The HIV response in the context of the other pandemic

Lessons and achievements of UNAIDS in the first year of COVID-19 in Latin America and the Caribbean
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Introduction

The entire world is experiencing unprecedented challenges due to the COVID-19 pandemic. No country or territory has been spared from being affected by the new coronavirus within its communities, with a multidimensional impact that quickly transcended the health sphere to become one of the greatest social, economic and political crises of modern times.

The impact of the COVID-19 pandemic has posed an even greater and dangerously aggravated threat in countries that were already structurally vulnerable: weak health care systems, inadequate water and sanitation infrastructures, as well as high unemployment rates and social protection systems that are inadequate to sustain a halt in the productive chain.

The pandemic has also had a profound impact on human capital, becoming not only a risk to life itself but also a threat to the development gains that many countries were beginning to achieve with great effort. This includes progress in the broad spectrum of actions related to HIV.

Therefore, since the declaration of pandemic by the World Health Organization in March 2020, UNAIDS has resolutely joined global, regional and local efforts to address this unparalleled situation, deploying an enormous number of multiple resources and developing concrete initiatives aimed at protecting, supporting and mitigating the effects of this pandemic as a part of its mission as a Joint Programme and based on its vast experience of coordinated work with all sectors.

On the first anniversary of this declaration of the COVID-19 pandemic, we present this report that gathers most of the initiatives and activities that were implemented and those that are still in process of execution. Despite we aware that there is still a long way to go, we are also convinced that efforts will be increased to address the challenges ahead with the same commitment, dedication and sensitivity that has characterized UNAIDS’ mission over the past 25 years.

Alejandra Corao
UNAIDS Regional Director (ad int.)
for Latin America and the Caribbean
The COVID-19 pandemic has highlighted the fragility of health systems, exacerbating the deep and persistent economic and social inequalities with consequences that reach as far as the field of human rights in many of our societies.

Four decades ago, and faced with the need to respond to the HIV pandemic, the world also confronted an unprecedented, multifaceted crisis with deep repercussions beyond the health sector. In this sense, and with a deep understanding of what it means to face a situation of this nature, since the beginning of the COVID-19 pandemic, UNAIDS has been firmly committed to sharing its vast experience accumulated after decades of work on HIV and AIDS, thus making solutions that seek to place people at the center of the response available, with an approach that respects, protects and promotes human rights, gender equity and the commitment to leave no one behind.

With this clear objective in mind, UNAIDS posed three guiding questions to systematize and make good practices and lessons learned available to help to confront the challenges of this new COVID-19 pandemic and to identify solutions, recommendations and specific areas of effective collaboration through the development and implementation of innovative solutions based on experience and aimed at achieving the greatest possible impact and necessary outreach:

1. How should lessons learned from the HIV response collaborate with and fuel the response to COVID-19?
2. How is HIV infrastructure already guiding the COVID-19 response and how does it have the potential to catalyze accelerated progress through strategic actions?
3. How can the response to COVID-19 offer a historic opportunity to build a bridge towards adapting outcome-oriented health care systems that work for people?

Knowing also that the response to the COVID-19 pandemic should be coordinated, comprehensive, strategic, solidarity-based and focused on the needs of people, on country institutions and centered on communities, and based on the three questions above, basic guidelines, recommendations, methodologies and proposals for action were established with the corresponding instances of coordination and information exchange to maximize the scope of

Scope of the response

“The emergence of COVID-19 has exposed the underlying weaknesses of health systems, which have demonstrated their lack of resources, readiness and sustainability. Therefore, we urge a rethinking of the health systems to ensure that they are inclusive, fair and equitable.”

Winnie Byanyima
UNAIDS Executive Director
the interventions and to optimize the resources available according to the mandate and capacities of UNAIDS.

The development of this response encompassed multiple intervention areas:
The COVID-19 pandemic has had, and continues to have, indiscriminate spillovers among the world’s population and it was clear from its beginning that the deep negative effect at health, social and economic levels would leave an even greater impact on people and communities that, prior to the pandemic, were already vulnerable, including people living with HIV, people affected by HIV, and key populations.

The immediacy experienced between the emergence of SARS-CoV-2 and the declaration of a global pandemic, the lack of specific background on the behavior of the new virus, as well as the absence of data on the different degrees of appearance and severity of COVID-19, led to great concern as to whether people living with HIV were at greater risk of developing more severe disease from COVID-19 or whether living with HIV might make them more vulnerable to COVID-19 infection.

In the absence of medical-scientific evidence that could provide answers to these questions back in March 2020, one of the first actions implemented by UNAIDS was the development of information campaigns aimed at communicating concrete and specific messages addressed to people living with HIV, including prevention and protection measures against COVID-19, and with the fundamental premise of bringing tranquility to people living with HIV and affected by HIV.

In this regard, and in relation to antiretroviral therapy (ART), not only did the initial confusion exacerbate the distress among people living with HIV, but also cases of suspension of ART began to be reported because of under pressure or collapsed health systems, medical and health personnel dedicated exclusively to respond to the COVID-19 outbreak, mobility and travel restrictions, lockdowns, transportation limitations, logistical obstacles, among others. UNAIDS, in addition to reinforcing information aimed at providing guidance to medical and health personnel, intensified its advocacy efforts to ensure access to ART and proper adherence to treatment.

A first guide was developed to assist UNAIDS country offices in providing support to people living with HIV in the context of COVID-19, focusing recommendations on the following topics:

First actions
• Establishing contact with networks of people living with HIV, National AIDS Programs of the Ministries of Health and other governmental institutions to require full and immediate implementation of multi-month ARV dispensing in accordance with WHO guidelines.
• Providing the necessary information on COVID-19 and its preventive measures to people living with HIV.
• Identifying the gaps and challenges in access to ARVs during the emergency.
• Including representatives of networks of people living with HIV in the COVID-19 emergency councils.
• Supporting efforts to meet the needs of people living with and affected by HIV beyond the health aspect.
• Coordinating the agencies of the United Nations System in the response to the COVID-19 pandemic.

Along the same lines, the infographic “What people living with HIV need to know about HIV and COVID-19” was developed, including key messages and a summary of the main elements of information on COVID-19 and HIV: recommendations to prevent COVID-19 infection, information on ART, access to rights, stigma and discrimination.
COVID-19 does not discriminate and does affect everyone, but not everyone equally: its impact and negative consequences are heightened in certain individuals or population groups, which is especially visible in social and economic aspects. For this reason, since the beginning of the COVID-19 pandemic, UNAIDS has paid special attention to key population groups, monitoring the situation of each country regarding these particularly vulnerable groups of people to plan the support to their communities.

The groups of vulnerable people are listed below:

- People living with HIV who reside in overcrowded spaces with a shortage of basic services such as water and sanitation facilities.
- Older adults, especially those suffering from chronic diseases.
- People with disabilities.
- Migrants (regular or irregular) located at borders, internally displaced people living in temporary housing, and asylum seekers.
- Inhabitants of poor neighborhoods in areas with a high prevalence of COVID-19.
- People deprived of their liberty.
- People living in shelters or on the street.
- People who use drugs.

To this preliminary list were later added gays and other men who have sex with men, transgender people, and sex workers, considering that they constitute particularly vulnerable groups due to rejection, stigma and discrimination by family members, work environments, institutions, and increased levels of violence because of heightened police surveillance on the streets and/or situations of compulsory confinement. In this context, special considerations were issued for women, young people and members of the LGTBIQ+ community, which are exposed to situations of violence and discrimination, especially those of an intra-family nature.

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To design an appropriate response, define the nature of the actions, estimate the resources needed and then proceed to decision making so to confront the immediate effects of the pandemic, a comprehensive assessment of the situation and needs was conducted, identifying gaps and challenges through the development of qualitative and quantitative data collection instruments and tools. By the end of March 2020, a first global electronic survey was developed to measure the impact of COVID-19 on people living with HIV.

As the scale of the impact of the pandemic increased in Latin America and the Caribbean, it became necessary to advance with a consultation process with a greater level of detail, broader in the spectrum of information to be collected and thought in a context geared to the characteristics of the region. Thus, on April 1, 2020, the UNAIDS Regional Office for Latin America and the Caribbean launched the “II Survey on the impact of COVID-19 among people living with HIV” (in Spanish and English) to systematize the specific needs of people living with HIV in that region in the context of the COVID-19 pandemic, which considered the following aspects: level of information on protection against COVID-19; access to health services and treatment; mental health; human rights; stigma, discrimination and violence situations; and information related to social protection.

More than 2,300 people living in 28 countries in Latin America and the Caribbean participated in this second survey conducted by UNAIDS, which revealed a series of very worrisome findings on the impact of the COVID-19 pandemic on people living with HIV. Among the most relevant data, the following stand out:

### Protection against COVID-19

- **31%** of people stated that they had NOT received information on the prevention of COVID-19 transmission.
- **More than half** (56%) stated that they do NOT have sufficient personal protective equipment.
- Only **22%** of the people surveyed perceived the use of masks as a preventive measure.

### Antiretroviral treatment and access to specialized services

- **5 out of 10** people expressed difficulties in obtaining their ARV treatment.
Only 3 out of 10 respondents reported having ARV treatment for more than 2 months.

49% of people living with HIV reported having ARV treatment for one month and 2 out of 10 did NOT have enough ARV treatment to finish the month.

Nearly 7 out of 10 people reported that, in order not to interrupt their ARV treatment, they have needed a secure and confidential way to obtain their ARVs.

Only 17% of respondents could dispose of ARV delivery all the way to their homes.

4 out of 10 people reported needing psychological support to deal with anxiety generated by the COVID-19 pandemic.

Nearly 7 out of 10 people reported that, in order not to interrupt their ARV treatment, they have needed a secure and confidential way to obtain their ARVs.

Only 17% of respondents could dispose of ARV delivery all the way to their homes.

4 out of 10 people reported needing psychological support to deal with anxiety generated by the COVID-19 pandemic.

4 out of 10 respondents stated that they had required nutritional support and/or financial assistance or cash transfers.

Based on these revealing findings on the complex situation and levels of impact in the five areas surveyed, UNAIDS launched an awareness-raising and advocacy campaign to urgently address the most critical aspects, prioritizing the following actions:
• Analysis of individual data for those countries with greater presence in the survey to facilitate incidence actions at a local level.
• Specific analysis of the migrants’ situation.
• Development of infographics to facilitate the understanding and dissemination of the findings.
• Strategies for dissemination of results and incidence with decision-makers.
• Development of specific recommendations to address the detected situations.
• Development of a new survey to collect more data.

Considering the findings evidenced by the “II Survey on the impact of COVID-19 among people living with HIV” and with the objective of expanding the coverage of the analysis for a greater and better understanding of the individual context of consequences and impact on each of the key populations particularly, between July 14 and August 26, 2020, a new digital survey was released in Spanish, English and Portuguese (“III Survey to know the impact of COVID-19 among key populations in Latin America and the Caribbean”), which involved a total of 2,196 people living with HIV in 29 countries covering the same areas previously surveyed.

Belonging to a key population group was an inclusion criterion for this third survey; the composition of the groups to have disaggregated information was as follows: gay men and other men who have sex with men (MSM), transgender people, drug users, sex workers, people belonging to indigenous populations, Afro-descendants, migrants and people living with HIV.

Protection against COVID-19

✓ 4 out of 10 people belonging to indigenous populations stated that information on COVID-19 was not provided in their local language.

✓ 29% of people living with HIV reported not having enough access to masks.

✓ 39% of trans people indicated that they do not have enough information to assess their risk of COVID-19 infection. Among people belonging to indigenous populations, this percentage was almost 60%.

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2 Argentina, Bolivia, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Panama, Peru, Uruguay and Venezuela.
3 National HIV Programs, Ministries of Health and other public entities, Civil Society Organism, Sponsors, among others.
Antiretroviral treatment and access to specialized services

- The provision of ART had improved significantly at the time of the third survey: the number of people living with HIV having received ARVs for more than two months increased from 3 out of 10 to **6 out of 10**.

- **56%** of gay and MSM expressed interest in having access to HIV testing and counseling during the pandemic.

Health services, including mental health

- Key populations with the **highest levels of pandemic anxiety** included **66%** of transgender people and sex workers, **65%** of people of African descent, and **more than half** of people living with HIV.

- **84%** of drug users stated that they expected to be able to count on psychosocial support.

- **83%** of migrants, **82%** of indigenous people, and **81%** of sex workers identified loss of income as their main concern.

- Among those who **expressed concerns** about health issues, the following stand out: **95%** of people living with HIV; **93%** of sex workers; also, **6 out of 10** people living with HIV and transgender people reported concerns about obtaining ARVs.

Stigma and discrimination

- **7 out of 10** sex workers and transgender people stated that they had experienced discrimination or stigma during the pandemic, followed by **52%** of people belonging to indigenous populations.

- **50%** of Afro-descendants stated that they did not know of any support networks or groups.

Social protection

- **9 out of 10** transgender people report that their income had decreased and **32%** reported the loss of their total income.

- **7 out of 10** sex workers stated a combined loss of between **75%** and **100%** of their income.

- **71%** of migrants and **62%** of transgender people stated that they required economic support.

- **7 out of 10** people belonging to indigenous populations reported requiring nutritional support, as well as **59%** of people living with HIV.
Among the respondents who stated that they had **NOT benefited** from any social protection measure, the following stand out: 79% of people belonging to indigenous populations, 67% of gays and MSM, and 64% of people living with HIV.

Regarding the detailed comparison between the survey conducted in April 2020 and the one conducted in August 2020 on the variation in the provision of ART, the increase in the provision of medication for 2 or more months is remarkable, which is in line with the recommendation to adopt Multi-Month Dispensing (MMD):

In addition to the development, implementation and analysis of these three data collection exercises, UNAIDS took part in the survey to understand the specific needs of young people in Latin America and in the Caribbean in the context of the COVID-19 pandemic, organized and executed by the Regional Interagency Young Team, with the participation of more than 7,000 young people from this region, which also included questions on HIV and situations of stigma and discrimination.
With all the strategic information systematized and analyzed through these instruments, a dissemination and advocacy strategy was implemented for the urgent attention of the most complex findings through numerous presentations of results together with strategic partners both at regional and national levels, which were broken down according to each key population particularly. Nine specialized infographics and information materials were also produced for the dissemination of the main messages and results for use in social networks.

One of the most notable activities in the framework of the dissemination of results was the presentation that was made specifically for people belonging to indigenous populations on December 1, 2020, in partnership with the Chilean non-governmental organization “Rempo”, whose live audience reached more than 300 attendees while it was broadcasted on three community radio stations in Chile, Venezuela, and Peru.
Strengthening a community-led response

UNAIDS defines community-led responses as actions and strategies that seek to optimize the health and human rights of the people that are part of them, being specifically informed and implemented by and for the communities themselves, organizations, groups, networks and individuals that represent them. These interventions achieve excellent results since their implementation is able to promote the demand for health services, support the strengthening of health systems, mobilize political leadership, change attitudes and social norms and create an enabling environment towards equity in the access to health and even more so in COVID-19 times, in addition to constituting a tool to reach the most vulnerable.

Strengthening communication and networking platforms for communities and groups of people living with HIV

As part of the survey findings on the impact of COVID-19 among key populations in Latin America and the Caribbean, 47% of the participants reported that they did not know of any organization, support group or peer group to obtain information and assistance during the COVID-19 pandemic.

In response to this situation and aware of the relevance of having support networks, UNAIDS initiated a regional mapping process of community organizations working in the response to HIV that were operational during the COVID-19 pandemic.

During September 2020, and once the process of systematizing the information obtained through the aforementioned mapping was completed, a regional directory of 180 organizations was created with the objective of not only providing local contacts for people living with HIV but also serving as a catalyst in networks creation and stimulating synergy among community organizations.
Strengthening the capacities of Community-Based Organizations that work in the response to HIV in COVID-19 times

Community-Based Organizations (CBOs) play a fundamental role in the care, protection and well-being of people living with HIV, generally constituting an effective support network that complements local health systems and, even in some cases, makes up for their absence or limitations.

On this premise, the UNAIDS response to the COVID-19 pandemic established as one of its main axes the strengthening of the capacities of CBOs through initiatives aimed at providing personal protective equipment (PPE) to ensure, on one hand, safety in fieldwork in terms of monitoring and assisting people living with HIV and key populations and, on the other hand, so that through these organizations the supplies could reach the beneficiaries of their actions.

As one of the many examples of this type of intervention, in May 2020, we provided PPE to the Panamanian association “Viviendo Positivamente”, an organization that supports Antiretroviral Treatment Clinics in several provinces of the country and that collaborates in guaranteeing the appropriate distribution and delivery of ART to people living with HIV who, due to restrictions resulting from lockdown or movement restrictions, could not collect them.

As part of this process of strengthening the capacities of CBOs that work in the response to HIV during COVID-19 in Latin American and the Caribbean, on July 17th, 2020 UNAIDS launched a broad call with the goal of promoting the development of projects and generating concrete actions that would strengthen community-led responses to HIV to the COVID-19 pandemic, within the framework of the 3 following strategic lines of action:

2. HIV response, prevention and care.

Through an innovative competitive mechanism and after having implemented training and information spaces to provide guidance on the preparation and application of projects, 192 proposals were received in Spanish, English and Portuguese, and 31 projects
were selected in a first phase to be executed in 16 countries of the region.\footnote{List of approved projects in Annex 1.}

An essential part of the lessons learned from the management of the HIV pandemic and that were incorporated into the mitigation of the impact of COVID-19 is based precisely on the incorporation of civil society organizations to expand the response capacity and focus it on people, and also achieving active participation of other agencies of the United Nations System\footnote{The United Nations Children’s Emergency Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Pan American Health Organization (PAHO/WHO).}, which participated very actively in the review and selection of projects and facilitated an effective resource mobilization strategy that allowed an increase in the number of projects financed.\footnote{UNFPA finances 4 of the projects and UNDP, WFP and UNICEF finance 2 projects each. The funding received by each selected organization is 5,000 USD and the implementation is expected to be completed in the second quarter of 2020.}

Among the first analyzed results of these 31 implemented projects, the non-governmental organization Ciudadanía Positiva from Mexico trained 157 incarcerated people living with HIV in the Santa Martha Acatitla Men’s Penitentiary (Mexico City) on topics such as adherence to ARV treatment and COVID-19 prevention. In Costa Rica, ICW (International Community of Women Living with HIV) trained 60 women living with HIV and their families on COVID-19 prevention and gender violence. In Peru, the organization FENMUCARINAP trained 113 indigenous women on HIV and COVID-19 prevention, and the organization Kimirina delivered its first 100 prevention kits, each consisting of 15 condoms, 40 lubricants and informative material on HIV and COVID-19 prevention, as well as 2,560 condoms and 3,970 lubricants aimed primarily at protecting female sex workers. Another of UNAIDS’ interventions within the framework of strengthening community actions has been the support provided to consolidate the Americas Volunteer Strategy in COVID-19 times, organized and executed by the Latin American and Caribbean Positive Women’s Movement (MLCM+). This initiative involved more than 850 volunteers from 17 countries in the region and their efforts have achieved the management of more than 3,000 cases of assistance in food, ARV drugs and psycho-emotional support.
Human Rights and Social Protection

A human rights-based approach to work requires placing at the center of programmatic execution those population groups that are subject to stronger marginalization, exclusion and discrimination. It also requires close monitoring to ensure that these rights, which are per se inalienable, universal, interdependent and indivisible, impose binding obligations on governments, even more during emergency times.

The forty-year response to the AIDS pandemic has generated significant experience and lessons learned about the importance of a human rights-based approach to ensure effective and proportionate responses. The key is to have an informed, community-initiated response that prioritizes the most vulnerable and empowers people so that they can take action to protect themselves and others.

In the context of the COVID-19 pandemic and observing with concern its potential repercussions on human rights, UNAIDS undertook an active role of close vigilance to ensure due respect and advocacy, not only for people living with HIV but also for a broad group of key populations, which was organized around two strategic areas of action:

1. Promotion and advocacy to ensure respect for the human rights of key populations in the context of the COVID-19 pandemic.

Promotion and advocacy to ensure respect for the human rights of key populations in the COVID-19 context

While the legal framework governing human rights allows the limitation or derogation of some rights for legitimate ends - such as protecting public health - there are strict boundaries on when, how and to what extent these rights may be limited.

The report published by UNAIDS “Human Rights in the time of COVID-19” stresses that any limitation must be for a legitimate purpose and must be proportional to that purpose, necessary (effective and evidence-based), time-bound, non-arbitrary (non-discriminatory) and in accordance with the law.

Like other pandemics and their resulting crises in multiple spheres, the COVID-19 pandemic has exacerbated pre-existing inequalities, disproportionately affecting the already marginalized and most vulnerable people, who are often outside of social protection mechanisms in Latin America and the Caribbean.
UNAIDS, amongst other actions carried out in this context, focused its monitoring specifically on defining the degree to which the COVID-19 pandemic has affected the most vulnerable populations, known as key populations, and thus raising the voice in defense of them.

In April 2020, UNAIDS, together with The Network of Women Sex Workers from Latin America and the Caribbean (RedTraSex), urged countries to take immediate and critical measures, based on human rights principles, to protect the health and rights of the female sex workers in the context of the COVID-19 pandemic.

As well as this urgent appeal, there have been multiple advocacy actions led by UNAIDS to ensure respect for the human rights of key populations in the context of the COVID-19 pandemic:

- Statement by UNAIDS and the Office of the United Nations High Commissioner for Human Rights - OHCHR - addressed to the Minister of Public Security of Panama advocating for the respect of LGTBIQ+ communities and requesting an end to the humiliating and/or violent episodes evidenced during the lockdown (April 2020).


- Joint statement by UNAIDS and the Latin American and Caribbean Network of Transgender People (REDLACTRANS) recalling that the response to the COVID-19 pandemic in the region must respect the human rights of trans identities and all gender expressions (April 2020)9.

- Joint statement by the UN Regional AIDS Team with recommendations on how the response to the COVID-19 pandemic in Latin America and the Caribbean should respect human rights and not increase stigma and discrimination based on sexual orientation or gender identity (May 2020)10.

- PAHO and UNAIDS joint statement to increase health care coverage for Venezuelan migrants and refugees living with HIV in Latin America and the Caribbean in the context of the COVID-19 pandemic (June 2020).

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In addition, strategic information tools (infographics and publications) were produced to advocate for the prevention of violations of the rights of all people but especially aimed at the prevention of stigma and discrimination with the clear objective of sensitizing decision-makers to put an end to these scourges.

**Social Protection**

There is a wide range of indicators that demonstrate that the vulnerability of key populations is not only conditioned by the determinants inherent to their specific group but also, to a large
extent, by the weakness of the mechanisms for the protection of their human rights and especially the limited coverage of social protection.

The first and second surveys on the impact of COVID-19 among people living with HIV conducted by UNAIDS in Latin America and the Caribbean showed worrisome findings on the impact of movement restrictions and/or quarantines on the ability to generate/maintain an income and its consequences in a wide variety of areas ranging from mental health to food security.

Based on clear evidence of the exacerbation of this situation of vulnerability to which key populations were exposed, UNAIDS appropriately deepened the monitoring of social protection systems in the region to inform and alert nation-wise decision-makers about the gaps detected, as well as adopting urgent measures to strengthen social protection programs to protect the most vulnerable people from the health impact and socioeconomic consequences of the COVID-19 pandemic.

An analysis of social protection measures in Latin America and the Caribbean, with emphasis on HIV and the COVID-19 health crisis, was developed through a participatory social diagnosis that allowed to identify and establish the nature and magnitude of the inclusion of people living with HIV, key populations and refugees and migrants in the social protection strategies implemented by the countries, and thus draw up strategies to mitigate the socioeconomic impact of the COVID-19 pandemic.

The analysis carried out identified gaps in the coverage of social protection programs specifically for key populations, difficulties in the approach between health measures and human rights, the lack of interpretation of social protection being a right, as well as profound deficiencies in the mainstreaming of gender equality.

This compendium of findings was used to develop and implement concrete strategies to address the inequalities that were revealed:

- Identifying good practices and mapping of innovative strategies developed in the region.
• Systematizing lessons learned and establishing baselines to inform social protection public policies in Latin America and the Caribbean.

• Analyzing whether current policies are transformative in terms of gender equality and inclusive for people living with HIV and the most vulnerable populations.

• Identifying advocacy elements and messages for civil society in Latin America and the Caribbean that have an impact on decision making.

• Providing reliable and conclusive evidence-based data on the social protection needs of people living with HIV.


In March 2020, the United Nations Secretary-General issued a global call to action\textsuperscript{11} to ensure the health response required to suppress SARS-CoV-2 transmission, but also to address the many social and economic dimensions of this crisis in the most vulnerable groups.

As the main axis of this appeal, and just a few weeks after it was launched, the United Nations System coordinated the development of a framework for the immediate response to COVID-19\textsuperscript{12}, defining the urgent socio-economic support measures that would then be developed in each country and as an integral part of the COVID-19 Global Humanitarian Response Plan.

These plans for immediate socio-economic response consist of an integrated support package across five programmatic lines, proposed by the United Nations System agencies to protect the needs and rights of people in the context of the COVID-19 pandemic, with special emphasis on the countries, groups and individuals more vulnerable and at higher risk of being left behind:

1. Ensuring that essential health services continue to be available and protect health systems.

2. Supporting people to confront adversity, providing social protection and basic services.

3. Protecting jobs, supporting small and medium-sized enterprises and informal sector workers through economic recovery and response programs.


4. Providing guidance on the necessary increase in fiscal and financial incentives to ensure that macroeconomic policies benefit the most vulnerable and strengthen multilateral and regional responses.

5. Promoting social cohesion and invest in resilience systems and community-led responses.

Likewise, these five programmatic axes had to articulate the coordinated and inter-agency response of the United Nations System at each country level through the United Nations Country Teams (UNCTs), a process that was led by each local Resident Coordinator Office; thus, 21 Latin American and Caribbean countries developed their own “Framework for the Immediate Socio-economic Response to COVID-19”.

The UNAIDS regional office provided support and guidance to both UNAIDS countries offices and to United Nations Country Teams to ensure that both the plan and its strategic document included an adequate human rights approach, as well as the inclusion of people living with HIV, affected by HIV and key populations. This process focused on:

1. Analyzing the definition and composition of key populations.

2. Analyzing the coverage methodology of actions aimed at key populations.

3. Specifically verifying the inclusion of people living with HIV and key populations and evaluating the actions committed to the response framework.


5. Verifying the presence of UNAIDS in terms of the programmatic offer, either with its own activities or with inter-agency activities.

Moreover, an individualized review of the strategy proposed by each country for the development of the 5th pillar “Social cohesion and community resilience” was carried out, this being a programmatic area of particular interest to UNAIDS.

Finally, the review generated recommendations and inputs that allowed to advocate for deeper coverage and to expose uncovered areas or vulnerable populations not included in those cases that had not been identified in a previous assessment of needs in
the country and were not addressed in the plan and its related strategic lines. Many of these recommendations and/or suggestions were adequately considered by the UNCTs ensuring even more the quality of the response strategy in terms of rights and key populations.

Regarding the programmatic offer committed by UNAIDS in the response and socioeconomic recovery frameworks, 12 countries in the Latin America and the Caribbean region contemplate activities, actions or initiatives expressed individually or inter-agency.

**People on the move, the emergency within the emergency**

The flow of refugees and migrants leaving Venezuela every day is the largest mobilization of people in the history of Latin America. By January 2021, as a consequence of the economic, institutional and political crisis, more than 5.4 million Venezuelans had left their country.13 Out of these, more than 4.6 million have moved to countries in Latin America and the Caribbean, with Colombia hosting the largest number of people from Venezuela with a total of 1.7 million, followed by Peru with 1 million people with many applicable statuses: temporary/permanent residence, temporary protection, asylum seeker, refugee status, and migrants.

Despite the efforts made by receiving countries to ensure regularized migration and to activate international protection mechanisms for those cases that merit it, enormous challenges persist on this matter, placing many people in a situation of vulnerability, especially those in “transit”, which exacerbates their exposure to the multiple associated risks.

In addition to this situation, the region presents a migratory tradition from countries of Northern Central America (El Salvador, Honduras, Nicaragua, and Guatemala), which involves more than 15 million people who have left their countries of origin (data from the Economic Commission for Latin America and the Caribbean - ECLAC), motivated by the generalized violence experienced in their countries of origin, the lack of opportunities, the impact of climate change in rural areas and natural disasters, plus the mobility generated by deportations that imply the return to the migratory routes to the United States of America, often through irregular routes and mechanisms that increase exposure to human smuggling and trafficking networks, sexual exploitation and abuse, and drug trafficking networks that operate at the borders.

These migratory flows are also often associated with refugees and migrants of extra-continental origin who cross the so-called Darien Gap between Colombia and Panama, which is considered one of the most dangerous borders in the world. From January to April 2020, Panamanian authorities recorded the entry of more than 4,465 people, out of which around 2,500 people in migratory transit

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through Panama were confined in Migratory Receiving Stations (MRS) due to restrictions on mobility as a result of the COVID-19 pandemic.

All these situations affect access to health services by refugees and migrants, especially those with chronic health conditions such as HIV, which has been aggravated by the COVID-19 pandemic that has saturated services and overwhelmed response capacities in the region due to the high demand for care.

In response to this regional humanitarian context, UNAIDS has focused its actions on two complementary types of intervention:

1. Capacity-building actions that include awareness-raising, provision of tools and training for the appropriate care of migrants and refugees living with HIV in the context of COVID-19.
2. Advocacy actions at the highest level to develop the UNAIDS strategy and scale-up national HIV responses targeting people on the move in a regional work framework (Quito Process) that considers the new challenges imposed by the COVID-19 pandemic.

Therefore, activities have been implemented and technical resources have been generated regarding the protection of people on the move who live with or are affected by HIV, many of them in coordination with other agencies of the United Nations System, such as the Human Mobility Group of Panama, which UNAIDS joined in April 2020, and the Emergency Response Group in Panama (UNETE), which was activated in the last quarter of 2020. In addition, interventions have been carried out with various national and/or local governments, as well as with civil society members.

Capacity-building actions, including awareness-raising, provision of tools and training for the timely care of migrants and refugees living with HIV in the context of the COVID-19 pandemic

The nature of these actions essentially centers on strengthening the capacities and level of expertise of organizations in the field or at the front line of care for refugees and migrants, to ensure proper care for people living with HIV and their immediate linkage to health services and ARV treatment, in addition to promoting HIV prevention in shelters for people on the move.

It is important also to highlight the generation of information and recommendations aimed at decision-makers regarding specific conditions that exacerbate the impact of the COVID-19 pandemic on refugees and migrants in various areas, to guarantee their health by promoting respect for their human dignity and rights, especially among people living with HIV and key populations:
• Guaranteeing personal protection in the framework of the pandemic.
• Food Security Guarantee.
• Permanent and adequate medical care according to their needs.
• HIV prevention.
• Preventing gender-based violence and protection of survivors.
• Access to information on border closures and the global situation regarding the COVID-19 pandemic.

Concerning guidance and enabling actions for technical tools, the following stand out:

1. April de 2020
Development and distribution of the guide “What you need to know about HIV and COVID-19 in the context of human mobility” aimed at providing technical guidance through the provision of support spaces for refugees and migrants.

2. April de 2020
Production/dissemination of recommendations for governments regarding the care of refugees and migrants living with HIV in the context of the COVID-19 pandemic, developed within the framework of the Health Group of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela - R4V.

3. June de 2020
Elaboration and dissemination in collaboration with IOM of the “Guide for the management of people on the move living with HIV in reception centers during the COVID-19 emergency”.

Regarding training and capacity building actions, the following stand out:

- Workshop in partnership with the Human Mobility Group of Panama to train staff of the National Migration Service of Panama in the handling of HIV cases and human rights of LGTBIQ+ people in the context of the COVID-19 pandemic [June 2020].

- Training session on guidelines and considerations for managing shelters for people living with HIV in the context of COVID-19, addressed to 171 humanitarian professionals who are members of the Risk, Emergency & Disaster working group for Latin America and the Caribbean (REDLAC) [August 2020].

- Workshop in partnership with the Human Mobility Group of Panama to train 34 officials of the National Border Service of Panama (SENAFRONT) on HIV case management and human rights of LGTBIQ+ people in the context of COVID-19 [October 2020].

- Training session on management guidelines for shelters and hosting centers for people living with HIV in the context of COVID-19 with the attendance of 49 humanitarian professionals, members of the Risk, Emergency & Disaster working group for Latin America and the Caribbean (REDLAC) and the Camp Coordination and Camp Management (CCCM) staff [November 2020].

- Capacity building workshop on Gender-Based Violence in the context of the COVID-19 pandemic in the framework of the Health Sector of the R4V Platform, with the inclusion of a specific module to address the needs of LGTBIQ+ people and people living with HIV [November 2020].

**Advocacy actions to scale up national HIV responses targeting people on the move during the COVID-19 pandemic within the framework of the Quito Process**

These actions seek to ensure that all decisions taken by the governments of the region within the framework of the response to the refugee and migrant crisis in Venezuela respond to and consider HIV-related issues, in a context where the COVID-19 pandemic and the structural challenges of the countries of the region converge.

Advocacy actions have been aimed mainly at strategic political levels to influence and promote changes in public health policies and in HIV care and response strategies, to guarantee protection and due assistance to people living with HIV in mobility conditions.
In this framework, UNAIDS has positioned a comprehensive proposal within the framework of the so-called “Quito Process”, a strategy initiated in September 2018 with the convocation of the Government of Ecuador to 10 countries in the Latin American and Caribbean region: Argentina, Brazil, Chile, Colombia, Costa Rica, United Mexican States, Panama, Paraguay, Peru, and Uruguay. This initiative brings together political-strategic and technical-operational aspects to coordinate actions to respond to the migration crisis in Venezuela and strengthen cross-border intergovernmental coordination.

During the IV Technical Meeting of the Quito Process, held on July 4 and 5, 2019 in Buenos Aires - Argentina, UNAIDS and PAHO presented a proposal that was incorporated into the Roadmap of that meeting and that had the main objective of expanding the coverage of health services for refugees and migrants, especially those living with HIV, regardless of their immigration status and ensuring antiretroviral treatment, accelerating the transition to Dolutegravir (DTG). 14

The two subsequent meetings held in Bogota, Colombia (2019) and in Santiago, Chile (2020), have maintained this crucial axis within the agenda of the Quito Process, committing to learn about the situations of the responses to HIV in the countries involved to evaluate the existing mechanisms to operationalize this proposal. During 2020, UNAIDS coordinated a consultancy that surveyed the state of the art of the responses of the countries involved in the Quito Process, results to be presented at the meeting planned under the Presidency of Peru (2021) to identify existing gaps and mobilize resources in the Group of Friends of the Quito Process.

Continuity of HIV services, treatment included

One of the cornerstones of the UNAIDS’ mission and one of its main strategic areas of action is the promotion and advocacy for universal access to HIV prevention, treatment, support and care.

Regular access to care and treatment for people with HIV was significantly challenged with the advent of COVID-19, given both the excessive burden of the pandemic response on health facilities with the consequent reduction in capacity for HIV care, and the mobility restrictions that threatened treatment dispensing.

Not only did we seek to guarantee individual or collective rights regarding this vital access, but we also sought to mitigate the impact of the pandemic on global achievements in this area and to minimize the effects on the achievement of the 90-90-90 targets set out in the UNAIDS Fast-Track Strategy.

According to the findings of the second survey on the impact of COVID-19 among people with HIV (April 2020):

According to data from the UNAIDS global survey\textsuperscript{15} conducted in 138 countries and involving more than 20,000 LGTBIQ+ community members, 21% of respondents had experienced “interrupted or restricted access” to their antiretroviral therapy, and 42% of them had less than a month’s supply of ARVs.

Considering these global findings and considering those obtained in the Latin American and the Caribbean region, it was of critical for National HIV Programs and their local partners, including civil society organizations, to develop contingency plans to meet the demand for care and treatment of people living with HIV that included:

- The implementation of multi-month dispensing (MMD) modality for both Antiretroviral Treatment (ART) and Pre-Exposure Prophylaxis (PrEP).
- Continuity of therapeutic adherence support services, viral load testing, HIV drug resistance testing or other specialized care.
- Availability of HIV testing, uninterrupted HIV diagnostic testing services, as well as promotion of self-testing.
- Promotion of a Differentiated Care strategy in Health Programs and Services that recognizes the diversity of needs for the care of people living with HIV.
- Other essential mental health services, and sexual and reproductive health services, including access to and availability of condoms.

**Multi-month Dispensing of Antiretrovirals - MMD**

Following the implementation of lockdowns, mobility restrictions, and/or social distancing in different scales and modalities in Latin American and Caribbean countries, the adoption of multi-month dispensing (MMD) became a critical strategy to ensure continuity of care and treatment for people living with HIV.

American and Caribbean countries and the impact that these measures had on access to ARV treatment, the urgent need to promote a strategy for the implementation of multi-month dispensing (MMD) both for ARVs and Pre-exposure Prophylaxis (PrEP) became evident. The main objective of this strategy is to reduce, without risk, the frequency of visits (appointments) to health services and the frequency of drug pick-ups at pharmacies or specialized clinics and, eventually, to receive ART in the community setting.

As an initial action, UNAIDS, together with PAHO/WHO, prepared a document entitled “Guidelines for the Implementation of Multi-Month Dispensing of Antiretrovirals” to provide governments and health services with a set of recommendations to ensure timely, continuous and sustainable access to multi-month ARV drugs (both prescription and dispensing). Along the same lines, an “ARVs Multi-month Dispensing Flowchart” was developed to help ensure efficient management of the Integrated Supply System.

Surveillance and monitoring of access to services and medicines were also strengthened through actions and tools for information and data management, employing the following strategies:

- Inclusion of specific questions in the three surveys developed to measure the impact of COVID-19 on both PLHIV and key populations.
- Creation of a specific section in the UNAIDS COVID-19 portal to collect quantitative and qualitative data on access to services, treatment and medicines in 16 countries in the Latin America and the Caribbean region.
- Enabling an “HIV Services Follow-up” portal.

Based on the findings obtained, UNAIDS coordinated the preparation of a comprehensive “Analysis of MMD of ART and PrEP in Latin America and the Caribbean during the COVID-19 pandemic” that provides essential inputs for decision making on advocacy, promotion, recommendations and awareness actions in this important area.

This analysis also provides in-depth information regarding the status of the MMD strategy adoption for both ART and PrEP in each

16 [https://hivservicestracking.unaids.org/](https://hivservicestracking.unaids.org/)
country, including the frequency of ARV dispensing under their current regulations and the availability of ARVs. It also identified the main barriers and threats in the context of the pandemic, as well as the challenges in terms of distribution and dispensing in the context of social, preventive and mandatory lockdown.

21 out of the 24 countries of the region included in the analysis implement the MMD strategy. 13 out of them started implementing it in the context of the COVID-19 pandemic.

Despite countries moving towards a multi-month dispensing strategy, most of them do NOT deliver more than 3 months of treatment, and 9% of them deliver only for one month.

- Data obtained by UNAIDS through the II Survey on the impact of COVID-19 among PLHIV in the month of April 2020 showed that 5 out of 10 people faced difficulties in obtaining antiretroviral treatment.

- Among the 21 countries that implement MMD in the region, 2 dispense for a maximum of 6 months, 11 for a maximum of 3 months and 8 for a maximum of 2 months.

- Only 6 countries in the LAC region have a community-based ARV distribution policy. Only 3 out of them have succeeded to put it into practice.

- By the time data were collected from the 15 countries consulted, only 3 had availability of first-line ARV treatment ARVs (TLE / TEE / TLD) for less than 4 months.

- Only 10 countries have regulations or pilot projects to dispense PrEP. 3 out of these 10 countries have national policies that support the strategy.

With these data and in line with the Sustainable Development Goals - SDGs - of the United Nations 2030 Agenda, the Universal Care Coverage Strategy and its Fast-Track Strategy, UNAIDS implemented multiple actions aimed at ensuring continuity of services for people living with HIV:
1. High-level technical recommendations.
2. Advocacy actions for the implementation of the MMD strategy at a national level.
3. Support for civil society organizations in their complementary and enabling role for the implementation of the MMD strategy.
5. Assistance in the reprogramming of resources from the Global Fund, as well as access to emergency funds.

During the month of March 2020, and just weeks after the pandemic was declared, the document “Coronavirus Disease (Covid-19) and HIV: Key Issues and Actions” was published in collaboration with UNAIDS co-sponsors. It contains recommendations addressed to countries to ensure the continuity of HIV services during the pandemic, especially those related to ART. These technical recommendations formed the basis for guiding the local implementation of the MMD strategy, highlighting the usefulness of this strategy as a response to the limitations generated by the pandemic itself.

As a complement to these recommendations, UNAIDS strengthened its advocacy efforts by urging governments that were already implementing the MMD strategy to safeguard these mechanisms and expand their coverage and frequency of delivery as much as possible, and by proactively promoting the strategy in countries that were not yet implementing it. In this regard, key communication messages were frequently published through UNAIDS channels and, along the same line of dissemination, there were many presentations, conferences and seminars where this issue was positioned on the agenda throughout 2020: “Regional Seminar on Clinical Aspects, Comprehensive Care and Public Health Strategies on COVID-19 and HIV” - September 2020; “Forum on MMD Strategies in times of COVID-19 of ITPC” - August 2020; presentations by the team of “Key Correspondents”, UNAIDS’ strategic partner in the region.

Similarly, and in line with the principle of prioritizing community-centered responses, we promoted support to those civil society organizations that were already playing an active role in the community distribution of ARVs, many of them doing it as an innovative response to the limitations of the pandemic, and following the recommendations to provide dispensing modalities that were not dependent on health centers or hospitals. Such was the case of home distribution of ARVs with the consent of patients in the Dominican Republic and Bolivia, and of virtual monitoring platforms to receive complaints of access difficulties in Peru and Ecuador.

“Although it was not possible to quantify the exact number of countries that have adopted the MMD as a result of UNAIDS advocacy (…), its role was essential in facilitating actions, providing technical assistance and establishing links between countries by supporting existing regional mechanisms”.

Analysis of multi-month dispensing of antiretroviral treatment, community distribution and pre-exposure prophylaxis in Latin America and the Caribbean during the COVID-19 pandemic
Fighting drug shortages

In a context of constraints caused by the pandemic, the implementation of an effective MMD strategy depends essentially on the necessary availability of ARV drugs. For this reason, UNAIDS has also redoubled its efforts to assist countries in the face of potential stock-outs and/or supply chain disruptions that could threaten the continuity of treatment for people living with HIV.

One of the most outstanding and innovative interventions was the active promotion of the principles of intra-regional solidarity as a strategy to mitigate the risk of shortages of ARVs and other related supplies through strong support, coordination and management of drug exchanges between countries (as was the case between Brazil and Panama, Haiti and El Salvador, Paraguay and Honduras, among others); the coordination of efforts in regional scope spaces such as the Horizontal Technical Cooperation Group (GCTH) and the Strategic Fund of the Pan American Health Organization; and the mobilization of strategic resources from other agencies of the United Nations System, as happened in Venezuela, where UNAIDS together with UNICEF facilitated the acquisition and distribution of pediatric ARV drugs and the transfer of ARVs from a health center in Colombia that provided care to Venezuelan people living with HIV, thus ensuring that more than 100 people with PLHIV received their ART for 3 months.

Furthermore, it is important to acknowledge the management efforts made by UNAIDS and the representatives of the Ministries of Foreign Affairs of the countries to ensure timely access to ARV treatment for people with HIV who were stranded outside their countries of origin due to border closures and cancellation of means of transportation.

Strategic communication

Managing information and generating informative content is a central aspect of the day-to-day work of UNAIDS, but in the context of emergencies and crises, especially considering the proportions of the COVID-19 pandemic, it becomes an essential strategic instrument to raise awareness and generate accurate and reliable data, as well as to give a voice to the most vulnerable people.

Priorities of the UNAIDS communication strategy in the context of the COVID-19 pandemic:

- Developing informative content aimed not only at providing timely information on COVID-19 for people with HIV and the general population but also at bringing clarity and trustworthy information, thus mitigating the spread of misconceptions in social networks.
• Developing public information, advocacy, mobilization, behavior change and awareness campaigns targeting individuals, communities, governments, and decision makers with the intention that they become advocates for change in the context of specific situations experienced during the pandemic.
• Implementing direct advocacy actions to overcome specific situations of stigma and discrimination, as well as to guarantee due attention and respect for the human rights of vulnerable groups.
• Promoting strategic alliances to build common causes and generate support in the dissemination of key messages.

In addition to this group of measures, we also implemented internal strategies aimed at coordinating effectively with UNAIDS partners in the region to address common causes and needs, through active participation in the Regional Interagency Working Group for Partnerships and Communications of the United Nations Regional Coordination Platform and in the REDLAC communications working group (Working Group on Risk, Emergencies and Disasters for Latin America and the Caribbean).

Similarly, internal information management strategies were established to keep UNAIDS staff and close partners up to date with the latest epidemiological news on the COVID-19 pandemic in the region: a weekly news report on each of the Latin American countries and a bimonthly report on the Caribbean countries, specialized thematic material, and data on vaccines and their application.
Monitoring of COVID-19 in the region

Informative campaigns

UNAIDS / March, 2020

UNAIDS and PAHO/OMS / April, 2020

UNAIDS / May, 2020
"Wash your hands, stay at home" campaign. Young people from Latin America and the Caribbean share their measures related to the COVID-19 pandemic with people living with HIV.

Set of infographics to be disseminated in social networks in Latin America and the Caribbean aimed at providing information on COVID-19 for people with HIV.

COVID-19 prevention campaign for migrants and refugees living with HIV.

Campaign to ensure continuity in the provision of essential sexual, reproductive, maternal, neonatal, child and adolescent health services for the population in the context of COVID-19.

Series of Facebook Live discussions in celebration of Pride Month, which aimed at raising awareness among decision-makers about the inclusion of LGBTIQ+ community members and PLHIV in the response to COVID-19, and amplifying the voice of both communities.
Local Actions

Argentina

The UNAIDS office for Argentina, Chile, Paraguay and Uruguay, in coordination with the Joint United Nations Team on HIV/AIDS, the National AIDS Program and Civil Society Organizations, as well as other key partners, reprogrammed activities and financial resources to respond to the urgent and emerging needs of people living with and affected by HIV, and key populations.

With a particular focus on ensuring access and adherence to antiretroviral treatment, social protection needs, prevention information and strategic and targeted communication to reduce all forms of violence, technical and financial support has been provided to civil society organizations (particularly of people living with HIV, transgender people, sex workers, youth and women living with HIV) to ensure the response to basic needs.

An example of these initiatives was the support to the organization “Ciclo Positivo” based on providing quality information related to COVID-19 and HIV, distributing ARVs to people with HIV in vulnerable situations, monitoring ARV availability and supplies, and supporting adherence through different strategies at national and provincial levels. Another successful initiative that has been implemented with the help of the UNJTA was the support to conceive, consolidate and execute the Volunteering Strategy of the Americas in times of COVID-19 organized by the Latin American and Caribbean Movement of Positive Women (MLCM+). This initiative involved more than 850 volunteers from 17 countries in the Latin American and Caribbean region and its efforts have succeeded in managing and seeking alternative solutions to more than 3,000 cases of assistance related to food, medicines and psycho-emotional support.

The UNAIDS-led Joint Team on HIV/AIDS has also facilitated linkages and actions between civil society organizations of people living with and affected by HIV, and key populations with relevant government sectors, including the Ministry of Women and Diversity, the Ministry of Social Welfare, the Ministry of Health, among others, by supporting their demands as well as their innovative proposals to respond to the pandemic.

Regarding the continuity of HIV-related services, UNAIDS together with PAHO has been actively monitoring the most critical elements, including the recommendation to national authorities regarding the need to implement the MMD strategy in the context of the COVID-19 pandemic, which started to be applied at a national and subnational level from the beginning of April 2020.
Bolivia

From the early days of the pandemic, the UNAIDS office for Peru, Bolivia and Ecuador actively joined several of the coordination platforms set up to monitor access to services and situations of vulnerability and/or human rights violations, especially in the environment of people with HIV, LGTBIQ+ people, women and migrants, both from civil society and from the United Nations System.

As part of the commitments of the socioeconomic response plan and as a non-resident agency, the UNAIDS office has joined inter-agency efforts to support the continuity of essential health services for the prevention of HIV and mother-to-child transmission, sexual and reproductive health services, nutrition, and response to gender-based violence that has increased during the pandemic.

As for direct actions, support was provided to the NGO Asuncami, which included a remote monitoring strategy for people with HIV, the development of an emergency protocol for PLHIV living in rural areas in coordination with the National HIV Program, and the creation of a psychosocial support network to maintain adherence to ART for more than 300 people with HIV.

One of the focus areas has been supporting the work of the civil society in linking people with HIV to services and psychosocial care for the promotion of health and adherence to ARV treatment, as well as monitoring the reprogramming process of the Global Fund through the CONAMUSA Secretariat.

Brasil

During the months of March and June 2020, and in close collaboration with the four networks of people living with HIV in the country, the UNAIDS office in Brazil developed two surveys to learn about the situation of PLHIV. This partnership not only allowed the joint development of the instruments to be used but also achieved a much broader scope in its coverage. The results and findings of these rounds of consultations were presented to national health authorities and the network of decision-makers, as well as to civil society organizations and UN System agencies of the Joint Team on AIDS.

As part of the joint actions, UNAIDS, in partnership with UNICEF and the National Network of Young People Living with HIV, developed a guide of questions and answers on HIV and COVID-19 focused on young people. UNAIDS also took an active part in the elaboration of the UN Country Team’s - UNCT - Socioeconomic Response Plan in Brazil to COVID-19, directly assuming the sections related to humanitarian response, health and social measures.

Another highlight is the publication, with the support of the National Network of Adolescents and Young People Living with HIV and AIDS (RNAJVHA), of the “Quick Guide to Mental Health and HIV in times of COVID-19: Strengthening the reception capacities and resilience of networks of people living with HIV and AIDS based on community therapy”. This material was designed to support the training work of networks of people living with HIV in their process of understanding
and applying the principles of Community-Based Therapy in times of COVID-19, while considering all recommendations for physical distancing and mental health impacts on this specific population.

In terms of direct actions, special mention should be made of the support to the “Balaio” project, a pilot initiative of the NGO Barong in association with the São Paulo State Health Secretariat and other partners for the community distribution of ARVs, food and basic commodities for people with HIV at higher risk of COVID-19 and key populations in the outskirts of São Paulo. A total of 1,200 18 kg food baskets, 460 hygiene and cleaning kits, 1,200 sexual health kits, 920 COVID-19 protection kits, 18 gas charges, three gas cylinders, as well as clothing, shoes and blankets, were distributed when necessary. In addition, support was provided to the “Volunteering for the Americas initiative of the Latin American and Caribbean Movement of Positive Women Living with HIV (MLMCM+)”, through which volunteers were mobilized to respond to the demands of women living with HIV in Brazil. Out of the total number of requests received during this period, almost 76% were for food assistance, about 15% for psychological support and just over 6% for lack of medication.

In March 2021, the UNAIDS office in Brazil, together with UNICEF and CEDAPS, launched the “HIV+Covid-19 Course - Prevention in times of pandemic for adolescents and young people”. Starting from March 16, 2021, the course will be available for six months on the Moodle digital platform. The production of the course was supported and curated by 23 adolescents and young people who took the course online and tested the content, methodologies and materials, contributing tips to make it attractive. They became multipliers of the information on the topic, becoming co-authors of the course and supporting its dissemination among other young people and adolescents.

UNFPA in Brazil provided unusual funds for UNAIDS to distribute 500 food baskets to two NGOs in Rio de Janeiro (Conexão G de Favelas and Pela Vidda Rio de Janeiro), which focused on distributing food and hygiene kits to the favelas of Rio de Janeiro, prioritizing the LGTBIQ+ population in situations of social vulnerability and people living with HIV.

About 20% of Brazil Country Office financial resources were reprogrammed to include activities to mitigate the impact of the COVID-19 pandemic among people living with HIV and key populations, specifically targeting community resilience and the promotion of HIV and COVID-19 prevention.

From the start of the pandemic, the UNAIDS office for Argentina, Chile, Paraguay and Uruguay has worked closely with civil society organizations and government health authorities to ensure permanent monitoring of the situation and to be able to adapt the necessary responses in the context of the COVID-19 pandemic.

Together with local non-governmental organizations, we were able to broaden the scope of the regional surveys to learn about the real needs of people living with or affected by HIV, and key populations, with significant participation of members of indigenous communities.
Among the most noteworthy initiatives in response to the organizations’ needs surveyed were the distribution of personal protection materials and equipment to three civil society organizations (including a community clinic for key populations) and support actions to successfully mobilize emergency funds to respond to the high demand for prevention materials and social protection actions to ensure the well-being of people living with HIV, affected by HIV and key populations.

Likewise, numerous awareness-raising, advocacy and management actions were carried out with health authorities (including the Chilean National AIDS Program of the Ministry of Health) to monitor the availability of ARVs, as well as the implementation of the MMD and PrEP strategy.

Of relevance is the major contribution of UNAIDS to the development of the UN System’s recovery plan for COVID-19, presented and approved by the government counterpart, which ensures the inclusion of HIV and key populations in the priority areas for action.

**Ecuador**

UNAIDS response actions for Ecuador focused on supporting access to essential health services for people living with HIV and key populations by articulating interventions through the Joint UN System Team on HIV and within the framework of the Socioeconomic Response Plan for COVID-19 developed by the UNCT of Ecuador.

These actions include a joint project for the development of key messages on nutrition and HIV in the context of the COVID-19 pandemic, which encompassed an analysis of the situation of social protection programs and their sensitivity to HIV; technical support to the UNHCR project for the strengthening of the prevention and response to HIV in the context of the pandemic, with the creation of community support brigades aimed at key populations most exposed to HIV to enhance their access to rights, including health, and access to HIV-related care and treatment.

Similarly, financial support was provided to a project led by UNFPA to promote the development of advocacy and social monitoring capacities with a participatory approach for community organizations of adolescents, young people, key populations and people living with HIV, including a specific component to support migrant and refugee populations in mobility to have access to HIV prevention and care services.

**Dominican Republic**

In the context of the identification and assessment of needs, permanent contact was maintained with local networks of people living with HIV and LGTBIQ+ groups to monitor the impact and levels of incidence of the COVID-19 pandemic on these groups. In addition, 2 local surveys were conducted to assess the needs of people living with HIV and key populations with a total participation of more than 900 people, the results of which were included in a dissemination
plan for decision making and a socialization campaign with several communication actions (webinars, infographics, press releases, etc.) that reached 117,403 people on social networks and 4.6 million people through the main local media.

From the very beginning of the COVID-19 pandemic in the country, the UNAIDS country office provided an immediate strategic response by coordinating with government, donors and partners to organize a single strategy of care to ensure that people living with HIV and key populations were included in the national response to COVID-19 and social protection schemes. One example was the advocacy actions that led to the inclusion of people living with HIV and their families in the social protection programs “Quédate en Casa”, “Pa’ti” and “FASE”, as well as direct assistance actions for protection or in coordination with partners of the UN Joint Team on AIDS for the distribution of food kits and PPE to PLHIV, key populations, pregnant women and other vulnerable groups, in particular, the joint action with WFP to ensure food for 175 families of people living with HIV in vulnerable situations for 15 days, an initiative that would later be replicated, expanded and scaled up by the national response and donors such as USAID - GF.

Other highlights include technical assistance to sex workers’ organizations to develop capacities on HIV and COVID-19 protection and empowerment to prevent the violation of their human rights, and psycho-emotional support actions aimed at people living with HIV and health personnel, the contents of which were later shared with the general community.

Regarding the actions of assurance and continuity of medical services, it is worth mentioning advocacy and technical assistance actions carried out together with USAID for the Ministry of Health for the elaboration of the clinical guidelines for the supply and dispensing of antiretroviral drugs during the pandemic, which orders the dispensing of ARV drugs for 3 to 6 months for all people living with HIV, as well as advocacy actions and technical advice to the leaders of organizations of PLHIV to ensure the active participation of civil society in the process of building the country proposal that will be submitted to the Global Fund.

With the appearance of the first cases of COVID-19, the UNAIDS Country Office strengthened coordination with civil society organizations, mainly those working with people living with HIV and LGTBIQ+ population, as well as with its technical counterparts: CCM, National HIV Program and partners such as Plan International and PEPFAR to define strategies for care and monitoring of the impact of the COVID-19 pandemic on people living with HIV and key populations. In addition to the inter-agency efforts, UNAIDS assumed the role of focal point of the COVID Coordination for the attention of the United Nations system personnel in El Salvador, also joining the Humanitarian Country Team, as well as the UNETE group and the Health and Protection Clusters.
Through direct assistance actions, several associations of people with HIV, LGTBIQ+ NGOs, Sex Workers, as well as Transgender people have been provided with PPE purchased by UNAIDS to reactivate access to diagnosis and treatment in these populations. More than 800 people living with HIV and key populations have also been provided with market baskets.

In coordination with UNICEF and UNFPA, and through the Spotlight initiative, we ensured the provision of PEP kits for young people and women victims of sexual abuse, as well as the training of health personnel involved with care, supporting them through a critical path and providing them with communication material. Also noteworthy in this regard is the ongoing monitoring of cases of sexual abuse and gender-based violence (which increased during the quarantine period) and advocacy, reporting and awareness-raising activities.

Other initiatives of technical assistance in association with other agencies of the United Nations System in El Salvador also stand out: the support for the activation of a Ministry of Health call center for both FP and pregnant women together with UNFPA; the implementation of the ARV home dispensing project created by the Ministry of Health through El Salvador Post Office jointly with UNDP; and the project “Protecting the lives of vulnerable populations in the context of the COVID-19 crisis”, created in collaboration with UNODC to address the needs of LGTBIQ+ incarcerated populations, community resilience and the promotion of HIV and COVID-19 prevention.

The response to COVID-19 in Guatemala was coordinated through the health cluster of the Ministry of Health, a body comprising the main government, cooperation, academic and civil society partners. The UNAIDS country office participated actively in this group, especially in the Communicable Diseases Subgroup, providing technical advice and carrying out advocacy and promotion actions channeling the needs and demands of civil society organizations.

On the other hand, UNAIDS established the HIV Cooperants Group in Guatemala to minimize the disruption of HIV services, promote the harmonization and coordination of the support offered by the PEPFAR Global Fund, the United Nations and international civil society organizations such as AHF (Aids Health Foundation). Through the technical advocacy of this group, support was provided to the Ministry of Health for the preparation of the “Guidelines for comprehensive care units for the address of hiv response during the state of calamity for the covid-19 coronavirus epidemic”, which included recommendations on MMD, among other issues. This group also coordinated strategies among the different cooperating partners for the home delivery of ARV to people who needed it.

Other highlights include the support for the home delivery of ART to PLHIV who are users of the Guatemalan Social Security Institute (IGSS) through a collaboration project between UNAIDS and the Lambda and Vida Associations (CSOs), as well as 183 shipments of ARV drugs (169 people benefited) from the 17 departments of...
Guatemala. In addition, UNAIDS partnered with the organization “Colectivo Amigos contra el SIDA (CAS)” to support remote combination prevention interventions targeting men who have sex with men, and to improve their models of prevention and care for LGTBIQ+ populations by implementing processes to adapt the public health facility and improve the protection of attendees and staff during the COVID-19 Pandemic.

Concerning the actions carried out by the UN Joint Team on AIDS in Guatemala, several activities were achieved through the reprogramming of funds from the “Country Envelope”, including the delivery of 500 dignity kits to trans women, 405 dignity kits to women living with HIV and 201 kits to sex workers through the collaborative efforts implemented by UNFPA during the COVID-19 emergency.

One-to-one counseling on COVID-19 and HIV-related issues was provided for 120 people living with HIV. Also, food and nutritional security actions were carried out in collaboration with WFP and APEVIHS for 240 people living with HIV in the departments of Coatepeque and Retalhuleu for 3 months.

PAHO/WHO facilitated the donation of PPE (3,000 gowns, 1,000 goggles, 34,900 gloves, 16,000 surgical masks and 400 face shields) to the Ministry of Health’s personnel, including 16 Comprehensive HIV/STI Care Units (UAI), and the delivery of protection kits (gloves, alcohol gel, liquid soap and face shields) to men who have sex with men through the collaborative efforts of UNFPA and the organization Colectivo Amigos Contra el SIDA (Friends Against AIDS Collective).

On the other hand, 175 people from the LGTBIQ+ community (refugees, asylum seekers and people in mobility with international protection needs) were supported with legal assistance and counseling services, psychosocial support, hygiene kits and humanitarian assistance through the alliance between UNHCR and the LAMBDA Association. Likewise, 53 LGTBIQ+ people were assisted with shelter services receiving comprehensive care that included basic food, health care, personal hygiene and cleaning supplies, among others.

Jamaica

The actions of the UNAIDS country office in Jamaica have been centered on several areas. The first one is related to the strengthening of protection capacities against COVID-19 through the purchase and distribution of PPE for people living with HIV and key populations (masks, gloves and disinfectants), providing five civil society organizations with supplies for 6 months, in addition to a donation of more than 200 gallons of isopropyl alcohol and more than 200 gallons of hand sanitizer.

In partnership with the Jamaica Network of HIV Positive People (JN+), a survey was conducted for people living with HIV that analyzed the challenges of accessing medical care in the context of the COVID-19 pandemic. It has also promoted close and ongoing
dialogue between government authorities, civil society partners and communities of people living with HIV to coordinate the HIV sector’s response to the epidemic and its challenges in terms of access to services, treatment and social protection. It is also important to highlight the continuous communication with the national networks of people living with HIV and the national network of women living with HIV to identify and channel their needs and concerns.

Several efforts have been made to strengthen the resilience of women-led organizations that provide peer support and prevent gender-based violence. One such example is the Jamaica Community of Women Living with HIV and the local organization Eve For Life, which provide psychosocial support to victims of violence and disseminate information on identifying cases of violence and accessing justice. Also noteworthy are the actions carried out under the Spotlight initiative in support of community-led organizations to respond to violence against women and girls in all its diversity, and to develop a mobile application for legal literacy focused on young women.

One of the cornerstones of the response to the COVID-19 pandemic was the multiple actions of advocacy, awareness-raising and promotion of the MMD strategy, as well as the permanent monitoring of ARV stock-outs. On this last point, it is worth highlighting the efforts made with PAHO/WHO to secure the provision of ARVs by Brazil and Panama, thus mitigating the shortage due to the impact of COVID-19 on the supply chain of medicines and ensuring treatment.

The reprogramming of technical and financial resources from UBRAF, PEPFAR and the Global Fund was coordinated with the technical assistance of UNAIDS. In addition, arrangements were made for the approval of an additional US$810,835 to strengthen the response to the COVID-19 pandemic in Jamaica under the Global Fund’s COVID-19 Response Mechanism (C19RM), as well as the Multi-Partner Trust Fund (MPTF) and the UN COVID-19 Response and Recovery Fund for the procurement of PPE for people living with HIV.

The UNAIDS office for Argentina, Chile, Paraguay and Uruguay together with other agencies, funds and programs of the United Nations System with presence in Paraguay, upon consultation with national authorities and civil society organizations, created an emergency fund with its own resources and those mobilized from multilateral donors and the private sector to support initiatives to respond rapidly to the social protection and prevention needs of the most vulnerable population in the face of the COVID-19 pandemic. This multisectoral partnership between the public and private sectors has been an unprecedented model of good practice in the context of the COVID-19 pandemic in the region.

Part of the role taken on by UNAIDS in this country was to ensure that people living with and affected by HIV and key populations have access to social protection, prevention commodities, ARVs and health
services to ensure adherence and viral suppression, as well as the implementation of the MMD strategy.

The direct actions included training sessions on COVID-19 prevention measures for women with HIV and the transgender population together with UNFPA, PAHO and UN Women, as well as support for the preparation of the Post-COVID-19 Socioeconomic Response and Recovery Framework and the study on the barriers to access to health, education, work and social protection for transgender people, which conclusions and recommendations serve as inputs for the Global Fund’s implementation plan for this community.

In the case of Peru, the UNAIDS country office was an active part of the civil society platforms created specifically to monitor access to services and availability of social protection measures for the most vulnerable populations, especially people with HIV, LGTBIQ+ population, women and migrants, as well as situations of human rights violations, ensuring the connection with the other agencies of the United Nations System in Peru and the most important sectors involved in the response (Ministry of Health, Ministry of Women and Vulnerable Populations, Ministry of Justice and Human Rights), while also serving as a liaison with other United Nations agencies, funds and programs, the Humanitarian Network and other relevant sectors in the response in the context of the COVID-19 pandemic.

This participation not only helped to channel demands but also to guarantee their timely attention by government authorities and to reprogram and/or mobilize resources to meet the emerging needs of these groups during the pandemic. For example, they collaborated with the Joint Team on HIV for the reprogramming of “Country Envelope” funds for the reinforcement of HIV services integrated to COVID-19 care services, collaborating to guarantee the effective implementation of the MMD strategy, adherence to ARTV, as well as home health care and mental health support for people with HIV.

In addition, and as part of the direct assistance actions, the UNAIDS country office was part of the Emergency Cash Transfer Program for trans women, key populations and Peruvian, migrant and/or refugee people living with HIV, in a collaborative effort with WFP, which has assisted more than 800 families thanks to the mobilization of additional resources from Partners in Health and GFATM. Also noteworthy is the support for a funding request to the Multi-Partner Trust Fund (MPTF) for 850,000 USD to strengthen sexual and reproductive health, maternal and sexually transmitted infections and HIV services for the Awajun and Wampis indigenous communities in the Peruvian Amazon.

As a non-resident agency, the UNAIDS office for Argentina, Chile, Paraguay and Uruguay (based in Buenos Aires, Argentina) has maintained a close link with UNFPA to plan and execute joint actions aimed at mitigating the impact of the pandemic on people living with and affected by HIV and key populations, by identifying critical situations and contributing to their response. Some of these actions were the support for the implementation of
responses for LGTBIQ+ people, people living with HIV and migrants in situations of violence and discrimination, particularly those expelled from families and shelters technical, and the technical assistance provided for the development of a contingency plan for services for women in situations of gender-based violence, which, as part of the mitigation mechanism for the effects of the pandemic, reinforces psychosocial and legal care for adult women in situations of domestic violence from a human rights and gender perspective.

Concerning the continuity of health services for people with HIV, assistance was provided to both health authorities and civil society for a more effective and efficient implementation of COVID-19 control policies with a focus on people with HIV, including advocacy actions addressed to national authorities given the need to implement the MMD strategy.

Venezuela

Considering the complex humanitarian situation in Venezuela, access to ARVs became a fundamental element of the immediate response actions. From the early days of the pandemic, a campaign was launched through social networks to promote adherence to treatment and early pick-up of antiretrovirals by people living with HIV, to avoid additional complications due to the interruption of global distribution chains and restrictions on people’s mobility.

As part of the direct actions in this area, the UNAIDS country office provided logistical support and political coordination for the mobilization of medicines for Venezuelan patients who receive treatment and ARVs in Colombia and whose access was interrupted by the closure of the border. Similarly, we worked on the episodes of shortage of pediatric ARVs, which were solved thanks to the efforts of UNAIDS with UNICEF and PAHO/WHO, and guaranteed the distribution of ARVs across the country with the active monitoring of civil society.

The most strategic initiatives also include the provision of PPE, sanitizing gel, sanitary towels, masks and condoms for sex workers, transgender women, as well as for health personnel working in HIV and tuberculosis medical consultations and for those working in ARV dispensing pharmacies. In addition, PAHO/WHO has arranged for supplies to support health personnel and hospitals with medical and surgical material, HIV and syphilis diagnostic tests.

With regards to actions from the United Nations System in Venezuela, the UNAIDS country office has participated in the development and implementation of the Intersectoral Plan for Preparedness and Response to COVID-19 coordinated by OCHA, as well as the UNCT Response Plan to COVID-19. In addition, the UN is an active member of the Interagency Communications and Social Mobilization Group and the Health and Protection Clusters. It has also taken an active role in inter-agency efforts regarding the monitoring and reporting of potential human rights violations in close collaboration with the Resident Coordinator’s office.
One of the best-identified practices, which also constitutes a lesson learned for responding to future emergencies, was the ability to take structural and financial reprogramming actions to meet people’s needs and thus facilitate rapid and effective implementation of the response. As for the reprogramming of regular financial resources from UNAIDS country offices in the Latin America and Caribbean region, 17% of the funds were redirected to activities related to COVID-19 and were distributed as follows:

- Development and implementation of the UN System immediate response plans and Socioeconomic Response and Recovery frameworks in the context of the COVID-19 pandemic.
- Support to civil society organizations in the process of implementing combination HIV prevention strategies in the context of the COVID-19 pandemic.
- Support for initiatives to promote human rights, gender, equality and equity, with consideration of the impact of the COVID-19 pandemic on the most vulnerable population groups.
- Promotion of the creation of social protection frameworks.
- Advocacy efforts to ensure the adoption of the MMD strategy.
- Direct support to civil society organizations, people living with HIV and key populations for the provision of essential commodities (food kits, protection kits) and mental health interventions.

In addition, UNAIDS’ inter-agency work plans were reprogrammed, which are funded by UBRAF and administered in the countries by UNAIDS co-sponsoring agencies (Joint United Nations Teams on AIDS). Twenty-seven percent of these financial resources were redirected to interventions in five priority areas of action: supporting and coordinating with civil society; care and treatment; combination prevention; elimination of mother-to-child transmission; and creation of strategic information. Here is a breakdown of some of the many initiatives implemented within this framework:
### Civil Society / Key populations

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>Advocacy actions, dialogue spaces and the use of virtual technology for the identification of immediate strategic actions for human rights and sexual and reproductive rights.</td>
</tr>
<tr>
<td>Ecuador</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>Direct community support actions to ensure access to HIV diagnosis, care and treatment in the context of the COVID-19 pandemic, as well as strategies to promote community resilience for people living with HIV and key populations.</td>
</tr>
<tr>
<td>Brazil</td>
<td>Provision of safe spaces for people living with HIV and key populations with psychosocial and legal support delivered by a multidisciplinary team to address the socioeconomic and psychological side effects of the COVID-19 pandemic.</td>
</tr>
<tr>
<td>Guyana</td>
<td>Training for women with HIV to generate income through the manufacture of masks.</td>
</tr>
<tr>
<td>Brazil</td>
<td>Provision of safe spaces for people living with HIV and key populations with psychosocial and legal support delivered by a multidisciplinary team to address the socioeconomic and psychological side effects of the COVID-19 pandemic.</td>
</tr>
</tbody>
</table>

### Care and treatment

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>Supply chain management support, including logistics such as transportation, to ensure uninterrupted ART access; MMD support; distribution of PPE, gels and gowns for health care workers; and contact tracing for COVID-19, sexually transmitted infections and HIV.</td>
</tr>
<tr>
<td>Honduras</td>
<td>Support to Ministries of Health to develop strategies to reduce the time gap between the diagnosis and treatment of people living with HIV during the COVID-19 pandemic.</td>
</tr>
<tr>
<td>Peru</td>
<td>Development of protocols, training manuals and virtual training sessions for primary and secondary care providers, including laboratories, on COVID-19 and HIV prevention.</td>
</tr>
<tr>
<td>Cuba</td>
<td>Support actions for community distribution of ARVs.</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Delivery of PPE to people living with HIV, hygiene kits to key populations and pregnant women, as well as nutritional support to the most vulnerable populations.</td>
</tr>
<tr>
<td>Guyana</td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td></td>
</tr>
<tr>
<td>Cuba</td>
<td>Direct purchase of pediatric ARVs, provision of psychological support for adolescents affected by COVID-19 and creation of educational materials for people with HIV on the protection and diagnosis of COVID-19, HIV and sexually transmitted infections.</td>
</tr>
<tr>
<td>Venezuela</td>
<td>Temporary shelters for quarantined adolescents and pregnant women returning to Venezuela; HIV and syphilis prevention and treatment campaigns; and campaigns aimed at reducing gender-based violence.</td>
</tr>
</tbody>
</table>

### Combination prevention/ Communications

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>Messages for adolescents promoting self-care and other elements for the prevention of HIV and sexually transmitted infections.</td>
</tr>
</tbody>
</table>
Brazil, Chile, Guyana

Materials for key populations on combination prevention in the context of COVID-19

Peru

Delivery of condoms and lubricants.

**Elimination of mother-to-child transmission**

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>Prevention campaign for HIV, syphilis and other sexually transmitted infections aimed at pregnant women.</td>
</tr>
<tr>
<td>Haiti</td>
<td>Community-led follow-up and psychosocial support for pregnant women.</td>
</tr>
<tr>
<td>Peru</td>
<td>Identification of bottlenecks for the continuity of prevention and treatment services for maternal and pediatric healthcare with a decentralized primary level aligned with the strategies for responding to the COVID-19 pandemic.</td>
</tr>
</tbody>
</table>

**Strategic information**

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honduras</td>
<td>Development of training materials, and training on HIV and syphilis testing surveillance and treatment coverage for vulnerable populations</td>
</tr>
<tr>
<td>Chile</td>
<td>Strengthening of the database on the Elimination of Mother-to-Child Transmission.</td>
</tr>
<tr>
<td>Honduras</td>
<td>Online surveys and virtual discussions with key populations and service providers to generate information on lessons learned from the COVID-19 pandemic and to develop appropriate communication strategies for the continued prevention of HIV and sexually transmitted infections in the context of the COVID-19 pandemic.</td>
</tr>
</tbody>
</table>

Humanity has faced an extremely complex year with the emergence of the largest pandemic in recent history; a pandemic that has spread to all countries of the world, leaving in its wake enormous challenges not only in the health field but also in social and economic aspects.
In the Latin America and Caribbean region, the COVID-19 pandemic has had a direct impact on the achievement of the Sustainable Development Goals (SDGs), thus jeopardizing the progress achieved so far and exacerbating the deep vulnerabilities and inequalities that existed before the outbreak.

Progress in the response to HIV and AIDS has also been compromised, with obstacles not only to meeting the goals and targets set for the year 2020 but also with major and multiple difficulties in guaranteeing access to health services, continuity of treatment and HIV prevention actions.

Based on its mission and vision, and 25 years of accumulated experience coordinating actions in response to the HIV pandemic, UNAIDS worked hard during this first year of COVID-19 to support individuals, communities and governments to:

- Ensure continuity of access to health services for people living with HIV, including ARV treatment, and adapt response actions to their needs.
- Strengthen protection capacities against COVID-19 and HIV.
- Mitigate the impact and socioeconomic consequences on key populations.
- Advocate for the HIV response to remain on the global agenda.
- Protect human rights and promote the elimination of stigma and discrimination.

The pandemic will continue to affect the range of health, economic, social, environmental and institutional factors that determine people’s and communities’ health, well-being and development. Therefore, UNAIDS renews its commitment to continue coordinating response actions aimed at directly addressing people’s needs and strengthening the role of the communities themselves in this response.

The epidemiological reality in the region of Latin America and the Caribbean shows a situation that is far from being controlled. The threat persists not only in terms of health and human lives but also in the exacerbation of deep economic and social inequalities. Well into 2021, new hope arises with the advent of vaccines, which were

Conclusions: The road ahead
the result of an extraordinary scientific collaboration and the public/private partnership that has achieved the great feat of producing, testing and approving vaccines in record time.

Vaccines could be a game changer, but only if there is a fair and equitable distribution, even within a limited supply scenario. Recognizing the complex challenge of supporting equity of access, UNAIDS has joined as an advocate member of the coalition of organizations supporting the “People’s Vaccine Alliance” to encourage fair distribution of available doses among countries, but also to support schemes that prioritize key populations.

UNAIDS will continue to expand its work hand in hand with communities, recognizing and supporting the important role that Community-Based Organizations play in the care, protection and well-being of people living with HIV. As passionately as it did 25 years ago, UNAIDS will continue to provide technical and programmatic assistance to the agencies, funds and programs of the United Nations system, the governments of the region and civil society as a whole to strengthen their national responses within the framework of the Fast-Track Action Agenda and its goals to end the AIDS epidemic as a public health problem by 2030, leaving no one behind.
1. List of projects selected in the call

<table>
<thead>
<tr>
<th>NAME OF THE PROJECT</th>
<th>COUNTRY</th>
<th>NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting the maintenance of the HIV prevention-care continuum for key populations in the canton of Portoviejo through community service.</td>
<td>Ecuador</td>
<td>Kimirina</td>
</tr>
<tr>
<td>Empowering people living with HIV and non-binary people (LGTBIQ+) to enhance their resilience within the context of COVID-19 in the municipalities of Victoria, Sensuntepeque, San Isidro, Guacotecti, Ilobasco and Dolores, all in the department of Cabañas, in San Lorenzo and San Vicente, municipalities in the north of the department of San Vicente, and in San Juan Nuevo Eden and San Gerardo municipalities in the west of the department of San Miguel.</td>
<td>El Salvador</td>
<td>Asociación Comité contra el SIDA, Cabañas, El Salvador. CoCoSI</td>
</tr>
<tr>
<td>Strengthening of Non-Governmental Organizations that offer Counseling and Support Services to People with HIV and COVID-19 in Venezuela through New Technological Tools.</td>
<td>Venezuela</td>
<td>Asociación civil manantial de vida pro-defensa de los derechos humanos</td>
</tr>
<tr>
<td>GSWC responds to the needs of sex workers in Guyana through prevention measures during COVID19</td>
<td>Guyana</td>
<td>Guyana Sex Work Coalition</td>
</tr>
<tr>
<td>Promoting Rights and Preventing COVID-19 for Key Populations in Guyana</td>
<td>Guyana</td>
<td>SASOD Guyana</td>
</tr>
<tr>
<td>Advocacy and access to the human right to health of trans people living with and affected by HIV/AIDS during the crisis generated by COVID-19 in the provinces of northern, central and southern Argentina.</td>
<td>Argentina</td>
<td>Asociación de Travestis Transexuales y Transgéneros de Argentina (ATTTA)</td>
</tr>
<tr>
<td>COVID-19 and HIV: public authorities approaching key populations to contribute to the reduction of stigma and discrimination in Paraguay.</td>
<td>Paraguay</td>
<td>ENLACE- CDH, Centro de Desarrollo Humano.</td>
</tr>
<tr>
<td>Shared responsibility and protection, HIV and COVID-19: Promoting COVID-19 prevention measures, such as the use of masks, safety goggles, frequent hand washing and sanitation of common areas. The banda azul takes care of the other bandas: People in Prison living with HIV and AIDS in the Santa Martha Acatitla Men’s Penitentiary, in the Iztapalapa municipality in Mexico City, Mexico.</td>
<td>Mexico</td>
<td>Movimiento Mexicano de Ciudadanía Positiva, Asociación Civil, - México</td>
</tr>
<tr>
<td>Empowering Female Sex Workers in the Dominican Republic through Rights Training in the Context of COVID-19 and HIV/AIDS.</td>
<td>Dominican Republic</td>
<td>Organización de Trabajadoras Sexuales-OTRASEX</td>
</tr>
<tr>
<td>Strengthening the skills of community leaders living with HIV for the social surveillance of the antiretroviral supply in Peru, prioritizing 12 regions identified with the highest number of PLHIV undergoing antiretroviral treatment (Lima, Loreto, Callao, La Libertad, Arequipa, Ica, Ucayali, Piura, Lambayeque, San Martin, Ancash and Tumbes).</td>
<td>Peru</td>
<td>AID FOR AIDS PERÚ</td>
</tr>
<tr>
<td>Moving towards the elimination of obstacles related to human rights and access to HIV services.</td>
<td>Honduras</td>
<td>Organización Llanto, Valor y Esfuerzo</td>
</tr>
<tr>
<td>Strengthening the skills of community leaders living with HIV for the social surveillance of the antiretroviral supply in Peru, prioritizing 12 regions identified with the highest number of PLHIV undergoing antiretroviral treatment (Lima, Loreto, Callao, La Libertad, Arequipa, Ica, Ucayali, Piura, Lambayeque, San Martin, Ancash and Tumbes).</td>
<td>Peru</td>
<td>AID FOR AIDS PERÚ</td>
</tr>
<tr>
<td>Psychosocial care and support networks programme for people living with HIV in Chile in the context of the COVID-19 pandemic.</td>
<td>Chile</td>
<td>Fundación Chile Positivo</td>
</tr>
<tr>
<td>“A positive talk” - Promoting the rights of LGTBIQ+people in situations of human mobility, as well as of people living with HIV in Guayaquil, Ecuador, within the context of the response to COVID-19.</td>
<td>Ecuador</td>
<td>Diálogo Diverso</td>
</tr>
<tr>
<td>Indigenous, native and countrywomen of the indigenous or original peoples of the 24 bases of FENMUCARINAP empowered against all forms of discrimination to face the spread of COVID-19 and HIV/AIDS.</td>
<td>Peru</td>
<td>Federación Nacional de Mujeres Campesinas, Artesanas, indígenas, Nativas y Asalariadas del Perú – FENMUCARINAP</td>
</tr>
<tr>
<td>Prevention and Guidance in the care route of COVID-19 and HIV for the Afro-Colombian population of the rural districts of (Llanobajo, San Marcos and Guaimia) the village number 8 of Buenaventura - Valle del Cauca.</td>
<td>Colombia</td>
<td>Asociación de mujeres trabajando por el medio ambiente (ASOMUTRAM)</td>
</tr>
<tr>
<td>Establishing a promotion and prevention system for COVID-19 regarding the use of elements of protection and physical distancing in the LGTBIQ+, Afro-descendent and migrant population in the municipality of Medina Cundinamarca.</td>
<td>Colombia</td>
<td>Junta de acción comunal del barrio La Manguita del municipio de Medina</td>
</tr>
<tr>
<td>A comprehensive strategy in indigenous communities of the highlands of Guatemala regarding access to information through digital means on PrEP, PEP, and adherence to ART for HIV with a relevant and decentralized focus on Maya peoples (K’iche and Kakchiquel).</td>
<td>Guatemala</td>
<td>Asociación de Investigación, Desarrollo y Educación Integral</td>
</tr>
<tr>
<td>Preventing the spread of the COVID-19 pandemic in the indigenous communities of Los Altos de Chiapas within the context of universal human rights.</td>
<td>Mexico</td>
<td>Fraternidad para el Desarrollo Social A. C.</td>
</tr>
<tr>
<td>Network of advocates for the social and health rights of people who inject drugs to strengthen care services for HIV, viral hepatitis and COVID-19 in the municipalities of Pereira and Dosquebradas (Department of Risaralda, Colombia).</td>
<td>Colombia</td>
<td>Corporación Temeride</td>
</tr>
<tr>
<td>Description</td>
<td>Country</td>
<td>Organization</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Developing actions for accessing an early HIV diagnosis through the application of rapid tests for gay men, men who have sex with men, migrants and people deprived of their liberty in the Maule region in the context of the crisis quarantine caused by COVID-19.</td>
<td>Chile</td>
<td>Coordinadora Nacional de Atención En VIH/SIDA de la Región Del Maule</td>
</tr>
<tr>
<td><strong>FUTÁ TRAWÚN CHE MAPU:</strong> Training and Intercultural Promotion, HIV/AIDS and Covid-19 for 18 indigenous leaders from the 9 native peoples of Chile.</td>
<td>Chile</td>
<td>RENPO CORPORACION ENCUENTROS DE VIDA – RENPO CEV.</td>
</tr>
<tr>
<td>Young people for the prevention of HIV</td>
<td>Chile</td>
<td>Asociación Chilena de Protección de la Familia (APROFA)</td>
</tr>
<tr>
<td>Migrant Women Strengthening the Response to COVID-19 and HIV/AIDS Prevention. Remote Work to Support Sex Workers, Transgender and Migrant Women Living with or Vulnerable to HIV.</td>
<td>Chile</td>
<td>Fundación Féminas Latinas- Santiago de Chile.</td>
</tr>
<tr>
<td>Action and Prevention: HIV testing, and STI and Viral Hepatitis prevention with key and priority populations in the city of Cariacica - ES, Brazil.</td>
<td>Brazil</td>
<td>GOLD – Grupo Orgulho, Liberdade e Dignidade</td>
</tr>
<tr>
<td>Young women for the prevention of HIV in times of physical distancing in the Linha slum in Campos dos Goytacazes, Rio de Janeiro</td>
<td>Brazil</td>
<td>Organização Não Governamental Nação Brasileira De Rua</td>
</tr>
</tbody>
</table>
2. Flujograma MMD

**FLUJOGRAMA PARA DISPENSACIÓN DE MEDICAMENTOS ARVs PARA VARIOS MESES**

**NIVEL CENTRAL/REGIONAL**
- Responsables:
  - Dirección de Medicamentos / Unidad de Gestión Logística.
  - Comités Técnicos (Farmacoterapia Nacional).
  - Programa Nacional de Salud.
- DEFINIR:
  - Normalidad
  - Lista de medicamentos
  - Número de meses a prescribir (es. 3 a 6)
  - Criterios (ej. clínicamente estable)
  - Capacidad local
  - Procedimientos documentados.
- ESTIMACIÓN DE NECESIDADES:
  - Calidad de la información
  - Metodología (morbilidad)
  - Herramientas
  - Definición stock de seguridad.
- PLAN DE ADQUISICIÓN
  - Revisión de mercado
  - Evaluación de riesgos
  - Monitoreo.
- ADQUISICIÓN:
  - Recepción (caldad)
  - Buenas prácticas de almacenamiento
  - Control de inventarios.
- ALMACENAMIENTO:
  - Recepción (caldad)
  - Buenas prácticas de almacenamiento
  - Control de inventarios.
- DISTRIBUCIÓN:
  - Cumplimiento buenas prácticas de distribución BPD.

**NIVEL LOCAL**
- Servicios farmacéuticos hospitalarios, centros y puestos de salud.
- Servicios comunitarios.
- Farmacéuticos / técnicos / comunitad con capacitación y entrenamiento BOP.
- Personal asignado o contratado para realizar el servicio domiciliario.
- CONCERTAR con los Usuarios o acompañante: Fecha de Entrega, Informar: debe recibir un adulto y los documentos que debe presentar.
- Revisar con el usuario o acompañante, los medicamentos y cantidades dispansadas de acuerdo a la prescripción. 
  - Revisar vencimiento.
  - Recomendar almacenamiento adecuado para conservar la calidad de los medicamentos y uso adecuado a indicaciones médicas (si se requiere).
  - Informar próxima fecha de dispensación.

**CONTROL**
- Ruta de distribución.
- Garantizar condiciones de vehículo de transporte y asignar el personal entrenado con identificación.
- Elaborar planillas para la dispensación.
- Desde el Servicio farmacéutico / servicio comunitario:
  - Verificar la prescripción médica (7.1).
  - Seleccionar, alistar y empaquetar adecuadamente los medicamentos por esquema y por Usuario (7.2)

**MONITOREO Y SEGUIMIENTO**

**PERSONA QUE RECIBA**
- Usuario que va al Servicio Farmacéutico, al servicio Comunitario.
- Usuario que está en su vivienda.
- El usuario o acompañante debe:
  - Presentar la documentación requerida.
  - Verificar de acuerdo a la prescripción médica:
  - Medicamentos y cantidades entregados.
  - Fechas de vencimiento vigente de cada medicamento.

**RESPONDER PREGUNTAS SOBRE**
- Almacenamiento en casa.
- Recibir recomendaciones sobre almacenamiento de medicamentos en lugar ventilado, seco, o el alcance de niños, (si se requiere).

**VERIFICAR**
- planillas con respecto a los paquetes a entregar, antes de iniciar los recorridos.
- Al llegar a los domicilios, se identifica, realizar dispensación y registro.

**REGISTRAR EN EL SISTEMA DE INFORMACIÓN**
- Por cada usuario: fecha y cantidad de medicamentos prescritos y dispensados, cantidades no dispensadas, próxima fecha de dispensación.
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