

LATIN AMERICA / THE CARIBBEAN

Respect for human rights, a key factor to address the HIV epidemic

DOMINICAN REPUBLIC

Gabriela Read in Santo Domingo

Plan to combat HIV/AIDS puts aside the focus on prevention

New strategy concentrates on the diagnosis to at-risk groups and the handout of antiretroviral medications.

By 2015, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that there was a population in the Dominican Republic of at least 68,000 people living with HIV. The incidence, according to statistical data, had been diminishing during the previous years until settling at 0.8 percent — a figure higher than the average in the region that stands at 0.4 percent — after years of a mainly preventive approach.

The strategy switched that same year to an approach more oriented towards a diagnosis of the disease, as explained by Leonardo Sánchez, director and activist of the Amigos Siempre Amigos gay group, something that in the next few years could skyrocket the number of cases that as of now is calculated to be 2,000 new infection cases per year.

In fact, in April 2015, the government launched the National Strategic Plan to Answer STDs (Sexually Transmitted Diseases) and HIV/AIDS, a tool that aims to concentrate its efforts in the next three years in the groups that contribute more to the prevalence of the epidemic: male and female sex workers and the LGBTI (lesbian, gay, bisexual, transsexual and intersex) population, through early detection and by providing antiretroviral treatments.



With a focus on prevention, transgender and sex workers rights organizations attain equal treatment in the health system. / COTRAVETD

It is the strategy called 90/90/90, promoted since 2014 by UNAIDS and the Pan American Health Organization (PAHO), that pretends that by 2020, 90 percent of the HIV infected population are aware of their diagnosis; 90 percent of the people who live with the virus receive antiretroviral treatment; and that 90 percent of them are virally suppressed.

This at least on paper; in practice, the application of the strategy has found itself with a country that is not yet prepared for this strategy to work.

“First, the country has not yet accepted that HIV is a disease of national priority. Secondly, is that the budgetary allocation to combat the disease is still less

than 1 percent [of the national budget],” Sánchez tells to *Latinamerica Press*.

According to this strategy, “each person who is diagnosed with HIV has to be introduced into the health system, implying that the person will immediately start receiving the antiretroviral treatment,” adds the activist. “But we are coming across many people of all ages living with HIV and we are sending them to the care units. There they come face to face with the national reality: many of these units are saturated and are not taking on new patients.”

Insufficient funds

In October of last year, the Dominican Network of People who Live with HIV and AIDS (REDOVIH) denounced that 30 percent of HIV positive people were at risk of being left without the antiretroviral treatment if the budget that the State allocates to the National Program of Comprehensive Care of People who Live with HIV/AIDS was not increased for 2017.

From the very first year when the National Strategic Plan for the Answer to STDs and HIV/AIDS, the medication program was already operating with a deficit of US\$3.7 million, according to figures provided by Dulce Almonte, the president of REDOVIH.

“It is not that the strategy is bad or inadequate; it is that the country is not prepared for this strategy to work to perfection,” points out Sánchez. “We are talking about the economic inability, in terms of structure and in terms of the number of professionals in the health system with the capacity to medicate and do follow-up of an HIV infection.”

But not all is negative, considers Nairovi Castillo, coordinator of the Community of Transgender and Transvestite Sex Workers (COTRAVETD), which seeks to respond to the needs of health, safety, and psycho-social aspects of the group. For her it was a gain that during the creation of the concept note of the National Strategic Plan they succeed in being excluded from the “men who have sex with men” category, something that now allows them to have specific statistics regarding HIV cases in their group and, based on this, work to promote public policies that allows them to deal better with the prevention of the disease among their group.

According to the Second Survey of Behavior Surveillance with Serological Linking in Key Populations of 2012, there is a population of 8,891 transgender persons in the country. Of this number, COTRAVETD estimates that 28 percent are HIV infected, Castillo told *Latinamerica Press*.

The activist considers that in the last few years the group has reaped other benefits, rather small, but positive. For instance, to be treated with respect inside the health system, when HIV infected transgender sex workers go looking for health care.

“The cases of discrimination have come down somewhat in health centers. Many hospitals already

know that there is an organization in the country that defends transgender people. They look at me like as a ‘fighter’; they know that I am going to go in front of a TV camera to demand respect,” she says proudly.

She also points out that the close relationship of the organizations with funding agencies with influence in the Ministry of Public Health, has contributed with these improvements, by demanding respect for them from the system and by providing training to the health staff.

“They have the power to meet with the Minister of Health, to send letters and to say: look, these people are asking for this,” she said.

Subjects of law

Bignatisis Vásquez, a promoter and educator of the United Women’s Movement (MODEMU), which brings together more than 2,000 sex workers in the country, agrees with Castillo.

Although admitting that there are still cases of discrimination and stigma taking place in the health system, she considers that cases are more infrequent thanks to the work done by organizations that provide support to these groups in situation of vulnerability and also thanks to the empowerment of its members who now see themselves as subjects of law.

From her work, what worries her most is access to medicines and the discrimination in other areas such as in the labor realm. And in that sense, she speaks from her own experience and of her colleagues.

When she retired from sex work, she tried to find a job in a free trade zone. But, according to her, they tested her to detect HIV and she was not hired. Although this type of practice is illegal, most companies conduct these unreported lab tests before hiring.

This keeps many people from integrating into the labor force, including former sex worker infected with HIV, while this make difficult for them, due to economic hardships, to have access to medication when the health system itself cannot provide them. In the Dominican Republic, the coverage of people receiving antiretrovirals barely reaches 58 percent, according to data from the National Council for HIV and AIDS.

But if these groups now celebrate the improvement in the manner they are treated in the health system, this comes as a result of years working with a preventive approach in community spaces that also served to make them aware of their rights.

“With this new approach [the 90/90/90 strategy], the population has lost a space of prevention and community empowerment that the civil society organizations provided them through our preventive programs that no longer exist,” Sánchez regrets.

For now, all that is left is to wait for the country to make the readjustments in the national health system to accommodate the new demands that crop up as a result of this new approach. □

NICARAGUA

Carmen Herrera in Managua

Housewives at risk of contracting HIV

International agencies recognize policies for prevention and care of people infected with HIV, but late diagnosis could elevate the mortality rate.

Despite the persistent presence of the cultural and religious influence that stigmatizes and discriminates against people infected with HIV; that uncertain official data is published of programs that do not include women as part of the populations at risk; and the fact that there is a need for a permanent visibility of the campaigns on the pandemic, Nicaragua is well recognized by international agencies as an example of a country that is complying with the 90/90/90 strategy.

This strategy consists in compliance by 2020 of goal 1: increase to 90 percent the proportion of people with HIV that are aware of their HIV status; goal 2: increase to 90 percent the proportion of HIV infected people who are on antiretroviral treatment; and goal 3: that 90 percent of people on antiretroviral treatment are virally suppressed.

The strategy is promoted by the Pan American Health Organization (PAHO) since 2014 and applies to the certification of the World Health Organization (WHO) to be registered as a State with a zero index of mother-to-child transmission of the virus, validation only reached by Cuba and so recognized by this organization.

“The problem in Nicaragua is that all HIV projects have been aimed at key populations: sexual diversity, sex workers, men who have sex with men, mobile populations as the members of the military, and bisexuals. But, where does that leave housewives, the women who cannot demand a condom from their husbands, those who have a stable marriage or relationship, but do not know who the husband is having sexual relations with? We do not know if he uses protection in the street, if this man is having relations with two or three transgender girls or gay men, and then he gets home, and this turns into an infection chain of re-infections. The fact of maintaining these populations concentrated with follow-ups does



Mística Guerrero, leader of the Organization for Transgender People (ODETRANS) of Nicaragua who provides support and accompanies transgender people with HIV in their treatment. / Carmen Herrera

not allow us to learn with exactitude the status of these housewives,” Mística Guerrero, leader of the Organization for Transgender People (ODETRANS) of Nicaragua, who provides support to people with HIV, told *Latinamerica Press*.

José Tomás Morales, promoter of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Nicaragua, said to *Latinamerica Press* that some 11,000 people have been diagnosed with the virus in the country since the first case was detected in 1987.

The project of the Global Fund for the fight against HIV called “Nicaragua Strengthened in the Prevention and Health Care of the Key Populations with HIV in the Framework of the Sustainability of the Response” — administered by the Center for Health Research and Studies (CIES), that is part of the Nicaraguan AIDS Commission (CONISIDA) — works with the strategy called Comprehensive Set of Preventive Actions (CIAP), which consists in providing information, access to condoms, access to water based lubricants and HIV testing, in the identified populations: men who have sex with men, transgender population and sex workers.

Restricted information

However, the former Director of Epidemiology of the Health Ministry and current President

of the Nicaraguan Society of General Medical Practitioners, Leonel Argüello, told *Latinamerica Press* that there is an under-reporting of cases of people with HIV, mainly in women in rural areas, that cannot be corroborated, as state authorities do not make that information public and the number of organizations of civil society which provide assistance to this population has decreased from 17 to seven in the last five years.

This situation, according to Argüello, affects the prevention programs since the government is the only one controlling the activities that take place in favor of prevention and care of the at-risk populations as are women living in rural areas and those who work from their homes, and the government does not cover what happens with those people who receive care in the many small and large private clinics that exist throughout the country or with women in rural areas who do not go to health centers.

“It is the man, in the case of rural areas, the one who goes from home to the city to do the shopping and at the same time goes to bars, brothels. And that man returns home and does not know that he could have become infected with HIV or any other venereal disease,” Argüello says.

“The country has classified HIV as occurring in a concentrated population and for this reason it has directed the prevention programs to those key populations because it has to do with cost-benefit; each reactive and each test has a cost. As a country, the intention is to include the largest number of people with HIV at an early stage so that they go and receive treatment, get them linked with the health unit. We know that the faster a person is detected, this person has a higher possibility of having a better quality of life,” Morales states.

For Argüello, although there are serious problems to confront an HIV pandemic, Nicaragua is in a better position than other countries in the region due to its history of blood market control. After the victory of the Sandinista Popular Revolution in 1979, the sale of blood was banned, sex education was implemented in schools, and prevention programs started early since the first HIV case emerged in 1987.

However, he considers that there was a setback in the 1990s and 2000s with the start of the governments sympathetic to the Catholic Church, which promotes reproduction, prohibits sex education and the use of contraceptives.

“Added to these problems, now there is no sex education provided by the state, and there is no permanent HIV campaign, which means that the population feels that they are not at risk and as a result they do not use protection,” he says.

No mortality figures

Despite the current Sandinista government

having a clear religious leaning and political and economical alliances with the more conservative sector of the Catholic Church and private enterprise, it makes considerable efforts to promote and facilitate contraceptive methods in health centers, according to people interviewed.

Regarding to the prevention process, the government is successfully applying the 90/90/90 strategy of the PAHO. Also, Morales says that Nicaragua is applying to the WHO to be registered as a country that has eliminated the mother-to-child transmission of the HIV, this after achieving that only 2 percent of women with HIV transmit the virus to their infants.

About the government’s assertion that 70 percent of the HIV-infected population receives treatment, Guerrero considers that “this datum is real because I have seen in hospitals the distribution of medications where people go for their controls; there are people with five years of having contracted HIV and they take their medication and there is no problem. The problem lies in late diagnosis. If you get to a medical center or hospital in bad condition and you do not have access to any medication, it is not the responsibility of the state; it is a personal matter, of social context. Those persons of diverse sexuality feel embarrassed to go and take an HIV test, even to ask for condoms,” he says.

Although HIV is not one of the main causes of death in Nicaragua, the truth is that there is not a specific record of those people who have died because of the virus.

“Nowadays there should not be any deaths associated to HIV because we have treatment that is first class; the person who follows the treatment is going to have the same life expectancy as a person without the virus. HIV is considered as a chronic disease in the country,” Morales states.

For Guerrero however, HIV cases have increased.

“What we see now is the mortality associated to HIV, and we observe this due to an advanced state of AIDS”, he says.

For example, he stated that in the Manolo Morales Hospital, in Managua, two to three people die in one day due to advanced HIV, “when antiretroviral drugs are available in Nicaragua that can improve the lives of people; where there are two or three organizations that have self-support groups that can provide the support needed to people to improve their quality of life; this is a chronic disease and not a terminal condition.”

“People do not realize this because they do not turn to the health system, they are not aware of what is going on; we do not have real statistics. I feel that there is a rise in HIV and this is shown by the mortality in hospitals as a result of [the most advanced phase] of this virus,” he said. □

HIV/AIDS

IN LATIN AMERICA AND THE CARIBBEAN 2015



2 MILLION

people live with HIV

An increase of 10% since 2010

74,000

adolescents ages 10-19



57%



43%

32,000

children ages 0-14



29%

less than in 2010

75% OF PEOPLE WITH HIV KNOW THEIR STATUS

New HIV infections

100,000 PER YEAR IN THE REGION

Has remained stable since 2010

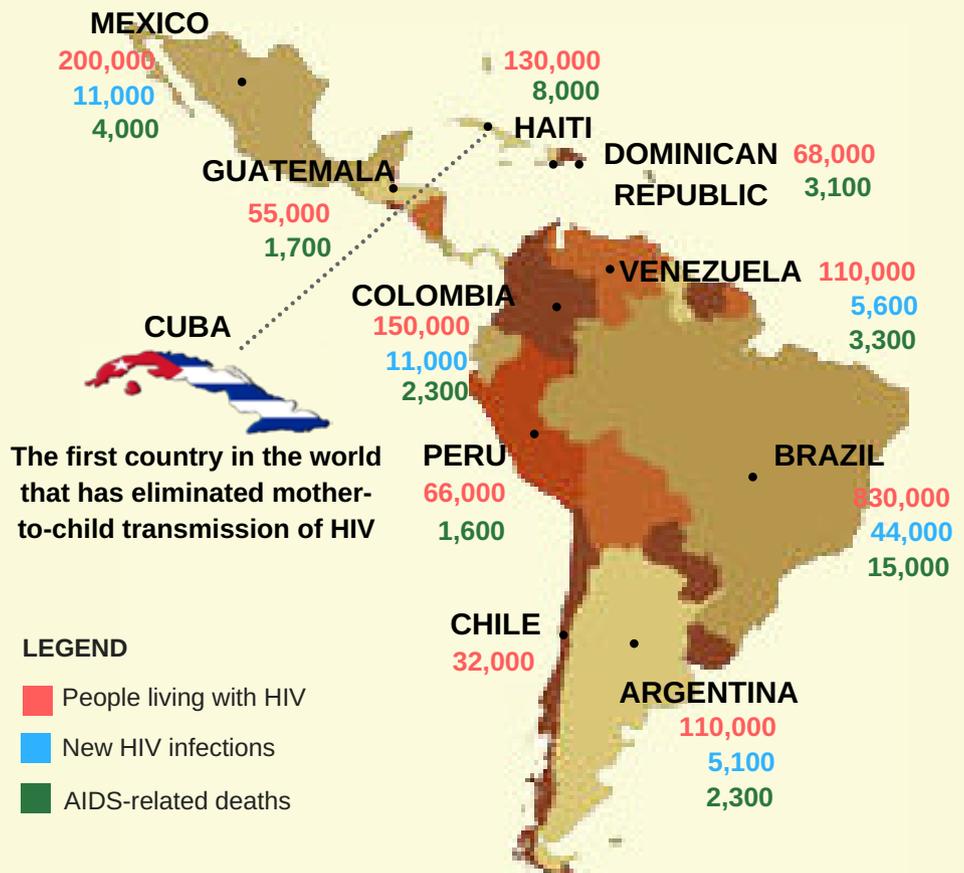
Compared to 2010:

4% increase in men ages 15+

3% increase in women ages 15+

2,100 are children ages 0-14
45% less

17,000 are adolescents ages 10-19
6% less



The first country in the world that has eliminated mother-to-child transmission of HIV

- LEGEND
- Red square: People living with HIV
 - Blue square: New HIV infections
 - Green square: AIDS-related deaths

55% OF PEOPLE LIVING WITH HIV RECEIVE ANTIRETROVIRAL TREATMENT (ARV)
23 points higher than in 2010



LATIN AMERICA HAS ONE OF THE HIGHEST COVERAGE IN THE WORLD FOR THE HIV TREATMENT



88% OF PREGNANT WOMEN LIVING WITH HIV RECEIVE ARV TREATMENT
36 points higher than in 2010

8% OF CHILDREN LIVE WITH HIV DUE TO MOTHER-TO-CHILD TRANSMISSION
7 points lower than in 2010

50,000 AIDS-RELATED DEATHS
17% less than in 2010



490,000 CHILDREN AGES 0-17 ARE AIDS ORPHANS
16% less than in 2010

EL SALVADOR

Edgardo Ayala in Ciudad Victoria

Creativity and advocacy to prevent the spread of HIV

Information regarding the prevention of sexually transmitted diseases is disseminated through theatre plays and school campaigns.

They live bearing the weight of two epidemics: poverty and HIV, but María Ventura and her daughter Carolina González refuse to give up. Quite the contrary, they have gone through great efforts to better understand their condition as HIV positive, and to show a fighting attitude in life, in a country that has made substantial headway in the fight against the epidemic, but that also faces important challenges ahead.

“Before, I thought this was as far as I would live... But here I am, confronting life... It’s not easy but we live on,” said Ventura, 43, to *Latinamerica Press*, at her home located in the Tempisque canton, municipality of Guacotecti, in the central department of Cabañas.

A portrait of Juan Antonio Mejía, her husband and Carolina’s stepfather, hangs on one of the walls in Ventura’s home. He was also HIV positive and died last year. Since then, the burden of running the home has all fallen on her, and whenever she has the resources she leases a plot of land that she cultivates on her own to plant corn and beans.

Both women are members of one of the two support groups promoted by the Committee Against AIDS (COCOSI), the sole nongovernmental community organization that has worked since 1999 in HIV, Sexually Transmitted Diseases (STDs), and gender based violence, among other issues, in the cantons and villages nearby Sensuntepeque, the capital of Cabañas.

The other group is made up by inmates of the Penitentiary Facility in that city, who receive talks and attend workshops on how to live life in a dignified manner, by teaching them that their rights must be respected, and how prevention is the key to tackle the virus.

“Condoms were not allowed to be brought in the penitentiary back in 2011, and cases increased to five that year. This alerted the Ministry of Health [MINSAL] and jointly we advocated for condoms



María Ventura and Carolina González, HIV-positive mother and daughter, have learned to manage daily life with much hope. /Edgardo Ayala

to be allowed in,” Carmen Jovel, coordinator of the Accompaniment and Mitigation program of COCOSI, told *Latinamerica Press*.

This organization is based in the Santa Marta canton, jurisdiction of Ciudad Victoria, in Cabañas. It works in coordination with the Comprehensive Prevention Community Center of MINSAL, based in the area, which keeps records of the cases and coordinates treatment for those affected.

Vertical transmission

Through the years, COCOSI has had to resort to creative methods to disseminate information on how to prevent the transmission.

This issue, as well as the stigma suffered by HIV positive persons, and teen pregnancy, is informed through simple theatre plays that are performed in rural communities where the most vulnerable groups are people of sexual diversity, the activist added.

“That initiative has given us good results,” Jovel explained, “because art should also communicate and inform on these issues.”

This preventive effort also reaches schools by means of constant work with the student body, teachers and parents. That effort has kept under control the propagation of the virus in the department, which presents the lowest rates.

The institution also covers the travel and transport costs so that people can get to Sensuntepeque for their medical checkup in the hospital.

At national level, this Central American nation of 6.3 million people has made great strides in the last few years to confront and contain the pandemic that recorded over 33,000 cases of HIV and AIDS between 1984 and 2015, 72 percent of which were catalogued as infection, and 28 percent as AIDS or HIV in an advanced stage, according to the National Report on the Status of HIV in El Salvador, published in April 2016.

According to Doctor Ana Isabel Nieto, chief of the HIV/STD Program of MINSAL, of the infected population, 63 percent are men and 37 percent women, and is concentrated in adults of key sectors, as transsexual women, sex workers, and the category known as men who have sex with men (MSM).

The mentioned report highlights the strategy for the elimination of vertical transmission, that is, mother to baby during pregnancy, childbirth or breastfeeding, as an achievement in the subject of prevention, as this has been reduced by 94 percent since 2001.

The campaign to eliminate this form of infection was intensified in 2010 and was included in the treatment protocol that “all pregnant women undergo two HIV tests in order to prevent this type of transmissions if they tested positive,” Nieto added.

The recommended measures to prevent vertical transmission are an adequate antiretroviral treatment to the mother, control during pregnancy, programmed cesarean delivery (to prevent the rupture of the amniotic sac that protects the fetus from the infection) and bottle-feeding.

If that provision had existed when Ventura got pregnant, she would not have transmitted the virus to her daughter, now 26.

The above mentioned report points out that there are 14 Sentinel Surveillance Clinics for the integral treatment of STDs in 11 of the 14 departments of El Salvador, created as part of the prevention strategy. They have specific prevention, diagnostic, attention and treatment services available.

There are also other 14 Comprehensive Prevention Community Centers in seven of the departments with the highest occurrence of HIV, administered by civil society organizations. The test to detect the virus is free of charge.

Shortage risk

Retroviral care is provided free of charge to some 10,000 people in the 20 hospitals in the country. However, according to agencies of the United Nations that number should reach 17,000, said the MINSAL official.

So there are about 7,000 people who are not receiving the therapy, “but who, for different reasons, are also not requesting the service,” she added.

In absolute terms, the average rate of detected cases dropped in three per 100,000 people from 2008 to 2014, and the mortality rate went from 5.6 per 100,000 people in 2006 to 3.5 in 2014, according to the mentioned report.

Also, in recent weeks, different organizations united in the Sustainability Alliance for the Response to VIH have warned of a shortage risk of antiretrovirals if the government does not pay the US\$1.8 million debt owed to the Pan American Health Organization (PAHO) for the purchase of this medicine.

Although the shortage risk is real, the head of the HIV/STD Program said that if the debt is not settled due to the severe financial crisis facing the country — payment that is absolutely necessary to deal for a new purchase of these drugs for this year — there are other mechanisms available that would allow obtaining the medicines, such as loans or donations from country governments in the region.

“Whenever this happens, countries call on other countries to see which countries are willing to loan or donate; we work together this way, and people sometimes do not realize all the juggling we have to do in order to get all we need,” she said.

One of the challenges to overcome in the preventive issue, she reiterated, is the lack of sex education provided to children and young people in schools.

Teenagers, she said, start their sexual life at 12, but they have no idea of the risks that they are exposed to, because these subjects are still taboo. The objective is that they start becoming aware of this subject so that they assume their sexuality in a responsible manner.

The HIV prevalence rate in young people borders 6 percent and detected cases only appear when young pregnant girls are tested for HIV, not because they go voluntarily to be tested.

Meanwhile, in Tempisque canton, Maria Ventura and her daughter Carolina face life with energy and determination despite the adversities. While holding the portrait of her deceased husband, Ventura says she feels happy “for the support I have received; I have now learned to look after myself.” □

Specialreport

A production by **Latinamerica Press**, Comunicaciones Aliadas news service.

www.lapress.org

Published thanks to the support from American Jewish World Service (AJWS)

