

PERU

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, 90% of people living with HIV know their status, 90% of them are accessing treatment and 80% of people on treatment have undetectable viral loads.	SLOW PROGRESS	<p>In 2019, 84% of people living with HIV knew their status; 77% were on treatment, and 64% were virally suppressed (Spectrum 2019). In 2020, 85% of people living with HIV who knew their status were on treatment (Spectrum 2020).</p> <p>In December 2020, the National AIDS Programme reported that the COVID-19 pandemic had badly disrupted testing and treatment services, especially for key populations. HIV testing coverage was only 66% of the 2019 coverage levels, new enrolment in ARV treatment was only 17% of 2019 levels, treatment dropouts had increased by 17%.</p>
By the end of 2021, the proportion of gay men and other men who have sex with men, transgender people, sex workers, prisoners and indigenous people who have access to combination prevention services has increased from 20% to 60%.	SLOW PROGRESS	<p>Combination prevention strategy is still under development. Pilots on PrEP, self-testing and partner notification have been delayed due to the COVID-19 pandemic.</p> <p>HIV testing coverage is at 5.6% among gay men and other men who have sex with men, 3.2% among transgender women and 13.3% among female sex workers (GAM 2020, Spectrum 2020).</p>
By the end of 2021, 80% of people living with, at risk of and affected by HIV report no discrimination especially in health, education and workplace, compared to 53% in 2017.	ON TRACK	<p>A 2019 Ministry of Justice household-based study found that 7 in 10 Peruvians think their human rights are less protected or are not protected at all; 47% of Peruvians believe that people living with HIV, LTGBI (especially transgender) and indigenous people are the most stigmatized and discriminated groups in Peru.</p> <p>The Stigma Index survey is planned for 2021.</p>

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Uptake of testing and treatment have suffered due to COVID-19, but the Joint Team has supported ART delivery being integrated into primary health care across Peru, as well as the reactivation of diagnosis/prevention centres post-quarantine. Through partnerships with government, prevention programmes are being developed for key populations, and comprehensive sexuality education campaigns targeting young people have been carried out. Stigma and discrimination against people living with HIV, women and girls, and key populations has been tackled through national campaigns, training for health-care workers, and community engagement. Further work on removing structural barriers to HIV services for vulnerable people, and especially women exposed to gender-based violence, is planned for 2021.

HIV TESTING, TREATMENT AND CARE POLICY ADVICE; TECHNICAL SUPPORT; CAPACITY BUILDING; COORDINATION

Technical support was provided to further decentralize and integrate ART delivery in primary health care, with 24 health facilities supported in 2020 to provide ART in six territories, bringing to 194 the number of ART-providing facilities in the country. South-south cooperation and real-time information sharing among the national AIDS programmes of Bolivia, Brazil, Ecuador and Peru were facilitated via a virtual cooperation platform. Intercountry support in exchanging, procuring and donating ARVs, HIV and viral load tests to avoid stock-outs helped to protect HIV services in all four countries. To address the low levels of HIV testing among key populations, six STI/HIV prevention and diagnosis centres for referral and care received technical support to reactivate their services after the COVID-19 restrictions in the four largest cities on the Peruvian coast.

A virtual training course was designed and validated to provide capacity building for generating information and operational procedures to eliminate HIV vertical transmission, syphilis, chagas and hepatitis B. National technical guidelines were approved for HIV screening in adolescents over 14 years without parental authorization, removing a significant barrier to adolescents accessing HIV testing and treatment. Technical assistance was also provided to the Ministry of Health in approving a technical guide for comprehensive health care in children and adolescents with HIV.

Improved food security and strengthened treatment adherence, technical support for macro- and micro-assessments of needs in 2020 will result in the introduction of cash-based transfer mechanisms as part of a government food assistance programme to support people living with TB, including those living with TB/HIV. The modality will begin in 2021 in four districts in Lima, before scaling to national level; 1,700 families are on a waiting list for transfers.

PREVENTION FOR YOUNG PEOPLE AND KEY POPULATIONS PARTNERSHIPS; POLICY DIALOGUE; TECHNICAL SUPPORT

A draft Health Technical Standard has been prepared to strengthen combination HIV prevention for key populations in Peru, including access to simplified ARV drugs for the use of PrEP and post-exposure prophylaxis, as well as screening tests and follow-up in the PrEP care process. Technical and financial assistance and capacity building have supported efforts to pilot PrEP, self-testing and partner notification. In 18 months, 314 gay men and other men who have sex with men and 16 transwomen received PrEP.

Callao and Lima, municipalities, where over 60% of new HIV infections in Peru occur, signed the Paris Declaration, becoming Fast-Track Cities, in a strategic alliance with the CBO Cceforo and AIDS Healthcare Foundation. A domestically-resourced workplan for Lima is in development, including activities on human rights, elimination of stigma and discrimination, HIV/STI prevention services for key populations, and an HIV subnational care cascade.

Work has been done with the Ministry of Education to build capacity on comprehensive sexuality education. Training was delivered to 120 senior managers, general and line directors, specialists and teachers, while 50 specialists were trained on socioemotional skills for an online educational programme. In 2020, the programme reached 87% of secondary school students (almost 1.9 million students) through remote online learning.

CREATING AN ENABLING ENVIRONMENT FOR ALL ADVOCACY; POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

The Joint Team supported the successful launch of *Rompamos con la Discriminación*, a national antistigma and discrimination campaign that highlights the human rights of key populations; 6.4 million people were reached in the campaign's first month via social media, television and radio.

In partnership with PROSA (an NGO working to reduce HIV-related stigma and discrimination), 82 health-care workers (52 in Lima and 30 in Tumbes) were trained in technical health guidelines for comprehensive HIV care, and 170 national and municipal police received human rights training for sex workers and LGBTI people. PROSA also facilitated links to ARV treatment for 380 people, and a further 359 received pre-ART tests and procedures in Lima and Tumbes.

A qualitative study assessed social protection programmes across Peru and their sensitivity to the needs of people living with or affected by HIV. Results indicate that sensitivity to HIV is low, and the assessment will be a useful advocacy tool for improving policies.

Advocacy and coordination efforts led to partnerships between relevant UN agencies and strategic alliances between the Joint Team and Partners in Health and the Global Fund to increase access to social protection programmes for people living with HIV and key populations. People living with HIV/TB, transgender women, sex workers and migrants have been included in the emergency cash transfer strategy, benefitting 341 Peruvian and Venezuelan families through emergency cash transfers in 2020 (44% Peruvian recipients, 46% migrants and refugees). Eleven organizations have integrated the referral network of people in need of food baskets, immigration ID, health insurance, and access to ART and other health services. In the second phase of the project begins, a further 16 community mechanisms for people living with HIV and key populations and 10 TB patient organizations will link-in vulnerable Venezuelan migrants and refugees. In 2020, 242 vulnerable people were supported to get immigration cards, which grant them access comprehensive health insurance.

CONTRIBUTION TO THE COVID-19 RESPONSE

In alliance with the CBOs *Mujeres Positivas de Lima Este* and PROSA, training courses on HIV and COVID-19 prevention, human rights and food security were developed and delivered to 49 women living with HIV in Huachipa, Lima. A joint intervention was developed to strengthen the sexual and reproductive health and STI/HIV services of the indigenous communities Awajun and Wampis in the context of COVID-19, funded with a grant of US\$ 850 000. In addition, 149 food baskets were delivered to transgender women in Callao during COVID-19 lockdowns.

Studies were carried out on the impact of the COVID-19 on sexual and reproductive health and rights for adolescents and young people, with policy recommendations for education, employment, protection, health, sexual and reproductive health and HIV prevention and access to treatment. Infographics depicting the main results and recommendations and flyers for social networks were translated into four native languages and distributed in coordination with the National Secretariat for Youth, reaching 3.2 million students. The studies also supported the systematization of good practices on access to modern contraception and male and female condoms in two health services targeting adolescent sexual and reproductive health/STI needs.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

HIV is included in the essential health services component of the UN Development Assistance Framework, and in the socioeconomic response plan, to ensure work is carried out in Peru in line with the "leave no one behind" principle, including marginalized and vulnerable populations and people living with HIV.

Contributing to achieving gender equality in Peru, the Joint Team strongly supports work on the protection of transgender women (such as ID-related projects and inclusion in the emergency cash transfers), and the promotion of gender equity among indigenous Awajun women.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>To address COVID-19, health systems and resources were reallocated to support the emergency needs and impact of restrictions. It is estimated that HIV testing coverage and people newly enrolled in treatment decreased by over 60%, with a 15% increase in treatment drop-outs in 2020, compared to 2019. HIV and TB strategic programme budgets were reduced by 70% for 2020 and 2021.</p>	<p>Support implementation of the Paris Declaration commitments in Lima Metropolitana, once agreed.</p> <p>Implement the virtual training course in information production and operational procedures for the elimination of HIV vertical transmission, syphilis, chagas and hepatitis B in Loreto, Ucayali, Lima and Huancavelica.</p>
<p>A series of structural barriers in Peru prevents full access to health services. Health insurance access is guaranteed only for people with ID (except for mothers, children under 5 years, people on ART). COVID-19 led to increased inequities and vulnerabilities among people living with HIV, women (especially those exposed to gender-based violence), key populations and indigenous people.</p>	<p>Disseminate results of the qualitative study on HIV and social protection among policy-makers so vulnerable people are included in food assistance programmes and all social protection systems. Systematize cash-based transfer interventions.</p> <p>Invest resources and mobilize partners to guarantee migrants and refugees with HIV are properly included in health and social protection systems, and quality care and timely treatment are fully available.</p>
<p>Comprehensive sexuality education requires improvement of the national educational policy and increased budgetary allocation for national operationalization and standardization. Teacher training and sustained support is required, as is the establishment of a monitoring and evaluation system that allows progress to be measured and challenges identified. Political engagement at the highest level of government is needed to confront and overcome barriers imposed by movements opposing human rights protections.</p>	<p>Support the Ministry of Education to implement face-to-face and distance-learning modalities; carry out a pilot in a high-performance school in Loreto (Amazon) and strengthen teachers' competency and socioemotional skills.</p> <p>Undertake advocacy with national authorities to include the new human rights national policy of the Ministry of Justice, as a mechanism for reducing unwanted pregnancies among adolescents and girls.</p>
<p>Stigma and discrimination associated with certain groups (particularly LGBTI people, migrants, people living with HIV and the indigenous and Afro-Peruvian population) continues to be a challenge and worsened in the context of COVID-19.</p>	<p>Continue dissemination of the <i>Rompamos con la Discriminación</i> campaign; design the community component for implementation in four departments of the country, strengthening the monitoring and evaluation of the campaign impact on changing attitudes towards nondiscrimination of vulnerable populations.</p>
<p>Emerging challenge in the context of human rights after the results of the last electoral process. It is expected that work on key populations, stigma and discrimination, and gender-related issues will need specific support.</p>	<p>Strengthen advocacy work and support to CSOs to prevent backsliding on commitments or progress in the context of rising conservatism.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org