

UNFPA LATIN AMERICA AND THE CARIBBEAN CONTRIBUTION TO HIV PROGRAMMING IN THE REGION

HIGHLIGHTS AND LESSONS LEARNED
FROM THE FIELD



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SITUATION

2,2 ^{In 2021} **MILLION**

people were living with HIV in Latin America

330,000 **THOUSAND**

in the Caribbean

The equivalent to a prevalence of 0.5% and 1.2%, respectively¹. Latin America has made little progress in reducing new HIV infections in the region since 2000, with the number increasing by 5% from 2010 to 2021. In addition, the Caribbean continues to have the highest prevalence outside sub-Saharan Africa. Countries in the region continue to grapple with political, cultural, social, and programmatic barriers to eliminating new HIV infections, AIDS-related deaths, and discrimination.

The United Nations Population Fund (UNFPA) partnerships with the UNAIDS Joint team and its effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals. Thus, UNFPA works in the region and at the country level, supporting initiatives that promote the integration of HIV responses into sexual and reproductive health services, focusing on the prevention of the sexual transmission of HIV/STI.

Without a doubt, the COVID-19 pandemic wreaked havoc on a wide array of health, economic, social, and personal decisions. However, what has been lost in the chaos among other effects and dangers is the specific impact on sexual and reproductive health and rights.

This report presents a wide range of country experiences focusing on HIV advocacy and prevention. The selected experiences highlight important technical areas and demonstrate aspects that make them promising practices, capable of stimulating the

¹UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>)

development of new approaches and adding value to initiatives which are already in progress. It describes HIV programming activities in 10 countries in the region—Argentina, Brazil, Costa Rica, Cuba, Dominican Republic, Guyana, Paraguay, Peru, Uruguay, and Venezuela:

-  Comprehensive female condom programming in Costa Rica.
-  Comprehensive sexuality education and youth-friendly services in Cuba and integrated youth-friendly services in Venezuela.
-  Integrated HIV services with prenatal care in the Dominican Republic.
-  A high-impact communication campaign using social media looking at stigma and discrimination against people with HIV in Peru.
-  Targeted humanitarian responses to the COVID-19 pandemic for the PLHIV and LGBTQI+ population in Argentina and Uruguay.
-  Community-based interventions to reach marginalized populations in Brazil and Guyana.
-  The development and enactment of laws and regulations to protect the rights of PLHIV in Paraguay.

The interventions mentioned above show that HIV requires multi-faceted approaches. Below we are presenting the experiences and dimensions addressed in each of these promising practices.

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01.

ACRONYMS AND ABBREVIATIONS

ART:	Antiretroviral therapy
ARV:	Antiretroviral
GBV:	Gender-based violence
KP:	Key population
LAC:	Latin America and the Caribbean
LACRO:	Latin America and the Caribbean Regional Office
LGBTQI+:	Lesbian, Gay, Bisexual, Transgender, Queer, and all the multiple expressions of sexual diversity, and gender identity and expression
LNOB:	Lesbiana, gay, bisexual y transgénero
MOH:	Brazilian Ministry of Health
MISP:	Minimum Initial Service Package
MSM:	Men who have sex with other men
NGO:	Non-Governmental Organization
PEP:	Post-Exposure Prophylaxis
PLHIV:	People living with HIV
SRH:	Sexual and reproductive health
SRR:	Sexual and reproductive rights
STI:	Sexually Transmitted Infection
UN:	United Nations
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children Fund
UNV:	United Nations Volunteer
WHO:	World Health Organization

02.

INTRODUCTION

The population of Latin America and the Caribbean is currently at 659 million people². Made up of mostly middle-income countries, the region is the most unequal in the world. Left-behind groups—including low-income women, adolescents and young people, indigenous, Afro-descendants, people with disabilities, refugees and migrants, internally displaced, rural populations, and persons of diverse gender identity and/or sexual orientation—lag behind on most indicators.

The COVID-19 pandemic has wreaked havoc on a wide array of health, economic, social, and personal decisions. However, what has been lost in the chaos among other effects and dangers is the specific impact on sexual and reproductive health and rights.

The pandemic hit Latin America and the Caribbean at a time of low growth, marked inequality and vulnerability, growing poverty, weakening of social cohesion, and increasing expressions of social discontent. The United Nations Economic Commission for Latin America and the Caribbean (ECLAC) recorded that regional gross domestic product declined by 7.7% in 2020, resulting in an unprecedented increase in poverty and extreme poverty levels (33.7% and 12.5%, respectively). For 2021, this same institution concluded that the projected rebound in GDP growth of 6.2% was insufficient to restore output to its 2019 levels³. In 2021, 2.2 million people were living with HIV in Latin America and 330,000 in the Caribbean, the equivalent to a prevalence of 0.5% and 1.2%, respectively⁴. Latin America has made little progress in reducing new HIV infections in the region since 2000, with the number increasing by 5% from 2010 to 2021. Among those living with HIV in 2021, 82% knew their HIV status, 69% were accessing treatment (85% of those who knew their HIV status), and 63% were virally suppressed (91% of those on treatment)⁵. ***Of the estimated 110,000 new HIV infections in 2021, 92% were among key populations and their sexual partners, with gay men and other men who have sex with men (MSM) the most affected—a sign that HIV programs are not closing the remaining gaps among populations at highest risk.*** The Caribbean has the highest HIV prevalence of any region outside sub-Saharan Africa, but the region has made important strides in its HIV response. The

2 UNFPA strategic plan, 2022–2025 (DP/FPA/2021/8)

3 Economic Commission for Latin America and the Caribbean (ECLAC), The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean (LC/CRPD.4/3), Santiago, 2022

4 UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>)

5 IN DANGER: UNAIDS Global AIDS Update 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022

number of people newly infected with HIV in 2021 (14,000) was 28% lower than in 2010, and AIDS-related deaths (5,700 in 2021) have declined by 50%. New HIV infections among children fell by 47% from 2010 to 2021⁶.

In the LAC region, new infections are concentrated among young people of key populations⁷. These countries are still grappling with political, cultural, social, and programmatic barriers to eliminating new HIV infections, and AIDS-related deaths and discrimination. Key challenges such as stigma and discrimination, access to services, and the protection of human rights persist. Gay men, MSM, and sex workers are among the most vulnerable key populations in the region that continue to suffer from systemic stigma, abject social exclusion, and marginalization.

UNFPA continues to be evidence-informed and human rights-based in its work on addressing

HIV. UNFPA has partnered with the UNAIDS Joint team and its effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals. As such, UNFPA works in the region and at the country level supporting initiatives which promote the integration of HIV responses into sexual and reproductive health (SRH) services, with a focus on the prevention of the sexual transmission of HIV and sexually transmitted infections (STI).

UNFPA's approach to HIV is based on three strategies: 1) promoting human rights and reducing inequalities; 2) integrating HIV responses into SRH care; and 3) preventing the sexual transmission of HIV. UNFPA's Country Offices in Latin America and the Caribbean have been implementing a variety of efforts to address HIV. In this regard, UNFPA LACRO, in 2021, supported the documentation of selected country experiences including lessons learned emanating from UNFPA's HIV programming.

PURPOSE

The purpose of this document is to present the highlights, including lessons learned, in the region over the past few years to serve as useful inspiration for other organizations, institutions, and countries as possible programmatic responses to HIV.

The selected experiences showcase important technical areas and demonstrate aspects that make them promising practices, capable of stimulating the development of new approaches and adding value to initiatives which are already in progress.

6 IBID

7 UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8)

It describes HIV programming activities in 10 countries in the region: Argentina, Brazil, Costa Rica, Cuba, Dominican Republic, Guyana, Paraguay, Peru, Uruguay, and Venezuela.



03. METHODOLOGY

The UNFPA document “A Guidance Note on Sharing Good Practices in Programming” outlining a description of the various types of information that had to be submitted—to be considered a promising practice—was disseminated to all the UNFPA country offices in the region in 2021.

The promising practices, including lessons learned, that were deemed pertinent were selected according to the following criteria:

- ⌘ Relevance
- ⌘ Processes and results obtained
- ⌘ Innovations
- ⌘ Applied principles of equity, equality, rights, gender, and interculturality
- ⌘ Mechanisms for sustainability and replicability

In addition, these experiences had to be useful and relevant, effective, innovative, produce results within a reasonable time, cost-effective, ethically sound, and sustainable.

04. HIGHLIGHTS

PROMISING
EXPERIENCES

10

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of the region

4.1

ARGENTINA

4.1 ARGENTINA: Community-led response in the time of COVID-19

In Argentina, PLHIV have experienced a resurgence of fear, uncertainty, gender, and institutional violence with the onset of the COVID-19 pandemic. This situation created additional challenges. As such, guaranteeing their rights was even more threatened.

Given these conditions, UNFPA Argentina and the Buenos Aires Network of PLHIV identified the following priority areas for their advocacy strategy:

- ⚡ Access to comprehensive care for PLHIV
- ⚡ Humanitarian aid
- ⚡ Assistance and support spaces

More specifically, PLHIV stated that their primary concerns during the pandemic were food security, access to medicines, and a life free of gender-based violence (GBV). The crisis has been exacerbated by the lack of antiretrovirals (ARV) and rapid HIV tests and the lack of condoms and other contraceptive methods. The pandemic has affected the health care or follow-up for people recently diagnosed with HIV and a shortage of other medications for associated diseases such as diabetes, hepatitis, cancer, etc. There has been an increase in stigma and discrimination in the healthcare system. The country has also experienced an increase in situations of gender violence.

In response to these grave issues, the Buenos Aires Network created an Early Warning Alert and Response Network composed of volunteers to support PLHIV throughout Argentina during the pandemic. This Network used a combination of digital and telephone communication systems to put out a call for volunteers from all over the country. A total of 807 volunteers joined and participated in training and information-gathering activities. These included the following:

- **Communication and information strategy in the context of COVID-19 and HIV&AIDS, which focused on:**
 - a. Strengthening internal communication and collective participation
 - b. Strengthening external communication on COVID-19 and vulnerable populations, domestic violence, etc
 - c. Using language that is not aggressive and free from discrimination and stigma

- **Virtual Training Plan to facilitate the implementation of a rapid and effective response.** The training was developed for volunteers to implement an early warning strategy with clear guidelines on how to act in case of shortages of ARV, lack of food, the need for emotional and social support, persons displaying COVID-19 symptoms, and how to provide referrals for assistance. Support was provided by the United Nations International Cooperation Agencies such as UNAIDS, UNFPA, ARGENTINE AIDS SOCIETY, UN WOMEN, and UNESCO.
- **Workshops were held on gender norms, gender perspectives, intersectional approaches, comprehensive health for people living with and affected by HIV, and norms on HIV testing, among other requests.**
- **Materials and resources, including tools, were developed to report situations of discrimination and violence.**

Communication was essential within the Buenos Aires Network of PLHIV and their grassroots constituency. The Early Warning Alert and Response Network subsequently reached out to approximately 2,000 people using a variety of communication tools including email, WhatsApp groups, Zoom platforms, Facebook, Google forms, Mailchimp, and Google Analytics.

According to the data collected by the Buenos Aires Network, 1,804 applications for assistance were received during a 3-month period starting in April 2020 and ending in July 2020. The applications came from throughout Argentina including the Federal Capital and the suburbs and the interior of the Province of Buenos Aires, Tucumán, Santiago del Estero, La Rioja, Misiones, Jujuy, Entre Ríos, Chubut, Rio Negro, Santa Cruz, Córdoba, and Mendoza.

There were several types of requests:

- ✚ 61% requested humanitarian aid (food security).
- ✚ 24% reported having difficulty accessing ARV drugs and requested assistance.
- ✚ 10% were related to other situations (this percentage includes situations of gender violence, problems with substance abuse, and persons deprived of liberty).
- ✚ 5% requested psychological help, social contact, and virtual support either by WhatsApp, Zoom, Facebook, or other social media channels.
- ✚ More than 1,100 contraceptive methods, including male condoms, were distributed within the food security kits.

In terms of networking, the National AIDS Program reached out to the Early Warning Response and Alert Network. The volunteers were asked to collect medication from the hospital and deliver it to people's homes. The AIDS Program also accompanied the network in each of the provinces and coordinated with the heads of provincial and municipal level programs to solve

issues related to medicines, tests, or food assistance. In addition, the cases of discrimination against PLHIV that had occurred in the municipal hospitals were also brought to the attention of the National AIDS Program in hopes of obtaining a resolution.

The community networking with a variety of organizations has been essential in responding to the needs and requests of PLHIV during the pandemic. It has also allowed for a more complete, coordinated, and supportive response.



**MY NAME IS ALAN AND
I AM A VOLUNTEER
WITH THE NETWORK.**

It's a pleasure to be helping with whatever we can, from wherever we are. Personally, I have had the opportunity to interview trans women living with HIV, who are concerned about their peers who have different needs and problems related to HIV and their gender identity. It is a pleasure to have worked with you and to be able to give you a hand from this network of volunteers.



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4.2

BRASIL

4.2 BRASIL: How meaningful community engagement makes a difference

Project Bora Saber (Know your HIV Status)

Brazil has the highest number of PLHIV in Latin America and accounts for **49% of all new infections in the region**. This is partly due to its large population compared with other Latin American countries.

Brazil's HIV epidemic is concentrated among key populations, with men being the most affected. While the highest rates of infection are reported among people aged 30 to 49 years, new HIV infections have grown substantially among young men, especially young MSM.

In the past decade, new HIV infections have almost tripled among adolescents aged 15 to 19 years and more than doubled among young people aged 20 to 24 years.

According to the 2020 HIV/AIDS Bulletin⁸ issued by the Brazilian Ministry of Health (MOH), from 2009 to 2019, there was a significant increase in the HIV case detection rate among males 15 to 19 years of age (65%), going from 3.7 cases /100,000 to 6.1 cases/100,000. In the 20 to 24 years age group, the HIV case detection rate rose a whopping 75%, going from 21 cases/100,000 to 36 cases/100,000. Additionally, in 2019, the highest case detection rate was 52.0 cases/100,000, which occurred among men aged 25 to 29 years. Ten years prior, in 2009, the highest case detection rates were found in men aged 30 to 34 years and 35 to 39 years, indicating that HIV is of late being transmitted in younger age groups. AIDS-related deaths are declining in all age groups, except among adolescents, where the mortality rate increased 62% in the same period.

Information⁹ produced by the Brazilian MOH in 2016 showed that the city of Boa Vista in the province of Roraima was ranked sixth for the HIV prevalence rate among adolescents aged 15–19 years. The majority of these adolescents reside in peripheral areas, where low-quality services— including poorly-qualified health professionals and inadequate infrastructure—are affecting the HIV response.

8 Secretaria de Vigilância em Saúde. Ministério da Saúde. Boletim Epidemiológico Especial. HIV e Aids:2020. Número Especial | Dez. 2020

9 Secretaria de Vigilância em Saúde. Ministério da Saúde. Boletim Epidemiológico - HIV Aids. Julho de 2017 a junho de 2018

In addition, the Venezuelan migrant crisis combined with the COVID-19 outbreak has significantly aggravated the HIV epidemic in Boa Vista. According to the Health Secretariat of the Municipality of Boa Vista, Venezuelan immigrants made up almost 50% of all HIV cases diagnosed in 2019. The pandemic, in conjunction with already existing challenges caused by the Brazil-Venezuela humanitarian border crisis, provoked negative outcomes such as an increase in gender inequality, violence, and economic vulnerability due to unemployment. Other factors that led to negative outcomes were the reduction and/or closure of SRH services (including antenatal care) and the Social Assistance Reference center, which provides social protection services. Needless to say, the availability and accessibility of HIV & STI testing were severely compromised.

The Bora Saber (Know your HIV status) Project is an outreach community-based program carried out in partnership with UNFPA; Bem com Vida Association (ABV), a nongovernmental organization; General Coordination of Surveillance and Health (CGVS); and the Health Secretariat of the Municipality of Boa Vista (SESAM). The project provides medical, behavioral, and structural assistance. Bora Saber's interventions assist in locating and linking adolescents and youth from key populations (MSM, the transgender population, migrants and refugees, sex workers, and homeless people) to appropriate information on HIV & STI combination prevention, voluntary HIV testing, and healthcare services for immediate antiretroviral therapy (ART) and STI treatment. One of the main activities is the provision of rapid oral HIV testing in various public venues throughout Boa Vista.

In the first phase, the Bora Saber project team participated in a series of capacity-building sessions on key themes such as:

- ⚡ Sexual and reproductive rights (SRR)
- ⚡ The role of civil society organizations in combating HIV
- ⚡ Combination prevention
- ⚡ Social minorities
- ⚡ Gender issues
- ⚡ Sexual orientation

The outreach workers—who are adolescent and youth volunteers from ABV, with prior experience conducting peer education and HIV testing in their respective communities—were trained as advocates and referral sources. In addition, they were taught about SRR, human rights, democratic processes, and issues concerning classism, racism, and sexism.

Part of the training includes a clinical component on HIV/STI testing such as how to carry out a rapid oral HIV test and ART. The outreach workers also learn how to interact with their clientele in a respectful manner, share clear and objective information, and always maintain confidentiality. They can also provide an HIV diagnosis using neutral communication while considering the mental health of anyone who has taken the test.

In the second phase, the adolescent and youth members were divided into teams and worked directly in the Boa Vista communities. The teams visited “hot spots”—areas with a high concentration of persons from the most vulnerable populations (MSM, transgender, migrants, and refugees)—such as bus stations, bars, shelters, settlements, and the COVID-19 screening center. They promoted peer-to-peer education on sexual and reproductive health and rights, combination prevention of HIV/AIDS/STI, and information about the public health structure. The volunteers also offered voluntary oral fluid HIV testing. In addition, social media networks such as Facebook, Instagram, and WhatsApp were used to publicize the Bora Saber initiative once lockdown measures went into effect. HIV testing continues to take place in public places on an average of 4 to 5 site visits per month with the goal of performing approximately 100 tests per month.

Due to the coronavirus pandemic, stricter hygienic measures were taken including the use of gloves, masks, transparent face shield, sanitizing gel, and social distancing. When the HIV test was carried out, the outreach workers gave instructions to the person being tested, using a clearly outlined protocol. The oral HIV test result is available after 20 minutes.

The outreach workers thereafter would escort the people who tested HIV positive to the health services for additional laboratory tests and immediate ART initiation. A support group, composed of adolescents and youth living with HIV/AIDS and a psychologist, was created to assist the people who had recently tested positive in their adherence to ART.

The following data is available as of July 2021:

32 

activities in hotspots completed

1460 

people reached with information and prevention supplies which save lives

733 

HIV rapid test

39%

15 to 24 years of age

43%

25 to 29 years of age

73%

Venezuelan migrants

68

MSM

19 

HIV positive individuals

2,6%

prevalence

95%

started on ART

“CRISTOFER FRANCISCO RODRÍGUEZ ALFRED OF VENEZUELAN ORIGIN, 21 YEARS OLD.

Arrived in Brazil in December 2019. Like many Venezuelans, he left his home country in search of opportunities and a better life, since, in his own words, “I worked and worked, and the money was only enough to buy food, but I wanted more.

I wanted to make my dreams come true.” He learned about his HIV-positive status about two years ago in Venezuela but didn’t start treatment. When he arrived in Boa Vista, he was contacted by the Bora Saber peer mobilizers. They gave him key information about combination prevention and the Brazilian health structure and performed an HIV oral fluid test that confirmed his positive status. The peer mobilizer linked him with the specialized health unit for additional tests and immediate antiretroviral therapy initiation. He is currently on ART. “My last viral load test showed that the HIV virus is undetectable,” he said excitedly. His plan is to relocate to the state of Santa Catarina, where he intends to work. Thanks to Bora Saber’s support, he already knows that he will need to transfer his medical file to the new city as he intends to maintain his ARV and stay healthy.

Another result worth noting is that with the promotion of SRH information by the peer mobilizers in various communities, Bora Saber received 15 requests from women about getting information and assistance in having an IUD inserted. The project testing coordinator, in collaboration with UNFPA—who was providing SRH training to the local health centers—was able to support these requests by scheduling appointments for the IUD insertions and providing transport and information for the women.

The stigma and prejudice faced by LGBTQI+ individuals, sex workers, and migrants in forced displacement populations, especially youth, hinder their access to HIV/AIDS/STI prevention and treatment significantly. These challenges have been exacerbated by the COVID-19 pandemic. Brazil’s response to COVID-19 has been woefully inadequate due to a lack of public health measures addressing the spread of the virus. Thus, community-based interventions, conducted by youth and adolescents, are much more effective in reaching key populations. The former promotes critical information on combination prevention and enables early diagnosis of HIV and immediate ART initiation.

Additionally, the engagement of both the MOH in providing the oral fluid HIV tests and the Municipal and State Health Secretariats in facilitating the access of people diagnosed with HIV by the project for ART initiation, was critical for the success of this project.

The Bora Saber project clearly demonstrates the effectiveness of community-based interventions and the role of peer educators, in reaching marginalized populations to assist them in receiving HIV/STI testing and treatment, compared to regular interventions conducted in clinical health settings.





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4.3

COSTA RICA

4.3 COSTA RICA: The Female condom— giving women and girls an effective method of protection

Inclusion of the female condom into the contraceptive method mix offered by the Costa Rican Social Security Fund (CCSS).

A series of international conventions led Costa Rica, and specifically its health system, to create effective linkages between its responses to HIV and SRH programs. This includes specific measures at the policy, programmatic, and service provision levels. In this regard, condoms take on particular relevance as they are the only available method that simultaneously protects against STIs, HIV, and unplanned pregnancies. Thus, the implementation of Comprehensive Condom Programming (CCP) is crucial for the country. Since 2009, the Ministry of Health and the CCSS, with the support of the United Nations Population Fund in Costa Rica (UNFPA-Costa Rica), have launched several initiatives to advance this issue.

In 2010, the Costa Rican Ministry of Health began developing a strategy to increase access to male and female condoms. One of its main objectives was to ensure access to timely, scientific, and objective information which increases the understanding of the risks posed by both HIV infection and STIs. In this process, the incorporation of the female condom into the institutional contraceptive supply has been considered strategic as it can give a woman control over her body, and autonomy. It empowers a woman in the full experience of her sexuality as well as her SRR. This is fundamental to ensure women viable options for self-protection without necessarily depending on the approval of those with whom they have sexual relations.

During the strategy's design phase, it was evident that there was limited information available on the acceptability of female condoms. Therefore, a study entitled "Acceptability of the Female Condom"¹⁰ was carried out in 2012. It concluded that the female condom was widely accepted by the sample of women who used it during the study; 84.3% said they would use it again and 72.1% said they would like to use it in all their sexual relations, i.e., to make it their regular contraceptive and protection method. The outcome of this research was also consistent with international evidence in terms of the efficacy and acceptability of the product. It underscored

10 Caja Costarricense de Seguro Social y Fondo de Población de las Naciones Unidas Costa Rica (2012). Estudio de aceptabilidad del condón femenino en población transfronteriza habitante de Upala y población urbana de San José. San José, Costa Rica: CCSS, UNFPA Costa Rica.

the need to incorporate the female condom into the public and private supply to provide options for women and people with whom they have sexual relations, as protection from STIs, HIV, and unplanned pregnancies.

Based on the information from the acceptability study, a pilot project was implemented in 2014. A video describing this process can be found [here](#) (available only in Spanish). Female condoms were distributed in two health districts that year. The results were quite encouraging and reinforced the need to expand the supply of contraceptives and protection ensuring universal access to female condoms. The pilot project demonstrated that the female condom was in even greater demand than the male condom and that the unavailability of the female condom in the country was recognized as an unmet contraceptive need. That same year, Costa Rica adopted the “Declaration of National Action for the Expansion of Contraceptive Supplies and the Promotion and Universal Access to the Female Condom.”

By the end of 2014, the Ministry of Health authorities were committed to promoting the introduction of female condoms into the national contraceptive and protection supply and acquiring this commodity with institutional resources. In 2015, a communications strategy on female condoms and a female condom dispensing guide for health service providers were designed in collaboration with the CCSS. In addition, specific recommendations for the incorporation of female condoms into the national contraceptive and protection method mix were developed. After strong advocacy efforts by UNFPA, CCSS, and a local NGO, the female condom was officially registered and approved by the Ministry of Health. The next steps included training health service personnel in the promotion and dispensing of the female condom as part of the national contraceptive and protection initiative. The CCSS was also part of this process, which included not only the female condom but subdermal implants and the reintroduction of other contraceptives.

The CCSS provide female condoms to primary healthcare centers in 2018. In addition, the CCSS extended coverage and access to this contraceptive, by allowing social work, nursing, psychological, medical, and pharmaceutical services to dispense it without a prescription.







**SANDRA
MEJÍA**

Has lived her entire life in San Ramón de Upala, a rural town near the northern border of Costa Rica, which borders Nicaragua. Her mother had ten children because her husband "n"ver allowed her to plan."

"Sandra says that the female condom is far from being like a pill that is prescribed, taken with water and that's it. The former involves body awareness, self-exploration, communication with the partner on sexuality, and, sometimes, the rearrangement of gender roles.

The study on the acceptability of the female condom gathered testimonies that support Sandra's approach, such as "M"n know the vagina better than women themselves" "r "T"e condom is a means to get to know oneself; to get to know us and be in contact with us." "Other women participating in the study discussed the male/female role-playing that occurs in the home regarding child rearing and contraception: "I" he doesn't want that (to use a male condom), then let me put it on (the female condom). I'm the one who washes diapers, not him."

A few key results about the female condom in Costa Rica:

-  The female condom is now on the official drug list in Costa Rica.
-  Five of the seven social security regions received training on how to dispense the female condom.
-  In 2019, 161,783 female condoms were distributed.
-  In 2020, 112,720 female condoms were distributed.

It has taken over a decade for the female condom to be integrated into the contraceptive method mix in Costa Rica. The process has been a slow one, but all the steps mentioned above—especially the acceptability study and pilot project—were fundamental to determining the best way to include the female condom among Costa Rica's available contraceptives.



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4.4

CUBA

4.4 CUBA: Coordinating strategies for HIV and STI prevention with a focus on adolescents and young people

In Cuba, the main cause of HIV transmission is through sexual intercourse. The epidemic is widespread among MSM and represents 80% of all cases. In addition, 81% of all cases are found in 45 municipalities. The HIV prevalence figures for 2020 were as follows¹¹:

National HIV Prevalence:

0.4%

in the 15 to 49 age group

3.1%

in transgender people

1.1%

in MSM

0.8%

in people who practice transactional sex

While there is a reduction in new HIV infections and AIDS-related deaths, it is expected that actively searching for cases in key groups to reach the “first 90”, can compromise incidence and prevalence indicators in the short term¹². The latest national survey of PLHIV showed that

¹¹ <https://www.unaids.org/en/regionscountries/countries/cuba>

¹² MINSAP/Prosalud (2019). Plan Estratégico Nacional de Prevención y Control de las ITS, el VIH y las Hepatitis en Cuba. Disponible en: <http://legislacion.sld.cu/index.php?P=DownloadFile&Id=682>

in populations under 25 years of age, the incidence of HIV is increasing among young women and teenage girls, with a proportion of 26%, and it decreases in older age groups. In men, the proportion for under 25 years of age is 74% but it increases in older age groups¹³.

The incidence of HIV in the population under the age of 15 has been below 100 cases annually. However, at the onset of sexual relations, one-third of adolescents do so without protection. This figure increases among young men who have their first sexual relationship with other men (40.7%). Despite prior strategies addressing this issue, the adolescent population stands out for lacking knowledge about HIV (67.6%); the predominance of erroneous beliefs, prejudices, and discriminatory attitudes toward people with HIV; and the low access to prevention programs and HIV diagnostic tests¹⁴.

In 2018, UNFPA Cuba worked closely with UNFPA LACRO and focused on the following:

- ✚ Improving the quality of and effective health coverage, with an emphasis on SRH services for adolescents, based on the implementation of quality standards adapted by UNFPA LACRO and customized for Cuba in 2018.
- ✚ Strengthening the STI and HIV prevention component of out-of-school comprehensive sexual education (CSE) programs and strategies, in accordance with the International Technical Guidance on Sexuality Education.

The project is based on the assumption that the most essential intervention for STI and HIV prevention among adolescents and young people is timely access and use of quality health services and resources, with an emphasis on SRH services. For this to happen, CSE in and out of school became a primary tool in facilitating the adoption of scientifically based knowledge for independent decision-making. Likewise, the development of CSE and quality comprehensive health services for adolescents and young people requires service personnel preparedness and a favorable environment at the community level.

In this sense, the project recognized and took advantage of the opportunities offered by the health and educational system at different levels, as well as other institutions and community-based organizations. For example, the strengthening of cross-sectoral linkages with civil society organizations, taking into account their comparative advantages in relation to staff competencies, access to information, and possibilities for community action in the areas of health and education.

In the short term, the project contributed to removing cultural, social, and organizational barriers that limit the effective exercise of adolescents' sexual rights and gender equity. In the long term, it is expected to have an impact on the elimination of HIV infection and other STIs among adolescents and youth, and older age groups.

13 ONEI (2020). Encuesta Nacional a Personas que viven con VIH en Cuba. 2018. Edición 2020. Disponible en: http://www.onei.gob.cu/sites/default/files/publicacion_encuesta_pvv_2018_final.pdf

14 MINSAP/Prosalud (2019). Plan Estratégico Nacional de Prevención y Control de las ITS, el VIH y las Hepatitis en Cuba. Disponible en: <http://legislacion.sld.cu/index.php?P=DownloadFile&Id=682>

A pilot intervention began in all the primary healthcare units in four municipalities: San Miguel del Padrón, Cumanayagua, Las Tunas, and Buey Arriba. These municipalities are located in the provinces of Havana, Cienfuegos, Las Tunas, and Granma, respectively. Also included in this intervention are the secondary schools located within the vicinity of the primary healthcare units. Quality standards pertaining to adolescent health services were put in place in these primary healthcare units.

Although this project is still in its implementation phase, the preliminary results prove promising. To date, the following stand out:

- ✚ Adopting a methodological proposal for the implementation of quality standards in adolescent health services with an emphasis on SRH, including STIs and HIV prevention.
- ✚ Strengthening the STIs and HIV prevention component of the education sector's National Program for Comprehensive Sexuality Education and the Ministry of Health's National Program for Comprehensive Adolescent Healthcare.
- ✚ Promoting the participation of the leadership from health, education, adolescent, and civil society organizations in the affected municipalities and communities in certain areas:
 - The identification of political, cultural, and organizational barriers that affect access to quality health and sex education services and resources.
 - Finding ways to overcome these barriers according to the needs of adolescents in each context.
- ✚ Strengthening the technical capacity of 1,581 in-service health professionals, 150 secondary teachers in both general and polytechnic schools at the municipal and provincial levels, and in the national technical teams for the development of comprehensive SRH services and CSE, according to international quality standards adapted to Cuba.
- ✚ Over 700 adolescents participated in identifying constraints that affect their access and timely use of SRH and CSE services, and more importantly made suggestions as to how these barriers could be eliminated and what more is needed for them in terms of SRH services and CSE strategies, according to their needs.
- ✚ All health units in the 4 municipalities, as well as mid-level educational institutions, participated in the pilot including those located in areas that are more difficult to access, such as mountainous areas.
- ✚ Synergies were established with the implementation of quality standards in health services for adolescents, the CSE program in schools, and the Strategy for the Social Integration of Transgender People, through the training of service personnel. Efforts were made to explicitly include the needs of adolescent groups whose sexual orientations and gender identities do not conform to heteronormativity.

"WE BELIEVE THAT WE KNOW EVERYTHING BUT WE ARE WRONG. WE ALSO NEED PARENTS TO LEARN ABOUT SEX EDUCATION, BECAUSE SOMETIMES WE ASK THEM ABOUT IT AND THEY CANNOT ANSWER OUR QUESTIONS. THE POSTERS ARE GOOD BECAUSE THEY TEACH US, AT LAST, WHAT OUR RIGHTS ARE."

"HIS STATEMENT AND MANY OTHER OPINIONS WERE SHARED BY HIGH SCHOOL AND PRE-UNIVERSITY STUDENTS FROM THE CAPITAL MUNICIPALITY OF SAN MIGUEL DEL PADRÓN. ON A SCALE OF 100, "200" WAS THE RATING GIVEN BY THE TEENAGERS BASED ON THEIR PARTICIPATION IN DEFINING THEIR SRH NEEDS AND THAT RESULTED IN THE DEVELOPMENT OF THESE INFORMATIVE POSTERS.



The next steps for this project involve the development of baseline measures for the eight adolescent health services quality standards. One of these standards includes generating quality data and information for decision-making purposes. This requires improvement in the current statistical record keeping. Another monitoring component will look at the effectiveness of the in-school and out-of-school CSE initiatives. Based on the current scaling-up approach, this project is expected to reach all of Cuba's health units by 2024.



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4.5

**DOMINICAN
REPUBLIC**

4.5 DOMINICAN REPUBLIC:

Comprehensive quality SRH and HIV services for pregnant women




In 2020, the Dominican Republic had one of the highest rates of mother-to-child transmission of HIV in the region. According to the latest available data, the rate was estimated at 17.3% which was more than 20% higher than the rate in 2019. In addition, the maternal mortality rate in the country, in 2019, was 91 deaths per 100,000 live births which is above the Sustainable Development Goal of 70 deaths per 100,000 live births. Neonatal mortality in the country is also very high, with no significant variation over the last 20 years, representing more than 70% of infant deaths¹⁵.

Even though the Dominican Republic has been trying to adhere to international and national policies and has carried out efforts that sought to eliminate mother-to-child transmission of HIV and congenital syphilis, it has not been successful. This failure was due to the fact that healthcare services addressing prenatal care, SRH, and HIV care were organized and offered in a fragmented manner.

This was the case for the Hospital Universitario Maternidad Nuestra Señora de La Altagracia. It began providing HIV care services for pregnant women in 2004. These services were offered separately from the rest of the prenatal, postnatal, and neonatal care in the hospital. In 2016, the hospital designed and adopted a hospital management model with the assistance of UNFPA and the Fundación Popular aimed at improving the quality of care to reduce maternal morbidity and mortality and neonatal morbidity and mortality.

As such, HIV services became part of the regular prenatal care offered to all pregnant women attending the health center for the first time.

Thus, at her first visit, each pregnant woman receives the following SRH services in an integrated manner:

-  i) Pre-counseling
-  ii) HIV, syphilis, and Complete Blood Count testing
-  iii) Delivery of test results during follow-up counseling facilitating the identification and timely initiation of therapeutic measures

¹⁵ <https://www.unaids.org/en/regionscountries/countries/dominicanrepublic>

- ✚ iv) Prenatal care
- ✚ v) HIV and syphilis care
- ✚ vi) Postnatal care and contraception

The necessary treatments are provided shortly after diagnosis. For example, if a pregnant woman is identified as having syphilis, she is immediately treated. The same procedure applies to a woman who has tested HIV positive. She starts ART right after her diagnosis and is scheduled for special tests including CD4 count and viral load. She also receives additional psychological counseling concerning her treatment and the importance of adhering to it. This consultation is done by an obstetrician-gynecologist, who will also provide a comprehensive follow-up during the entire pregnancy including monitoring the woman's HIV status. The HIV-positive mother's newborn is followed by a neonatologist specializing in HIV during the first two years of their life.

In addition, preventive health services such as nutritional counseling, prevention of sexually transmitted diseases and COVID-19, breastfeeding, and contraception, among others are offered.

To provide these comprehensive services, the health center is well staffed with an obstetrician-gynecologist, a laboratory technician, a psychologist, an HIV peer counselor—including a Creole-speaking HIV peer counselor for Haitian women—and a neonatologist.



I AM HIV+ MOTHER

"When I found out I was pregnant I was happy, but when I was diagnosed with HIV I cried a lot and I felt bad. I was sad because I said 't'e child could come out with it [infected with HIV]' 'ecause I don't think so much about myself, I think more about the baby. But right there in the clinic where I received the diagnosis, they referred me to the La Altagracia maternity hospital because here they could help me better and they could even give me the medicines and I wouldn't need to buy them.

When I arrived here I had to go through several processes because the first time I arrived late and since I did not know where I had to go, I asked and they sent me here. They ordered tests and explained the process to me. The following appointments have been very good, I feel very satisfied with the service received in this maternity hospital. I really liked the treatment because here I feel more privacy than in another place. Only if I want it to be known that I have HIV will it be known, no one has to disclose it. I define the experience in three words: privacy, respect, and patience because the doctors are also very patient with us.

Although nobody really knows my HIV status, the moment I share it and meet a pregnant woman in my circumstances, I would recommend her to come here to La Altagracia Maternity Hospital. I would tell her that life is not over yet; that just because we have it [HIV] we don't have to give up or live a depressed life."

In 2019, 7,313 first-time pregnant women were seen at the hospital's prenatal clinic. These same women also received HIV pre-counseling and an HIV test. Among them, 245 tested positive for HIV. Of these, 3 newborns were diagnosed with HIV, corresponding to a mother-to-child HIV transmission rate of 1.18%, a value much lower than the national estimate.

The University Maternity Hospital determined that the average cost per woman for its comprehensive antenatal, delivery, postnatal, and newborn care services was lower than if HIV-positive patients had to attend the antenatal clinic and HIV services separately. In turn, being all available in one place reduces waiting times for women, which improves adherence to ART and prevents vertical transmission. This integrated service package provides coverage from the time a woman first visits the antenatal clinic until her child turns two years old. It includes hospital stay, as well as material and supplies, tests and medicines for antiretroviral treatment.

This integrated care model reduces costs for women as they receive all of their prenatal, postnatal, and neonatal care in a comprehensive manner. In this way, they avoid unnecessary referrals to other clinics and loss of time. This approach also reduces stigma and discrimination against HIV-positive patients, as they are not separated from women attending maternity services.

The results clearly show the success of having comprehensive maternal healthcare services in one location at the Hospital Universitario Maternidad Nuestra Señora de La Altagracia.

The potential for replication in other healthcare centers lies in the attractiveness of offering prenatal, postnatal, and neonatal services, and integrated HIV care including for other STIs, in the same place, and by the same health personnel. This format reduces multiple healthcare interventions in different premises by different personnel which has the potential to saturate and confuse the user and which contributes to the loss of opportunities for diagnosis, timely management, and prevention of mother-to-child transmission of HIV and other STIs.



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4.6

GUYANA

4.6 GUYANA: The provision of HIV combination prevention services project with a particular focus on the most vulnerable populations

The project is focused on increasing access to HIV combination prevention services. The implementing partner—the Guyana Responsible Parenthood Association (GRPA)—scaled up the provision of SRH services which included addressing the topic of GBV during SRH service delivery with a particular focus, but not limited to, key populations (KP) and vulnerable youth. The provision of these services was within Administrative Region 4 (Demerara-Mahaica) as well as Administrative Region 3 (Essequibo Islands-West Demerara).

GRPA recognized the need to provide such services for Venezuelan migrants and refugees as well as Guyanese host communities/populations before and during the COVID-19 pandemic. Venezuelan nationals and returning Guyanese from Venezuela were a specific target group in Guyana recognizing that a United Nations Inter-Agency GBV assessment conducted in 2019, which was led by UNFPA, showed that Venezuelan women and girls and Guyanese women and girls returning from Venezuela are faced with high levels of GBV and barriers to access SRH services. Thus, a focus was placed on Venezuelan migrants and refugees and returning Guyanese from Venezuela as they face many barriers, from accessing SRH services due to their migrant status, discrimination, lack of resources, language barriers, lack of knowledge of local services, etc.

Currently, there are limited information campaigns that are conducted in Spanish that inform beneficiary Venezuelan migrants and refugees about the provision of SRH services. This contributes to the limited uptake of life-saving SRH services by this group. Further, with the impact of COVID-19 movement restrictions—which include social distancing measures and reduced hours of operation for businesses and services—an increasing number of individuals may find it even more difficult to access such services.

UNFPA provided funding for the project. In 2021, the project targeted these beneficiaries, and the response to accessing services was well received.

In an effort to assist HIV combination prevention service delivery in the COVID-19 context, GRPA undertook the following:

- ✚ GRPA conducted confidential self-empowerment sessions/support groups virtually using mobile telephones and online platforms-with key populations and youth to address their understanding of and access to HIV combination prevention services, in keeping with the Support Group Guide of the “Preventing HIV among Guyana’s Key Populations—National Guidelines”. KPs were reached through GRPA’s collaboration with organizations that represent the interest of KPs (such as GUYBOW) through the efforts of peer educators. To support this “new” way of delivering services, GRPA benefitted from the UNFPA Latin America and Caribbean Office rollout of guidelines for the provision of remote psychosocial support services for GBV survivors.
- ✚ GRPA Peer Educators employed, among other methods, the use of social media to engage key populations and youth on using condoms correctly and consistently with all sexual partners. The goal was to motivate behavioral change by members of key populations and youth. Five Peer Educators and two Peer Navigators were recruited to provide risk reduction sessions and referral support. The social media campaign reached 9,643 individuals via Facebook and Instagram.
- ✚ GRPA supported venue-based outreach where KPs naturally congregate and socialize. These included public places where KPs can be found. Such outreach activities assisted in the identification of KP networks, allowing for the linkage of individuals to services that do not require them to deviate from their routine activities. Taking into consideration the COVID-19 pandemic, these outreach activities took place taking all the necessary precautions to minimize the risk of COVID-19 transmission.
- ✚ GRPA provided male and female condoms as well as STI and HIV counseling and testing services to KP and youth via its static clinic as well as its mobile clinic, in addition to STI syndromic treatment and linkage for HIV treatment and care with the support of peer educators/navigators. The implementation of this project resulted in the distribution of 4,752 male condoms to the KP and youth, enabling them to also access HIV/STI counseling at the static clinic and through outreach sessions.
- ✚ GRPA, with the support of its partners, developed a peer navigation system to support members of KP and youth in accessing HIV prevention and treatment services that may not be available through GRPA, such as ARV treatment. GRPA acknowledges that the development of a peer navigation system is important but a fairly complex process that requires assessments of both public health systems as well as community systems for HIV prevention, treatment, care, and support. To address such complexities, GRPA built upon the work that has already been undertaken by several partners in this area, including GUYBOW, while adhering to the guidance and tools provided by the “Preventing HIV among Guyanese KPs – Guidelines”.
- ✚ GRPA implemented a social media campaign promoting HIV combination prevention within a youth-friendly services context as well as to sensitize relevant stakeholders, including healthcare providers, of the rights of adolescents and young KPs to SRH services in line with the recently approved National SRH Policy.

Below, the results of the number of persons reached with SRH services during 2021:

1234

women of reproductive
age (15–49)

136

young people

517

individuals
identifying as LGBTQ

GRPA has been able to demonstrate the use of innovative techniques within the COVID-19 context and apply relevant, effective, and cost-effective approaches that increase access to SRH information and services, STI and HIV counseling and testing, STI treatment for KP and youth, and increased access to HIV combination prevention services for the KP and youth at the behavioral, biomedical, and structural levels.



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4.7

PARAGUAY

4.7 PARAGUAY: Empowering PLHIV through changes in laws

The Vencer Foundation has been organizing national meetings for PLHIV since 2004. Many topics are covered during these gatherings such as health, education, employment, justice, stigma and discrimination, violence, and political participation, among others. However, the principal aim focuses on the improvement of the quality of life for PLHIV including their comprehensive care.

The participants include activists, representatives, and emerging leaders from within the PLHIV community. This forum is the only place where they can exchange experiences, problems, good practices, and above all provide recommendations to decision makers.

These meetings are decidedly political since a key product is a declaration that is prepared collectively in which the main demands of PLHIV are presented to the State and other key players in the country's political sphere.

UNFPA has been one of the main partners that has provided both technical and financial support to the Vencer Foundation over the years.

A key issue that emerged in the context of these meetings was the need to establish regulations for Law 3940/09. This law introduced the human rights approach that was absent from the previous Law 102/91. Law 3940/09 guarantees the full exercise of all rights to PLHIV and establishes not only rights but also obligations and preventive measures in relation to the effects produced by HIV/AIDS. It is better known as the AIDS Law.

However, a mechanism to enforce this law did not exist. For example, acts of discrimination based on HIV status are not sanctioned. This law does not contain a compensation mechanism for the violation of the rights of PLHIV. In fact, sanctions are only considered for those persons who are civil servants, i.e., those who work as state employees in the health system. The lack of a legal recourse, together with the high level of stigma and discrimination encountered in health services, created difficulties for PLHIV when accessing the system and adhering to their treatments.

In this sense, it was of vital importance to create a complementary legal framework to accompany the implementation of Law 3940/09. This is especially critical in the area of human rights protection for PLHIV and key populations.

An inter-institutional working group composed of civil society organizations, international agencies including UNFPA, the national HIV program, and the Vencer Foundation as the lead organization worked on the development of the regulations. This process took five years and culminated with the Ministry of Health's Resolution 675. This resolution establishes the regulations for the AIDS Law including the creation of the Council for the National Response to HIV (CONASIDA) which is responsible for developing and implementing an HIV strategic plan.

The adherence to this plan is mandatory for government agencies and a reference for civil society and international cooperation agencies. In addition, the resolution establishes administrative sanctions for health personnel and/or institutions that violate the law.

The enactment of Law 3940/09 and its subsequent regulation has also since laid the groundwork for a series of advocacy measures and the development of plans and programs:

- ✚ It is used as the basis for many of the national level HIV strategic plans and HIV institutional plans.
- ✚ The HIV NGO Network created the “Human Rights and HIV Complaints Center”. Its main objective is to ensure compliance with Law 3940 through monitoring, reception, and follow-up of complaints of discrimination based on HIV status.
- ✚ The Vencer Foundation implemented the Stigma Index study which is the main and only source of information on stigma and discrimination among people with HIV in Paraguay, so its strategic value is fundamental. There have been a total of three Index of Stigma and Discrimination studies (2010, 2016, and 2021). These studies, which have received technical support from UNFPA, will have reached a total of 1,650 PLHIV in six Health Regions of the country, generating strategic information with a high potential of promoting advocacy actions for years to come.

Finally, the Vencer model of disposition and management can be systematized and delivered to other organizations to achieve opportunities for organizational development and empowerment of key populations.



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4.8

PERU

4.8 PERU: #NoDaRisa (It's not funny)—social media campaign

Human rights and gender equity are important social determinants in the prevention and control of the HIV epidemic. In a country such as Peru—with a concentrated HIV epidemic—the presence or absence of these social determinants in a society can determine whether key populations (MSM, transgender people, PLHIV, people deprived of liberty, and sex workers), as well as adolescents and youth, have access to prevention and/or treatment. This presence or absence can also determine whether they remain hidden populations where transmission dynamics are very different from those of the general population, placing them in a situation of greater vulnerability and increasing the possibility of social exclusion.

IN PERU, DISCRIMINATION AFFECTS LNOB GROUPS. 71% OF LGTBQI + COMMUNITY, 70% OF PLHIV, AND 64% OF INDIGENOUS PEOPLE SUFFER FROM DISCRIMINATION AND STIGMA. IN ADDITION, 40% OF PERUVIANS WOULD NOT HIRE A TRANSGENDER PERSON¹⁶.

In recent years, Peru has demonstrated significant progress in the human rights sector with the enactment of the National Human Rights Plan 2018–2021, the Multisectoral Plan for the Prevention of Adolescent Pregnancy, the National Gender Equality Plan, the Ministry of Health comprehensive health standards for trans women, and others. These achievements constitute a platform on which to build an inclusive society respectful of human rights.

However, there has been a rise of anti-rights groups whose ideologies promote strategies against the recognition of various gender identities and equity such as the struggles of women to end their discrimination and subordination, and the struggles of LGBTQI+ communities to enjoy the same rights and guarantees as the rest of the population. According to information collected by the Demographic and Health Survey and other sources, such as the Ministry of Justice and Special Studies, there is a sector within Peruvian society that is concerned about the recognition of human rights and has the expectation that the State will promote and guarantee these rights.

¹⁶ <https://peru.unfpa.org/en/news/unfpa-peru-was-2021-cannes-lions-shortlisted-nodarisa-its-not-funny-campaign>

However, an active citizen's movement has not been observed. In contrast, smaller anti-rights groups have managed to mobilize themselves with greater impact thanks to the resources and platforms to which they have access.

As it is well known, communication plays a key role as an information channel and a binding influence within a community. To the extent that citizens are made aware of their rights, they will feel more empowered in demanding that their rights be fully respected and enforced. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors—which include UNFPA—use the Communication for Development (C4D) approach as it is one of the most effective ways to expand access to information and foster development opportunities.

In the context of the national response to the HIV epidemic, UNAIDS and UNFPA collaborated in finding ways to raise awareness about the gaps that still prevail in terms of legal and social norms that affect the full exercise of the rights of adolescents, youth, and key populations, as well as to put discrimination as a violation of human rights and gender equality at the center of the discussion on the needs and demands of these populations.

The Ministry of Justice took on a key role in the development of the actions addressing discrimination as human rights falls under its purview. This agency received technical assistance from both UNFPA and UNAIDS. In addition, the National Commission against Discrimination (CONACOD) was also involved. CONACOD is a permanent multisectoral body responsible for monitoring and oversight, issuing opinions and providing technical advice on the development of public policies, programs, projects, action plans, and strategies on equality and non-discrimination.

One of the priority action areas was the design and implementation of a high-impact communication campaign that contributes to changing social norms, attitudes, and behaviors that violate the rights of excluded/marginalized population groups. In many cases, these are normalized actions that infringe upon human rights in general, and the right to SRH in particular. Therefore, a campaign was launched to combat this reality, taking as a starting point a research process initiated in 2018. The objective was to stimulate conversation and encourage reflection on the discrimination that is reflected in daily actions of invisible violence against the most vulnerable groups.

The Peruvian campaign **#NoDaRisa**, carried out by UNFPA, showcased three short videos focusing on the normalization of discrimination. The campaign sought to fight discrimination that is disguised as humor on issues such as gender inequality, ethnic-racial origin, and sexual orientation. In addition, it strived to generate changes in attitudes, promote improvements in the living conditions of the most vulnerable people, and mobilize rapid and joint actions in favor of human rights. The videos were produced by the Copiloto Agency together with the production company Isla Negra. The campaign was launched on December 10, 2019—Human Rights Day—and ran from 2019 to 2020.

The videos recreated comedy sketches that show acts of racial discrimination, transphobia, and violence against women. As mentioned by the UNFPA adolescent and youth specialist, “While someone may think it’s ‘just a joke,’ they are actually offending someone. That’s why the hashtag was **#NoDaRisa**. It is a call to become aware, especially to all of us who believe that we are not part of the problem because we only consider physical violence as something negative and ignore daily actions of discrimination because we learned badly, we learned to laugh at some while offending others.”

The campaign called for conscious deliberation within the public and political spheres, in order to recognize the problem and its links to gender inequality, ethnic-racial origin, and sexual orientation, among other situations. This represents an important step forward.

The following results, which covered the period from December 2019 to February 2020, are a testimony to the campaign's success:

- ✚ In the first month of the campaign, 6,400,000 people were reached, including social media accounts outside Peru, mainly in Spain and USA.
- ✚ The metrics on the Twitter hashtags linked to the social media campaign showed that 1.4 million unique users were reached. This figure represents half of the 2.8 million Twitter users in Peru. The reach was fully organic.

Grupo Radio Programas del Perú (RPP), the largest Peruvian media conglomerate with several radio stations and a television channel, was the account with the most followers using the hashtag. Seven key opinion leaders joined the campaign, which contributed significantly to reaching more people on social networks.

A noteworthy achievement was the inclusion of the **"#NoDaRisa"** campaign as a finalist at the Cannes Lions 2021 Festival in the Film-Social Behavior category.





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4.9

URUGUAY

4.9 URUGUAY: “Tocó Quedarse” (It’s time to stay) program

The coronavirus pandemic has greatly affected the vulnerable LGBTQI+ population living in the city of Montevideo, Uruguay. In particular, it has negatively impacted sex workers, migrants, and PLHIV who had informal jobs and/or who had been recently employed. The drastic reduction in activities and social mobility has had a major impact on all those who were engaged in precarious and informal market activities and who were without access to social benefits or unemployment insurance.

As part of the Montevideo City Council's response to the COVID-19 health and social emergency, the Montevideo City Council Secretariat of Diversity implemented an Emergency Plan for LGBTQI+ people living in situations of extreme vulnerability. The **“Tocó Quedarse”** social emergency program was a temporary housing initiative with a comprehensive psychosocial support system for LGBTQI+ people experiencing social vulnerability and at risk of homelessness.

A human rights perspective was at the center of the “Tocó Quedarse” program. It focused on gender and sexually diverse populations living in precarious situations and aimed to promote and guarantee their right to equality and non-discrimination. The identification of specific vulnerabilities through an intersectional perspective made it possible to focus efforts on this population and mobilize the most appropriate resources both from the Municipality itself and from key actors such as international cooperation agencies (UNFPA, IOM, UNAIDS). These partnerships made it possible to implement the emergency program from May to August 2020.

A holistic perspective based on human rights was embodied in a psychosocial mechanism that promoted medium and long-term pathways of social inclusion. These pathways offered support and guidance for insertion into the labor market and participatory spaces that enabled network-building and autonomous development, while guaranteeing non-discrimination with respect to gender identity and expression, and sexual orientation. Residents received food, psychological support, social assistance in obtaining residency documentation, and enrollment in the public health system. In addition, they were given job search tools and could participate in workshops on migrants' rights, sexual and gender diversity, and HIV. Cultural activities that linked them with the local LGBTQI+ community were also accessible.

The **“Tocó Quedarse”** program had a set of basic residential rules, as well as healthcare protocols including infection prevention in compliance with the guidelines proposed by the Ministry of Public Health and the Montevideo City Council Health Division. The shelter was conceived of as a cooperative space for residents and the coordinating team. A ground rule was that the residents had to be able to take care of themselves, in order to promote independence leading to a successful exit from the program and eventual social integration.



B. M. IS 44 YEARS OLD

born in Havana, Cuba. He identifies himself as a homosexual male, of white race/ethnicity. He has a degree in Sociocultural Studies and worked for several years as a radio program director, scriptwriter, music producer, and recreation coordinator. While living in Cuba, he was actively involved in an institution called Hombres con Hombres (Men with Men), where health promotion campaigns were carried out dealing with HIV prevention and treatment and related issues. He mentions having been diagnosed with HIV fourteen years ago and starting antiretroviral treatment ten years ago. Treatment was suspended during his journey to Uruguay, and he was finally able to resume it after arriving in the country.

He has been in a relationship for fourteen years. He started the trip to Uruguay at the end of 2019 with his partner. They entered the country through the Department of Rivera (bordering with Brazil) and stayed a few days in the city of Rivera. Later, not finding work and in order to carry out the procedures regarding their documentation, they traveled to Montevideo. They left Cuba because of "the harassment and discrimination by the police". He says that "in Cuba homosexual, people do not have the freedom to show affection, or to hug, kiss, or shake hands". "The police if they see you doing this ask you for documentation and look for some pretext to arrest you for public exhibitionism." Another of his main reasons for migrating is the economic situation in Cuba. He came to Uruguay with the objective of working to send money to his family in Cuba and to be able to build up savings that would allow him to travel to the United States with his partner.

"Going through that project was a wonderful experience. To have met many people with different characteristics, one always gets the best out of that. I learned a lot of things, thanks to all the help we had. They gave us resume workshops, how to look for a job, the workshop with Majo on diversity, and also the workshop on labor rights. It was the opportunity to learn, being a Cuban, what life is like in Uruguay."

"It is going to be an unforgettable experience, we will never forget that, because they opened their doors to us with all the love and affection, and trust. In those months it was a moment of stability that helped us a lot. Knowing that we had a roof over our heads. They even guaranteed us a food basket every fifteen days, which helped us a lot. Thanks to this project we are currently working, inserted in society, with many benefits. We belong to the NGO Tacurú, which is a project where we clean buildings, and we are currently involved in this."

The **“Tocó Quedarse”** program included 18 people: 14 as residents in the home and four who attended daily workshops and talks, between the ages of 21 and 48. Of the 18 people, 16 were migrants (Cuba, Venezuela, Peru) and two were born in Uruguay. With regards to their orientation and identity, people identified themselves as trans women (2), lesbian woman (1), homosexual men (9), trans men (2), and bisexual men (3). In terms of their health, 7 residents were HIV positive.

At the end of the program, all migrants received housing and food assistance from the International Organization for Migration (IOM) and were employed in various sectors (private sector, as well as in social program run by the Montevideo City Council). Social and psychological support was extended for an additional month to ensure successful independence after the end of the quarantine. The Secretariat of Diversity continues to work with these and other LGBTQI+ people experiencing social and economic crises even after the lockdown.

A qualitative analysis of the program was conducted at its end, in order to document the residents' trajectories, lessons learned, and public policy recommendations. Three program areas were examined: 1) training in order to enter the labor market and job placement, 2) food support, and 3) housing.

Training and job placement: a series of training sessions was carried out. The sessions focused on how to search for employment and the tools needed to carry out a job search. Individual workshops were also provided on labor rights, food handling, and one carried out by the IOM on labor insertion.

Concerning employment, the results were as follows: of the eighteen participants in the program, one person was already employed; seven obtained formal employment in the services industry sector; four people started working on a contract basis with the Municipality of Montevideo; and two people started informal jobs (one of them in masonry work and another, a nursing graduate, working in patient care). There were two people who migrated to Brazil for which the program had no additional information. Finally, two participants had not found employment when they graduated from the program.

Food support: each resident received a food basket containing fruits, vegetables, and basic food supplies on a bi-weekly basis offered by the Municipality of Montevideo in conjunction with the Ministry of Social Development. The basket was prepared in collaboration with a nutritionist and took into account the resident's food tastes and preferences. This method of food support encouraged individual autonomy, as the residents had to prepare meals for themselves.

Housing: of the 14 people who lived in the home, one person continued living there when it transitioned into student housing; one person rented a room; and the remaining 12 people moved to boarding houses that the IOM financed for two months. After this period, 10 of them were able to pay the rent by their own means and two migrated to Brazil.

In addition, the program's coordinating team provided a bi-weekly follow-up with each resident. This individualized approach in which the resident provided their background information, history, personal needs, and skills including current support networks permitted the team to provide psychosocial assistance in developing coping skills in the midst of the pandemic and devise strategies in terms of acquiring employment.

Although there had been a recent change in government—which meant significant personnel changes in all of the national public institutions—a key factor in the program’s success was the involvement of people with diverse backgrounds and expertise, who are members of various associations, social organizations, and sectors within the city of Montevideo government. These organizations as well as international organizations and national institutions provided information and gave training workshops tailored to the residents’ situations.

Among the approaches that had a great impact on public policies, the following stand out:

- ✚ Providing a specialized transitional home in response to the vulnerability faced by LGBTQI+ people, including those living with HIV, and guaranteeing non-discrimination based on gender identity and expression, and sexual orientation.
- ✚ Providing tools, training, and development conducive to promoting autonomy and enhancing employability.

The successful results of this pilot experience (and indeed, quite innovative) in Uruguay, is due to the holistic responses and interventions that were carried out. This refers in part to the comprehensive care from a human rights perspective, taking into account diversity and gender which cut across all areas of people’s lives.

A stylized map of the Americas, including North and South America, rendered in a light red color against a darker red background. A white outline of Venezuela is superimposed on the map, with a white arrow pointing to its location in northern South America. A white rectangular box is positioned below the map, containing a white location pin icon with the number 4.10 inside it.

**PROMISING
EXPERIENCES**
10
**COUNTRIES
of the region**

4.10

VENEZUELA

4.10 VENEZUELA: Comprehensive differentiated (youth- friendly services) care for adolescents, including prevention and diagnosis of HIV infection

Venezuela has one of the highest adolescent pregnancy rates in Latin America. According to UNFPA, the rate is 95 per 1,000 women between the ages of 15 and 19 years¹⁷. This puts Venezuela behind only two other countries, Ecuador (111 per 1,000 women between the ages of 15 and 19 years) and Honduras (103 per 1,000 women between the ages of 15 and 19 years) in Latin America but well over the regional average (62 per 1,000 women between the ages of 15 and 19 years). National data estimates that 22% of births occurring in the country correspond to adolescent women under 20 years of age. Moreover, 85% of adolescent pregnancy cases occur between 15 and 17 years of age.

In 2020, according to UNAIDS estimates, there were 104,204 PLHIV in the country, with a prevalence of 0.53% in the general population¹⁸. A 2020 UNFPA-UNAIDS study revealed that the HIV prevalence was 0.09% among adolescents¹⁹.

The economic context in Venezuela is both fragile and complex which has impacted the healthcare system. Financial resources are scarce. More specifically, there is a frequent scarcity of HIV and syphilis diagnostic tests, condoms, and other contraceptives. As such, these stocks are available only on a limited scale in the public system. However, they are available in private pharmacies but at a higher cost, making them largely inaccessible to the majority of the population, even more so for adolescents and youth²⁰.

17 UNFPA: Estado de la población mundial 2022. <https://www.unfpa.org/es/data/VE>

18 ONUSIDA Venezuela. <https://www.unaids.org/es/regionscountries/countries/venezuela>

19 Prevalencia de VIH y comportamiento sexual en adolescentes que acuden a las Consultas Diferenciadas y Unidades Educativas cercanas a Caracas, Puerto Cabello (Estado Carabobo) y Soledad (Estado Anzoátegui) <https://venezuela.unfpa.org/es/publications/prevalencia-de-vih-y-comportamiento-sexual-en-adolescentes-que-acuden-las-consultas>

20 AVESA 2020. Higiene menstrual y demanda de anticoncepción. <https://avesawordpress.files.wordpress.com/2020/08/higiene-menstrual-ss-y-demanda-anticoncepcion.-estudio-completo.pdf>

In 2018, UNFPA Venezuela with UNAIDS funding, the Ministry of Health and local civil society organizations—Fundación Barrio Adentro and Fundación Instituto Carabobeño para la Salud INSALUD (INSALUD)—supported the establishment of specialized adolescent healthcare facilities with an emphasis on SRH including the prevention of HIV and other STIs. The purpose of these adolescent and youth-friendly clinics is to create specific spaces for the comprehensive care of this age group with a focus on rights, multiculturalism, and gender to allow them to build their personal life project, the full enjoyment of their sexual and reproductive life in a healthy way, and to facilitate responsible decision-making.

These adolescent and youth-friendly clinics operate within an already established health facility. As such, these teenagers and young people can take advantage not only of SRH services but also other clinical specialties such as emergency care, dentistry, immunization, laboratory services, general medicine, and pediatrics.

The two foundations and the Ministry of Health jointly with UNFPA Venezuela and UNAIDS assisted with:

- ✘ **Refurbishment of the adolescent and youth-friendly clinical premises:** painting, furniture, air conditioning.
- ✘ Provision of rapid HIV diagnostic tests, contraceptive methods such as male condoms, subdermal implants, and instruments for IUD insertion.
- ✘ **Training of health personnel responsible for adolescent care:** healthcare services are provided by community doctors and nurses who live within the communities where the clinics are located. Initial training was provided in comprehensive care for adolescents, management of rapid diagnostic tests, an overview of HIV infection, prevention strategies for adolescents, transmission route management for adolescents who are HIV and/or syphilis positive, counseling on contraception, and management of specific contraceptives as available. The training was done in a cascade format in which trained doctors and nurses are involved in the successive training for newer health personnel. This allows the development of a network among health professionals and demonstrates that quality of care is possible and necessary. Health personnel stay motivated by deepening their ties with the community and becoming natural leaders in them.
- ✘ **Training and awareness-raising for adolescents:** adolescent leaders are identified in the schools. For adolescents outside the school system, links are made with community groups. These adolescents are trained in an initial workshop on comprehensive sexuality education with an emphasis on STI and HIV prevention, and peer committees are organized for each clinic that continues to receive training from health personnel and teachers. The peer committees support the design and implementation of awareness-raising and health promotion activities.
- ✘ **Health care for adolescents and health promotion activities:** the clinics supported by the project provide comprehensive care for adolescents, handing out male condoms after awareness-raising activities and teaching them how to use them, dispensing other contraceptives when available, performing rapid HIV and syphilis tests, treating adolescents who test positive for syphilis and making safe referrals to specialists for those who test positive for HIV, and providing follow-up and support afterward.

- ✚ **Community involvement:** to promote the benefits of having adolescent care sites in the community buy-in from significant adults is necessary for adolescents' participation in these activities. The community leaders participated in awareness-building sessions on key issues such as sexuality, SRR, HIV, and other STIs. Also, community activities are carried out, such as participation in assemblies, talks, and HIV screening days (following the rules of confidentiality, pre and post-test counseling in a rigorous manner).
- ✚ **Training of teachers from schools in the neighborhoods surrounding the clinics:** comprehensive sexuality education is taught according to the Ministry of Education guidelines. These teachers in turn replicate the information and support the selection of adolescent leaders who make up the peer promoter committees. In schools supported by trained teachers, training and awareness-raising activities are carried out and links are established with health personnel, allowing referrals and exchange of relevant information.

This project commenced in 2018 with the opening of a specialized adolescent healthcare facility in Puerto Cabello. The following year, in 2019, clinics were opened in Brisas de Guataparo and Tocuyito. Then in 2020, a site was opened in San Luis. These four clinics are located in the state of Carabobo where there are about 405,000 adolescents²¹.

Of the four adolescent and youth-friendly clinics, three of them are fully operational. The fourth one is open. However, it has a restricted schedule due to security reasons.

The following personnel were trained:



health workers



teachers



adolescent peer
promoters

21 Situación de Salud Puerto Cabello 2018. <https://docs.google.com/document/d/1bS29wGVMGSmo117pTjpH7ae07QgLBL5/edit#heading=h.gjdgxs>

The 2020 results demonstrate the popularity and success of the adolescent and youth-friendly clinics:

4,894 

adolescents received comprehensive health consultations.

2,679 

679 adolescents tested for HIV, **of which 5 tested positive.**

578 

adolescents tested for syphilis, **9 of whom tested positive.**

4,252 

female adolescents were provided with a contraceptive method.

30,738

male condoms were distributed.

310 

pregnant adolescents were monitored.

7,167 

adolescents participated in awareness and information talks on health topics with emphasis on SRH.

Recent data from the Puerto Cabello adolescent and youth-friendly clinics indicate that since 2018 teenage pregnancies have decreased by 40%.

In Carabobo State, thanks to the widespread information about the youth-friendly services, a commitment from the local health authorities, and the technical support of the health team, 16 additional adolescent and youth-friendly clinics were opened without financial support from UNFPA or any other organization.

The success of this intervention has allowed the opening of adolescent and youth-friendly clinics with UBRAF funding in two more states. This was scheduled for 2021. These states were selected by the Ministry of Health and the trainings and implementation are being supported by the health personnel of the Carabobo clinics.



ADOLESCENT COUPLE

Adolescent couple attending the differentiated care consultation in San Luis-Carabobo State

Man: “We came 10 months ago, we decided to come to learn about condoms, how we can take care of ourselves as a couple, for a better future.”

Woman: “I have the device, they put the device on me here, we came together.”

Man: “The idea was mine but my mother supported us in that, she told us it would be much better they treated us very well, they took our history, they asked us what contraceptive method we used...we decided to come here because we trust the doctor more, we have known her for years, we do not feel good talking to strangers.... in 5 years I see myself graduated, already with a profession, then having children after having economic stability which is the first thing...we have participated in the workshops, we always talk about sexually transmitted infections.”

Woman: “Here they provide us with condoms, it is one more source of help, we do not have enough money to buy contraceptive methods..... we were in an activity with a video about contraceptive methods, many adolescents participated.”

Man: “With parental supervision one does not feel comfortable, it is better to talk to the doctor without a representative.”

Woman: “It is not the same to talk to a cousin, a friend than to a doctor who is a specialist, the mother raised you, but one does not feel comfortable talking about it. There has been no interruption of service, obviously using a mask and biosafety measures, it is always open, because of the pandemic I am not studying, I am in the process of getting a job.”

05.

CONCLUSION

This report highlights a wide array of country experiences focusing on HIV/AIDS advocacy, prevention, treatment, and care, including:

- Comprehensive female condom programming in Costa Rica.
- Comprehensive sexuality education and youth-friendly services in Cuba and integrated youth-friendly services in Venezuela.
- Integrated HIV services with prenatal care in the Dominican Republic.
- A high-impact communication campaign using social media looking at stigma and discrimination against PLHIV in Peru.
- Targeted humanitarian responses to the COVID-19 pandemic for the PLHIV and LGBTQI+ population in Argentina and Uruguay.
- Community-based interventions to reach marginalized populations in Brazil and Guyana.
- The development and enactment of laws and regulations to protect the rights of PLHIV in Paraguay.

Nowadays, there is a widespread recognition that the future of a sustainable HIV response will depend on finding opportunities for a strategic integration between HIV and other health services. The success of these interventions demonstrates the need to integrate HIV, AIDS, and SRH programs which could lead to assurance of higher-quality, lower cost, and better-usage of services, particularly for the marginalized groups. The bi-directional linkages between the two areas mean that action in one area leads to benefits in the other. These linkages arise due to SRH and HIV sharing common root-causes, such as poverty, gender inequality, and social marginalization of the most vulnerable populations. In addition, many HIV infections are sexually transmitted or are associated with pregnancy, childbirth, and breastfeeding. Equally, poor SRH services increase an individual's vulnerability to HIV.

Costa Rica undertook comprehensive condom programming by introducing the female condom into the public sector supply of contraceptives. As HIV is spread primarily through unprotected sexual intercourse, changing behavior to promote safer sexual practices, including condom use, is therefore fundamental to controlling the epidemic.

Male and female condoms are key because they are currently the only barrier methods that protect against STIs, including HIV. Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV, and it belongs at the heart of any HIV prevention strategy.

Moreover, experience has shown that actions to increase uptake and use of effective barrier methods are more successful and sustainable when they are part of a strategic, coordinated, and comprehensive condom programming effort.

The repercussions stemming from the COVID-19 pandemic on vulnerable populations, such as PLHIV and LGBTQI+, is complex. Both Argentina and Uruguay provided a humanitarian response to PLHIV and the LGBTQI+ population, respectively, during the onset of the COVID-19 pandemic. In each case, basic supplies including food and medicine were provided. The Uruguayan initiative was also able to provide temporary housing. These endeavors demonstrate the pressing need to address the inequalities fueling the twin pandemics of HIV and COVID-19 including stronger support for civil society organizations including networking as shown by the Buenos Aires Network of PLHIV.

Civil society and community-led initiatives are essential to reach the most vulnerable. In Brazil and Guyana, outreach activities using peer educators focused on key populations (MSM, the transgender population, migrants and refugees from Venezuela²², sex workers, and homeless people) and went to areas where they are most likely to congregate. Community mobilization using peer educators is a valuable resource as it reaches people with services who have difficulty accessing the formal health system.

Eliminating discrimination and violence toward PLHIV and key population groups is imperative. Given the close linkage between stigma, discrimination, and human rights, efforts are needed that address these aspects. Legal frameworks that promote the protection and empowerment of these groups are necessary.

In Peru, a communication campaign was carried out focusing on groups that are known to be more vulnerable to HIV-related stigma including those in poverty or informal workers, ethnic minorities, and persons of gender or sexual orientations that may be chastised for their sexual preference given religious and sociocultural factors. Educational campaigns are essential to help prevent HIV from spreading.

The use of the law to promote human rights within the context of HIV/AIDS has much to offer. Actions are needed to address or redress the situation when stigma persists and is acted upon in the form of discriminatory actions that lead to negative consequences or the denial of entitlements or services, and thus human rights violations. In Paraguay, a complementary legal framework to accompany the implementation of Law 3940/09 was created. The law guarantees the full exercise of all rights to PLHIV. However, there was no mechanism to enact it and the Vencer Foundation in conjunction with the Ministry of Health created the necessary resolutions to accompany the law.

²² Migrant populations are also a priority in countries whose geographical, economic and cultural contexts have placed these populations in vulnerable conditions, particularly in the Bolivarian Republic of Venezuela, which has contributed to a refugee crisis in the region.

The diversity of programs offered and populations served underscores the many faces of the HIV epidemic in the region. Furthermore, the strategies used by NGOs to overcome barriers to prevention are a testament to their ingenuity and commitment.

On this path towards the consolidation and enhancement of UNFPA's fundamental work in the prevention of HIV and STIs in a comprehensive, coordinated and results-oriented manner, it is important to highlight the potential of these interventions, and the need to continue monitoring and evaluating them to provide sufficient and robust data to accompany the prevention and reduction of HIV in our region.

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