

ONUSIDA 2023

ORIENTACIÓN

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# Orientación adicional para los países de América Latina y el Caribe – GAM 2024

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Indicadores regionales para medir el avance hacia la cero discriminación

the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million. The number of people who are malnourished has increased from 1.2 billion to 1.5 billion. The number of people who are obese has increased from 100 million to 300 million.

There are a number of reasons for this. One of the main reasons is that the world population has increased from 5 billion to 6 billion.

Another reason is that the world population is becoming more urbanized. This means that there are more people living in cities and towns, where food is more expensive and less available.

A third reason is that the world population is becoming more aged. This means that there are more people who are old and who need more food and care.

There are also a number of other reasons for this, such as the fact that the world population is becoming more diverse in terms of culture and religion.

There are a number of ways in which we can address these issues. One of the main ways is to increase the production of food. This can be done by using more land and more resources.

Another way is to improve the distribution of food. This can be done by building more roads and bridges, and by improving the infrastructure of the food supply chain.

A third way is to improve the nutrition of the population. This can be done by providing more education and information about healthy eating habits.

There are a number of other ways in which we can address these issues, such as by providing more social services and support to the most vulnerable members of the population.

It is important that we take action now to address these issues, as the number of people who are undernourished and malnourished is expected to continue to increase in the coming years.

There are a number of organizations that are working to address these issues, such as the World Food Programme and the United Nations Children's Fund.

It is important that we all do our part to address these issues, as they are one of the most serious challenges facing the world today.

There are a number of things that we can do to help address these issues, such as by donating to one of the organizations mentioned above.

Another thing that we can do is to eat more responsibly. This means that we should buy locally produced food, and that we should avoid wasting food.

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# Introducción

El Segundo Foro Latinoamericano y del Caribe para el Continuo de la Atención del VIH se realizó en 2015 en Rio de Janeiro, Brasil. Los participantes del Foro, integrados por representantes de los programas nacionales de VIH y sida, la sociedad civil, las poblaciones clave (PC), las personas que viven con el VIH (PVVIH), la academia y las agencias donantes, adoptaron un "Llamado a la Acción" que incluía metas regionales de prevención del VIH y cero discriminación para 2020. Posteriormente, las oficinas regionales de ONUSIDA, PNUD, ONU Mujeres y UNFPA para América Latina y el Caribe desarrollaron indicadores, con aportes de los gobiernos, la sociedad civil y otros socios, para medir los avances hacia los objetivos de cero discriminación a nivel nacional y regional. Se priorizaron tres indicadores que se describen en este documento. Se espera que todos los países de la región de América Latina y el Caribe (ALC) informen sobre estos indicadores para el año 2023.

## LAC 4.1.1. Número de actos de violencia contra personas lesbianas, gais, bisexuales, transgénero e intersexuales (LGBTI) reportados en los últimos 12 meses

### Qué mide

Avances en la reducción de actos de violencia contra personas LGBTI

### Justificación

Los actos de violencia contra las personas LGBTI obstaculizan los esfuerzos de prevención, incluidos los programas combinados de prevención, el acceso a tratamiento y cuidados y la protección social, lo que constituye una forma extrema de discriminación. Si bien la mayoría de casos no son denunciados por miedo a represalias, temor a la revictimización por parte del sistema judicial, sentimientos de vergüenza por ser víctima y falta de conocimiento sobre los derechos y los mecanismos de reparación existentes, los que sí se reportan abarcan una amplia variedad de actos de violencia que incluyen chantaje, agresiones psicológicas, físicas y sexuales, daños a la propiedad, intimidación, acoso, abuso verbal o insultos, o grafiti o cartas ofensivas (correo de odio) y asesinato. El estrés experimentado por las minorías sexuales y de género debido a las amenazas de violencia, la inseguridad y la falta de protección, conduce a la angustia psicológica, la adopción de conductas de riesgo, la depresión y el suicidio. Debido a que el VIH y otras ITS suelen asociarse con la homosexualidad, muchas personas de las minorías sexuales y de género evitan hacerse pruebas y recibir tratamiento por temor a ser descubiertas y agredidas dentro de sus comunidades o en la comunidad donde se encuentran los establecimientos de salud. En este sentido, la CIDH entiende que los actos de violencia contra personas LGBT, denominados comúnmente crímenes de odio (también denominados delitos motivados por sesgos, u actos homofóbicos o transfóbicos), se comprenden mejor bajo el concepto de violencia basada en prejuicios motivados por la percepción de sexualidades e identidades no normativas.

### Numerator

Número de actos de violencia contra personas LGBTI reportados en los últimos 12 meses.

Los actos de violencia incluyen chantaje, agresiones psicológicas, físicas y sexuales, daños a la propiedad, intimidación, acoso, abuso verbal o insultos, o grafiti o cartas ofensivas (correo de odio) y asesinato.

### Denominador

N/A

### Cálculo

N/A

### Método de medición

Observatorios y redes nacionales y regionales de derechos humanos, mecanismos nacionales de reparación o registros equivalentes de entidades nacionales.

### Frecuencia de medición

Anual

### Desagregación

- Población (lesbianas, hombres homosexuales, hombres bisexuales, mujeres bisexuales, mujeres transgénero, hombres transgénero, personas intersexuales)
- Edad (<25 y 25+ años)
- Ciudades y otras áreas administrativas importantes

### Fortalezas y debilidades

A escala nacional ya existen observatorios y plataformas de derechos humanos que generan informes periódicos. Las redes regionales están trabajando en la denuncia de violaciones de los derechos humanos para informar a los diferentes mecanismos mundiales y regionales de monitoreo; por ejemplo, EPU, CEDAW y el mecanismo de la Comisión Interamericana de Derechos Humanos.

El grado de impunidad es muy alto en la región, especialmente en América Central. También es difícil acceder a los datos oficiales.

### Información adicional

INTER-AMERICAN COMMISSION ON HUMAN RIGHTS Violence against Lesbian, Gay, Bisexual,

Trans and Intersex Persons in the Americas 2015 [www.iachr.org](http://www.iachr.org)  
(<http://www.oas.org/en/iachr/reports/pdfs/violence-lgbt-persons.pdf>).

### **LAC 5.1.1. Violaciones de los derechos humanos de las personas que viven con el VIH y las poblaciones clave**

Porcentaje de denuncias de violaciones de los derechos humanos de las personas que viven con el VIH y las poblaciones clave que se han resuelto en los últimos 12 meses

#### **Qué mide**

El avance hacia la protección de los derechos humanos de las personas que viven con el VIH y las poblaciones clave

#### **Justificación**

Si bien el estigma y la discriminación están ampliamente reconocidos como factores que empeoran la epidemia de VIH, las personas que viven con el VIH y las poblaciones clave de todo el mundo continúan sufriendo discriminación diariamente. La mayoría de los casos de discriminación no son reportados, y los pocos que están documentados tienden a ser anecdóticos y no se registraron en tiempo real. Debido a esta falta de denuncia, las estimaciones disponibles tienden a ser bajas y no proporcionan una imagen precisa. Las razones de la ausencia de denuncias incluyen temor a represalias, falta de confianza en el sistema, analfabetismo, acceso limitado a la tecnología (teléfono, internet) y la percepción de que el proceso de presentación de reclamaciones es engorroso y no protege la privacidad y la confidencialidad del denunciante. La protección de los derechos humanos de las personas que viven con el VIH y las poblaciones clave requiere una variedad de enfoques para "crear entornos sociales y legales que alienten a las personas a utilizar los servicios relacionados con el VIH" (ONUSIDA, 2012). El fortalecimiento de los servicios legales y los mecanismos de reparación son acciones concretas que pueden facilitar el acceso a la justicia en casos de violación de derechos.

#### **Numerador**

Número de casos reportados de violaciones de los derechos humanos de las personas que viven con el VIH y las poblaciones clave que se han resuelto en los últimos 12 meses

Una reclamación se define como "resuelta" cuando el sistema de monitoreo ha seguido sus procedimientos internos para investigar y tomar las medidas apropiadas, incluido cualquier proceso de apelación, y se ha enviado una carta al denunciante explicando la resolución final de la reclamación. Se archivará una nota para las quejas anónimas..

#### **Denominador**

Número de casos de violaciones de los derechos humanos de las personas que viven con el VIH y las poblaciones clave reportados en los últimos 12 meses

#### **Cálculo**

Numerador/denominador

#### **Método de medición**

Observatorios nacionales de derechos humanos, mecanismo nacional de reparación o registros equivalentes de entidades nacionales.

#### **Frecuencia de medición**

Anual

#### **Desagregación**

- Población (personas que viven con VIH, trabajadoras sexuales, hombres que tienen relaciones sexuales con hombres, personas que se inyectan drogas, personas transgénero)
- Ciudades y otras áreas administrativas importantes

#### **Información adicional solicitada**

Incluya una descripción cualitativa de los sistemas de reparación establecidos en el país, incluido si existe un sistema de reparación y si está en funcionamiento. Proporcione también información sobre las violaciones de derechos humanos denunciadas.

#### **Información adicional**

USAID, PASCA, 2016, Estigma y Discriminación asociados al VIH Encuesta de opinión pública. Informe regional. Centroamérica

USAID, PASCA 2016 Estigma y Discriminación asociados al VIH Encuesta de opinión pública. Informe de país. BELICE

CIM, OEA, ONUSIDA (2014) Derechos humanos de las mujeres que viven con VIH en las Américas

ONUSIDA (2015) DIAGNÓSTICO SOBRE POLÍTICAS Y SERVICIOS DE PREVENCIÓN DE VIH PARA POBLACIONES CLAVE EN AMÉRICA LATINA  
(<http://onusidalac.org/1/images/2015/pdf/diagnostico-onusida-junio-2015.pdf>).

the 1990s, the number of people with a mental health problem has increased in the UK, and the number of people with a mental health problem who are in contact with mental health services has also increased. This is reflected in the fact that the number of people with a mental health problem who are in contact with mental health services has increased from 1.1 million in 1990 to 1.5 million in 2000 (Mental Health Act Commission, 2001).

The increase in the number of people with a mental health problem who are in contact with mental health services has been accompanied by a change in the way that mental health services are organised. In the 1990s, mental health services were organised in a way that was based on a model of care that was based on a division of labour between different professional groups. This model of care was based on a division of labour between different professional groups, such as psychiatrists, psychologists, nurses, and social workers.

In the 2000s, mental health services have been reorganised in a way that is based on a model of care that is based on a team approach. This model of care is based on a team approach, where different professional groups work together to provide care for people with a mental health problem. This model of care is based on a team approach, where different professional groups work together to provide care for people with a mental health problem.

The reorganisation of mental health services in the 2000s has been accompanied by a change in the way that mental health services are funded. In the 1990s, mental health services were funded in a way that was based on a model of care that was based on a division of labour between different professional groups. This model of care was based on a division of labour between different professional groups, such as psychiatrists, psychologists, nurses, and social workers.

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