

# Country progress report - Chile

Global AIDS Monitoring 2017





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# Overall

## Fast-track targets

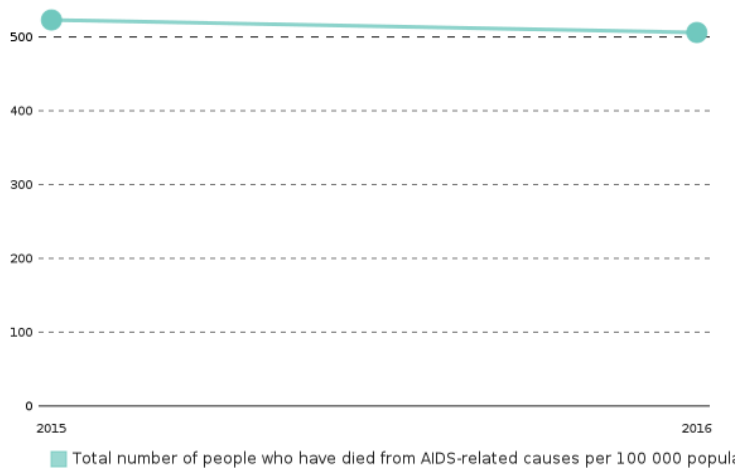
### Progress summary

La epidemia es concentrada. Entre 1984 y 2015 se han notificado 36.820 personas (30.860 hombres y 5.960 mujeres).

El 99% de los casos ha adquirido el VIH por vía sexual afectando a HSH entre 20 y 49 años. Las personas en TARV en el sistema público son 27.274, y 5.464 en el privado. La Estrategia Nacional de Prevención contempla niveles de intervención que se complementan y potencian: nivel individual, nivel grupal-comunitario y nivel masivo/comunicacional. A la fecha se han realizado 16 Campañas comunicacionales. Ley GES desde 2005, garantiza acceso a diagnóstico, exámenes de seguimiento y monitoreo (CD4, Carga Viral y test de Resistencia) y TAR para adultos, niños y embarazadas.

Los desafíos son transversalizar el tema de VIH, reforzar las acciones de sensibilización, difusión, capacitación y educación y profundizar el autocuidado. Intensificar el acceso al diagnóstico vinculando a las personas con los sistemas de salud

### 3.1 AIDS mortality, Chile (2015-2016)



# Commitment 1

## **Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

### **Progress summary**

From December 2017 on public assistance network all people living with HIV who are in control have access to ART regardless of CD4 count and clinical stage . In March 2018 Decree becomes effective treatment ensuring unrestricted public and private sector considering new first - line therapeutic regimens and rescue

### **Policy questions**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

Yes

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

≤350 cells/mm<sup>3</sup>; Implemented countrywide

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

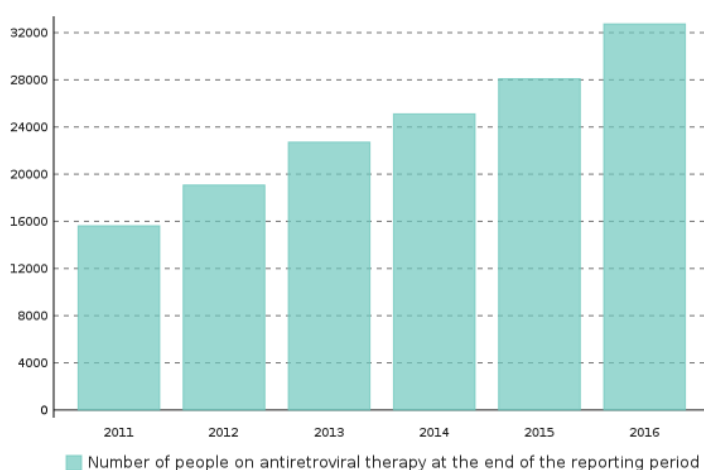
**a) For adults and adolescents**

Yes, fully implemented

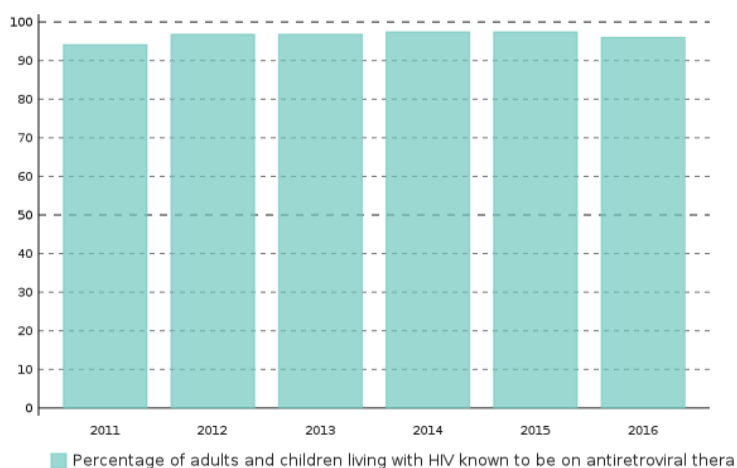
**b) For children**

Yes, fully implemented

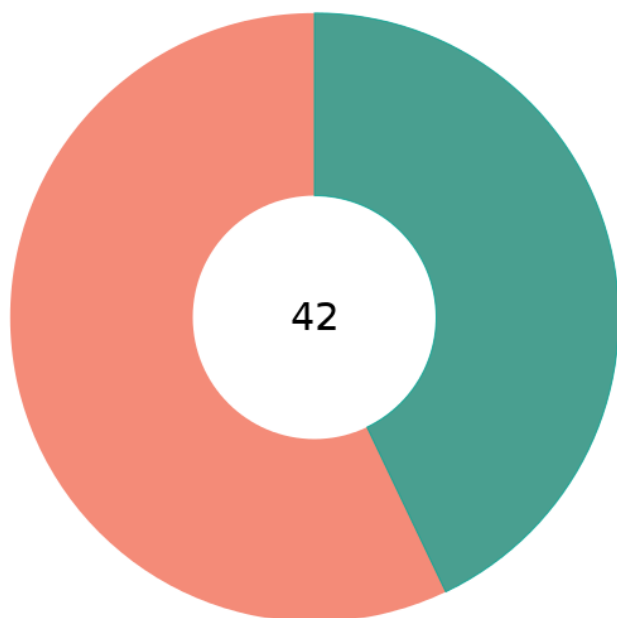
**1.2 People living with HIV on antiretroviral therapy, Chile (2011-2016)**



**1.3 Retention on antiretroviral therapy at 12 months, Chile (2011-2016)**

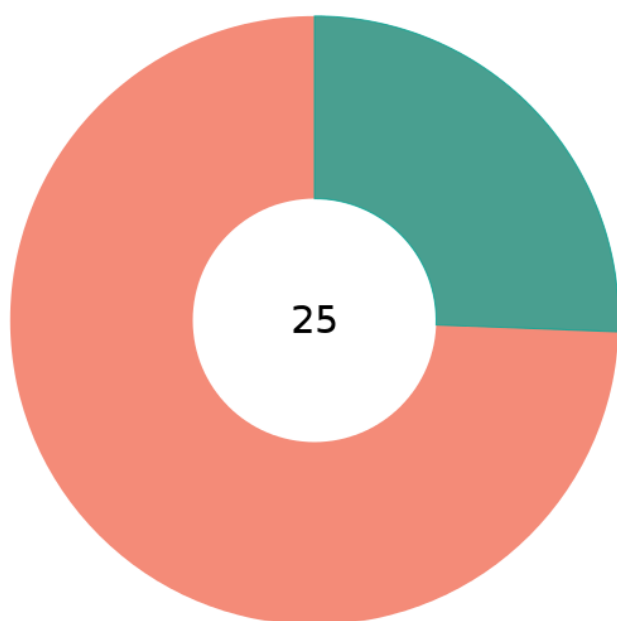


### 1.5 Late HIV diagnosis, Chile (2016)



■ Percentage of people living with HIV with the initial CD4 cell count <200 cells/l

### 1.6 Antiretroviral medicine stock-outs, Chile (2016)

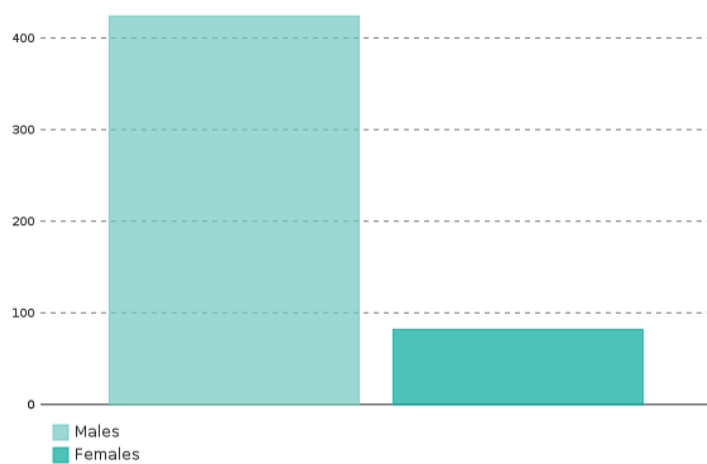


■ Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines



## 1.7 AIDS mortality, Chile (2016)

Number of people dying from AIDS-related causes in 2016



# Commitment 2

## **Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

### **Progress summary**

El país dispone de la Estrategia PTMI con normativas, monitoreo y evaluación conjunta. El protocolo incluye examen al ingreso a control prenatal y en semana 32 en gestantes de mayor riesgo, TAR Opción B+ de OMS, en pre parto y recién nacido; además medicamentos para interrumpir producción de leche materna y entrega sustituto de leche materna. El diagnóstico de los recién nacidos se realiza en el Instituto de Salud Pública (ISP), El 2015, la primera muestra de los recién nacidos hijos de madres VIH (+) se obtuvo antes de los 2 meses en el 96% de los casos

Las ITS son gratuitas para toda la población en el sistema público. A las gestantes se les hacen 3 exámenes durante gestación y uno en parto o aborto.

### **Policy questions**

#### **Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year:

Year:

Elimination target(s) (such as the number of cases/population) and Year:

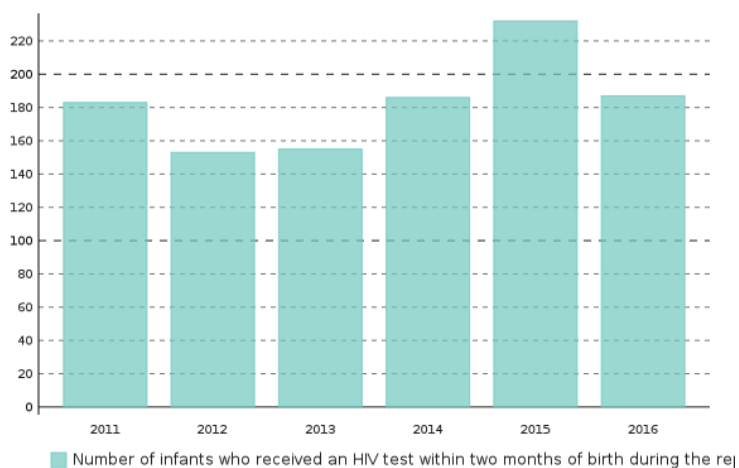
Year:

#### **Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

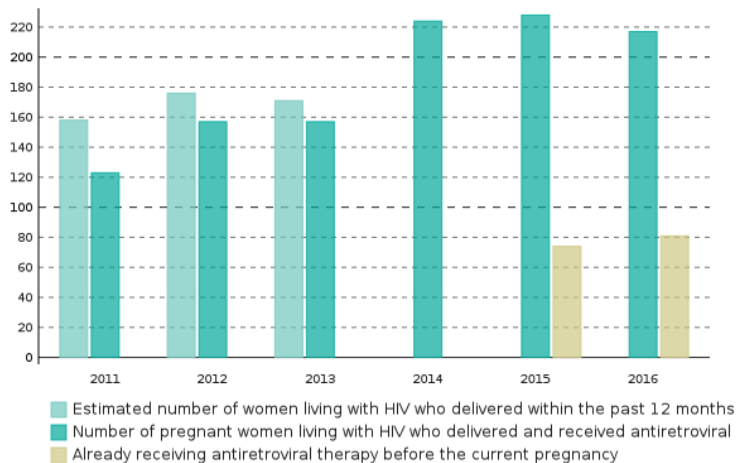
Yes, with an age cut-off to treat all of <1 years

Implemented countrywide

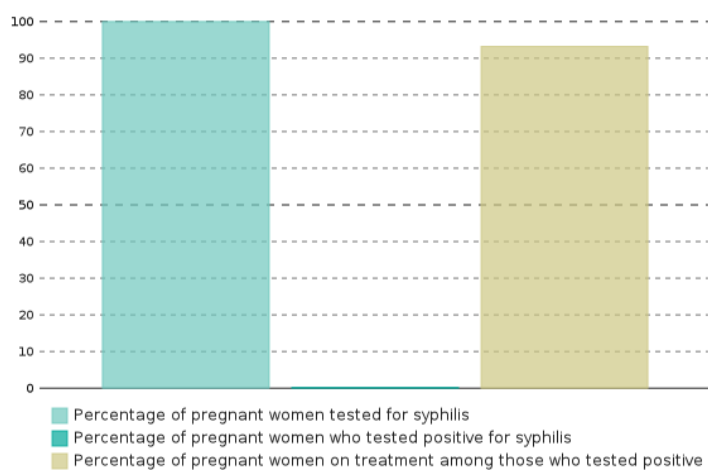
## 2.1 Early infant diagnosis, Chile (2011-2016)



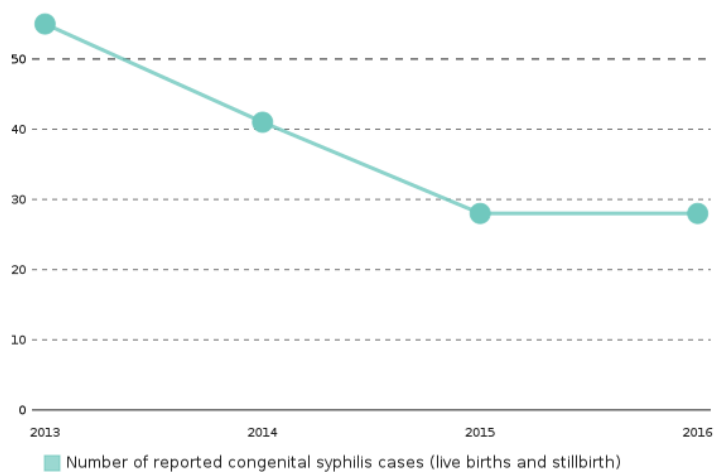
## 2.3 Preventing the mother-to-child transmission of HIV, Chile (2011-2016)



## 2.4 Syphilis among pregnant women, Chile (2016)



## 2.5 Congenital syphilis rate (live births and stillbirth), Chile (2011-2016)



# Commitment 3

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

According to the epidemiological reality the country, where 99% corresponds to the transmission of sexually, have not been considered harm reduction strategies for injecting drug users. The country has sought to expand prevention and control in key populations encouraging access to services and land work with MSM and transgender populations. Through agreement with Gendarmerie provides access to prevention, control and treatment of the prison population. 2016 was promulgated the regulation for taking the HIV test for inmates indicating the offer admission to prisons. Chile is evaluating alternatives for pre-exposure prophylaxis.

## **Policy questions: Key populations**

**Criminalization and/or prosecution of key populations**

**Transgender people**

Neither criminalized nor prosecuted

**Sex workers**

Sex work is not subject to punitive regulations or is not criminalized

**Is drug use or possession for personal use an offence in your country?**

Possession of drugs for personal use is specified as a non-criminal offence

## Legal protections for key populations

### Transgender people

Prohibitions of discrimination in employment based on gender diversity

### Sex workers

No

### Men who have sex with men

Prohibition of discrimination in employment based on sexual orientation

### People who inject drugs

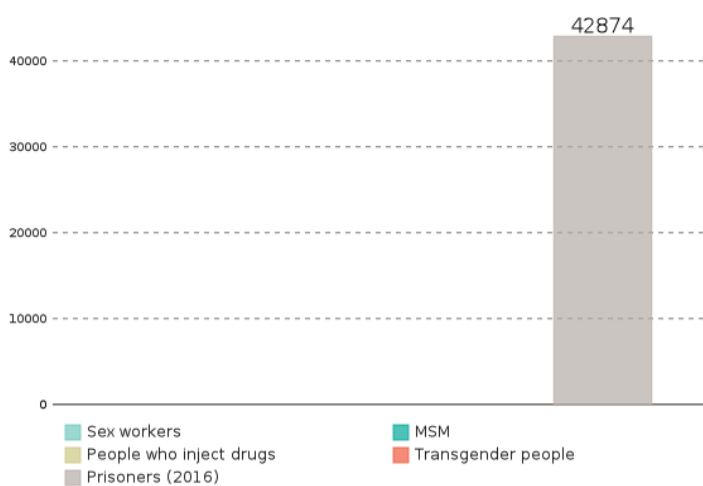
No

## Policy questions: PrEP

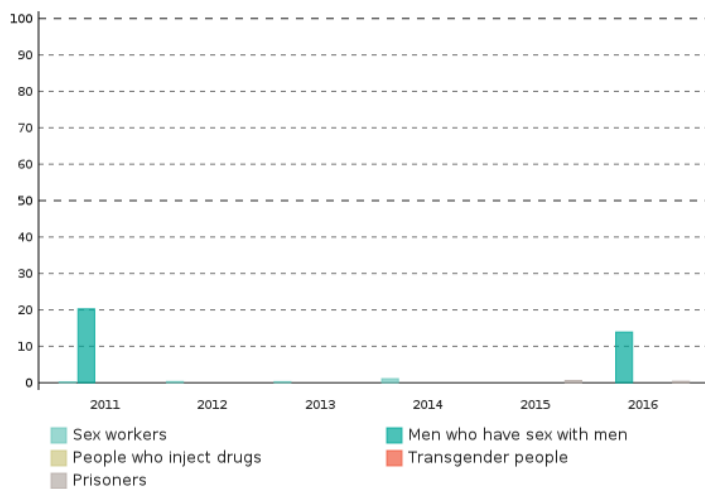
Is pre-exposure prophylaxis (PrEP) available in your country?

No

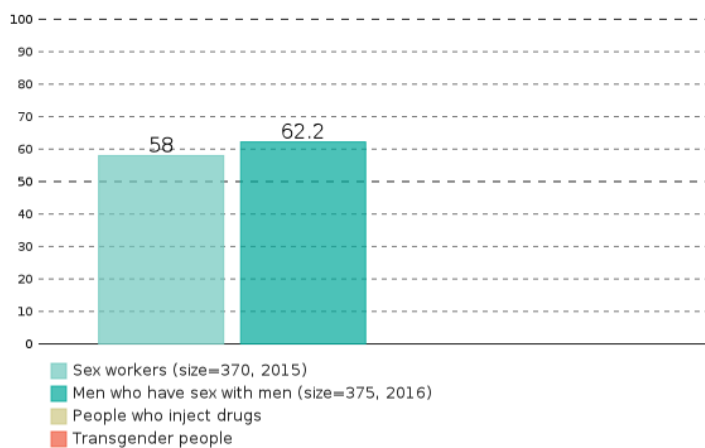
## 3.2 Estimates of the size of key populations, Chile



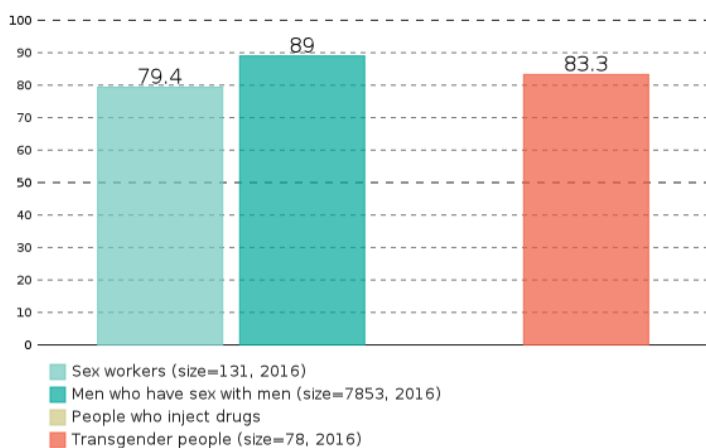
### 3.3 HIV prevalence among key populations, Chile (2011-2016)



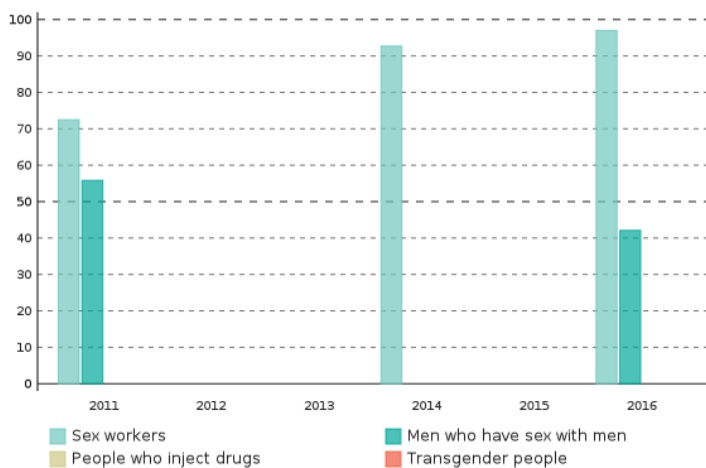
### 3.4 Knowledge of HIV status among key populations, Chile



### 3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Chile

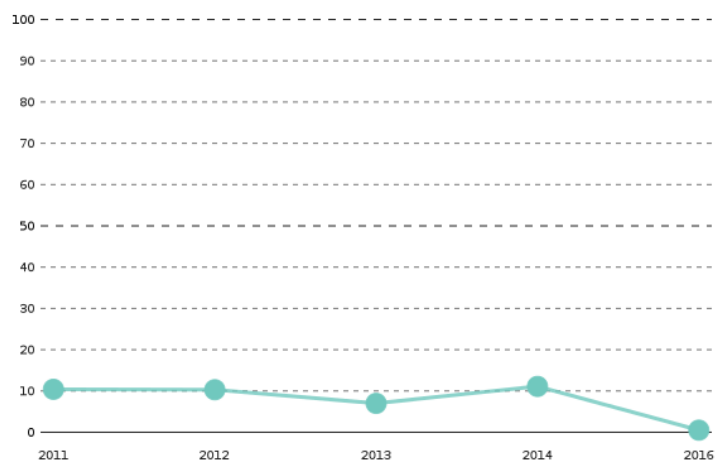


### 3.6 Condom use among key populations, Chile (2011-2016)

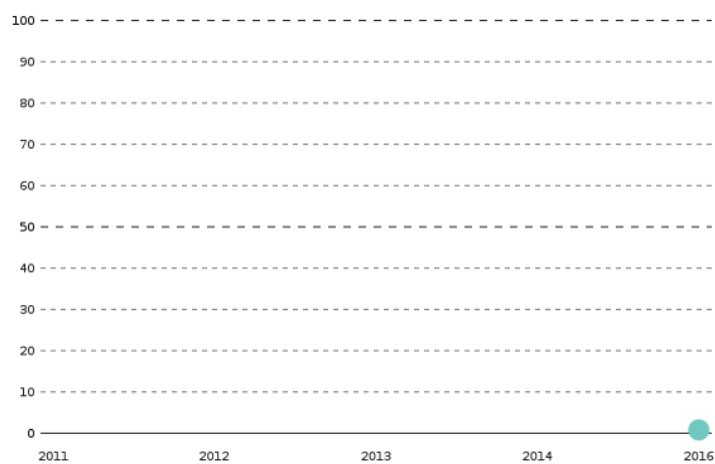




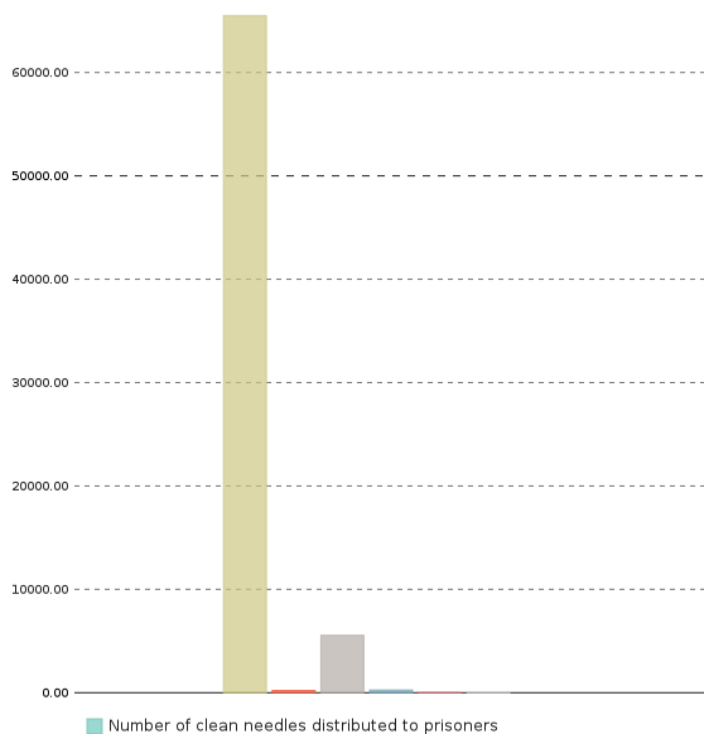
### 3.11 Active syphilis among sex workers, Chile (2011-2016)



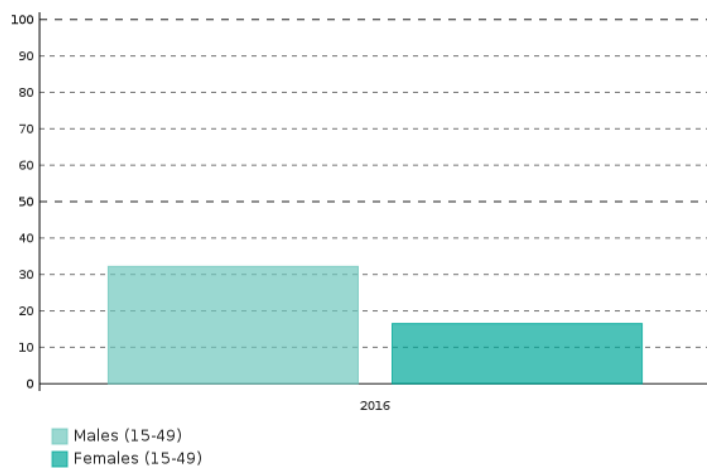
### 3.12 Active syphilis among men who have sex with men, Chile (2011-2016)



### 3.13 HIV prevention programmes in prisons, Chile (2016)



### 3.18 Condom use at last high-risk sex, Chile (2016)



# Commitment 4

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

La Presidenta de la República, crea el 20 de Marzo del año 2015, el Ministerio de la Mujer y la Equidad de Género, que entre sus funciones propondrá el trabajar por la erradicación de la violencia contra las mujeres en todas sus formas y lugares donde se produzca y velar por el respeto y cumplimiento de los derechos humanos de las mujeres, de acuerdo a los tratados y convenciones internacionales que el Estado de Chile ha suscrito.

En este marco, cada institución del estado realiza compromisos para cumplir los objetivos propuestos. Así el país ha avanzado profundizando la política de prevención de VIH/SIDA e ITS, a través de la elaboración, difusión e implementación del “Protocolo de Atención a Mujeres Viviendo con VIH: Prestaciones en Salud Sexual y Salud Reproductiva disponibles en la red asistencial pública”. Para la disminución de la violencia de género a lo largo de todo el ciclo de vida, el Ministerio de Salud formó una Comisión Ministerial sobre Salud y Violencia de Género, que cautela que las políticas sectoriales incluyan la temática.

### **Policy questions**

**Does your country have a national plan or strategy to address gender-based violence\* and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**Does your country have any of the following to protect key populations and people living with HIV from violence?**

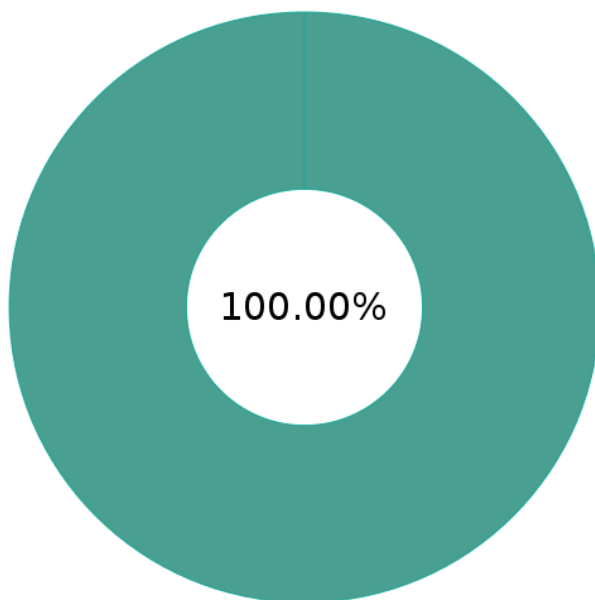
Programmes to address intimate partner violence\*

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exist but are not consistently implemented

**Percentage of Global AIDS Monitoring indicators with data disaggregated by gender**



16 / 16

# Commitment 5

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Se ha avanzado para incrementar el autocuidado, aumentando el acceso a consejería en espacios amigables y diferenciados implementados en los Centros de Salud de APS De acuerdo a la última encuesta nacional de Juventud 2015, el 60% declaró haber usado condón en el inicio sexual siendo éste el método más usado, según declaración de las y los jóvenes, en ambos casos. En enero del 2017 se cambia la ley que da autonomía a los jóvenes mayores de 14 años para acceder al examen VIH.

## **Policy questions**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education\*, according to international standards\*, in:**

**a) Primary school**

Yes

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Commitment 6

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Policy questions**

Yes

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

Yes

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

Yes

**f) Does it address the issue of unpaid care work in the context of HIV?**

Yes

**Do any of the following barriers limit access to social protection\* programmes in your country**

Lack of information available on the programmes  
Complicated procedures  
Fear of stigma and discrimination  
Lack of documentation that confers eligibility, such as national identity cards  
People living with HIV, key populations and/or people affected by HIV are covered by another programme

# Commitment 7

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Policy questions**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

-

**b) Female condoms:**

-

**c) Lubricants:**

-

# Commitment 8

## **Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

### **Progress summary**

Durante los últimos años se han verificado importantes avances en materia de prevención y atención, fundamentalmente en aumento de cobertura, los recursos financieros involucrados y el impacto demostrado especialmente en la calidad de vida de las personas afectadas.

En los últimos tres años el Gasto Relativo al VIH, pasó de M\$ 92.462.378 en 2012 a M\$ 108.844.663.995 en 2015. En términos globales, el sector público contribuyó con el 72% del gasto total del país, el sector privado con el 27,9%, mientras que los recursos foráneos son marginales y han ido fundamentalmente a apoyar el fortalecimiento de organizaciones sociales.

El incremento en el gasto, ha sido a expensas de la atención y tratamiento que experimentó un incremento de M\$ 60.835.053 en 2012 a M\$ 100.480.738 en 2015. De éste, el 89% fue para TARV, con una participación de financiamiento público del 72% y privado de 28%. El total de personas en TARV son 27.469, 82% del sector público.

El presupuesto de Prevención representa sólo el 6,5% del gasto país en SIDA, el que entre 2012 y 2015 experimentó una baja, y que es aportado en su mayor proporción por el sector público de salud (94% del total destinado a prevención por el país).



# Commitment 9

## **Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

### **Progress summary**

Para reducir los efectos ocasionados por la discriminación se han conformado tres mesas de trabajo nacional en VIH/SIDA y Derechos Humanos: una Mesa nacional que aglutina a representantes de organizaciones sociales de todo el país, junto a los ministerios de Educación, Mujer, Justicia, Juventud, Gendarmería, Salud y OPS/OMS y PNUD; una segunda instancia que reúne a una Red Nacional de Pueblos Originarios en VIH/SIDA, junto a Delegado Presidencial de Asuntos Indígenas, Ministerio de Salud OPS/OMS y PNUD y una tercera instancia que aglutina a organizaciones de la Red Trans Chile y el Ministerio de Salud. Ha resultado clave en este proceso el involucramiento de otros sectores gubernamentales más allá de salud para avanzar en determinantes estructurales y profundizar la contribución de más actores en la respuesta al VIH/SIDA.

Desde estos espacios de participación se han generado comisiones de trabajo y sometido a consulta importantes iniciativas, entre las que se cuentan el diseño de la campaña comunicacional sobre VIH/SIDA, la elaboración del Reglamento del Examen VIH para personas privadas de libertad, la definición del Reglamento para la autonomía de realización del examen VIH en adolescentes y jóvenes de 14 a 18 años (cambio en la Ley de SIDA 19.779), la revisión de las recomendaciones para la Guía de Práctica Clínica de VIH/SIDA, y la participación en Consejo Consultivo Nacional de Participación en Salud.

### **Policy questions**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

mecanismo corresponde a la justicia ordinaria que opera para todos los ciudadanos y ciudadanas

Does your country have any of the following accountability mechanisms in relation to  
dis Yes, imprisonment

**ation and violations of human rights in healthcare settings?**

Complaints procedure

**Does your country have any of the following barriers to accessing accountability mechanisms present?**

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

# Commitment 10

## **Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

### **Progress summary**

Las políticas para el abordaje de estas patologías permitirán al país avanzar hacia el logro de este compromiso. Específicamente el acceso diagnóstico, atención, tratamiento y seguimiento del VIH/SIDA, de la Hepatitis B, Hepatitis C y Cáncer Cervico-Uterino están garantizados por Ley GES. La Tuberculosis, de acuerdo al Código Sanitario es gratuita para toda la población, considerando para ello el diagnóstico, tratamiento y seguimiento. Chile se ha comprometido en eliminar la Tuberculosis como problema de salud pública.

Actualmente está en proceso la actualización de los esquemas de tratamiento del VIH/SIDA y de Hepatitis C, con la incorporación de los medicamentos de última generación.

### **Policy questions**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b. The national strategic plan governing the AIDS response**

No

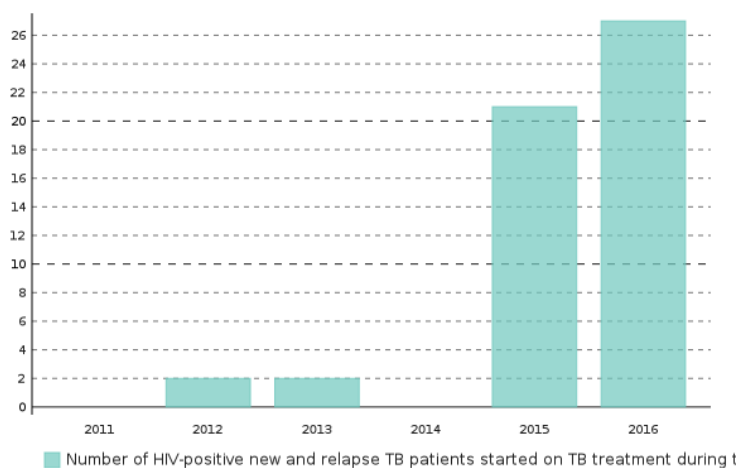
**c. National HIV-treatment guidelines**

Yes

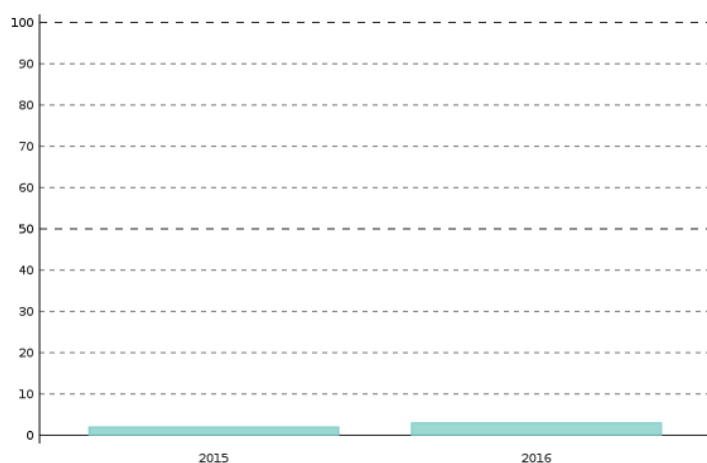
**What coinfection policies are in place in the country for adults, adolescents and children?**

-

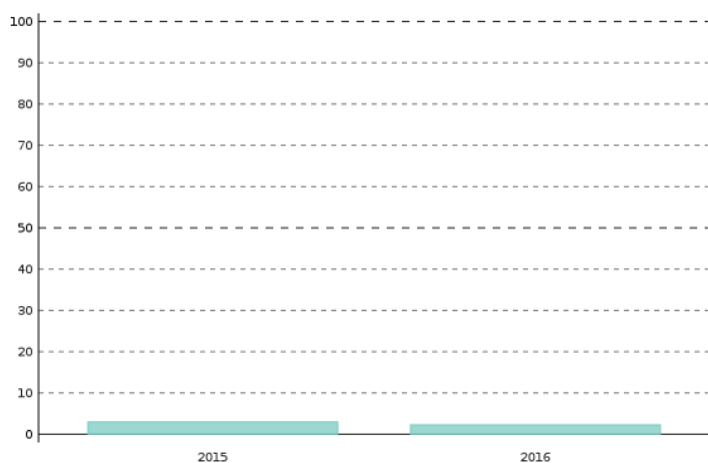
## 10.1 Co-managing TB and HIV treatment, Chile (2011-2016)



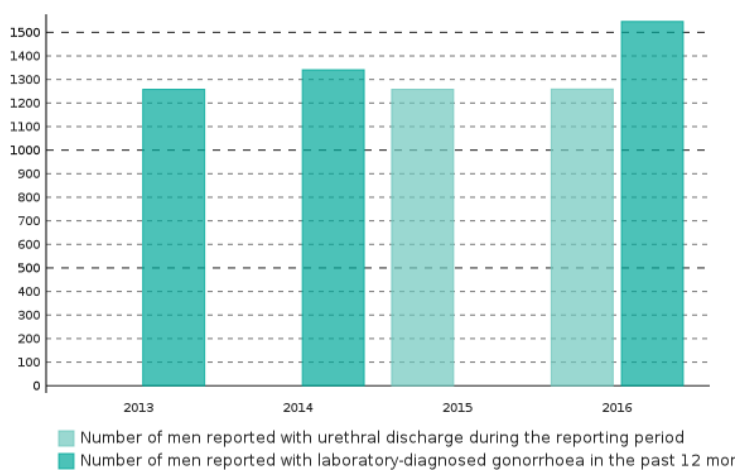
## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Chile (2015-2016)



### 10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Chile (2015-2016)



### 10.4/10.5 Sexually transmitted infections, Chile (2013-2016)



### 10.6/10.8 Hepatitis B and C testing, Chile (2015-2016)



### 10.7/10.9 HIV and Hepatitis B/C, Chile (2015-2016)

