

ECUADOR

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNFPA, UN WOMEN, WHO-PAHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the COVID-19 pandemic, the Joint Team in Ecuador continued to push for improved access to quality HIV services in the country. The Government was supported to scale up Dolutegravir-based antiretroviral treatment (ART) regimen for all people living with HIV to ensure better health outcome and adherence to treatment. An assessment was conducted to identify the social protection needs of people living with HIV and subsequently, national nutrition guidelines were developed to improve social protection and nutritional support among this group. The Joint Team provided support to strengthen community-based surveillance models and community-led outreach services to ensure access to early HIV diagnosis and treatment among pregnant women and children. Technical and financial assistance was provided to the Ministry of Health for the development of guidelines for a comprehensive approach for people living with HIV in the context of the COVID-19 pandemic, including in the access to vaccination. HIV size estimation and Integrated Bio-Behavioural Surveillance (IBBS) Survey were completed to help improve strategic information and access to HIV prevention services among key populations. Adolescents and young people were trained on sexual and reproductive health and rights (SRHR), comprehensive sexuality education (CSE) and prevention of HIV. In addition, healthcare workers were trained in the implementation of regulations and protocols for a comprehensive and rights-based approach to priority sexual and reproductive health (SRH) issues, including access to contraceptives, prevention of gender-based violence (GBV), prevention of teenage pregnancies, and HIV prevention and care. Networks of people living with HIV, key populations, and youth organizations were supported to develop community-based surveillance and communication strategies to prevent, detect, and report human rights violations among people living with HIV in the country's northern border.

HIV TESTING AND TREATMENT

In 2020-2021, the Joint Team supported the transition to Dolutegravir-based first line treatment regimen in line with the World Health Organization's (WHO) recommendation. Currently, all 50 Integral Care Units under the Ministry of Health administer the new regimen with 75% coverage among people living with HIV who are already enrolled on ART and 100% coverage among the people who are newly enrolled on ART. The process of transitioning people living with HIV who had been receiving other regimens ended in July 2021.

The Joint Team continued to support the Social Security Institute (IESS) for integration of government-led ART services and transition to Dolutegravir-based regimen to strengthen joint planning and procurement of antiretroviral medicines through the WHO Strategic Fund.

Technical assistance was provided for the assessment of HIV and social protection in Ecuador to identify the social protection needs of people living with HIV and design policies aimed at providing a comprehensive response among this group. The resulting HIV and Social Protection Diagnosis report underscored the need to develop an advocacy agenda and a corresponding advocacy plan that addresses the bottlenecks identified and establishes strategic lines of implementation. It also recommended that these tools should clearly delimit the prioritized activities, set deadlines, identify actors, and their roles in the advocacy process. National HIV and nutrition guidelines were also developed to improve access to nutritional support for vulnerable people living with HIV.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

An online 'training of trainers' diploma course was developed to support the implementation of the elimination of mother-to-child transmission of HIV, syphilis, chagas, and perinatal hepatitis B (EMTCT Plus) framework with a SRHR approach. Endorsed by the Technical University of Loja and the Ministry of Health, the course will be used to train 120 healthcare professionals working with pregnant women, mothers, and children, especially vulnerable populations in various prioritized health facilities across the country.

Technical and financial support was provided for a community-based surveillance model in Monte Sinai Hospital in Guayaquil city to ensure access to early HIV diagnosis and treatment among pregnant women—at 30%, Guayaquil city has the highest HIV prevalence in the country. Community-led outreach and support services were also assisted to promote uptake and linkages to prevent mother-to-child transmission (PMTCT) services. In 2021, a total of 148 people living with HIV (52% women and 10% children under 18 years old) accessed community-led HIV testing and counselling (HTC) services. A similar HTC initiative which was conducted using fourth-generation tests, reached 94 people, including 48 pregnant women who could not access HTC in healthcare facilities. Seven vertical transmission of HIV cases were also identified and reported to the Ministry of Health for linkages with treatment services and an investigation on the failures of the system.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Ministry of Health was supported to finalize the HIV size estimation among key populations. The results showed HIV prevalence among 2% of men who have sex with men aged 15-49 years, 0.18% of transgender women aged 15-49 years, and 1.26% of female sex workers aged 15-49 years. The Integrated Bio-Behavioural Surveillance (IBBS) Survey for men who have sex with men, transgender people, and sex workers was also completed. Analysis of findings is underway.

Technical and financial assistance was provided for the development of pre-exposure prophylaxis (PrEP) implementation guidelines and alignment with global recommendations. PrEP implementation criteria was also established for two provinces.

The Joint Team provided technical and financial assistance to improve HIV and SRH information and services and reduce adolescent pregnancy in the four provinces of the Northern Border—Carchi, Esmeraldas, Imbabura and Sucumbíos—with long history of migrants and refugees from Colombia. Through this support, 60 adolescents were sensitized to improve their knowledge on HIV prevention, early pregnancy, and sexual and reproductive health (SRH) and available services. Similarly, 90 community and ancestral health workers were trained to improve their skills on delivery of HIV and SRH services. Six workshops on cultural sensitivity were also conducted to sensitize adolescent and young people, and health workers on prevention of teenage pregnancy in the Northern Border.

In 2020-2021, technical support was provided to ensure active participation of young people living with or affected by HIV in advocacy and community surveillance efforts in the border territories and districts with highest HIV prevalence. For instance, 30 young people from the MoVIHizate platform—a space that brings together youth organizations and people living with HIV to work on SRHR advocacy, HIV prevention, stigma and discrimination issues—completed a training of trainers on leadership, social surveillance and advocacy skills on SRHR and HIV prevention. A ChatBot was also developed and launched to improve access to targeted information on health, nutrition, and rights for adolescents and young people living with HIV, including their families and friends. Overall, these virtual and face-to-face health promotion and behaviour change communication (BCC) initiatives aimed at improving awareness around HIV prevention and SRH reached a total of 5000 people in HIV burden areas—Cascades, Esmeraldas, Guayaquil, Ibarra, Lago Agrio, Quito, San Lorenzo, and Tulcán. These activities were also included as part of the youth political agenda to advocate for a national law that protects the sexual and reproductive rights of young people in Ecuador.

During the COVID-19 pandemic, the Joint Team procured personnel protection equipment for both health workers and community-based programme implementers to ensure continuity of HIV and SRH services in the provinces of Carchi, El Oro, Esmeraldas, Imbabura, and Sucumbíos. Dignity kits, including information on prevention and management of HIV and GBV were also delivered for GBV survivors.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

Ecuador became a member of the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination. The Joint Team provided technical support to facilitate the process and ensure representation from a network of people living with HIV and key populations to serve as coordinators of this partnership. A launching workshop also galvanized discussions on national-level HIV and human rights best practices among 100 representatives of government institutes, civil society and community-based organizations, and regional community networks.

A community-based surveillance strategy was developed in partnership with youth organizations and networks of people living with HIV and key populations to prevent, detect, and report human rights violations among people living with HIV in the Northern Border. Capacity building was provided for 118 community leaders from Ibarra, Shushufindi, Lago Agrio, Tulcán, San Lorenzo, y Esmeraldas to facilitate implementation of the strategy that articulates intersectoral collaboration for ending human rights violations among this group.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Under the Sustainable Development Goal SDG 3: Health and Wellbeing, the Joint Team provided technical support to improve access to SRH and comprehensive HIV prevention, care, and treatment services and information for vulnerable and key populations and inclusion of populations left behind, such as the indigenous and Afro-descendant people. Strategies were developed to strengthen collaboration with civil society and community organizations, including community leaders and young people living with or affected by HIV.

Rising food prices, economic crisis, and declining remittances in the country resulted in food insecurity and malnutrition among people living with HIV, who continue to be among the most vulnerable populations in the country. In response, the Joint Team provided critical support to address these issues and contribute towards the SDG 2: Zero Hunger. These include the development of national HIV and nutrition standards and nutritional counselling mechanisms for people living with HIV.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic impacted the national health system, disrupting essential services, capacity building targeting healthcare and community workers, and community-led advocacy and surveillance programmes. Experiences showed that implementation of 2-month multimonth dispensing of ART as well as collection and delivery of ART through relatives helped overcome the impact of the pandemic on treatment services.

Health services in Ecuador are gradually beginning to recover from the impact of the COVID-19 pandemic. However, the pandemic resulted in higher levels of stress and burnout among healthcare workers and social protection staff that calls for a need to invest in sustainable recovery and preventive strategies that are complemented with capacity building opportunities according to their needs and priorities.

Weak monitoring of HIV services, such as PMTCT programmes remains a challenge. There is a need to ensure proper monitoring and evaluation, designing sustainable policies, improving the design and follow-up of action plans, and improving the overall quality of HIV services.

Consorted support is needed to strengthen social protection mechanisms to address HIV-related stigma and discrimination and scale up HIV and sexual diversity friendly services.

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