
2014 regional summary report

Latin America

CONTENTS

CONTENTS	3
INTRODUCTION	4
ACHIEVEMENTS.....	4
Strategic direction 1: revolutionize HIV prevention.....	4
Strategic direction 2: catalyse the next phase of treatment, care and support.....	5
Strategic direction 3: advance human rights and gender equality for the HIV response	6
MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED	6
KEY FUTURE INTERVENTIONS.....	7
THE UNAIDS REGIONAL COORDINATION MECHANISM	8

INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the Latin America (LA) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report, although it is principally designed to complement other UNAIDS reporting at the country and global level.

ACHIEVEMENTS

Strategic direction 1: revolutionize HIV prevention

There were an estimated 1.6 million (1.4–2.1 million) people living with HIV in Latin America at the end of 2013. The majority (nearly 75%) were in four countries: the Bolivarian Republic of Venezuela, Brazil, Colombia and Mexico.

Led by the United Nations Population Fund (UNFPA), work has been undertaken to support country implementation and scale-up of comprehensive condom programming (CCP) throughout Latin America, with a focus on the provision of female condoms in 10 countries.

UNFPA conducted female condom surveys in three countries. Results from the finalization of a female condom pilot in Costa Rica led to a signed commitment to include female condoms in the national commodities list. There also was additional sharing of experience in eight countries and the comprehensive documentation of the CCPs used in Colombia, Costa Rica, Ecuador and Panama.

Working with young people, the United Nations Children's Fund (UNICEF) strengthened HIV prevention programmes among adolescents in 2014, including through capacity-building, developing advocacy skills, undertaking regional studies, performing mobile outreach and the launch of the All In! agenda. UNICEF's support led to a 55% increase in HIV testing and 86% retention on antiretroviral therapy among adolescents and young people. Similarly, the United Nations Educational, Scientific and Cultural Organization (UNESCO) supported countries to strengthen and scale up sexuality education and improve response to homophobic and transphobic violence in educational institutions.

In spite of previous efforts, linkages between HIV and sexual and reproductive health (SRH) remain limited in the region, both in policy and service delivery. This was demonstrated through comprehensive health system evaluations of the HIV response in selected Latin American countries (including El Salvador and Guatemala) that were undertaken between 2013–2014 with the support of UNFPA, the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

UNFPA strengthened the advocacy skills of HIV-positive youth leaders in Belize, Costa

Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama during a workshop to design and implement advocacy actions. These activities are intended to enable the promotion of effective changes in policies and programmes, and the enlargement of budgets for SRH and HIV programming. They also are meant to help promote the creation of participatory platforms for youth and to provide technical and financial support to countries in the implementation programmes for young people.

The UNAIDS Secretariat established a framework for the mobilization, collaboration and action of young key populations in the region, which resulted in mainstreaming HIV in the Youth Regional forum and strengthening youth organizations and advocacy capacity. A UNAIDS regional analysis of legal barriers to youth accessing HIV and SRH services also was conducted.

Following focused efforts on HIV testing and counselling (HTC) among pregnant women by UNAIDS, it is estimated that coverage of HTC among pregnant women in Latin America increased from 65% in 2012 to 74% in 2013. Similarly, the estimated coverage of antiretroviral medicines among HIV-positive pregnant women in Latin America increased from 84% in 2012 to 90% in 2013. In 2014, a regional report on eliminating mother-to-child transmission was produced by PAHO and UNICEF, and regional mechanisms for the validation of services to eliminate mother-to-child transmission were established across the region.

A prevalidation mission to Cuba was conducted in March 2014, a country which became the first validated in the world (in June 2015) to have eliminated mother-to-child transmission.

Working on preventing HIV among people who use drugs, the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS Secretariat held a regional event on HIV and drugs to share data and practices. UNODC, the Organization of American States (OAS) and PAHO also implemented a regional project focused on cocaine use and HIV in Argentina, Brazil, Chile, Paraguay and Uruguay. The project had a specific element based on morbidity associated with smoked cocaine use, with a focus on HIV.

Strategic direction 2: catalyse the next phase of treatment, care and support

Latin America continues to be a region with high levels of antiretroviral medicine coverage. Approximately 45% of people living with HIV in the region have access to antiretroviral therapy, although levels vary between and within countries. For example, in Argentina, Brazil, Chile, Costa Rica, El Salvador, Mexico, Panama, Peru and Uruguay, more than 40% of people living with HIV have access to treatment; in the Plurinational State of Bolivia, however, treatment coverage extends to less than 20% of the country's HIV-positive population.

In 2014, the 90-90-90 targets were regionally endorsed, and UNAIDS developed relationships with city leaders across Latin America as part of the Fast-Track strategy. Twelve mayors and other local city authorities from Latin American cities—including

Buenos Aires, Curitiba, La Paz, Lima, Masaya, Panama City, Providencia, Rosario, San Pedro Sula, Salvador de Bahia, Tegucigalpa and Rio de Janeiro—endorsed the ambitious Fast-Track targets.

In 2014, PAHO supported 13 countries to adopt the 2013 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing infection. It also made progress in the implementation of the Treatment 2.0 initiative in the region, undertaking joint technical cooperation missions to Cuba, Costa Rica, Nicaragua, Paraguay and Panama in coordination with UNAIDS Cosponsors and Secretariat, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), , and other partners.

Confronting HIV and tuberculosis (TB), the United Nations Joint Regional Team supported four countries in the development of TB and HIV concept notes to the Global Fund, one of which was approved. UNAIDS also published regional guidelines for TB infection control.

The World Food Programme (WFP) provided technical support and normative guidance throughout the region. This included developing protocols in six countries (the Plurinational State of Bolivia, the Dominican Republic, El Salvador, Guatemala, Panama and Peru) and producing guides and educational materials on HIV and nutrition. WFP also published research conducted in Honduras that showed links between undernutrition and antiretroviral therapy adherence in both the *Journal of AIDS and Behaviour* and the *Journal of AIDS Care*, and it conducted advocacy and trained key actors to support implementation across the region.

Strategic direction 3: advance human rights and gender equality for the HIV response

In 2014, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) implemented a regional project in seven countries (Argentina, Brazil, Colombia, Ecuador, Guatemala, Peru and Uruguay) to strengthen the leadership capacities of women living with and affected by HIV and violence. The project also strengthened regional capacity to address gender-based violence, including systematizing manuals, protocols and training curricula for health providers. Furthermore, UN Women equipped and strengthened centres providing services for victims of violence, while UNFPA provided technical support for integrated SRH and HIV services that are sensitive to gender and human rights.

Addressing the issue of punitive laws and their impact upon people living with HIV, the United Nations Development Programme (UNDP) and the UNAIDS Secretariat conducted a regional workshop on HIV-related legal services that resulted in national actions to adapt legislation. UNDP also provided technical support for law reform throughout the region, promoting the Argentina gender identity law as a model to other countries, and training parliamentarians, judges and civil society.

The World Bank used lending to increase coverage of successful social protection interventions for vulnerable populations in 10 countries. This included income transfer

programs, skills development for poor high-risk youth, conditional cash transfer programs and childhood education promotion. UNDP shared a successful social protection program in Uruguay to inform regional practice.

Working with and addressing the needs of men who have sex with men, sex workers and transgender populations, PAHO supported regional and national HIV platforms to reduce inequities in access to health services experienced by LGBTI populations. It also published the Blueprint for provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries. The UNAIDS Secretariat supported regional dialogues with key population networks to develop concept notes, and it supported OAS and the Inter-American Commission on Human Rights (IACHR) to develop a report on violence against LGBTI people.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Supporting and monitoring HIV programmes is becoming harder in the Latin America region due to limited funds. Capacity building and research to gather evidence in order to sustain HIV policy and programming has fallen. A decrease in expert capacity and political presence has had a negative impact on national responses limiting the capacity of UNAIDS to provide technical support (through activities such as strategic information, Global Fund proposals and the coordination of national efforts and advocacy). At the same time, requests for financial support have increased. These constraints have only been partially mitigated by stronger collaboration among agencies, strategic support to local and national actors, and more cost-effective ways of doing business.

Although adolescents and young people are very vulnerable to HIV, key donors do not see them as a priority, instead focusing on prevention among key populations. Using strategic information and undertaking advocacy, UNAIDS has been working with regional and national stakeholders to strengthen efforts for younger people.

Persistent conservatism in many countries is a barrier to implementing programmes on sexuality education, stigma and discrimination, and to establishing programmes for key populations (such as those focusing on barriers imposed by punitive laws and harmful policies). By collecting data and highlighting human rights issues, UNAIDS is working with regional and national actors to address these issues.

Weak health information and service delivery systems are a challenge in many countries; health-care providers often lack the capacity to address the needs of key populations. UNAIDS continues to build capacity and provide direct support to strengthen systems. It also works to provide tools, guidance and technical support.

KEY FUTURE INTERVENTIONS

UNAIDS will collaborate with partners to continue building on interventions implemented in 2014. Key examples include:

- implementing the All In! agenda, with a focus on involving adolescents;
- maintaining support for the implementation of the Fast-Track strategy in coordination with governments, civil society organizations and other partners;
- capitalising on work with cities in the region and their mayors (which began on World AIDS Day when nine Mayors signed the Paris Declaration). This work will include additional mayors of at least five major cities, as well as cities with mayors who have already committed to the initiative.
- supporting countries to achieve targets for eliminating mother-to-child transmission;
- undertaking national dialogues on HIV in the law and building capacity to provide legal services;
- continuing implementation of programmes that address the needs of women and girls, as well as those that confront gender-based violence;
- sustaining advocacy for HIV and SRH integration in national plans and programmes;
- preparing and disseminating a regional report on homophobic and transphobic violence;
- scaling up interventions on sexuality education, stigma and discrimination; and
- building evidence at country level for allocation of HIV resources.

THE UNAIDS REGIONAL COORDINATION MECHANISM

The UNAIDS Cosponsor Regional Group (UCRG) aims to enhance the synergy of the United Nations response to HIV in Latin America and the Caribbean (LAC). All Cosponsors and the Secretariat are represented, and it is an Interagency Working Group of the United Nations Development Group (UNDG) LAC. It is co-chaired by the Director of UNAIDS Regional Support Team (RST) and, on a rotating annual basis, by a Cosponsor Regional Director. A technical group of regional advisors from each of the UCRG members coordinate to support discussions and decision-making at the level of the UNDG LAC, and to support the implementation of the UNDG LAC annual work plan. The group is convened by the RST and meets twice a year (or more, if necessary).

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