

ECUADOR

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, an estimated 90% of people living with HIV know their HIV status, 90% of them are accessing treatment, and 60% of people on treatment have undetectable viral load.	ON TRACK	In 2020, 85% of people living with HIV know their status, and 89% of them are on ART. At the end of 2020, 61% of the pregnant women living with HIV in Ecuador accessed treatment to prevent mother-to-child transmission of HIV (GAM 2021).
By the end of 2021, access to combination prevention services with linkages to testing and treatment among men who have sex with men, transgender people, and sex workers has increased from 20% in 2019 to 50% in 2020.	ON TRACK	The Integrated Biological and Behavioural Surveillance Survey (IBBS) is underway. Several guidelines have been adopted in 2020 to improve SRH services, including on family planning, care for LGBTI people, and provision of SRH services in emergency situations. The Government renewed its Condom agreement (2021-2022) with the United Nations to increase condom supply in the country.
By the end of 2021, about 90% of people living with HIV, or who are at risk of HIV infection or affected by HIV report no discrimination, especially in health settings, compared to the 72% baseline in 2018.	SLOW PROGRESS	No data available on stigma and discrimination. A qualitative study was conducted to assess how well social protection programmes respond to the needs of vulnerable population, such as people living with HIV, key population groups, migrants, and people with disabilities in Ecuador. Results from the study, including lack of client confidentiality, poor access to housing, nutrition, and other services, were used to strengthen social protection schemes and negotiate better benefits for people living with HIV and other vulnerable groups.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In 2020, the Joint Team in Ecuador provided technical support to improve HIV testing and treatment services, including the development of a Dolutegravir transition plan, analysis of all registered cases of mother-to-child transmission of HIV, and expansion of HIV testing services among pregnant and breastfeeding women and HIV-exposed children. Support was also provided to integrate HIV, sexual and reproductive health, gender-based violence and sexually transmitted infection services to reach adolescent, young people, key populations, and other vulnerable groups, including migrants and people with disabilities and minimize the new HIV infections in the country. The Joint Team spearheaded a study on HIV sensitivity in the national health and social protection programmes and how these systems accommodate the needs of vulnerable groups, including people living with HIV. Supported by the Joint Team, a South-to-South cooperation between Peru, Ecuador, Bolivia, and Brazil led to a successful collaboration during the COVID-19 pandemic, such as the donation of antiretroviral medicines and HIV and viral load testing kits.

HIV TESTING AND TREATMENT

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

While the Government rolled out the 2019 clinical practice guideline improving HIV prevention, diagnosis, and treatment service among pregnant women, children, adolescents, and adults in all health facilities in Ecuador, the Joint Team provided technical support to finalize the transition plan for Dolutegravir (DTG) treatment regimen, expected in 2021. The transition plan also seeks to integrate all antiretroviral treatment (ART) programmes in the national public health network, Ecuadorian Social Security Institute (IESS-SCC), Armed Forces Social Security Institute (ISSFA), and National Police Social Security Institute (ISSPOL) services.

The Joint Team provided technical and financial assistance to facilitate a South-to-South cooperation and real-time information sharing between Peru, Ecuador, Bolivia, and Brazil to minimize treatment and commodity stockouts and disruption of HIV service in the Andean countries. During the COVID-19 pandemic, these countries supported each other by exchanging, procuring, and donating antiretroviral drugs, and HIV and viral load testing kits. For example, Peru supported Ecuador with 80 225 HIV/syphilis rapid test kits and antiretroviral medication known as Lamovudine—worth US\$ 150 659.

The Joint Team supported testing and prevention of mother-to-child transmission (PMTCT) efforts in Monte Sinai city enabling 74 adults (60% women), 6 adolescents and 7 children to access HIV counselling and testing (HCT) services and those who tested positive were linked to treatment services. Families also received information on HIV prevention, treatment, and PMTCT: 220 pregnant women, HIV-exposed children, including children of mothers living with HIV, and other community members at risk of infection accessed community-led HCT services. The tests were conducted using fourth-generation tests and results were certified by the Ministry of Health to ensure accuracy of the diagnosis. Additionally, 7 women living with HIV who dropped out of treatment and care services were traced and re-enrolled on ART.

The Ministry of Health, with technical support from the Joint Team, assessed institutional and individual factors associated with all registered MTCT cases in 2018 in 9 public and private maternal and child health centres. The assessment revealed that in 80% of these cases, the health professionals did not comply or did not know the technical regulations on HIV prevention, treatment, and care services; the pregnant women in 20% of the cases were not tested for HIV due to rapid test stockout. In addition, the report identified administrative barriers in implementing HIV testing for pregnant women, and inadequate follow-up among pregnant women and mothers living with HIV and HIV-exposed children. Engagement of high-level authorities from the Ministry of Health on the study findings secured commitment in addressing these challenges.

COMBINATION PREVENTION FOR YOUTH AND KEY POPULATIONS UPSTREAM ADVOCACY; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Ministry of Health, with technical support from the Joint Team, launched the Guidelines for Family Planning, Manual of Comprehensive Care for Pregnant Adolescents under 15 years old; Guidelines of Curricular Opportunities of Comprehensive Sexual Education (EIS); Guidelines for Comprehensive Care to LGBTI Population; Guidelines for SRH in Emergency Situations; and renewed the United Nation's agreement with the Government for the provision of Condom in 2021-2022 to increase condom supply and prevent stockouts in the country.

The Joint Team provided technical assistance to the Kimirina Corporation, a civil society organization working on HIV in the country, to build the HIV prevention cascades for 2020, based on community-level combination prevention programmes in Quito, Guayaquil, Santo Domingo, Portoviejo, Babahoyo, Santa Elena and Machala.

With assistance from the Joint Team, a community-based surveillance model was established in the Northern border –a region counting a high number of displaced people. This surveillance model is linked to COVID-19 pandemic, human rights, and sexual and reproductive health (SRH) early alert and response systems. HIV and sexually transmitted infection (STI) services were also integrated in the SRH and gender-based violence service package of the emergency and disaster (PIMS) response in Ecuador.

HUMAN RIGHTS, DISCRIMINATION AND SOCIAL PROTECTION POLICY DIALOGUE; TECHNICAL SUPPORT

The Joint Team led a qualitative study on HIV sensitivity within existing wide-sector social protection programmes in Ecuador. The study sought to examine how these programmes respond to the needs of vulnerable groups, including people living with HIV, pregnant women, children, people with disabilities, migrants, refugees, and key population, and reduce gaps in access to health, education, housing, work, social security, and nutrition. The results highlighted emerging challenges, such as poor quality of care and disruption of essential HIV and SRH services in health facilities due to the COVID-19 pandemic, and existing drawbacks including, lack of client confidentiality and weak counselling and diagnosis services that prevent the provision of quality, ethical and rights-based service among people living with or affected by HIV, and key populations. In 2020, the study findings were used in negotiations with national stakeholders to strengthen the national social protection mechanisms and benefit people living with HIV.

With support from the Joint Team, the MoVIHízate communication strategy was rolled out to increase knowledge around HIV, stigma, and sexual and reproductive health and rights among adolescent and young people, key populations, people living with HIV, Afro Ecuadorians, and people with disabilities. More than 119 civil society organization were mobilized to implement this initiative through workshops, hotline, chatbot, distribution of information education and communication materials, and more. Between November and December 2020, an estimated 5700 people were reached via MoVIHízate social media platforms.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team provided technical support to the Steering Committee of Emergency Operations of the Ministry of Health to finalize and approve guidelines for the provision of integrated maternal health and HIV service during the COVID-19 pandemic. Thus, SRH services were in fact expanded as part of essential services throughout the country during the COVID-19 pandemic. HIV was also included as a crosscutting issue in the national SRH policies and United Nations strategic frameworks for Ecuador, including in the Joint Team COVID-19 pandemic humanitarian response, post-disaster needs assessment, and SERF of Ecuador.

Technical and financial support was provided to overcome service disruptions due to the pandemic that occurred in health facility- and community-led HIV, SRH, and other essential clinical settings. For example, personnel protection equipment (PPE), including N95 masks, IIR surgical masks, and alcohol was procured and distributed to 29 health units and two hospitals in Northern and Southern Borders, 251 gender-based violence protection and 234 sexual and reproductive health services, Secretary of Human Rights, and local non-government organizations working with migrant and refugee women.

In partnership with the Secretary of Human Rights on the Northern and Southern Border, 1000 dignity kits and information materials on COVID-19 and HIV prevention, sexual and reproductive health, and rights (SRHR) and gender-based violence services were distributed to survivors of gender-based violence, and migrant and refugees in healthcare sites. Support was provided to the Interagency Reproductive Health (ARH) to distribute 65 essential sexual and reproductive health (SRH) kits which included prophylactic treatments in cases of sexual violence to 27 prioritized health units serving migrant and refugee populations on the Northern and Southern Borders. Other preventive commodity kits, including 21 male condoms, 22 oral and injectable contraception, 22 intrauterine devices, 16 gender-based violence response kits were donated to comprehensive HIV CARE Units and hospitals with high reported cases of sexual violence.

Sixty-nine representatives from civil society organizations, especially from networks of men who have sex with men, sex workers, and transgender people improved their understanding of HIV and COVID-19 prevention methods and service through a training supported by the Joint Team. Masks, condoms, and lubricants were distributed among key populations.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Under the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2019-2022, the Joint Team in Ecuador is working towards reaching populations left behind, including people living with HIV, LGBTI persons, women and girls, and youth. In 2020, a socio-economic response plan (SERP) was developed by the UN Country Team, supporting the UN response to the COVID-19 pandemic and its socio-economic impacts.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The Government redirected financial and human resources to mitigate impacts of the COVID-19 pandemic, leading to a significant disruption of HIV services and delays in programme implementation.</p> <p>Stockout of rapid HIV test kits affected HIV case identification and linkages to treatment among pregnant women living with HIV and key populations.</p>	<p>Provide technical and financial support to strengthen and expand community-led HIV services for vulnerable and key populations. This includes capacity building to utilize virtual outreach platforms and provision of personal protective equipment for face-to-face initiatives.</p>
<p>Beyond the public health challenges, the COVID-19 pandemic exacerbated existing inequities and economic precariousness deepening vulnerabilities of people living with HIV, key populations, and other high-risk groups, such as migrants, refugees, and indigenous people. Gender-based violence cases also increased during the pandemic. Community and peer support, advocacy, participatory decision-making, access to health, education, and legal services were limited or put on hold which added to the challenges.</p>	<p>Continue to provide technical assistance to strengthen HIV-related stigma and discrimination reduction programmes to boost early diagnosis and linkage to care and treatment.</p> <p>Provide technical support to include psychosocial services as an integral part of SRH programmes in emergency contexts.</p> <p>Provide technical support to develop an advocacy plan, based on the results and recommendation of the social protection assessment and other relevant studies, to meet the needs of people living with or affected by HIV.</p> <p>Support the Government and other stakeholders to review standards and protocols for food and nutrition in comprehensive care for people living with HIV that was developed in 2011.</p> <p>Provide technical support to create a chatbot on HIV and nutrition for the Movihlizate campaign.</p> <p>Continue to provide technical and financial support to implement the information, education, and communication strategies planned for 2021.</p>
<p>The planned nation-wide implementation of the online information system, based on a unique identifier, was delayed. By the end of 2020, only 30% of health centres of the country had access to the system.</p>	<p>Provide technical assistance for the implementation of the El Programa de Reparación Ambiental y Social (PRAS) system—an information system based on unique identifier—for use by all health services in the country in 2021.</p>

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