

UNAIDS 2025

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# Results in Latin America and the Caribbean

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**2024 Regional Report**



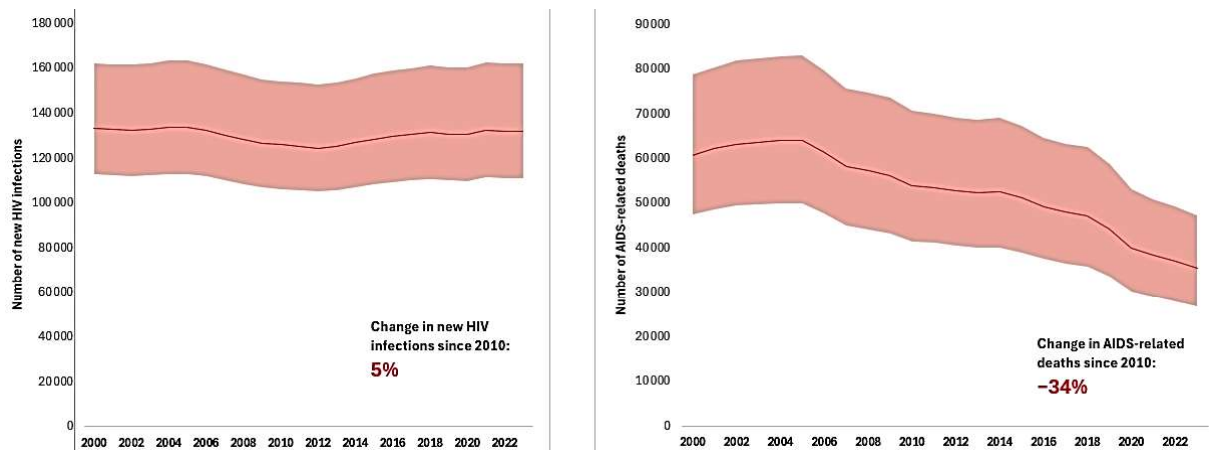
## Latin America and the Caribbean

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

Total expenditures and encumbrances<sup>1</sup> of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 25.5 million**

### Progress towards saving lives

#### Number of new HIV infections and AIDS-related deaths, Latin America and the Caribbean, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

#### Selected UBRAF indicators progress in 2024

- 18** countries received support to scaled up combination HIV prevention programmes.
- 16** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 16** countries received support for the incorporation and expansion of community-led HIV responses.
- 17** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 7** countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- 6** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- 7** countries implement interventions/services for key populations in humanitarian settings.

<sup>1</sup> For more information on budget implementation breakdown, please see the Executive Summary of the 2024 Performance Monitoring Report.

## Key results

- *Increased access to targeted HIV prevention programmes through scale up of PrEP and other HIV prevention programmes in 16 countries.*
- *Advanced elimination of vertical transmission of HIV programmes through the update of national plans and roadmaps.*
- *Improved HIV service access and socioeconomic inclusion for most-vulnerable populations through innovative outreach and holistic approaches, combining economic and broader community empowerment for health and rights.*
- *Accelerated planning for more sustainable HIV response in 16 countries, leading to the development of sustainability roadmaps.*

### **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.**

In 2024, advances were made in expanding access to holistic HIV prevention, treatment and care services across the region, addressing underlying issues of stigma, discrimination and gender inequality. For example, in Guyana, 656 persons, including women and displaced populations from Venezuela, accessed HIV testing and over 70 000 people benefited from prevention commodities (UNHCR, UNFPA). HIV testing was scaled up in Costa Rica and a reduction in stigma and discrimination was noted (UNHCR). Persons at risk of HIV also had access to HIV self-testing kits in Costa Rica and Dominican Republic, backed by social media campaigns which focused on syphilis, mpox, and PrEP and which garnered over 368 000 views (UNFPA).

In Ecuador, where programmes prioritized populations such as sex workers, LGBTQI+ individuals and adolescents, over 400 refugees accessed HIV prevention kits. The capacity of 180 vulnerable persons in gang-affected neighbourhoods in Haiti was built to address gender-based violence, HIV and human rights, while broader awareness campaigns reached approximately 48 000 people (UNHCR). There are now stronger knowledge and skills on the benefits and application of PrEP among transgender women from 19 countries and trans leaders from mobile populations and sex workers from 16 countries (WHO).

Access to PrEP and other HIV prevention services and commodities improved through capacity-building of healthcare workers to support PrEP delivery in 10 Caribbean countries. Capacity-building efforts also increased the knowledge and skills of 1,305 people from 16 countries on HIV prevention services and viral hepatitis management (WHO). The Positive Women movement now has stronger capacities for advocacy and strategic alliance-building. Additionally, five countries (Brazil, Dominica, Guyana, Paraguay and Trinidad and Tobago) accessed HIV care packages with planned expansion to Colombia and Mexico, while catalytic donations of tests and medicines benefited four countries (Bahamas, Ecuador, Haiti and Trinidad and Tobago), along with antiretroviral resistance surveys (WHO). In Venezuela, adolescent health spaces provided nearly 8,000 consultations, including prenatal check-ups and contraception for adolescent girls (UNFPA). In Haiti, work to support the survivors of violence against women facilitated referrals to HIV testing, post-exposure prophylaxis and HIV treatment and care, as needed. Recognizing the intersections between violence and HIV, these efforts strengthened referral pathways, enabling survivors of violence to access HIV treatment services efficiently, which notably improved health outcomes for affected women (UN Women).

Testing and prevention efforts were expanded to include host community members alongside displaced populations, promoting inclusive healthcare (UNHCR). Legislation was advanced with the implementation of Recommendation No. 200, promoting safe workplaces and combating employment discrimination for people living with HIV in Brazil. The Bill was presented in the Chamber of Deputies after a debate supported by the ILO, the Mixed Parliamentary Front on STIs, HIV/AIDS and Viral Hepatitis, with participation from social movements and in collaboration with the Ministry of Health (ILO and Secretariat). Nine countries updated their HIV plans to align with the latest elimination of vertical transmission recommendations and four developed national roadmaps to accelerate progress towards elimination vertical transmission of HIV (WHO). Tools were validated for HIV prevention implementation in Colombia's health institutions and service delivery improved through collaboration with authorities (UNFPA).

Jamaica reached the WHO certification for eliminating vertical transmission of HIV and syphilis. The Joint Programme provided support to the process through data collection and validation and engagement with various government entities and networks of people living with HIV to meet requirements (UNICEF, WHO and the Secretariat).

**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.**

The Joint Programme supported countries to improve inclusion and equality in access to HIV services, especially for key and other priority populations, while advocating for systemic changes to protect the rights and well-being of those most at risk of HIV.

Women living with HIV across the region benefited from self-care and self-esteem programmes (UN Women). In Honduras, women living with HIV were trained in participatory research to document institutional violence against women in preparation for policy recommendations. The International Community of Women Living with HIV in Bolivia enhanced its internal governance and trained women in political leadership, with cascading outreach benefiting other women living with HIV in their communities (UN Women). The PRIDE project supported Brazil's National Secretariat for LGBTQI+ Rights in developing strategies for decent work and provided technical assistance to the Empodera+ Project (ILO). Furthermore, in Honduras, the National Policy on HIV in the World of Work is being updated. In 2023 an initial assessment was conducted, and a preliminary policy was developed. The main objectives are to review and build consensus around the HIV workplace policy and develop its first action plan for 2025–2028.

The 6th Caribbean Judges' Forum addressed the intersection of human rights, HIV, and trafficking with the Joint Programme's support. The "Being LGBTQI in the Caribbean" project provided psychological and socioeconomic assessments for 199 transgender and other participants, creating personalized care plans supporting vocational and academic programmes. In Guatemala, parliamentarians were sensitized to advance legislative reforms on comprehensive sexuality education and violence against women (UN Women).

Additionally, the "SCALE Initiative" advanced the elimination of barriers to HIV services through the development of a National LGBTQI Policy in Guatemala, supported LGBTQI involvement in Jamaica's constitutional reforms, and helped transgender organizations in Panama with legal registration (UNDP).

Community-led initiatives were boosted in Jamaica through the capacity-building of peer mentors and sharing of sexual and reproductive health information to 211 women living with HIV. Also in Jamaica, the TransWave capacity-building initiatives increased awareness of transgender health, while its video campaign reached over 4,000 accounts.

People living with HIV increasingly participated in decision-making processes. Training workshops in Ecuador, Honduras and Uruguay reached 75 individuals (UN Women). ILO continued to work closely with its key stakeholder-employer organizations, trade unions and government agencies to create enabling frameworks and build institutional capacities for sustainable inclusion. The integrated approach, which combines short-term training, post-placement support and workplace transformation, is helping to generate scalable models for decent work and social justice.

Research initiatives included a study on PrEP in Uruguay, which shared preliminary results with health authorities, and "Las Luchadoras" in Argentina, which examined health challenges faced by elderly women living with HIV. A regional study to identify gaps in knowledge, risk behaviours and the needs of adolescents for accessing prevention and care services was initiated (WHO).

**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 response**

Combined efforts of the Joint Programme helped advance HIV service access and socioeconomic inclusion for vulnerable populations through comprehensive approaches that promote economic empowerment, technical support and sustainable solutions for communities most in need.

For example, in Colombia, socioeconomic inclusion of refugees and migrants who are survivors of gender-based violence was promoted, with 37 individuals benefiting from business skills or employment opportunities. In Haiti, 86 individuals from key and other priority populations accessed income-generating funds for small business ventures (UNHCR).

PrEP needs and costing analysis, using the QUANTPrEP tool, helped inform PrEP expansion in six countries: Belize, Bolivia, Dominican Republic, Ecuador, El Salvador and Guatemala (WHO). Further guidance and technical support helped improve 2025 programme planning at a national aids and tuberculosis meeting in Panama, with participation from the Horizontal Technical Cooperation Group and civil society networks from the region (WHO and Secretariat).

Scope for inclusion of key populations and people with disabilities in Guatemala's social protection system was reviewed using the core diagnostic instrument. This resulted from a regional forum on the inclusion of key populations and vulnerable communities in national social protection systems, which brought together government representatives and civil society organizations from the Dominican Republic, Guatemala, Guyana, Panama and the UN to discuss successful integration experiences and explore collaboration opportunities (WFP and UNDP). In Haiti, a study on social protection and its relationship to HIV was conducted with key national institutions. The study identified institutional limitations, such as funding challenges, insufficient infrastructure and limited coverage, particularly for people living with HIV

(ILO). An analysis of income security challenges faced by young women living with HIV was conducted in Jamaica, which informed a national campaign on available social protection services (UN Women).

Surveillance and monitoring are now stronger thanks to capacity-building and direct technical cooperation such as in PrEP monitoring, translation of WHO guidelines for HIV strategic information and a published course on HIV monitoring and surveillance on the PAHO Virtual Campus Health Information Systems (WHO).

Studies conducted on HIV-sensitive social protection in six countries revealed that current policies focused primarily on health while neglecting the food security, housing and employment needs of people living with HIV (WFP and Secretariat). The studies resulted in a revision of Haiti's national health programme for nutritional support guidelines for people living with HIV, while Ecuador was aided in revising and launching a food and nutrition manual for comprehensive HIV care (WFP).

Planning for more sustainable national HIV responses accelerated with active engagement from Governments in 16 countries and 11 civil society networks. For example, sustainability roadmap initiatives were aligned with the sustainability index, which led to a commitment from Ministries of Health of Central America and the Dominican Republic to develop sustainability roadmaps. Ecuador also developed a sustainability roadmap with focus on HIV prevention (Secretariat).

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