

BUILDING, IMPROVING AND SUSTAINING RESPONSES TO HIV

LEARNING FROM CUBA'S SUCCESS



1 INTRODUCTION: HEALTH AND HIV IN CUBA

Cubans enjoy a high level of access to basic health and social services, and some of the best health indicators in Latin America and the Caribbean: life expectancy at birth of just below 78 years, an infant mortality rate kept at under 5 per 1,000 live births for the past four years, and a maternal mortality rate of 73 deaths per 100,000 live births.

Cuba has shown similar success in its response to HIV and AIDS. An estimated 0.21% of 15-49 year olds are infected with HIV. 2012 also

saw a reduction in new HIV cases for the second year running. UNDP commissioned this case study to identify and highlight some of the main factors underpinning this success. The case study investigates how the national response to HIV and AIDS has effectively tackled the complex combination of political social, cultural and financial factors that have rendered HIV and AIDS such an intractable challenge elsewhere, and points to some of the key actions which are likely to help sustain this success.

Cuba's Response to HIV and AIDS: SOME KEY FACTS

0.21% of 15-49 year-olds in Cuba are HIV positive, compared to a 1% average in the Caribbean.

72% of Cubans living with HIV are men who have sex with men (MSM).

In 2011 **4.6%** of MSM and **0.99%** of sex workers were HIV positive.

From 2011 to 2012, the number of new cases of HIV **decreased** by 441.

85% of people living with HIV say they are satisfied with their treatment (up by 23 percentage points since 2005).

75.5% of sex workers reported using a condom the last time they had sex with a client, an increase of 18.5 percentage points since 2005.

99.5% of people living with HIV who need antiretroviral treatment receive it, compared to a rate of 67% for the Caribbean region.

75.5% of MSM reported using a condom the last time they had sex with a non-regular partner, an increase of 31.5 percentage points since 2001.

84% of 15-34 year-olds reported using a condom the last time they had sex with a non-regular partner, an increase of 20 percentage points since 2005.

Zero cases of blood borne transmission and 3 cases of mother to child transmission of HIV were reported between 2011 and 2012.

The **proportion** of the population expressing highly discriminatory attitudes towards men who have sex with men dropped from 62% in 2005 to 41.6% in 2009.

2 CUBA'S RESPONSE TO HIV: KEY ACHIEVEMENTS

Cuba is one of the least HIV-affected countries in the Caribbean, and Cuba's response to HIV and AIDS boasts a number of achievements that underline the success of the national response. Treatment coverage for people living with HIV, at close to 100%, is significantly higher than the regional average (67%). Survival rates for those on treatment and satisfaction of people living with HIV are also high and improved markedly over recent years. The vast majority of newly diagnosed people living with HIV can work or pursue their studies, which indicates improved quality of life.

The continued low prevalence and incidence of HIV suggest that prevention efforts have also been effective, and indeed indicators show strong performance of HIV prevention efforts. Consistent condom usage rates continue to increase among MSM, sex workers and young people; and the fact that there

were no cases of blood borne transmission and only 3 cases of mother to child transmission over 2011-2012 are testament to effective blood safety and PMTCT programmes.

These trends and results are underpinned by a progressive decentralisation of care and support services, and a significant scale up of community-based HIV prevention programming. Antiretroviral treatment is currently available in 47 outlets throughout Cuba. Moreover, Cuba reports reaching over 91% of MSM and over 95% of sex workers with prevention programmes. Every year, community-based programs reach over a million vulnerable people including young people, women, MSM, transgender individuals and sex workers. Despite significant progress, HIV prevalence among MSM and sex workers remains high at 4.6% and 0.99%, respectively.

3 SUCCESS FACTORS: WHAT LIES BEHIND THE PROGRESS OF CUBA'S RESPONSE TO HIV AND AIDS?

As experience from many countries shows, building a strong and effective response to HIV is rarely straightforward. It relies on a combination of good leadership, an enabling legal and policy environment, the right programme strategies, strong involvement of affected communities, and effective, well-coordinated health and community systems. Moreover, it requires the willingness to tackle sensitive questions and challenge attitudes at cultural, social and political levels. Cuba's national response to HIV and AIDS addresses these challenges in a number of ways.

Success Factor 1

STRONG HEALTH AND SOCIAL WELFARE SYSTEMS

Cuba's HIV response has benefited from a strong, functional health system and human capacity in health and social welfare domains.

HIV related programmes were built on strong foundations and for the most part, did not require the creation of new systems or parallel mechanisms. In addition to biomedical aspects, Cuba did not struggle to build and maintain health systems as much as

many other countries did. Cuba more rapidly began to act on social and cultural aspects of the HIV pandemic, and built a more sustainable response compared to countries that approached HIV as an emergency situation.

Success Factor 2

FOCUS AND SCALE

The response to HIV in Cuba has, for the most part, strategically focused where it will make the biggest difference, and has been implemented to scale.

HIV prevention efforts have largely been targeted toward interventions most likely to have an impact. The vast majority of pregnant women are screened for HIV under protocols designed to prevent mother to child transmission of HIV. Blood safety measures are followed universally, resulting in very low mother to child transmission and no cases of blood-borne transmission. Over 70% of new infections occur among MSM and transgender individuals, so efforts to prevent sexual transmission of HIV focus on these populations. Interventions extensively target young people

and women (primarily in the context of community women's groups and workplace programmes). The most striking feature of these programs is implementation to scale; programs reach a significant proportion of each target group. Methods, strategies and approaches for each population group are used as appropriate, and vary in intensity. Important strategies for scaling up include: training and use of volunteers from within each group as communicators and counsellors, progressive decentralisation of prevention programs, and care and treatment efforts to all provinces.

A diagnostic review conducted by the Office of the Inspector General of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in 2012 found that sex workers (known in Cuba as people who practice transactional sex) were not being reached at scale. Cuba's National HIV prevention programme acknowledged this finding and made a commitment to expand research and programming with this population.

The use of combined, comprehensive programming approaches characterises Cuba's response to HIV and AIDS.

Success Factor 3

COMBINED, COMPREHENSIVE PROGRAMMING

Treatment for people living with HIV, which for many years was provided through sanatoria, is now primarily provided through an outpatient model, with services delivered by a mix of specialist and community health care and support providers. Close to 2,000 people living with HIV are members of 141 support groups known as "mutual assistance teams" throughout the country. The role of these groups has evolved, increasingly focusing on the provision of legal support to ensure respect of the rights of people living with HIV under the law. These groups deal with stigma and family break-up by working with family members of people living with HIV. Both clinical and social support services provide a venue for ongoing HIV prevention work with people living with HIV. Closely linked to care, support and treatment programmes, children living with and affected by HIV receive specific support services. Cuba has become a reference point and provides training and advice to other countries regarding treatment of paediatric HIV. Social care and legal support for people living with HIV, including children, is further supported by campaigns aimed at reducing HIV related stigma in the general population – in particular through the production and dissemination of films, documentaries and debates through mass media. This has resulted in progressive improvements in attitudes towards people living with HIV.

HIV prevention programming is based on a combination of different approaches and services adapted to each group. Mass media approaches and national level campaigns have a broad reach and are used to provide information and to challenge prevailing negative attitudes. The population widely uses telephone advice lines as a source of support and counselling. Outreach or community based communication and advice work complement awareness raising and advice provision. These efforts are community based, and leaders from within each community are trained as peer educators and counsellors. The National Prevention Centre (CNP) leads and coordinates this program, enabling training and careful monitoring of standards among volunteers. However, each community sub-group – MSM, people living with HIV, women, young people and sex workers – operates with a degree of autonomy and focus on the specific needs and characteristics of their population. Additionally, the national centre for sex education, CENESEX, works directly with transgender and transvestite individuals.

Currently, over 9,000 peer educators and counsellors work in appropriate and relevant settings: workplaces, homes, local neighbourhoods, universities and schools, meeting and cruising sites and night clubs. For women, educators target the municipalities most affected by HIV, reflecting a strategic use of resources.

Effective access to HIV testing, supply of condoms, and care and support for STIs and HIV complement general awareness and community based programmes. Widespread promotion and provision of testing has been an essential strategy for identifying people living with HIV and ensuring prompt access to treatment. Active case finding identifies around 58% of HIV in Cuba. Condom availability is widespread through traditional (state enterprise) and non-state enterprise outlets. However, in response to the Office of the Inspector General's 2012 Diagnostic Review, national authorities recognised that warehousing and stock management of condoms need improvement.

Another aspect of this success factor is the **strong interface between community and policy level efforts**. The empowerment and self-esteem work with sexual minorities at the community level receives a boost from the highly visible national campaigns against stigma and homophobia and the policy commitments against discrimination on the basis of HIV status or sexual orientation. Similarly to other countries, the HIV response played a "pathfinder" role by identifying and addressing social determinants of health. For instance, it helped open up the space for discussions of gender inequality and gender based violence, leading to recognition that these should be addressed by other sectors.

Success Factor 4

ADDRESSING THE BROADER CONTEXT AND PROMOTING SOCIAL CHANGE

The programmes and mechanisms described above are not limited to communicating the risks of HIV and the methods for HIV prevention; HIV prevention programming in Cuba identifies and addresses the many social and cultural factors influencing vulnerability to HIV.

Communication programmes, campaigns, and materials emphasize the vulnerabilities influenced by unequal gender relations and attitudes and prejudices based on gender identity, sexuality, and race. The willingness of the Cuban government to show public leadership, even in controversial or sensitive areas, has been an important factor in tackling homophobia and HIV-related stigma and discrimination.

The growing movement against homophobia in Cuba exemplifies this approach. MSM and transgender volunteers have taken on the role not only of peer educators and communicators, but also of

social activists. Films, debates, and public rallies such as those held on World AIDS Day and the International Day Against Homophobia and Transphobia grew in significance in recent years. They provide important opportunities to challenge stigma and prejudices related to sexuality and gender identity. Progressive improvements in public attitudes towards MSM reflect the success of this approach. Volunteers and outreach workers confirm that they observed an increasing willingness in the general population to learn about and engage with discussions on previously marginalised topics.

Materials and curricula developed under the auspices of HIV prevention programmes reflect this broader approach, many using human rights, gender equality and norms, masculinities, violence against women, and gender identity and sexuality issues as starting points for community discussions. In addition to tackling societal attitudes, programmes address internalised stigma by focusing on self-esteem and empowerment. Efforts to develop self-esteem of marginalised people are particularly evident in the work of CENESEX with transgender and transvestite individuals, which is based around notions of rights and the creating a social movement. The support group builds on initial work aimed at developing self-esteem, by engaging with communities and families of transgender people, and by using cultural media to challenge negative attitudes. On the other hand, as has been pointed out by the Office of the Inspector General of the Global Fund, programming with sex workers, while wide-reaching, has not taken as comprehensive or empowering of an approach, and this may be slowing the progress of Cuba's response.

Social change is addressed at the policy level to ensure that the political and legal contexts are supportive. Gender equality has been a major focus of policy work aimed at addressing underlying vulnerabilities. The gender strategy of the national response to HIV and AIDS, published in 2013, aims to support the mainstreaming of gender transformative programming not just in community level activities but also within institutions such as schools and firms. The strategy provides a framework to enable these institutions to achieve certifications for their commitment and progress in building gender equality. Other high level work on gender equality in relation to HIV includes training of media and cultural groups on sexism and gender, and a recent national symposium on masculinity designed to promote discussion of attitudes and desired changes.

Efforts to promote gender-transformative programming have begun to address gender based violence. However, while the existence of violence against women is acknowledged, there is little understanding of its extent and prevalence, and this area of work remains in its infancy.

Views of Members of the Transgender Support Group at CENESEX

"We learned that we have to **increase our self esteem** first, to project a better image"

"This institution is a **refuge**. The strong network takes us out of isolation"

"We kept going even though at first few people came. The fact we still meet every week is a sign of what we have **achieved**"

"What we now perform in the biggest theatre in Cuba, we used to perform in our living room – this is **how much things have changed**"



Success Factor 5

FLEXIBILITY AND ADAPTATION

Cuba has shown the importance of adapting responses to adopt the most effective approaches.

The move from an in-patient, sanatorium-based approach to care and treatment to a decentralised model which incorporates elements of community care self-help and human rights serves as an example of this. The focus of prevention programming towards MSM and transgender populations and the adoption of a rights-based, community led approach, is another example of how strategies have evolved. Hopefully the Cuban response will move to improve the reach and methodological approach it takes to working with sex workers, and the problems with condom supply chains and storage, both of which were acknowledged in the recent review of Cuba's response by the Global Fund's Inspector General.

Success Factor 6

AIMING FOR SUSTAINABILITY

Many of the strategies adopted in Cuba's response to HIV and AIDS are critical to ensuring its long term sustainability.

The integration of clinical interventions into the strong health sector helped to avoid the risks entailed by vertical programming; this was further supported by the progressive decentralisation of care and support toward community health facilities, reducing the reliance on specialist facilities.

Community-based interventions have a strong chance of sustainability since they are entirely based on the use of volunteers. As a result, the principal costs for this work include the production of communications materials, training and supervision of these volunteers, and supply of subsidised condoms. Community programmes do not take a narrow focus on HIV, but rather enable community actors to approach HIV from a perspective of human rights and social activism. This is a factor that likely to promote sustainability, since it increases the likelihood that the programme will address the broad range of issues faced particularly by marginalised groups. Some community groups remain functional even when they are not in receipt of direct funding. Yet, volunteers have a high workload, and finding ways to ensure their motivation is an important priority for the future.

Cuba's national response to HIV and AIDS relies primarily on the use of domestic resources. In 2011, an estimated 87% of the US\$69.6 million spent on HIV in Cuba came

Key Informants Reflect on Cuba's Response to HIV and AIDS

"Our community associations were not created for donors, they were created for **communities**"

"It is important to influence both the policy level and the community level. And in social programmes, 5 years is nothing – it is just time to set things up. These are **long term** projects – projects where we are trying to change society"

"We already had a strong infrastructure when the Global Fund came – we were ready. But it has **helped us change** in scale and improve management and monitoring"

"Global Fund grants have been used to help achieve local goals without putting in place a parallel system. They have helped nurture a culture of **transparency and quality**"

"Ten years ago you **could not have imagined** a public demonstration against homophobia in Cuba"

from government funding. The costs of local production of antiretroviral treatment (Cuba produces all of its first-line treatments) made up a large part of the funding. Conversely, overseas aid provides essential funding for the second- and third-line ARVs not produced domestically. Cuba's approach to managing overseas funding reflects the importance of working through national structures, with Global Fund grant managed through a joint structure of UNDP and the government. Technical support from international organisations such as the Global Fund and UNDP played an important role in filling gaps in the response, catalysing critical thinking, and the development of new approaches.

Finally, the national response emphasises the importance of documenting and learning from experience. This documentation should not only enable the continuous improvement of the AIDS response, but inform other sectors of the lessons to be taken into account in developing multi-sectoral social programmes.

4 BUILDING FOR THE FUTURE

While Cuba's response to HIV and AIDS shows clear results, it is vital to keep up the momentum behind Cuba's marked success. As this case study suggests, Cuba's success in responding to HIV and AIDS benefited from a strong health infrastructure and a flexible approach that has led to the adoption of more effective strategies over time. The response was supported at critical junctures by partners such as the Global Fund and UNDP, whose resources helped to address significant financial and technical gaps.

Future research should seek to identify whether the empowerment-based approach to working with MSM translates to a reduction in HIV incidence in this population. At the programming level, further improvements are needed, both in management areas (such as stock management and warehousing) and in thematic areas such as rights-based or empowerment-based programming for sex workers. Continued links with regional and global partners will be important in helping to identify and address new challenges, and in ensuring the lessons Cuba has learned so far are shared and adapted in other contexts.

Given Cuba's status as an Upper-Middle Income country, ensuring sustainability of the interventions once the country graduates from Global Fund support will also be important. The Ministry of Health is currently working on a detailed sustainability plan, with support from UN agencies. The country's commitment to the financial sustainability of the response in the future is exemplified by plans to increase domestic spending for the national HIV programme over the 2015-2017 period, gradually taking full financial responsibility for, among others, the purchase of condoms, food supplements, rapid HIV tests, reagents, and medicines for patients co-infected with tuberculosis and HIV.

In addition to financial sustainability aspects, the skills and experience developed over the past 10 years by networks of volunteers and Ministry of Health officials should play a key role in ensuring that essential components of the national response to HIV, such as the fight against stigmatisation of key populations, continue after Global Fund financial support comes to an end.

Support to Cuba's response: UNDP and the Global Fund

UNDP has supported Cuba's response to HIV and AIDS since 1998. Initially, this support focused on obtaining resources for community education activities and HIV prevention resource centres, with the then newly-created CNP and CENESEX. With the advent of the Global Fund, UNDP took on the role of Principal Recipient (PR) for all HIV/AIDS and tuberculosis grants provided to Cuba. The first HIV/AIDS HIV grant, allocated in Round 2, which started in 2003, focused on developing prevention and treatment in Havana and two other provinces. Initially planned for five years, this project received renewal funding under the Global Fund's Rolling Continuation Channel, and is due to close in December 2014. In the meantime, Cuba received funding for a grant under Round 6, to support decentralisation of the response – this grant closed after five years, in 2012. All of these grants included funding for community mobilisation and support, and programming with the most affected populations. Overall, the Global Fund provided \$83.6 million to Cuba's response to HIV and AIDS.

UNDP also worked closely with the government to establish a stronger multi-sectoral response – including developing a country-owned model to manage the work of 30 different sub-recipients. The cornerstone of the arrangement was the creation of a national implementation model that ensures that while UNDP remains the PR for Global Fund grants, Cuban organisations make as many decisions and management functions as possible. As PR, UNDP has been a key convenor of different actors, helping to create alliances and networks on issues of common interest.

In addition to fulfilling the PR role, UNDP engages on a number of important policy issues, and brings additional resources to support this work. Strategic capacity building on issues such as gender equality and knowledge management contributed to the major successes described elsewhere in this case study (for instance, the development of the national gender strategy for HIV and AIDS). Similarly, UNDP successfully advocated the need to move from a medical approach to HIV to one that addresses it as a social phenomenon, and therefore to address related issues of stigma, discrimination, and the rights of sexual minorities. From before the arrival of the first Global Fund grants in Cuba to the present day, UNDP has been a crucial ally in supporting these often controversial areas of programming.

SOURCES

This case study is based on a number of interviews with actors in Cuba's national AIDS response, conducted in July 2013.

Information from the interviews was supplemented by data from the following reports and data sources:

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UNDP Cuba HIV/AIDS and TB programme unit, *Serie Aprendiendo y compartiendo* (research and knowledge transfer series on Cuba's national response to HIV/AIDS, 2012-2013)

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