

2020-2021 | LATIN AMERICA AND THE CARIBBEAN

PERU

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNFPA, UNESCO, WHO-PAHO, UNAIDS SECRETARIAT, OHCHR

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In 2020-2021, the Joint Team focussed on scaling up access to antiretroviral treatment for people living with HIV, including migrants, refugees, and asylum seekers. The Government was supported to decentralize treatment services and strengthen nominal registry of people living with HIV to enhance access as well as follow-up and re-enrolment of people on treatment who are lost to follow-up. Technical and financial support was provided for the development of a mobile app aimed at boosting access to hepatitis C, HIV, and other infectious diseases among young people and key populations. Moreover, a partnership with a private university led to the development of a comprehensive out-of-school sexuality education strategy for adolescents and young people aged 10-25 years. Assessments of the needs of students in rural schools and the impact of the COVID-19 pandemic on the sexual and reproductive health among adolescents and young people were also conducted to inform HIV prevention programmes. The Joint Team further supported campaign activities in five regions reaching more than 700 000 people with information on adolescents and young people's rights and HIV-related stigma and discrimination. A nongovernmental organization working with people living with HIV was assisted to establish referral pathways for women, including migrant women who survived gender-based violence. Besides mobilizing external resources for the HIV response, the Joint Team trained government and civil society organization representatives on the use of the Global AIDS Monitoring Tool and the timely preparation of national HIV estimates.

HIV TESTING AND TREATMENT

Intensive advocacy and collaboration with the Ministry of Health and immigration authorities facilitated access to healthcare services, including antiretroviral treatment among refugees, asylum-seekers, and migrants, including Venezuelan immigrants living with HIV in Peru. The Joint Team continued to advocate for the establishment of peer navigators to link migrants and refugees living with HIV to health services and to reinforce adherence to treatment. Peer navigators is currently one of the main strategies to ensure access to ART in migrants and refugees; there are currently 3400 migrants and refugees under ARV treatment.

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The Joint Team supported the decentralization of antiretroviral treatment services to three Level I and II health centres in Cusco region and three primary healthcare service provider institutions (IPRESS) in Huanuco to improve access to treatment among people living with HIV. These facilities tapped for HIV service decentralization have available staff and infrastructure for the care of people living with HIV.

The Joint Team supported four big hospitals to update the nominal registry of people living with HIV. As a result, 6913 (46%) people living with HIV registered in Callao and Lima cities. Those who were lost to follow-up were re-enrolled on treatment and prioritized for the COVID-19 vaccine.

The Joint Team made cash transfers for three months to 1900 migrants, refugees, people living with or affected by HIV and tuberculosis, transgender women, and sex workers in Lima and Callao to help them improve their food security, access health services, and meet other basic needs. The beneficiaries also received virtual training on how to optimize the use of the cash transfer.

The National School of Public Health (NSPH) of the Ministry of Health was supported to institutionalize a virtual training course on the prevention and management of mother-to-child transmission of HIV, syphilis, and hepatitis B for healthcare workers from the 7000 health centres across the country. A total of 233 healthcare workers completed the first cohort of the course in 2021.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

With the support of the Joint Team, the guidelines for regulating the delivery of comprehensive sexuality education in Peruvian schools were approved by the Ministry of Education. Technical assistance was also provided for the establishment of a working group which will coordinate the implementation of the comprehensive sexuality education guidelines.

The Joint Team also worked with Facultad Latinoamericana de Ciencias Sociales (FLASCO)—a private university in Argentina—and national partners to develop a comprehensive out-of-school sexuality education strategy for adolescents and young people aged 10-25 years. The strategy which was based on formative research was piloted in seven cities—Arequipa, Cusco, Lima, Loreto, Madre de Dios, Piura, and Ucayali. This pilot will inform the rollout of a comprehensive sexual education strategy in the Piura region to target AfroPeruvian young people.

The National AIDS and Sexually Transmitted Infections (STIs) Programme of the Ministry of Health received technical support for the development of a mobile app aimed at improving access to information on prevention of HIV, STIs, and hepatitis C among young people and key populations. The mobile app works based on geo-referencing data on available HIV testing, treatment, and care services from 193 health facilities across Peru.

Technical support was provided for a qualitative assessment of social protection policies and HIV which highlighted several barriers preventing key populations from accessing social protection programmes in Peru. These included the isolated status of HIV within public policies in general, the lack of national budget to meet the socioeconomic needs of people living with HIV and key populations, and the lack of sensitivity to HIV of the already fragmented social protection system. The findings were presented to the Global Fund Country Coordinating Mechanism (CCM).

The Joint Team led a needs assessment study of eight rural schools in the Arequipa, Ayacucho, Cusco regions of the Amazon. The assessment revealed the students are affected by genderand race-related bullying, physical abuse, discrimination, cyberbullying, and early pregnancy. Furthermore, the Joint Team led studies on the impact of the COVID-19 pandemic on the sexual and reproductive health among adolescents and young people, particularly Afro Peruvians and indigenous populations. Key findings included serious barriers to access to education, work and family planning. Also, 20% of Afro Peruvian young people reported to be victim of gender and race-based violence. Recommendations were produced and informed the design and implementation of improved policies and programmes for sexual and reproductive health and the prevention of gender-based violence, with special focus on adolescents and young people.



HUMAN RIGHTS, STIGMA, DISCRIMINATION, AND GENDER-BASED VIOLENCE

The Joint Team provided financial and technical assistance to the Ministry of Justice for the review of the National Human Rights Plan 2018-2021. The plan was also evaluated for its compliance with the Government's commitment to protect the rights of children and adolescents; people living with HIV; indigenous people; Afro-Peruvians; and people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. The Joint team further assisted the preparation of the third progress report on the plan to guide the scale up of stigma and discrimination HIV services among vulnerable communities and key populations. These processes involved consultations with people living with HIV, children, adolescents, migrants, refugees, and people from the LGBTI community. The report, which was launched in 2021, will also inform the new national human rights policy which is currently under development.

The *Let's break with discrimination* campaign was supported to roll out various activities in Cusco, Junín, Lima, Piura, and Ucayali regions reaching 736 000 people with information on violation of the sexual and reproductive health and rights of adolescents and young people, including discrimination against pregnant migrant adolescents, discrimination based on sexual orientation, as well as discrimination against people living with HIV. As part of the campaign, the Joint Team supported the training of 130 municipal officials on human rights and HIV.

Asociación Prosa—a nongovernmental organization working with people living with HIV—was supported to establish new referral pathways within the Ministry of Women and Vulnerable Populations to manage gender-based violence cases in Peru. As a result, 3600 Venezuelan immigrants who survived gender-based violence and their families were given protection and access to basic healthcare services.

The Joint Team conducted training for 280 people working with migrants and refugees, including from the Migrations Office, the health sector or municipalities, to improve their skills on gender-based violence prevention, case management and mainstreaming into other HIV services. Technical and financial support was also provided for various awareness-raising campaigns aimed at eliminating violence against women, sexual harassment in public places, and discrimination and xenophobia against the Venezuelan migrant population. For instance, about 1500 migrants and refugees were reached by these campaigns in Lima, and around 150 people per month in Tumbes.

INVESTMENT AND EFFICIENCY

As a result of technical support provided to the CCM for the development of the Global Fund grant application, US\$ 19 917 177 was mobilized to strengthen the national HIV and tuberculosis responses and improve healthcare services among migrant and refugee populations during the 2022-2025 grant period.

The Joint Team trained 24 officials of the Ministry of Health and representatives of civil society organizations on the use of the Global AIDS Monitoring Tool (GAM). An additional three epidemiologists from the Ministry of Health were trained on the timely development of national HIV estimates.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team continued to support multiple programmes to reinforce the country's progress towards the attainment of the Sustainable Development Goal (SDG) 3: universal access to health, SDG 5: gender equity and women and girl's empowerment, SDG 10: human rights and reducing inequalities, SDG 16: peace and justice for everyone, and SDG 17: partnerships for development. For instance, collaboration between USAID, the Global Fund and the Joint Team led to the implementation of a cash transfer programme that provided emergency cash transfers to migrants and refugees. Also, the Nuwa Tajimat project supported by the Joint Team with a grant from the UN Multi-Partner Trust Fund, targeted Awajun

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indigenous women in Condorcanqui region (Amazonia) to close the gaps left by the COVID-19 pandemic in terms of health services and GBV related services.

The Joint Team made significant contributions to the development of Peru's United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026. The framework integrated and prioritized HIV in three Strategic Priorities. The Joint Team will contribute to the UNSDCF as a specialized support interagency group, in particular to its first Strategic Priority on universal health coverage, social protection, and human rights.

CHALLENGES AND LESSONS LEARNED

The current health system and infrastructure of Peru requires an increased level of coordination to improve access to public services among people living with HIV and key population. Furthermore, a challenging political environment threatened Peru's modest gains in ensuring gender equality and protection of human rights for all.

In 2021, the Ministry of Health cut by 45% the public budget for HIV and tuberculosis to the national COVID-19 response, which had a negative impact on the provision of HIV prevention and treatment services. While the Ministry of Health continued to make efforts to ensure adequate funding to avoid stockout of antiretroviral treatment in 2022, HIV prevention services remained underfunded jeopardizing the gains made in reducing new HIV infection cases and achieving the fast-tack targets.

An estimated 1.3 million Venezuelan refugees, asylum-seekers and migrants reside in Peru—with more than 800 000 living in Lima city alone. Immigration further strained available health services, especially hospitals which were already over-stretched due to the COVID-19 pandemic which led to increased discrimination and denial of essential HIV services, including antiretroviral treatment to many of the Venezuelan refugees, asylum-seekers, and migrants. There is a need to further establish partnerships with community-based organizations to reach and facilitate access of key populations, and migrants and refugees to HIV testing, prevention and treatment services.



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