

Latin America and the Caribbean regional report

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



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Achievements

HIV testing and treatment

PAHO/WHO advocated for more focused approaches on key populations, including community-based outreach activities, to increase access to HIV testing in the region. All countries have national plans and strategies aligned to the new PAHO Plan of Action for the prevention and control of HIV and sexually transmitted infections 2016–2021, and regional prevention targets have been incorporated, fully or partially, in those plans in 33 countries. Decentralization and integration of HIV care and treatment services is progressing, with 14 countries providing ART in health facilities of the first level of care. HIV drug resistance surveillance based on WHO recommended methodology was implemented in six countries, with an additional 11 ongoing surveys providing information for policy updates and improved rational use of antiretroviral medicines (ARVs).

UNHCR collaborated with national institutions, civil society and UN agencies to ensure refugees, asylum seekers, returnees and displaced and stateless people had access to HIV prevention and treatment. UNHCR prioritized most at-risk individuals, such as LGBTI (lesbian, gay, bisexual, transgender and intersex) people, and individuals involved in survival sex. UNHCR raised awareness on HIV risks, and advocated for the issuance of valid documentation, which is required to access national health and protection services. In Mexico, UNHCR referred refugees and asylum-seekers to HIV/sexually transmitted infections (STIs) testing and treatment services. This was done in collaboration with reception transit centres and safe shelters, and by providing individual and group counselling.

Elimination of mother-to-child transmission (eMTCT)

Six Caribbean countries were validated by WHO for eliminating mother-to-child transmission (eMTCT) of HIV and syphilis, and Cuba was revalidated for another two years. There was an estimated 21% reduction in the mother-to-child transmission rate in Latin America in a single year, from 2015 to 2016. Up to 22 countries have updated their national HIV care and treatment guidelines to include the WHO treat all recommendation, and antiretroviral therapy (ART) coverage is increasing in the Latin America and Caribbean (LAC) region, reaching 56% of all people estimated with HIV in 2016.

HIV prevention among young people

UNICEF provided technical assistance to country offices to advance the HIV elimination initiative, and to the three fast-track countries in the region to prevent new HIV infections among adolescents. Data collected via the All-In initiative was used to ensure a greater focus on adolescents in these countries. UNICEF conducted a regional analysis on adolescents and HIV, in collaboration with the National Institute of Public Health in Mexico and the UNAIDS Secretariat. Preliminary results were presented at a round table organized by ICW Latina (International Community of Women living with HIV) and will be disseminated further.

UNICEF is also a member of the Regional Task Force on PrEP (pre-exposure prophylaxis), convened by WHO/PAHO and which helps shape strategies to better address the prevention needs of adolescents from key populations.

UNESCO reviewed the content of sexuality education official curricula for the 9–12 and 12–14 age groups in 19 countries in the region, revealing important disparities in what is included. UNESCO engaged in joint work with other agencies and partners to provide advocacy and technical support to countries with a challenging context, particularly in six where progress has stalled due to pressure from conservative groups that oppose gender ideology. UBRAF funds were used to build the capacity of teachers and teacher-training institutions in Brazil, Chile, Guatemala and Jamaica. At the same time, UNESCO continued to provide financial support to an online teacher-training course managed by FLACSO Argentina, reaching approximately 240 experienced comprehensive sexuality education teachers in 20 countries. Subregional capacity building related to school-related gender-based violence and puberty education, as well as to school violence related to sexual orientation, gender identity and gender expression (SOGIE), have been well received by member states.

HIV prevention among key populations

UNDP, in partnership with PANCAP, organized a Caribbean regional forum of parliamentarians focusing on key populations and HIV. The forum highlighted the legal and policy barriers that hinder key populations' access to HIV prevention, treatment and care services. Parliamentarians committed to advocate for a broad-based stakeholder engagement to address issues affecting key populations, with an emphasis on human rights. UNDP and the Latin American and Caribbean Network of Transgender People (REDLACTRANS) organized a capacity-building workshop for Caribbean transgender activists. Following the workshop, trans women can record rights violations to the regional observatory hosted by REDLACTRANS. Technical support was provided to ICW Latina for a high-level forum carried out in partnership with the Ministry of Foreign Affairs in Costa Rica. UNDP supported the implementation of Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grants in Belize, Bolivia, Cuba and Panama.

Gender inequality and gender-based violence (GBV)

UN Women advocated for a comprehensive approach on HIV in LAC following UNAIDS guidelines, best practices and UN Women's strategy on HIV 2016–2017. National women's institutions in six countries in Latin America, local governments, legislations and strategic plans recognized the links between violence against women, gender-based violence and gender inequalities as drivers of the HIV epidemic among women and girls. UN Women supported the design and implementation of the national action plans and policies on violence against women in Argentina, Paraguay and Peru to also address the link between violence

and risk of HIV. UN Women provided technical assistance to the proposal to raise the minimum age for marriage and the elimination of exceptions in the Dominican Republic; the positioning of the topic in the media, and a regional meeting, titled Accelerate actions to eradicate child marriage and early unions in LAC, took place in October 2017. In collaboration with UNV and the UNAIDS Secretariat, UN Women conducted a study on the impact of violence and HIV on indigenous women in Paraguay and Brazil that is utilized to inform implementation of the national HIV strategies in the two countries and advocate for greater participation of indigenous women survivors of violence, particularly those living with HIV, in the national HIV responses

Investment and efficiency

The World Bank produced final reports and dissemination briefs for the epidemic, and allocative efficiency analysis was conducted in Argentina, Colombia, Mexico and Peru based on the Optima model. Lessons from HIV efficiency analysis were transferred into other areas: a tuberculosis (TB) allocative efficiency analysis conducted in Peru, for example, identified potential to enhance efficiency and strengthen active case-finding modalities. Support for programmes on multisectoral determinants of health in education, transport, gender and HIV-sensitive social protection led to institutional development and capacity building for the HIV response and increased access to health and social protection services of people living with HIV and those most at risk.

WFP established joint actions with governments and other key actors to generate crucial information regarding the food and nutrition security status of people with HIV and its relationship with ART adherence. Additionally, field interventions were supported and carried out in collaboration with civil society organizations (CSOs); urban-community and family gardens were a case in point. The aim of the intervention was to improve food and nutrition security and the dietary diversity of the population. In 2017, WFP expanded its partnership base to achieve common objectives and reinforce actions to make them sustainable and replicable. Emphasis was placed on improving coordination between sector partners, such as those in health, agriculture and social development, to provide better access to services for people affected by HIV. As part of these efforts, the food and nutrition needs of the population have been incorporated in some countries' social protection programmes. Additionally, a food and nutrition component is reflected in some national HIV guidelines.

HIV and health service integration

UNFPA provided technical support to governments and CSOs in nine Caribbean countries to strengthen national and regional capacity to deliver client-centred, rights-based integrated sexual and reproductive health (SRH) services to underserved populations at high risk of transmission of HIV and other STIs and to youth in particularly vulnerable circumstances.

UNFPA collaborated with the Pan Caribbean Partnership Against HIV/AIDS (PANCAP), PAHO and the UNAIDS Secretariat to facilitate dialogue and capacity development for integrating SRH and HIV programmes and services in these countries.

ILO promoted the private sector's contribution to the 90-90-90 strategy by enabling access to HIV-related services in the workplace in Central America and the Caribbean. Through technical advice and co-investment with its stakeholders (government, employers and workers organizations), ILO has promoted public-private partnerships between the private sectors and ministries of health to increase access to HIV-related services among mobile populations and in rural areas. HIV testing, counselling and information, condom access and referral to treatment are among the services that have been integrated in workplace health promotion programmes within enterprises employing more than 15 000 workers, mainly women. A stigma and discrimination free environment is also ensured as an essential condition for service access.

Secretariat functions

The UNAIDS Secretariat, in collaboration with WHO, brought partners together (including national officials, the United States President's Emergency Plan for AIDS Relief, or PEPFAR, and the Global Fund) at the LAC-III Regional Forum to reach consensus on strategies to support sustainable HIV responses. The Secretariat collaborated with WHO also in certifying mother-to-child transmission elimination in six Caribbean countries and territories. It supported prevention activities in the region, resulting in advances towards the Global HIV Prevention Coalition road map targets, and the development of 18 successful Global Fund concept notes focused on prevention in key populations. The Secretariat continuously advocates for SRH health services and reaching zero discrimination targets and mobilized political commitment to fast-track and sustainably end AIDS. The Secretariat continues its efforts to strengthen countries' capacity to generate strategic information, including community-generated data to inform the HIV response. Fast-track countries in LAC and the DR completed and implemented country workplans aligned with a location and population approach that includes clear strategic engagement with PEPFAR, the Global Fund and South-South cooperation efforts to achieve 2016 Political Declaration targets.

Challenges

One of the key challenges moving forward is the impact of the reduction in UBRAF staff activity resources and budgets compared with previous biennia. This applies to all agencies. The development and implementation of programmes reaching the most vulnerable continue to be hampered by laws and policies, and by groups opposing so-called gender ideology, discouraging access to services and fostering an environment of stigma and discrimination. Stigma and discrimination in health settings towards key populations and people living with HIV remains a barrier to access and retention in care.

The mother-to-child transmission rate of HIV in the Caribbean is stagnant and greater effort is needed to reach pregnant women, both adolescent and adult, from key populations and under conditions of vulnerability.

Countries are not offering the complete set of available HIV prevention options, especially PrEP and non-occupational post-exposure prophylaxis (PEP) for consented sexual exposure and STIs. Many barriers to HIV testing persist, including written informed consent and lengthy pre-test counselling, while late diagnosis continues to hinder timely access to care and treatment and has an overall negative impact on HIV-associated morbidity and mortality.

HIV prevention services focused on key populations, and the offer of peer support to persons with HIV in care and treatment, still depends greatly on external donor funds or volunteer services. Not all countries have yet adopted the treat all policy, and emerging NNRTI (non-nucleoside reverse transcriptase inhibitor) drug resistance threatens the effectiveness and sustainability of treatment programmes.

Lack of awareness among refugees, returnees and displaced and stateless people of HIV risks and available services remains another key challenge. People without legal documentation are at heightened risk of survival sex and face challenges accessing public health services.

The incorporation of nutrition indicators in the compendium of indicators for HIV care in national guidelines continues to be limited or absent.

Key future actions

Cosponsor regional offices will monitor the implementation of the 2017–2018 envelopes at country level in 11 countries, accounting for 2.4 million annually.

WFP will strengthen partnerships to develop joint fundraising efforts to support evidence generation and continue advocacy efforts to have nutrition and HIV included in all appropriate national guidelines.

Countries should focus on strengthening resolution capacity at the first level of care and providing person-centred attention, and on expanding sustainable community-based and peer-led services. The efficiency of HIV testing services must be improved by focusing on people and places where HIV is concentrated and removing programmatic and structural barriers to accessing these services

Continued efforts are needed to engage pregnant women in early antenatal care, with early screening and immediate interventions and follow-up for those diagnosed with HIV. All countries should implement the treat all policy and advance the process of decentralization and integration of HIV care and treatment at all levels of the health system, based on differentiated care and a person- and community-centred approach. HIV drug-resistance is an emerging threat, and the region needs to strengthen and expand its surveillance and to update treatment policies and ARV use accordingly.

WHO will address structural barriers that impact on HIV prevention and the continuum of care, particularly stigma and discrimination in health settings towards people living with HIV and key populations. UN Women will continue efforts to strengthen capacities in gender-responsive planning and budgeting for programmes to prevent and respond to violence against women and girls. It will collaborate with partners to build the capacity of regional civil society networks of women living with HIV and sex workers to prepare CEDAW Shadow Reports (Convention on the Elimination of All Forms of Discrimination Against Women) and other international instruments. UNESCO will roll out its revised International technical guidance on sexuality education

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