



Regional Platform
Latin America and Caribbean
Support, Coordination and Communication



Situational analysis of Latin American and Caribbean countries in accordance with the policies of the Global Fund

Cuba

Latin America and the Caribbean Regional Platform for Support,
Coordination and Communication of Civil Society and Communities.

SITUATIONAL ANALYSIS OF LATIN AMERICAN AND CARIBBEAN COUNTRIES IN ACCORDANCE WITH THE POLICIES OF THE GLOBAL FUND

Cuba

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Introduction



The LAC Regional Platform is one of several initiatives of the Global Fund aimed at improving the coordination of technical assistance and key information to civil society groups at the country level, as well as to offer greater support to CSO at all levels of their processes.

The LAC Platform along with five others located in Asia and the Pacific, Anglophone Africa, Francophone Africa, the Middle East and North Africa and Eastern Europe and Central Asia contribute to the achievement of the overall goal of the Strategic Initiative on Community, Rights and Gender (SI CRG). The objective of the SI CRG is for civil society and communities to participate in an effective way and to contribute in the elaboration, execution and supervision of programs financed by the Global Fund.

The series “Analysis of situations in Latin American and Caribbean countries in accordance with the policies of the Global Fund”, is intended to help communities and other key actors in the regional response to increase their understanding of the processes that the Global Fund is implementing through its financing mechanisms. For this reason, it is particularly important to understand the technical assistance needs of civil society organizations in the context of the sustainability, transition and co-financing policy of the Global Fund, as well as the main elements of the process in 18 countries of the region related to implementation of this policy.

01. Global Fund in Cuba

Between 1986 and 2016, there have been cumulatively 26,361 cases of HIV reported in Cuba. Of these, 21,758 are persons presently living with HIV; 17,553 receive antiretroviral treatment (80.6%) and the mean antiretroviral retention rate in the last 6 years has been 94.6%. The main mode of transmission is sexual (99.6%). The rates of mother-to-child transmission (MTCT) have remained very low, which has led to Cuba being validated by the World Health Organization (WHO) in 2015 as the first country to eliminate mother-to-child transmission of syphilis and HIV in the region.

The response to HIV in Cuba is based on a multisectoral approach. In the initial years of the epidemic the Cuban Government created the “Working Group to Prevent and Fight HIV/AIDS” (GOPELS), which is comprised of representatives of all key state agencies. The GOPELS has had the responsibility to periodically evaluate strategies for the prevention and control of the epidemic adapting a multisectoral approach. This body is coordinated through the Provincial Administration Councils (CAP) and the Municipal Administration Councils (CAM) and they are monitored by the Presidents of the Assemblies of the People's Power.¹

In February 2002, the Cuba Global Fund relationship was established with the introduction of the “National Coordination Group for Cooperation with the Global Fund”. This would be the precedent for

¹ Diagnosis of Cuba's level of Preparation for the Transition of Global Fund Support, Cuba Technical Team (CTT) 2017.



what would become the Country Coordinating Mechanism (CCM) responsible for the preparation, implementation, monitoring and evaluation of the successive country proposals submitted to the Global Fund (GF). In 2002, UNDP (United Nations Development Programme) was also selected as the Principal Recipient (PR) of the approved grants.

The response to HIV has been supported by the GF since 2003. From 2003 to the end of 2017, the GF financial contribution has exceeded 110 million. This support has helped to reduce the gaps identified for achieving the country's goals in each period in the areas of care, treatment and support guaranteeing the provision of services, laboratories, purchasing of equipment, medicines, reagents and supplies for the care and monitoring of People Living with HIV (PLWH). It has also contributed to the training of health human resources, driving the decentralization of PLWH care.

The most important contribution of the GF for civil society has been support for prevention, leadership development, promotion of gender equality and human rights activities; actions aimed at reducing levels of stigma and discrimination, creation of observatories for legal protection of key populations, production of educational, promotional, social communication campaign materials, accompaniment of people with HIV, strengthening of the support groups and procurement of condoms and lubricants for free delivery to key populations, among other things.

Over the course of the period in which funding has been received from the GF, the Cuban government has gradually been able to absorb various activities and budget items that were initially included in the grants, including the purchase of condoms for social marketing, reagents for CD4 and viral load tests and treatment of opportunistic infections. The transition to national production of antiretroviral drugs began in 2016.

Table 1: Global Fund Grants – 2013-2017 GF Grant

GLOBAL FUND GRANTS			
Component	Signed	Committed	Date End
HIV	US\$113,165,346	109,304,174	104,897,297
Tuberculosis	US\$7,426,442	7,426,442	7,426,442
Total	US120,591,787	US116,730,616	US112,323,739

Source: Global Fund website: www.globalfund.atm.org



02. CUBA GF Grant 2015-2018

The present grant started January 2018 and is expected to end December 31, 2020. The allocation funding request was USD\$13,253,225 for HIV with a prioritized above allocation request of USD\$2,953,900. As a country in transition this is Cuba's final Global Fund grant. Based on the recommendations of the Transition Readiness Assessment the Transition Work plan was developed which presents interventions in two specific areas: are:

1. HIV/AIDS
2. Promotion of Resilient and Sustainable Systems

HIV/AIDS: The project is focused on key population groups, which in Cuba are the men who have sex with men (MSM), transgender persons, persons who practice transactional sex (PPTS) and persons living with HIV (PLWH). The interventions focus on promoting behavioral changes for these groups, as well as reinforcing HIV testing activities. The project is also centered on care and support for these populations, with interventions that strengthen counseling, optimization of ARV therapy and improvement of access to viral load testing and analysis of resistance to these treatments.



Promotion of Resilient and Sustainable Systems

Under the Promotion of Resilient and Sustainable Systems for Health component of the project the focus is reinforcing the HIV response and the community systems associated with this response, especially within the context of sustainability. This includes interventions intended to strengthen leadership and sustainability of key populations and the building of institutional capacities for these networks. This component also includes reinforcing supply chain systems, increasing the capacity of pharmacies registered in the system and quality control systems. In addition, this component covers improving the laboratories dedicated to providing services to key populations as well as strengthening support policies and program environments.



03. The situation of Cuba and the Transition, Sustainability and Co-financing Policy of the Global Fund

Cuba is in its first transition year as it has started to implement its final 2018-2020 grant. For the transition period, the country is focused on the following objectives as per its transition work plan:

- Ensuring the continuity of prevention policies
- Guaranteeing the continuity of the treatment for people living with HIV (PLWH)
- Assuring the continuity and quality of the diagnostic and follow-up methods.
- Continuing to address homophobia, transphobia, respect for PLWH and any other rights related to the key populations

In order to ensure the achievement of these, the 2019-2023 National Strategic Plan will incorporate the recommendations and commitments made in the Transition Plan (TP) which will also include increases in resources and risk mitigation strategies. The implementation of the TP is being monitored by GOPELS, the country's highest authority for coordinating the response, as well as the CCM and principal recipients.

It is expected that civil society and key populations will continue to be key members of the GOPELS beyond the transition. Cuba has committed to gradually allocate resources to key components such as antiretroviral therapy, condoms distribution, lubricants and viral loads.



04. Communities, Rights and Gender

Has an assessment of the legal environment been conducted to assist in the reform of policies and practices that violate the rights of the people affected?

TB**HIV****No****Si**

Has a disease-focused gender assessment been conducted to determine gender barriers and help alleviate inequalities

No**Si**

Has the GOPELS defined and prioritized vulnerable and neglected populations in order to eliminate barriers to access essential services?

No**Si**

Are there national networks or groups for people affected by diseases that actively advocates for a person-centered response?

No**Si**

05. The Situation of Civil Society Organizations

Civil society has been actively participating in the Global Fund processes in Cuba since its first project. The sector has had the opportunity to participate in decision-making spaces such as the CCM, technical meetings, meetings of the GOPELS, national meetings of the Network of People Living with HIV, HSH and transgender persons among others. They have also participated in the preparation, implementation and evaluation of national strategic plans identifying gaps and weaknesses to inform the transition plan and as well as the present grant. This includes self-assessment of the needs of civil society organizations.

CSOs contribution to the HIV response:

The most important contribution of CSOs and communities to the HIV response in Cuba has been their active participation through activism, mobilization, training and accompaniment to clients through the social and health sectors. Civil society has also been helpful in the identification of synergies aimed at promoting the rights to access to care, treatment, prevention information and improved quality of life for persons affected by the epidemic. With the present grant, civil society is playing a greater role in the provision of services especially to key populations. This includes prevention activities linked to self-care and adherence to ARV treatment.

Strengthening of civil society organizations and communities is essential to ensure sustainability of these activities especially for the most hard to reach populations.



06. Access to Technical Assistance

There hasn't been any official study to determine CSOs access to technical assistance in Cuba.

However, responding to a LAC Regional Platform questionnaire, a CCM representative shared that the most relevant contribution of the Global Fund to civil society in terms of technical assistance has been the development of skills related to behavior change, leadership, empowerment, personal growth, promotion of gender equality and human rights, actions aimed at reducing levels of stigma and discrimination and teamwork. Technical assistance related to the training of human resources and exchanges of good practices in the health sector has also benefited the affected communities since they have a positive influence on the quality of care.

As civil society continues to play an integral role in the GF process at country level, it is important to continue developing the information and knowledge management base that facilitates the implementation, monitoring and evaluation of the transition process and its sustainability. It is essential to continue providing spaces for the exchange of experiences and good practices at municipal, provincial, national and international levels and with regional and community networks that are a part of the response to HIV and TB.



0.7 Challenges for the transition

The main weaknesses/gaps identified by the Transition Readiness Assessment that can pose a risk to sustainability are in 3 key areas:

Prevention

- Self-care practices, prevention of HIV and other sexual transmitted infections (STI) in key populations and changes in behaviour are not sufficient to achieve the necessary impact.
- The search for HIV cases through “Get Tested” community activities is lacking in that these activities are not always carried out in locations where prevalence is assumed to be higher due to lack of coordination between key population groups and health care staff.
- Decentralization of HIV testing sites has been fully completed in all the provinces.
- The approach to STIs and viral hepatitis as part of the MSM/Trans and other key populations’ prevention/care programs has shown some weaknesses, however this issue has been included in the PEN 2019-2023.
- Late diagnosis and breaches in adherence (compliance) continue to affect early mortality caused by AIDS, especially among MSM and Trans, with 27% and 63% mortality rates respectively.

Treatment, Care and Support

- Coverage gap of antiretroviral therapy (ART) for PLHIV with respect to the 90/90/90 treatment target. Until 2018, ART was provided to PLHIV with less than 500 cells; in the current PEN scheme, all PLHIV receive treatment from the moment of diagnosis.



- Insufficient access to therapy resistance tests for PLWH
- Insufficient knowledge of the magnitude of the problem of resistance to ART, which affects treatment effectiveness. A study on the transmitted resistance has been carried out and the proportions are known. This has resulted in protocol changes.
- Different levels of non-adherence to ART to have a sustainable impact on the rate of new infections and mortality.
- Specialized counselling in ART adherence is not systematic and follow-up by the health care team and other Polyclinic services to take on adherence is weak.
- Insufficient outreach to PLWH for viral load (VL) tests, affected by interruptions to regional laboratory services.

Resilient and Sustainable Healthcare Systems Reinforcement of Community and Oversight Systems

- Legal counselling and judicial literacy is still limited.
- Lack of legal frameworks so that MSM, PLWH and Trans networks can engage in a process of consensus, dialogue and development designed to fight against discrimination, stigmas, gender inequality and sustainable funding for their actions as social transformation networks.
- Renewal of health care staff in primary healthcare requires systematic training of new human resources dedicated to the management of HIV and AIDS infection to improve healthcare quality.

Source: Cuba Transition Readiness Assessment, 2017



08. Milestones for the transition

Cuba has defined the following objectives for its transition process from GF support:

- Guarantee the continuity of the treatment of the PLWH
- Ensure the continuity of prevention activities.
- Ensure the continuity and quality of diagnostic and monitoring methods.
- Continue making progress in the response to homophobia, transphobia, respect for PLWH, and any other right related to key populations.

Accomplishments to date and the way forward:

- The Transition Plan was made official through the CCM Cuba before the submission of the request to the GF.
- The next National Strategic Plan 2019-2023 will incorporate the commitments acquired in the Transition Plan.
- During the first year of the subsidy, Cuba will work on the preparation of its next National Strategic Plan for the period 2019-2023, which will be approved by a Ministerial resolution.
- This National Strategic Plan will include the contents of the Transition Plan, such as the increase of resources foreseen or risk mitigation strategies.





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