C medicines. The Joint Team also provided financial support to ensure ART for 33 children and adolescents living with HIV to maintain health services during the pandemic.

The Joint Team supported the procurement of new HIV viral load monitoring equipment for three regional laboratories and the definition of local client follow-up plans. Their implementation led to an improvement in the proportion of people living with HIV on treatment with viral load monitoring—an estimated 63% in 2021 compared to 51% in 2019 and 45% in 2020 (MINSAP Computerized HIV Registry). The Joint Team further strengthened the capacity of 124 polyclinic laboratories and 15 laboratories to provide HIV diagnosis services through procurement of various diagnostic equipment.

To ensure the safety and protection of healthcare workers and communities from COVID-19, as well as the continuity of HIV services, more than 247 000 masks, 470 000 gloves, 15 000 gowns, 163 000 biological waste bags, and 18 000 bottles of antibacterial gel were procured and distributed in medical facilities, laboratories, and communities.

Information materials on COVID-19 prevention and management, ART and social protection services, and human rights were produced and distributed to 19 971 people living with HIV in 2020 and 14 000 in 2021.

SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUNG PEOPLE

Technical support was provided for the establishment of a national technical team to update the National Programme for Comprehensive Adolescent Health Care, in particular its SRH component for a more comprehensive approach in sexually transmitted infections (STIs) and HIV prevention and care for adolescents. The technical team was initially trained to improve their understanding of the health care needs of adolescents from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community.

Twenty-nine provincial and municipal counsellors were trained in the development of SRH counselling programmes for adolescents and young people. In partnership with the Ministry of Health and the Health Promotion and Disease Prevention Unit (Prosalud), 110 health professionals completed the “Adolescence and Integral Health in Times of COVID-19” course offered by the Joint Team, improving their knowledge around the health needs and delivery of services for adolescents in the context of COVID-19. The course focused on sexual and reproductive health and rights (SRHR), sexual- and gender-based violence, social inequalities, and access to health for adolescents and young people, including at risk populations.

Fifty-five health professionals were trained and supported to evaluate the quality standards of adolescents’ health services in four selected municipalities—Cumanayagua in Cienfuegos province, San Miguel del Padrón in Havana city, Las Tunas and Buey Arriba in the eastern region of the country. As a result, organizational and cultural barriers to access SRH services and resources for adolescents were identified.

In 2020-2021, the Joint Team procured and distributed 519 400 condoms to SRH service sites to ensure triple protection, with focus on adolescent people. Moreover, 2436 adolescents were trained as health promoters in various territories across the country through education and training workshops on responsible sexuality, prevention of HIV and STIs, gender equality and SRHR. Additionally, 486 promoters of the Youth for Life distinction were trained throughout the country on the use of social networks for the promotion of comprehensive adolescent health. The promoters also shared experiences on the importance of social networks for adolescents in accessing information on HIV and COVID-19 prevention.

The Joint Team, in collaboration with Prosalud and other partners in the academia, developed an educational programme on responsible and safe sexuality with active participation of more than 60 students and teachers at the Havana School of Arts and Crafts. Information, education, and communication (IEC) materials on SRH and prevention of HIV and STIs targeting adolescent and young people were also produced and disseminated through online concerts and other social media outlets reaching 311 498 people, including 85 135 adolescents.

To mitigate the impact of COVID-19 on the national HIV response, the Joint Team reprogrammed resources to reach adolescent and young people with IEC materials on various issues, including prevention of COVID-19 and GBV, and mental health. As a result, 12 681 people were reached with two educational and promotional materials (in print and via social media) targeting early and mid-late adolescents with age-appropriate information to prevent COVID-19 and protect their mental health; 6824 people accessed educational materials on prevention of GBV during pandemic-related confinement, which were disseminated on various social networks; and 1 160 578 children, adolescents and young people were reached with educational materials on COVID-19 and GBV prevention, and mental health. Teaching staff from all secondary schools in Cuba received technical guidance to ensure a safe return to school, with emphasis on protection from COVID-19, mental health, and violence prevention.

HIV PREVENTION AMONG KEY POPULATIONS

The Joint Team provided support for the procurement of PrEP and by the end of 2021, PrEP services were being piloted in Cárdenas, Centro Habana, Cerro, Habana Vieja, and Matanzas municipalities with a total of 95 people accessing PrEP services. In these provinces, and in line with the Undetectable = Untransmissible campaign, ART was also highly promoted among newly identified cases to further prevent HIV transmission. Besides, through grants from the Global Fund, the Joint Team supported the continuation of HIV prevention services in Cuba with the provision of 3.7 million condoms and 1.8 million lubricants. A total of 124 390 people from key populations received prevention services, including 122 055 men who have sex with men and 2335 transgender people.

With funding from the Global Fund, technical support was provided to a transgender people network (Trans Cuba) and a network of men who have sex with men (MSM-Cuba) to set up a new digital system that allows recording and monitoring of people who accessed HIV prevention and testing services through a unique identification code. Besides, service providers in primary health care and community-based organisations in 30 municipalities across the country were supported to improve their capacity to monitor HIV prevention and care cascade indicators and better target their interventions.

GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

The Joint Team provided technical and financial support to address human rights and gender-related issues that impede access to HIV services in Cuba. Hence, 100 people, including managers, counsellors, lawyers, health staff and volunteer promoters were trained to improve their skills on provision of legal counselling services for key populations; six spots were aired on television as part of the Without Gender Stereotypes, Breaking the Scheme campaign (*Sin estereotipos de Género, Rompe Esquemas*) to galvanize community support in deconstructing sexist stereotypes; and four technical meetings were held to support the implementation of the Gender Strategy of the National HIV Response 2020-2024.

As a result of technical assistance, three gender-responsive case studies were conducted to identify the impact of COVID-19 on key populations. While the studies revealed availability of HIV services and the role of key populations in overcoming the pandemic as positive aspects, they also documented few challenges in the quality of services that were predominantly linked to instability in HIV supplies, such as rapid test kits, condoms, and lubricants, referral to other services, and interruption of some HIV-related services during the peak of the COVID-19

pandemic. Another key finding of the report was the noted difference in needs, participation as well as the varying degree of impact of the COVID-19 pandemic on the key population groups. The report revealed, in particular, the heightened impact on the members of the transgender population group who are facing a combination of issues, including sexual orientation, gender identity, and HIV positive status that put them at risk of discrimination and violence.

To improve SRH and GBV prevention information and services among young people and key populations, the Joint Team supported the Ministry of Education to incorporate GBV prevention into Government communication materials disseminated through educational television and digital platforms during the COVID-19 pandemic. In addition, 66 adolescents and young people from the LGBTI community were trained on exercising their rights, knowledge of legal tools for their protection and the identification of situations leading to human rights violations in relationships, family, school, health, and labour services. The Joint Team further contributed to the participation of 36 adolescents and young people from the LGBTI community in political advocacy on the intersections between gender inequalities and the effective exercise of rights in different issues that affect their sexual and reproductive health and personal development.

In partnership with the National Centre for Sex Education (CENESEX), a National Strategy for the Social Integration of Transgender People was developed incorporating a Comprehensive Sexuality Education (CSE) aimed at transgender people; monitoring and evaluation tools were also designed to assess progress of indicators outlined in the national strategy.

HIV AND HEALTH SERVICES INTEGRATION

To improve the infrastructure of the supply chain in five establishments of the Medicines Marketing Company (EMCOMED) were modernised to strengthen data management at the MEDICuba S.A., an import export company approved to supply medicines, commodities, and equipment's to the Ministry of Health.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team in Cuba contributed to the quality and sustainability of health services during the COVID-19 pandemic, in line with the Sustainable Development Goal (SDG) 3. Besides HIV services, efforts were also made towards the reduction of maternal mortality, and the promotion of SRH, and universal health coverage.

The inclusive approach of the 2030 agenda was reflected in interventions that addressed immediate needs of the population, such as the provision of basic health inputs, while strengthening health systems—service delivery infrastructure, supply chain, monitoring systems—and addressing human rights and gender barriers to accessing services. With the vision of achieving greater impact and leaving no one behind, activities focused on key populations as well as other vulnerable populations, including women, adolescents and young people, and people living with HIV. These efforts contributed to SDGs 4 (quality education), 5 (gender equality), 10 (reducing inequalities), 16 (peace, justice, and strong institutions) and 17 (partnerships).

CHALLENGES AND LESSONS LEARNED

There are around 5000 people that need to be reached through HTC services to achieve the first target of the 90-90-90 cascade. Viral load testing coverage among people living with HIV enrolled on ART also remains low. Lessons show the need to expand differentiated service delivery for HIV testing and focus on reaching people living with HIV through primary health services and community organisations.

Although condom use increased among key populations, it is not enough to have an impact on the number of new HIV infection cases. In 2019, condom use during the last anal intercourse with the last casual partner was at 67.7% among gay men and other men who have sex with men, and 67.3% among transgender persons (Prevention Indicators Survey, 2019). Growing conservative and fundamentalist positions in some groups that oppose CSE and the recognition of the rights of people from LGBTI community impede expansion of SRH and HIV knowledge and prevention services.

The COVID-19 pandemic diminished external funding for the HIV response and further reduced the country's capacity to import key health resources. The Joint Team-led procurement of medicines and commodities was also disrupted due to shortage of goods in the global market, upward trend in the prices of freight services, long delivery times, and limitations in the supply of freight services, all attributed to the COVID-19 pandemic and other global events. The strengthening of forecasting, planning, and procuring processes will help ensure timely procurement and delivery of essential supplies.

Pandemic-related restrictions, including social distancing, quarantine, travel restrictions, and diversion of healthcare personnel and resources to the COVID-19 response delayed implementation of planned programmes and support activities. These included face-to-face training, expansion of PrEP services, and conduction of surveys. Improvement of IT resources and the use of digital tools and social networks by national partners and the Joint Team will bring greater efficiency and effectiveness of remote activities. As a matter of fact, social media and other virtual platforms have become the main means for reaching adolescents, young people, and key populations that require innovation and IT infrastructure for the delivery of educational messages. However, the technological and economic limitations for connectivity in some territories and among beneficiaries forced outreach through traditional communication methods, such as radio, television, distribution of printed materials, and face-to-face campaigns, such as sensitization initiatives in schools.

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