

CHILE

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, ILO, UNESCO, WHO-PAHO, UNAIDS
SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the socioeconomic impact of the social upheaval in Chile in October 2019, intensified by the COVID-19 pandemic, the Joint Team made significant efforts to ensure that actions would be undertaken in priority areas of the HIV response. This included the provision of technical and financial support to civil society organizations to strengthen access to treatment services, and information on the prevention and management of COVID-19 among vulnerable and key populations, including people living with HIV. Capacity building of health care providers and monitoring of the programme contributed to maintaining continuity of services for the prevention of mother-to-child transmission of HIV (PMTCT) in the country. The joint work of the HIV Directorate, civil society, with the cooperation of the Joint Team allowed the progressive expansion of HIV prevention services among young people and key populations. The Joint Team also provided technical support and led advocacy efforts to scale up equitable HIV services and to address HIV-related stigma and discrimination affecting the growing refugee and migrant population in Chile.

HIV TESTING AND TREATMENT

The Joint Team advocated and provided technical support for the assessment of social protection needs among people from key populations, particularly among people living with HIV and persons from the lesbian, gay, bisexual, transgender, intersex, queer, and other gender and sexual identities (LGBTIQ+) community. Key results of the evaluation included, among many others the finding that the COVID-19 pandemic had an impact on HIV prevention, testing, treatment and care services. These results were used as evidence to empower civil society organizations (CSOs) to demand access to human rights protection and to monitor measures and access to antiretroviral treatment (ART) among target groups. The response from the Ministry of Health, through the HIV Directorate, was adequate, ensuring the activity of some testing centres and the multimonth dispensing of ART for 2 to 3 months. Lessons from this experience underscored the key role CSOs play in advocacy and implementation of social protection programmes in emergency situations.

In collaboration with government authorities, CSOs exerted efforts to ensure the inclusion of people living with or affected by HIV and key populations in social policies and programmes, including comprehensive sexuality education (CSE), self-care approach, and migration in the Independencia municipality in Santiago province. Migrants were guaranteed access to testing, prevention, and treatment services. CSOs were supported in monitoring human rights and

access to social protection and HIV services, especially among vulnerable populations, including migrants and refugees—with focus on the migration crisis in Venezuela. Leadership and technical support were provided to the capacity building programme for educational, social and health teams on gender, human rights, and HIV at the municipal level, with special emphasis on the impact of COVID-19. The support consisted of the training of technicians in these areas (30 technicians), on the gender approach and the promotion of social environments free of stigma and discrimination related to sexual orientation or in relation to HIV. The theme of masculinities and prevention of gender-based violence, unwanted pregnancy and adolescent pregnancy were addressed. All these aspects were analyzed taking into account the impact of the Covid 19 pandemic and the lockdown measures that were taken.

To improve access to quality and equitable HIV services, the Joint Team advocated and provided technical assistance to ensure HIV remained a priority in the Chilean Chapter of the Quito Process—a regional initiative that seeks to coordinate regional response to the Venezuelan migration crisis.

The work in collaboration with civil society and the Directorate of HIV were essential to guarantee access to ART for migrant people living with HIV, who have an irregular immigration status. In this sense, with civil society organizations that work with indigenous peoples and the migrant population, access to testing and ART to 78 migrants in an irregular situation was ensured, with the intervention of the HIV Directorate of the Ministry of Health. Additionally, pertinent actions were initiated to regularize the migration situation of these people.

PMTCT AND FAMILY TESTING

The National AIDS Programme at the Ministry of Health (NAP) was supported to strengthen the national database on maternal and child health and certification for the elimination of mother-to-child transmission of HIV and syphilis (EMTCT). The database was improved to ensure that the flow of information from the health sector is in a timely manner and with adequate quality control to avoid data duplication. The database made it possible to identify the centres where cases of perinatal exposure to HIV were verified, thus allowing timely intervention to address access barriers or service problems. This included raising awareness about prevention of mother-to-child transmission of HIV and syphilis services among migrant and refugee women from Haiti, in such a way that access to PMTCT is ensured and cases are properly registered. Thus, there is a record of all situations, guaranteeing the universal right to care and an adequate record towards the eMTCT certification.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Population size estimation for gay men and other men who have sex with men, and transgender women in Chile was completed to generate strategic information for future programming and actions aimed at closing service gaps.

To mitigate the impact of COVID-19 pandemic on HIV prevention programmes, technical assistance was provided to promote uptake of combination HIV prevention and sexually transmitted infections (STIs) services among key populations, including young gay men and other men who have sex with men, transgender women, female and male sex workers, and indigenous and migrant people. These included collaboration with CSOs for the development of information, education, and communication materials (IECs) on combination HIV prevention targeting these populations in the context of COVID-19 pandemic. An HIV prevention initiative targeting migrants and refugees from heterosexual and LGBTIQ+ communities was implemented in urban areas with a higher concentration of migrant population and especially in Peru-Chile border areas. Around 1,500 migrants were reached with information and offered the HIV test, ensuring access to ART in cases where the test was positive.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

During the COVID-19 pandemic, the Joint Team's contributions towards the Sustainable Development Goals (SDGs) focussed on the implementation of the five pillars of the UN Framework for the Socioeconomic Response to COVID-19, substantially contributing to Pillars 1, 2 and 5.

Under Pillar 1 – Protect health systems and services during the crisis, technical support was provided to ensure the continuity of HIV and ART services, with the progressive implementation of multi-month dispensing (MMD) of ART in the four countries.

Under Pillar 2 – Protect people: social protection and basic services and under Pillar 5 – Social cohesion and community resilience, the Joint Team supported the civil society networks to monitor human rights situations, CSOs were reinforced, with technical and financial support, to maintain communication channels (WhatsApp and messaging) to report situations of stigma or difficulty in accessing services. In the same way, social protection actions for the most vulnerable were promoted with supplies (masks, gel alcohol, gloves) that were delivered to organizations that work with people in situations of social vulnerability, especially people from the LGTBI collective, migrants and people living with HIV in urban areas and border areas. Advocacy initiatives were implemented for the inclusion of vulnerable populations, including people living with HIV in government-led social protection mechanisms and in the list of priority groups for COVID-19 vaccination. A concerted advocacy carried out in collaboration with the Technical Group on Refugees and Migrants, and the regional Joint Team led to the inclusion of HIV in the Quito Process.

CHALLENGES AND LESSONS LEARNED

The social upheaval that began in October 2019 and escalated rapidly in the following months, with situations of violence, the military on the streets and curfew measures, later exacerbated by the health and socioeconomic impact of the COVID-19 pandemic, significantly increased the risk of transmission of HIV and other communicable infections among vulnerable and key populations. The pandemic also depleted medical resources impacting continuity of HIV services. Weak stock management, especially in the supply and distribution chains, have hindered effective implementation of MMD, especially at the beginning of the critical situation experienced by the country.

Lack of a coherent approach in the implementation of government-led combination HIV prevention programmes remains a challenge in the HIV response. Majority of these programmes are currently implemented by CSOs with inadequate human capacity and financial resources to guarantee sustainability. The growing number of migrants from Venezuela and other countries arriving in Chile who need ART, continues to increase the pressure on the national health system, mainly during the COVID-19 pandemic.

The recent classification of Chile as an upper middle-income country halted external funding for the HIV response, while domestic resources are primarily spent on ART, with significant challenges to the sustainability of HIV prevention.

The work of the Joint Team in 2020-2021 shows the importance of CSOs in social protection actions in periods of crisis and the added value of the UN in advocacy and providing technical support. Moreover, the Joint Team's experience in the country demonstrates the importance of the Joint Programme in keeping the HIV response in the human rights agenda of the United Nations Country Team. Chile is in the planning phase of the UN Sustainable Development Cooperation Framework (UNSDCF) and the contribution of Joint Team is key to the work with civil society, especially, for the most vulnerable groups.

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