

# Country progress report - Ecuador

Global AIDS Monitoring 2018





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AIDS out of isolation - 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

# Overall

## Fast-track targets

### Progress summary

La Declaración Política de las Naciones Unidas sobre el VIH y el sida del 2016 refleja la estrategia de respuesta rápida para acelerar la lucha contra el VIH y poner fin a la epidemia del Sida para 2030, establece metas ambiciosas para el escalamiento de la prevención, el tratamiento y abordajes estructurales del VIH para superar la epidemia en los próximos años. En ese sentido, el Ecuador forma parte de esta iniciativa mundial para el abordaje integral de las personas que viven con VIH, y poder así poner fin al sida como amenaza para la salud pública, garantizando y promoviendo un vida saludable y el bienestar para todas las personas que viven con esta enfermedad.

Para dar cumplimiento a los acuerdos internacionales respecto a la epidemia del VIH/sida en el Ecuador, los actores involucrados se han planteado retos en conjunto que permita abordar las estrategias frente al VIH/sida de manera multidisciplinaria y corresponsable. Estos esfuerzos conjuntos entre las instituciones públicas, privadas y organizaciones sociales permitieron durante el 2017 la implementación del nuevo algoritmo diagnóstico para mejorar la captación oportuna, la actualización de Plan Estratégico Multisectorial del VIH/sida 2017-2021, y la puesta en marcha de la estrategia "Hazte la Prueba" enfocado hacia la eliminación de la transmisión materno infantil.

Sin embargo, persisten importantes retos tales como la mejora en los sistemas de información, la implementación de modelos de gestión en la captación y atención de personas viviendo con VIH incluyendo la participación de la sociedad civil, intensificar la reducción del estigma y discriminación, y mejorar los servicios relacionados a pacientes que viven con VIH.

# HIV testing and treatment cascade

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

### Progress summary

1.1 Personas viviendo con el VIH que conocen su estado El 64% de las PVV conocen su estado y condición serológica.

1.2 Tratamiento del VIH: terapia antirretrovírica. Los adultos y niños que reciben actualmente Terapia antirretroviral-TARV, comparando con total de PVV, es del 54.20 lo que demanda estrategias para que la población se realice tamizajes de VIH e ingresen al Sistema Nacional de Salud..

1.3 Retención en la terapia antirretrovírica 12 meses después de comenzar el tratamiento

Los adultos y niños con el VIH, que continúan con el tratamiento 12 meses después de iniciar la TARV, representan el 78%. Para alcanzar el 100% hay que mejorar la atención y el seguimiento a las PVV y sobre todo implementar una estrategia para alcanzar una mejor adherencia al TARV.

### Policy questions (2017)

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**

No

**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?**

No threshold; TREAT ALL regardless of CD4 count; Implemented in many (>50%) treatment sites

**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

# Prevention of mother-to-child transmission

**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 PTMI es uno de los pilares para enfrentar a la epidemia del VIH/sida en el país, durante sus implementación se estima tener una cobertura del 100% a todas las mujeres embarazadas antes, durante y después de su parto. El 75% de niños que nacen de madres seropositivas son sometidos a una prueba virológica del VIH, durante sus dos primeros meses de vida, pues a pesar de los avances en PTMI todavía nacen niños infectados por el VIH. La tasa de transmisión materno infantil de VIH para el año 2018

## **Policy questions (2016)**

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

No

**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?**

Treat All; Implemented countrywide

# HIV prevention; Key populations

**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**

Actualmente en el Ecuador entre las opciones de prevención combinada que se garantizan actualmente está: únicamente la dotación de preservativos y lubricantes, así como la profilaxis post exposición ya sea por exposición laboral al virus o exposición no laboral como en el caso de abusos sexuales. En lo que respecta al método de profilaxis previa a la exposición (PREP), el país se encuentra analizando los mecanismos y la factibilidad de su implementación.

Por otra parte, la circuncisión masculina médica voluntaria no se han implementado en el país ya que la epidemia se caracteriza de tipo concentrada.

## **Policy questions: Key populations (2016)**

### **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



**Men who have sex with men**

No penalty specified

**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**

Constitutional prohibition of discrimination based on gender diversity

**Sex workers**

Constitutional prohibition of discrimination based on occupation

**Men who have sex with men**

Constitutional prohibition of discrimination based on sexual orientation

**People who inject drugs**

No

**Policy questions: PrEP (2017)**

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

No, guidelines have not been developed

# Gender; Stigma and discrimination

## **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 constitución de la república del Ecuador contempla leyes contra todas las formas de violencia y discriminación contra mujeres y niñas así como también garantizan los derechos de las personas que viven con el VIH y de todos los ciudadanos independientemente de su orientación sexual.

### **Policy questions (2016)**

**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

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Interventions to address police abuse

**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 exists and are consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**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**

Los estudios disponibles a nivel nacional son desde el 2012 y presentan niveles de conocimiento en los jóvenes todavía bajo. Sin embargo, se han realizado esfuerzos y propuestas para mejorar el conocimiento los jóvenes. Todavía persiste el reto de generar un plan de promoción para incrementar el conocimiento y capacidades en jóvenes para protegerse del VIH.

## **Policy questions (2016)**

**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**

No

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Social protection

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

### **Progress summary**

Al momento en el Ecuador sólo los niños que viven con el VIH se benefician del programa de protección social “Joaquín Gallegos Lara”, el cual contempla la dotación de un bono mensual de \$240 UDS, a los niños infectados por VIH menores de 14 años de edad. Dicho compromiso será un reto asumirlo como país ya que el VIH no es considerado una patología catastrófica para incorporarla en programas de protección social.

### **Policy questions (2016/2017)**

Yes and it is being implemented

#### **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?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Lack of information available on the programmes Fear of stigma and discrimination

# Community-led service delivery

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

## **Progress summary**

Con la implementación del Modelo de Atención Integral en Salud, MAIS del Ministerio de Salud la prestación de los servicios de salud se acercaran más a las comunidades a través de los Equipos Integrales de Salud-EAIS y con la incorporación de los Técnicos de Atención Primaria en Salud- TAPS, quienes realizaran visitas domiciliarias a nivel de las comunidades.

## **Policy questions (2017)**

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

No

**What safeguards in laws, regulations and policies, if any, 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

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

**a) Male condoms:**

-

**b) Female condoms:**



-

**c) Lubricants:**

-

# HIV expenditure

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

## **Progress summary**

A partir del 2017 los recursos destinados en VIH se incrementan debido a las prioridades gubernamentales respecto al VIH, específicamente en lo que respecta al Plan de Transmisión Materno Infantil. Para el 2018 se plantea triplicar la inversión en prevención diagnóstico oportuno para garantizar un incremento sustancial en el primer 90.

# Empowerment and access to justice

**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**

Además de los derechos que garantiza la constitución de la república del Ecuador, las personas que viven con el VIH/Sida pueden recibir asesoría legal a través de organizaciones de la Sociedad Civil como la Coalición Ecuatoriana de personas que viven con VIH, Defensoría del Pueblo así como las instancias legales establecidas en el país para prevenir y dar respuesta a violaciones de derechos humanos.

## **Policy questions (2016)**

**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 sub-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)?**

Si, MSP, Sociedad Civil y Defensoria del pueblo.

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

-

# AIDS out of isolation

**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 normativas actuales de VIH y Tuberculosis contemplan el tratamiento antirretroviral así como el tratamiento de la Tuberculosis en todos los casos de Coinfección ya que la Tuberculosis es la primera causa de Coinfección en el País.

Así mismo esta normado la realización de pruebas de diagnóstico para descartar otras coinfecciones como: Hepatitis B, Hepatitis C, dichos insumos como los reactivos y/o pruebas de diagnóstico no se encuentran disponibles en todos los laboratorios a nivel nacional, por lo que no todos los PVV pueden acceder a estas pruebas de laboratorio; al momento el país no cuenta con medicamentos para tratar la Hepatitis C.

## **Policy questions (2016)**

**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**

Yes

**c) National HIV-treatment guidelines**

Yes

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

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics