BOLIVIA
HIV and AIDS

A mother who was able to prevent vertical transmission © UNICEF Bolivia/2016/Pérez

Thematic Report
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Prepared by:
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ABBREVIATIONS AND ACRONYMS

SNIS	Health Information System (*Sistema de Información en Salud*)
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
C4D	Communication for Development
CDVIR	Departmental Center for Surveillance and Referral (*Centro Departamental de Vigilancia y Referencia*)
CQIC	Continuous Quality Improvement Cycles
GAD	Autonomous Departmental Government (*Gobierno Autónomo Departamenta*l)
GAM	Autonomous Municipal Government (*Gobierno Autónomo Municipal*)
HIV	Human Immunodeficiency Virus
HR	Human Resources
IADB	Inter-American Development Bank
INE	National Statistics Institute (*Instituto Nacional de Estadística*)
MDGs	Millennium Development Goals
MoH	Ministry of Health and Sports
OMMN	Neonatal and Maternal Mortality Observatory (*Observatorio de la Mortalidad Materna y Neonatal*)
PAHO/WHO	Pan American Health Organization/World Health Organization
PLWH	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
SAFCI	Intercultural, Family and Community Health Policy (*Salud Familiar Comunitario e Intercultural*)
SEDES	Departmental Health Service (*Servicio Departamental de Salud*)
SDGs	Sustainable Development Goals
SIS	Comprehensive Health Insurance (*Seguro Integral de Salud*)
SNUS	National Single Supply System (*Sistema Nacional Único de Suministros*)
UDAPE	Social and Economic Policy Analysis Unit (*Unidad de Análisis de Políticas Sociales y Económicas*)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VIPFE	Vice Ministry of Public Investment and External Financing (*Viceministerio de Inversión Pública y Financiamiento Externo*)
WB	World Bank
YCSD	Young Child Survival and Development

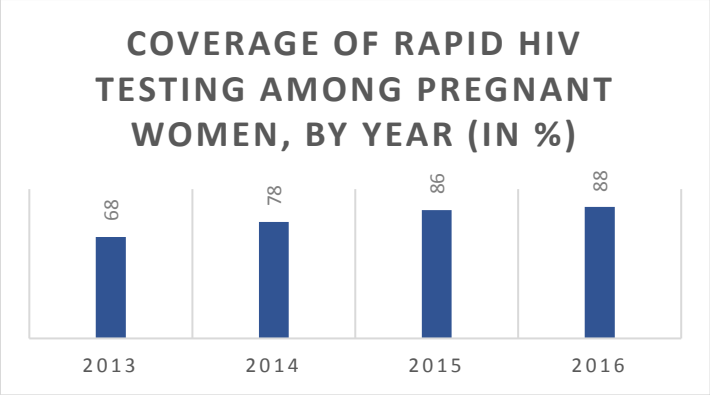
1. EXECUTIVE SUMMARY

In 2016, UNICEF has continued to develop actions for protection and enforcement of the rights of children, adolescents and their families, in a context of equity and inclusion and taking into account the social policies in effect as well as the international conventions to which the country is a signatory.

With regard to HIV/AIDS, Bolivia has made significant progress in control and surveillance of the epidemic. Nonetheless and despite the efforts made, some indicators are lagging behind, particularly in the rural areas and amongst the indigenous populations. This is because of the limited access to prevention and assistance, since most actions focus on the highest-risk population groups (men who have sex with men and sex workers) in response to the fact that in Bolivia the epidemic is catalogue as concentrated.

Within the framework of the Country Programme 2013-2017, in 2016 the focus was on promotion and support for the Ministry of Health and the Departmental STI/HIV/AIDS Programmes of Potosí, Cochabamba and Santa Cruz. The actions were mainly related to the Prevention of Mother-to-Child Transmission (PMTCT), prevention among adolescents and paediatric HIV care within the decentralized framework of the HIV program. UNICEF started to strengthen integration of the HIV/AIDS Programme with the Maternal, Child and Adolescent Health Programme. In the reporting year, there were actions to encourage community participation in HIV prevention as well as in the demand generation, particularly among pregnant women living in remote, indigenous and rural communities.

In this context, after having identified the bottlenecks in the supply and demand of services concerning the prevention of vertical transmission, paediatric HIV care and prevention among adolescents, UNICEF primarily supported the following actions: a) human Resources (HR) training in prevention, diagnostic testing, treatment and surveillance; b) monitoring and readjustments of the logistical management of HIV tests and ARV treatment; c) implementation of the Continuous Quality Improvement Cycles (CQIC) in the care of new-borns of HIV positive mothers and paediatric HIV care; d) awareness-raising among communal, peasant and indigenous authorities, as well as among women leaders about the importance of HIV prevention in the community; e) support for actions in schools regarding the prevention of HIV and unplanned pregnancies. Within the framework of the SAFCI policy, the decentralization of the STI/HIV/AIDS Programme was strengthened, focusing on the transfer of responsibilities and functions to the Health Networks.



The actions supported by UNICEF on the different management and care levels of the health system contributed to achievement of the following results: a) an increase of the coverage of rapid HIV testing among pregnant women, from 86% in 2015 to 88% in 2016 (in Potosí 71%, in Santa Cruz 87% and in Cochabamba 79%). 90% of the HIV positive pregnant women have access to ARV drugs. To date, 144 children have been born to HIV positive mothers and 80% have had the viral load test. There has been an increase in the number of health facilities that offer rapid HIV tests, from 2,080 in 2015 to 2,440 (69% of the total number) in 2016. 21 schools in Cochabamba, Potosí and Santa Cruz are developing actions related to HIV prevention and teenage pregnancy prevention, with participation and under the leadership of the adolescents, parents and teachers.

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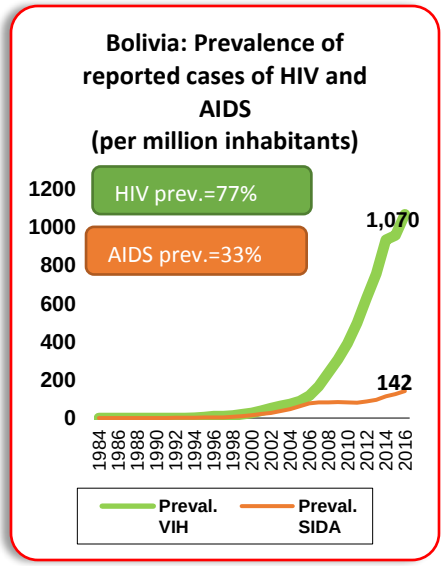
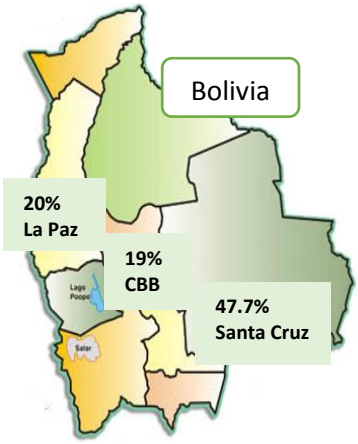
Considering that 2017 is the last year of the Country Programme, this year we will continue to support and deepen the actions to improve the pregnant women's access to HIV prevention and care in rural and indigenous communities. Moreover, the actions to ensure application of the intercultural approach in the provision of HIV prevention and care services, and the prevention of unplanned pregnancies and HIV among adolescents will continue. At the national and local level, the inter-programmatic work between the STI/HIV/AIDS Programme and the Maternal, Child and Adolescent Health Programme will be supported and deepened, as well as the cross-sectoral work, especially between the Health and Education sectors.

2. STRATEGIC CONTEXT IN 2016

In 2016, Bolivia made substantial progress in terms of the access to HIV and AIDS prevention and care services, especially among the young and adult population. The HIV-AIDS related Millennium Development Goal (MDG) was achieved in 2015 in Bolivia, and steps are being taken to improve access and quality of services in comprehensive maternal and child health care, including HIV, in order to now achieve the results of the Sustainable Development Goals (SDGs), in particular SDG 3, by 2030.[1] However, despite this progress the adolescent, rural and indigenous population still has difficulties to access the services, which has an adverse impact on the prevention of HIV transmission and therefore on the appearance of new cases.



In Bolivia, 17,344 cases of HIV and AIDS were reported between 1984 and 2016, i.e. 14,032 cases of HIV and 3,302 cases of AIDS. 63% of the cases affect men and 36% affect women, i.e. a ratio of 1.8. The opposite is true in the age group of 15-18 years, in which the female adolescents are affected the most, with a ratio of 1.7 (STI/HIV/AIDS National Programme 2016). This situation among adolescents is partly related to the pregnant adolescents' access to rapid HIV tests and partly to the increasing and worrying number of new cases of HIV, especially in La Paz and Cochabamba.



The new cases reported in 2016 account for 14% of the total number accumulated over 32 years. To date, 6,531 people living with HIV (PLWH) receive ARV treatment. 97% of the HIV transmission is sexual, 2% is vertical (mother-to-child transmission) and 1% is intravenous and through blood infected with HIV. In 2016, La Paz was one of the departments with the highest increase in the number of reported HIV cases (20.4%). Nonetheless, the department of Santa Cruz still has the highest percentage of HIV cases, with 47.7%, followed by La Paz with 20.4% and Cochabamba with 19.1%. These three departments account for 87.2% of the reported cases in the country.

The number of reported HIV cases in Bolivia is going up in a sustained manner, with an increase of 14% in 2016 in relation to 2015. This situation can be attributed to the growing demand for rapid HIV tests in the Health Networks, which is in line with the Programme decentralization process. Bolivia has continued to implement actions to improve the access of pregnant women to measures for the prevention of Mother-to-Child HIV Transmission, though there remain gaps in the rural and peri-urban areas with a primarily indigenous population.

[1] SDG Goal 3: '*Ensure healthy lives and promote well-being for all at all ages*'. SDG 3.3: '*By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*'.

In this context and in order to achieve SDG goals, the country has the challenge of improving access and quality of HIV care and prevention. It is also important to deepen the decentralization of HIV control and surveillance actions.

In response, UNICEF will therefore strengthen comprehensive care for adolescents including HIV prevention. It is also a challenge to consolidate strategic actions to prevent mother-to-child transmission of HIV, based on comprehensive maternal and child health care.

Country Programme Objectives

In 2016, UNICEF has continued to support the country in implementation of the Ministry of Health's HIV/AIDS Multisectoral Strategic Plan 2013-2018, which covers results that are aligned to the Country Programme and which promotes the access with equity of children, adolescents and pregnant women to cost-effective interventions for HIV/AIDS prevention and care. The actions aim to reduce the access gaps of the population suffering from cultural, geographic and economic constraints.

In this setting, UNICEF supports actions and strategies to help reduce the bottlenecks in the following lines of work:

- Prevention of vertical HIV transmission.
- Paediatric HIV care.
- HIV prevention in adolescents.
- Decentralization of HIV control and surveillance.

It should be noted that the implemented actions strengthened the monitoring of and the respect for human rights, especially of the children, women and their families, as well as the inclusion of and respect for cultural diversity and gender equality. The actions are coordinated with PAHO/WHO, UNFPA and UNAIDS. In 2016, there was less coordination with Brazil and other member countries of the South-South cooperation due to several factors, among which the changes of the health authorities in Brazil.

In order to achieve the results determined in the Country Programme, UNICEF's support was concentrated at the national level (STI/HIV/AIDS National Programme of the Ministry of Health) and in the STI/HIV/AIDS Departmental Programmes of Cochabamba, Potosí and Santa Cruz. The main actions consisted of:

- Technical assistance to speed up decentralization of the actions related to PMTCT of HIV, within the framework of comprehensive care for pregnant women.
- The application of standard protocols for HIV care and surveillance.
- Training of HR in PMTCT of HIV, strengthening of the logistical management of HIV tests, and access to antiretroviral therapy.
- Quality improvement of the care for babies born to HIV positive mothers.
- The prevention of HIV and unplanned teenage pregnancies in schools located in the intervention area.
- Follow-up and monitoring of the PMTCT actions at the local level.

In 2016, the focus was on deepening the actions to strengthen the inter-programmatic work related to care for pregnant women and newborns as well as the cross-sectoral work in the Health and Education sectors for the prevention of HIV and unplanned teenage pregnancies, as provided for in the Ministry of Health's STI/HIV/AIDS Multisectoral Strategic Plan.

Scale and Scope

In 2016, execution of the actions programmed with the Ministry of Health's STI/HIV/AIDS Programme and the STI/HIV/AIDS Departmental Programmes of the SEDES of Potosí, Cochabamba and Santa Cruz was as planned. Nonetheless, more than 60% of the activities were implemented in the second half of the year. The gender, interculturality and rights-based approaches cut across application of the programmed

activities. Moreover, full participation of the communal authorities, women –particularly indigenous women-, adolescents and parents was fomented in order to strengthen their capacity to demand quality health services.

The actions around the prevention of vertical HIV transmission were strengthened within the framework of comprehensive care for pregnant women, which resulted in an increasing coverage. Despite the progress in the care for children of HIV positive mothers and the care for HIV positive children, further strengthening is required in accordance with the care standard.

In 2016, the actions for the prevention of HIV and teenage pregnancies in the schools were very important; the joint efforts of the Education and Health sectors were helpful to ensure ownership of the actions by the education sector.

Execution of the actions agreed on with the different partners contributed to achievement of the results and goals set for 2016, which will be described further in section 3.

New developments in the Outcome Area

Long-term planning processes were supported in 2016, among which the preparation of Comprehensive, Departmental and Municipal Territorial Development Plans for years 2016-2020, which comprise actions related to HIV prevention, particularly among youth and adolescents.

In 2016, actions were started to implement the new HIV diagnostic testing algorithm, which provides for a diagnosis with two rapid HIV tests with different active principles. The Departmental Centers for Surveillance and Referral (CDVIR) have started with introduction of the two HIV tests, which will be further expanded in 2017 within the framework of the STI/HIV/AIDS Programme decentralization process.

The actions aimed at identifying and reducing the bottlenecks in the access of pregnant women and adolescents/youth to health centers will continue, among other things so they would have access to rapid testing in accordance with the applicable standard.

Some of the main results achieved in 2016 are: a) An increase of the number of pregnant women who have access to a rapid HIV test, particularly in rural and indigenous areas, in line with the process for deepening decentralization of the STI/HIV/AIDS Program; b) An increase of the number of schools that develop actions around HIV prevention as a result of the joint efforts of the Health and Education sectors; and c) Approval of the new HIV diagnostic testing algorithm.

In 2016, the same limitations as in 2015 persisted: 1) delays in registration of the Annual Operational Plans, 2) bureaucracy in administrative-financial management of the state's matching contribution, and 3) constant turnovers of technical authorities, which limit continuity of the actions.

Partnerships

UNICEF encouraged partnerships and strategic alliances to achieve the results in the prevention of vertical HIV transmission, and the prevention of HIV and pregnancies in teenagers, in the decentralized setting. In this sense, and under the leadership of the Ministry of Health, the STI/HIV/AIDS National Programme received support for joint efforts with the Departmental Programmes of SEDES for actions aimed at strengthening the decentralization of the STI/HIV/AIDS Programme with a sectoral and cross-sectoral approach.

One of the important elements in this process was the partnership with indigenous and communal organizations to address topics related to HIV prevention and the importance of having access to antiretroviral treatment.

In addition, the cross-sectoral work between the Ministries of Health and Education was strengthened in order to develop actions around the prevention of HIV and teenage pregnancies in the schools, as provided for in the school curriculums and Education Law "Avelino Siñani".

In the subnational sphere, the work with the local governments of Cochabamba and Potosí was important, in terms of the implementation of actions for the prevention of vertical transmission and prevention in adolescents.

Likewise, UNICEF encouraged coordination with bilateral and multilateral donors to advocate for a greater importance of the prevention of vertical HIV transmission and prevention in adolescents.

3. RESULTS IN THE OUTCOME AREA

UNICEF's support in 2016 focused on the key actions related to care and the prevention of vertical HIV transmission and the prevention of teenage pregnancies and HIV in adolescents. The actions were carried out as agreed on with the Ministry of Health, SEDES and the STI/HIV/AIDS Programme, with the aim of achieving the results specified in the STI/HIV/AIDS Strategic Plan 2013-2018 as well as the commitments taken on within the framework of the initiative for South-South cooperation.

On the other hand, together with the agencies of the United Nations System and within the UNDAF framework, UNICEF has made an effort to implement actions for the prevention of vertical transmission and for the prevention of teenage pregnancies, in the context of Programme decentralization and the new diagnostic testing algorithm approved in the country this year.

The actions defined and agreed with the national and departmental partners were carried out within the framework of results-based management, with a strategic focus on the identification of key actions and outputs to eliminate bottlenecks in the supply and demand of HIV/AIDS prevention and care services.

This year, the efforts will focus on actions to speed up de-centralisation of the STI/HIV/AIDS Programme based on the model developed in Santa Cruz. And there will be cross-sectoral actions, particularly with the Educational and Justice areas in order to address HIV prevention, violence and unplanned pregnancy in adolescents.

In 2016, the actions were mainly carried out in the second half of the year, primarily due to the slow processes for registering the resources with the VIPFE and the state bureaucracy.

Outcome 1.1: By 2017, high impact interventions in maternal/child health and HIV/AIDS are being equitably used by children, adolescents and mothers from the most disadvantaged communities in the intervention area

In 2016, UNICEF's efforts mainly targeted the reduction/elimination of bottlenecks related to the access of pregnant women, children and adolescents to HIV/AIDS prevention and care services. The equity, interculturality and rights-based approaches as well as the participation of social organizations were taken into account.

One of the strategic actions was the identification and definition of effective actions to reduce the bottlenecks and put in place the necessary preconditions for the prevention of vertical HIV transmission, paediatric HIV care and prevention in adolescents. This was aimed at achieving the annual goals and at strengthening the management capacity of the STI/HIV/AIDS Departmental Programmes and the Health Networks.

It should be noted that significant efforts were made to integrate PMTCT of HIV as part of the comprehensive care for pregnant women by strengthening the inter-programmatic links between the Maternal Health Programme and the STI/HIV/AIDS Programme. Likewise, the actions related to the prevention of HIV and teenage pregnancy were included in the Adolescent Healthcare Programme. The pending task is to strengthen the incorporation of paediatric HIV care within the Child Health Programme.

Nonetheless and despite the changes of directors of the STI/HIV/AIDS Departmental Programmes, which had a negative impact on continuity of the actions, in the first semester implementation of the programmed actions totalled between 20 and 25%. It should be noted also that the state's administrative-financial processes are slow and bureaucratic, causing delays in registration of the resources as provided for in the laws in effect.

In this context, UNICEF's support for implementing the strategic actions agreed on with the Ministry of Health and others to strengthen decentralized management, especially regarding the PMTCT of HIV and the prevention of HIV in adolescents, contributed to achievement of the following results: a) an increase in the access of pregnant women to rapid HIV testing, from 86% in 2015 to 88% in 2016 (71% in Potosí, 87% in Santa Cruz, and 79% in Cochabamba). 90% of the HIV positive pregnant women had access to ARV drugs. To date, 144 children have been born to HIV positive mothers and 80% has had the viral load test. There is an increase in the number of health facilities that offer rapid HIV tests, from 2,080 in 2015 to 2,440 (69% of the total) in 2016. 21 schools in Cochabamba, Potosí and Santa Cruz are developing actions on HIV prevention and the prevention of teenage pregnancy, with participation and under the leadership of the adolescents, parents and teachers.

In this reporting year, the South-South Cooperation has partially complied with the actions agreed on, which is due to the changes within the Brazilian Ministry of Health. It will therefore be fundamentally important for all member countries to define the steps to be followed to ensure continuity of and strengthen the HIV-related cooperation.

Output 1.1.1: Boys, Girls, adolescents, mothers, fathers, families and communities in the intervention area are competent in maternal/child health, and HIV prevention.

In 2016, UNICEF has continued to promote and support participation of the organized community, through its authorities, in processes for the dissemination and delivery of information about HIV prevention in their communities and families. On the other hand, the empowerment of women leaders has been promoted so that they could discuss measures for the prevention of vertical HIV transmission with their peers in the rural communities of the intervention area in Potosí, Cochabamba and Santa Cruz.

The dissemination actions developed by the communal authorities and the women leaders have a positive effect in terms of the increasing demand from pregnant women for rapid HIV tests in the Health Networks of Cochabamba, Potosí and Santa Cruz.

Another important activity was the cross-sectoral work of the Health and Education sectors with regard to the prevention of HIV and unplanned teenage pregnancies, thanks to the commitment taken on by the Education sector authorities to implement activities that facilitate the use of curriculums with a HIV content.

In 2016, in Cochabamba, Potosí and Santa Cruz UNICEF contributed to the following results:

- 21 schools in Potosí, Cochabamba and Santa Cruz use a curriculum with content on the prevention of HIV and unplanned teenage pregnancies, with full participation of the adolescents, teachers and parents.
- In 455 communities that belong to 15 rural municipalities of Potosí and Cochabamba, the communal authorities and indigenous women from the Andean highlands and the Amazon lowlands develop actions to disseminate measures to prevent vertical HIV transmission, using existing communal bodies.

In order to achieve the mentioned results, UNICEF supported the following outputs:

- **Improvement of the quality of education, incorporating the prevention of HIV and unplanned teenage pregnancy into the curriculums**.- 105 teachers of 5 schools in Potosí (Uncía and Llallagua), 40 teachers of 6 schools in Cochabamba (Chapare) and 100 teachers of 10 schools in Santa Cruz have acquired greater technical skills to work with classroom projects to address the prevention of HIV and unplanned pregnancies, as well as the prevention of violence.
- **The parents have acquired greater knowledge regarding the prevention of HIV and unplanned teenage pregnancies.-** 100 parents of 10 schools in Santa Cruz have received information and methodologies to work with their children around the prevention of HIV and unplanned pregnancies.
- **Women leaders have information and disseminate key measures on comprehensive care for pregnant women and newborns, including with regard to HIV**. 80 indigenous women from rural communities in Potosí and 100 from Cochabamba were trained in comprehensive care during pregnancy, childbirth and puerperium, childbirth in a health facility, the prevention of vertical HIV transmission and access to the Bono Juana Azurduy social allowance. These women leaders are now sharing information with other parents in their communities so as to enhance the latters' demand for adequate services.
- **Native Communal Authorities with strengthened capacities to demand maternal and child health services, including care related to HIV.-** 95 communal authorities from 74 rural communities in Potosí and Cochabamba have received information on comprehensive maternal and neonatal health, the referral and counter-referral of pregnant women in emergency situations and for childbirth, and the prevention of vertical HIV transmission. As a result, these authorities have defined actions to improve the demand for and the timely access of their children to health services.

- **Strengthened adolescent leadership for the prevention of HIV, teenage pregnancy and violence.-** 140 adolescent leaders have been trained and are developing actions around the prevention of HIV, teenage pregnancy and violence in 10 priority schools.

Output 1.1.2: Health networks and select services are strengthened and provide high impact interventions through quality and culturally appropriate health and HIV services.

In 2016, UNICEF 's support for the ITS/HIV/AIDS National Programme of the Ministry of Health and the Departmental Programmes of Santa Cruz, Cochabamba and Potosí contributed to the following results:

- An increase in the access of pregnant women to rapid HIV tests, from 86% in 2015 to 88% in 2016. 90% of the HIV positive pregnant women had access to ARV treatment to prevent HIV transmission to their child. In the rural area, there was an increase of 15 points in relation to 2015.
- An increase in the number of health facilities that offer rapid HIV tests, from 59% (2,080) in 2015 to 69% (2,440) in 2016.
- 70% of the children born to HIV positive mothers have had the viral load test 2 months after birth.

In order to achieve the results described above, and within the framework of the Work Plan for 2016 agreed on with the Ministry of Health's ITS/HIV/AIDS National Programme and the Departmental Programmes of Santa Cruz, Cochabamba and Potosí, a series of sectoral and cross-sectoral actions were carried out within the framework of the following outputs:

- **Enhanced technical skills of 110 health professionals for the prevention of mother-to-child HIV transmission in the Potosí Rural Network.-** These professionals were trained on the basis of the updated guide on "PMTCT of HIV and the Elimination of congenital syphilis" , which comprises introduction of the new HIV diagnostic testing algorithm.
- **Second and third–level hospitals applying care standards for babies born to HIV positive mothers in the Health Networks in the intervention area.-** 55 paediatricians working in the Health Networks of Uyuni, Villazón, Llallagua, Tupiza (Potosí) and the tropical area of Cochabamba have received refresher training on prevention and care of perinatal HIV.

  In order to ensure compliance of the standards, the methodology of the Continuous Quality Improvement Cycles (CQIC) was used. This methodology defines quality standards and criteria.
- **Strengthening of the Health Networks for differentiated adolescent care.-** The technical capacity of 70 health professionals has been improved so that they could develop the activities linked to differentiated adolescent care, emphasizing HIV and pregnancy prevention.
- **The quality standards are revised and new ones are defined in the "National Session for Learning and Exchanging Experiences" about implementation of the Continuous Quality Improvement Cycles, including paediatric HIV care.-** In conjunction with the technicians of the nine STI/HIV/AIDS Departmental Programmes and taking into account the progress made and the limitations, a series of actions to be implemented within the framework of CQIC were identified, including actions related to paediatric HIV and programme management in a decentralized context. At present, the CDVIR are implementing the actions and criteria agreed on to ensure compliance of the standard.

- **The bottlenecks that hinder decentralization of the actions for PMTCT of HIV and for the prevention and control of this epidemic were identified as the basis to define new strategies for 2016**.- Together with 40 health professionals, actions were defined to eliminate the bottlenecks in the supply and demand of HIV/AIDS prevention and care services. At present, these actions are

being implemented and have resulted in an increasing number of health facilities offering rapid HIV tests.

- **Acceleration of the decentralization of HIV control and surveillance, particularly PMTCT in the departments of Potosí, Santa Cruz and Cochabamba.**- In order to speed up this decentralization process, the decision was taken to work with onsite training-driven supervision and evaluation. Accordingly, the Network Coordinators are reaching out to the Health Centers of all municipalities. Thanks to these actions, it has been possible to make technical and administrative adjustments in the workplace in order to help increase the number of pregnant women with access to rapid HIV testing, diagnosis and ARV therapy.

- **Awareness-raising among professionals from the social area, providing them with information so they could ensure comprehensive support for children born to HIV positive mothers in 24/7 health centers in Santa Cruz.-** 30 professionals from the social area were trained in methodologies for proper counselling of the mothers of children with HIV. Moreover, they receive essential information on PMTCT of HIV. This has strengthened the comprehensive (medical and social) assistance for the children and the mothers' adherence to the ARV treatment and the prophylactic treatment for the child.

- **Management of the ARV therapy, rapid tests and other supplies in a selection of hospitals of Cochabamba, Potosí and Santa Cruz has been strengthened.-** Based on the diagnostic of the logistics related to ARV drugs and other inputs, the STI/HIV/AIDS National Programme has identified and developed instruments to improve management of the medication and rapid tests. The instruments developed in this regard are being used in the actions to follow up the CDVIR and the Hospitals.

Output 1.1.3: Subnational authorities allocate budgets for cost-effective interventions aimed at impacting bottlenecks present in maternal/child health, and HIV/AIDS care.

In 2016, UNICEF has continued to support actions for capacity-building in decentralized management of the HIV/AIDS Programme, providing technical assistance and developing different strategic actions that have contributed to achievement of the following results:

- 80% (36) of the municipalities in Potosí and 60% (30) of the municipalities in Cochabamba have included actions in their Annual Operational Plans of 2016 to reduce the bottlenecks in the supply of and demand for health services, particularly regarding prevention of vertical HIV transmission and the prevention of teenage pregnancies.

- 100% of the STI/HIV/AIDS Departmental Programmes have made a bottleneck analysis, identifying strategic actions to speed up the decentralization of actions, especially regarding prevention and perinatal care.

In order to achieve these results, UNICEF has supported actions that contributed to the following outputs:

- **Strengthening of the cross-sectoral work in the National AIDS Council and the Departmental AIDS Councils.-** UNICEF provided technical assistance in the evaluation processes to identify

bottlenecks and to define corrective measures to address the constraints. The emphasis is on HIV prevention among adolescents.

- **Strengthening of the planning process and of monitoring of the management indicators and commitments related to HIV.-** Based on the priorities of the STI/HIV/AIDS National Programme registered in the PEM 2013-2017, at the national and subnational levels support was given for planning processes, the definition of indicators and national and departmental targets as the basis to monitor and evaluate the programmed actions. These actions facilitated the definition of corrective measures to help reach the annual goals.
- **In 24 Rural Networks of Potosí and Santa Cruz, there has been cross-peer monitoring to follow up experiences aimed at vertical HIV transmission and HIV prevention in adolescents**.- The technical teams of the Network Coordinations have followed up and evaluated the actions implemented in other Health Networks, aimed at providing the required technical assistance. This activity was helpful to identify bottlenecks in the supply of HIV prevention and care services and reinforce the knowledge and practices of the human resources.
- **An evaluation was made of the process for decentralization and implementation of the actions regarding PMTCT of HIV in the department of Santa Cruz, identifying the progress and limitations in the supply and demand of services.-** With the participation of 50 technicians from 16 Health Networks, strategies have been identified to eliminate bottlenecks in the access to HIV prevention and care services. Information was collected on the achievements and limitations in the implementation of HIV control and surveillance, especially in PMTCT, the inputs of which have been used for the policy of decentralization of the STI/HIV/AIDS National Programme.
- **An evaluation has been made of the implementation of actions for HIV prevention in schools in Santa Cruz.-** Together with the Health and Education sectors and with participation of the school principals, an evaluation was made of the implementation of HIV prevention actions, with participation of the adolescent students. As part of this evaluation, the strengths and weaknesses in application of the curriculum were identified, particularly of the activities related to HIV prevention and the prevention of teenage pregnancies. This is helpful to define the operational strategies to be incorporated in the regular classroom work.

Challenges

The following challenges have been identified for 2017:

- Deepen and strengthen the inter-programmatic work in the health sector for providing comprehensive care to women and children, including the prevention of vertical HIV transmission. At present, the inter-programmatic integration is weak.
- Generating evidence on HIV in indigenous communities is still challenging. This evidence is not only needed to develop actions regarding prevention and care, but also to characterize the epidemic in Bolivia. At present, the definition of HIV prevention strategies responds to the characterization as a “concentrated epidemic” in men who have sex with men and sex workers, though in a parallel manner there is clearly an accelerated increase of new cases among adolescents and youth from the general population.
- Another challenge is the development of mechanisms to fight against the stigmatization and discrimination of people living with HIV. This remains a barrier limiting the access to HIV prevention and care and therefore control of the epidemic. Within this framework, it is important to address the stigmatization and discrimination with institutions but also with social organizations.
- The expansion of several local experiences that developed the intercultural approach in HIV prevention and care is a challenge. This is important to influence the attitudes and practices of

the families and community regarding HIV prevention, particularly among the mothers and children.

- Another challenge that remains is the development of strategies to ensure care and follow-up of the babies born to a HIV positive mother in accordance with standard protocols, among which the application and expansion of the Continuous Quality Improvement Cycles in first, second and third-level health facilities, emphasizing the start of the prophylactic treatment and viral load testing two months after birth. At present, the care and follow-up of the new-borns of HIV positive mothers are partial and not always in accordance with care protocols.
- Define an operational strategy to strengthen the cross-sectoral work concerning HIV prevention and care, since the risk factors for HIV transmission have to be addressed by different social and economic sectors of the community.
- The development of effective strategies to prevent HIV transmission among adolescents is still a challenge, since an increasing number of new cases is reported in this group.

Lessons learned

- The training about HIV for the human resources of the third-level hospitals has to be conducted service by service and onsite. Moreover, this has to be done under the responsibility of an experienced technician designated by the Hospital Director. This will be helpful for the training to be translated into actions and for the standards to be complied with.
- The HR training about HIV, particularly in the first level of care, has to be essentially practical and has to be provided by experienced personnel. This helps create a proper technical environment in which application of the standards is ensured.
- Technical assistance, strict follow-up and feedback, by management/care level and with agreed on instruments, facilitate the implementation of actions and programmes and achievement of the goals set.

Results Assessment Framework

The following tables outline a review of the indicators for all Outputs in the Outcome Area, showing the results achieved in 2016 compared to the baseline and targets as outlined in the UNICEF 2013-2017 Country Programme Document.

Indicators for Outcome 1.1:

By 2017, high impact interventions in maternal/child health and HIV/AIDS are being equitably used by children, adolescents and mothers from the most disadvantaged communities in the intervention area.

	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Institutional delivery coverage in Cochabamba	2013	68	2017	81	60	In progress	SNIS

2	Institutional delivery coverage in Potosi	2013	14	2017	30	30	In progress	SNIS
3	Postnatal control coverage in Cochabamba	2013	54	2017	80	60	In progress	SNIS
4	Postnatal control coverage in potosi	2013	44	2017	90	35	In progress	SNIS
5	Pneumococcal conjugate vaccine (PCV13) coverage (CBBA)	2013	35	2017	80	80	In progress	SNIS
6	Pneumococcal conjugate vaccine (PCV13) coverage Pot	2013	44	2017	80	80	In progress	SNIS
7	Infants born to HIV-positive mothers that received their first viral load testing within two months of being born (CBB)	2014	75	2017	90	80%	Update not available yet	SNIS
8	Infants born to HIV-positive mothers that received their first viral load testing within two months of being born (POT)	2014	70%	2017	90	80%	Update not available yet	SNIS

Indicators for Output 1.1.1:

Boys, Girls, adolescents, mothers, fathers, families and communities in the intervention area are competent in maternal/child health, and HIV prevention.

No	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of schools in the intervention area that develop HIV preventive actions with adolescents participation	2014	10	2017	50	56	In progress	MS/PNITS-VH-Sida
2	Percentage of families that adopt new-born essential care in prioritised communities.	2014	10	2017	90	80%	In progress	Reporte técnico Red Salud Indígena

Indicators for Output 1.1.2:

Health networks and select services are strengthened and provide high impact interventions through quality and culturally appropriate health and HIV services.

	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of health networks that apply innovative, high-impact strategies that are also culturally pertinent.(CBB)	2014	0	2017	3	3	In progress	MS/Reporte de CMCC,
2	Number of health networks that apply innovative, high-impact strategies that are also culturally pertinent.(POT)	2014	0	2017	2	2	In progress	MS/CMCC

3	Percentage of health facilities that conduct HIV rapid tests	2014	35	2017	80	69	In progress	MS/PN ITS-VIH-Sida
4	Percentage of health centres delivering ARV to HIV-positive pregnant women for PMTCT.	2014	8	2017	50	35	In progress	MS/PN ITS-VIH-Sida
5	Number of Departments implementing newborn's quality standard from the Improvement quality cycles.	2014	1	2017	2	2	In progress	MS/reporte de CMCC

Indicators for Output 1.1.3:

Subnational authorities allocate budgets for cost-effective interventions aimed at impacting bottlenecks present in maternal/child health, and HIV/AIDS care.

No	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of Departments planning and monitoring interventions based on bottleneck analyses.	2014	0	2017	2	2	In process	SEDES Potosí y Cochabamba.Unidad de Planificación
2	Number of Departments in which a policy for home/family visits of new-born is revised, adopted and in use	2014	0	2017	2	1 in Cochabamba	In process	MS/ SAFCI

CASE STUDY: Rapid testing for pregnant indigenous women

Key results:

The ayoreo indigenous pregnant women now have more access to rapid HIV testing at the 18 de Marzo Health Center in Santa Cruz. This is through enhancement of the quality of care during pregnancy, childbirth and puerperium, using the intercultural approach in the care for pregnant women (Output 1.1.1: Children, adolescents, parents, families and communities in the area of intervention have competencies in mother-child health care and HIV prevention).

Background:

The coverage of prenatal care among the ayoreo indigenous women was low (30%) before incorporation of the intercultural approach in the provided care. None of the ayoreo women (0%) were tested for HIV.

The incorporation of the intercultural approach as part of the comprehensive care for pregnant women, including HIV prevention and vertical transmission, helped identify ayoreo mothers with HIV at the 18 de Marzo health center.

Within the framework of the support for the decentralization of HIV Control and Surveillance in the department of Santa Cruz, UNICEF assists the 18 de Marzo Health Center to include the intercultural approach as part of the care for pregnant ayoreo women.

Accordingly, based on the experiences shared by a nurse from the 18 de Marzo health center who visited the indigenous Amazon community of Aguajun in Peru (exchange of experiences between both countries), key cultural elements and approaches were incorporated to address HIV prevention in indigenous communities. In 2013, UNICEF Bolivia and Peru facilitated an exchange of experiences in HIV prevention in indigenous communities.

Rationale:

The information of the 18 de Marzo Health Center and the CDVIR Santa Cruz shows the low coverage of prenatal control and childbirth care in the indigenous population. On the other hand, there were data on the presence of ayoreo women with HIV. And there were other HIV risk factors, e.g.: poverty, high migration, sexual work, and low levels of schooling. Because of these factors, together with the Ministry of Health UNICEF decided to conduct a study on the “Prevalence of HIV in the ayoreo people”.

The results of this study show that the prevalence of HIV is 2.015%, i.e. above the national average of 0.15%. In view of this result, it was decided to incorporate the intercultural approach as part of the care for pregnant women, with the objective of improving the pregnant women’s access to rapid HIV tests and ARV treatment.

Strategy and Implementation:

Awareness-raising and dialogue with the male and female authorities of the ayoreo communities about HIV, particularly vertical transmission.- This activity was important to reach the community, since the credibility and moral authority of the communal authorities to influence the community members' decisions was a determinant factor for people to demand health services at the 18 de Marzo health center. The authorities themselves addressed the issue of Sexually Transmitted Infections, talking about the risks and the impact in the families but also in the community when one member has HIV/AIDS.

Capacity-building for the health workers so they would include the intercultural approach as part of the care for the ayoreo people.- The health workers provide prenatal control and they attend childbirths in accordance with the women's uses and customs. One important standard for quality improvement in this case was "timeliness", since the women were not always prepared to wait long hours (because while waiting they were exposed to other users staring at them). Hence, the health center arranged for the women to be seen almost immediately or to wait for at the most 30 minutes.

Resources required/allocated:

Essentially, the resources were used for the technical assistance and the exchange of experiences.
Amount executed: USD 10,000.

Progress and Results:

Thanks to the implemented actions, it was possible to increase coverage of the first prenatal check-up from 10% in 2014 to 75% in 2016, and the percentage of childbirth in health facilities increased from 3% to 60%. Rapid HIV testing increased from 0% in 2014 to 60%.

The four mothers who turned out to be HIV positive now have access to antiretroviral treatment, with systematic follow-up in accordance with the standards during their prenatal check-ups. Moreover, they gave birth in a health facility of the comprehensive health insurance. The newborn care was in accordance with the protocols of the STI/HIV/AIDS Programme. Thanks to the actions taken, the newborns were born HIV free.

Lessons learned:

One of the lessons learned is that it is fundamental to identify one or two of the range of quality dimensions, not necessarily all dimensions in the quality standards. In this intervention, only two dimensions were applied: **a) The intercultural approach**, i.e. healthcare in the women's own language, adequate childbirth practices and adequate practices during pregnancy, and **b) Timeliness of the care,** considering that the hospital has to get organized to provide timely care to the pregnant woman, i.e. when the pregnant woman requires care and not when the hospital employees want or can provide care. It is important to mention that ayoreo people feel uncomfortable when there are long queues and waiting times, which is one of the reasons why they do not go to the health services regularly.

The application of these two quality dimensions facilitates the access to and continuity of the care for pregnant ayoreo women. This shows that it is not necessary to apply all quality dimensions in order to achieve results. Sometimes, by wanting to implement many quality dimensions, in the end none is applied either completely or correctly, which has a negative impact on the results.

It is essential for the agreements and recommendations about maternal healthcare and HIV care to be made from the perspective of the communal authorities so that the families would support and comply with these recommendations. It is therefore important to consider this action in the design and implementation of C4D.

Moving forward:

It will be important to replicate this experience in indigenous communities with a small population to address issues related to maternal health and HIV.

Therefore, UNICEF and the STI/HIV/AIDS Programme together have prepared the protocol entitled “HIV prevention and care with an intercultural approach”, a tool that will help the health workers apply the intercultural approach.

4. FINANCIAL ANALYSIS

4.1. RESOURCES

Table 1. Planned Budget for Outcome

Outcome Area 2: HIV & AIDS
Bolivia
Planned and Funded for the Country Programme 2016 (In US Dollar)

Output	Funding Type[1]	Planned Budget[2]
1.1.1 Demand Health HIV AIDS	RR	-
	ORR	300,000
1.1.2 Supply Health and HIV	RR	-
	ORR	350,000
1.1.3 Environment Effective Intervention	RR	-
	ORR	210,000
Total Budget		**860,000**

[1] RR: Regular Resources, ORR: Other Resources-Regular

[2] Planned Budget for ORR does not include estimated recovery cost
[3] ORR funded amount exclude cost recovery (only programmable amounts)

Table 2. Thematic contributions to Country Office Outcomes in 2016

Outcome Area 2: HIV &AIDS
Thematic contributions received for Outcome 2 by UNICEF Bolivia in 2016
(in US Dollars)

Donors	Grant number	Contribution Amount	Programmable Amount
SIDA- Sweden	SC1499020018	143,755	131,848
Total		**143,755**	**131,848**

4.2. FINANCIAL EXECUTION

Table 3. Outcome-level execution

Outcome Area 2: HIV & AIDS

Bolivia

2016 Provisional expenditures by key results areas (In US Dollars)

	Expenditure Amount			
Organizational targets	Other resources - Emergency	Other Resources-Regular	Regular Resources	All Programme Accounts
02-01 PMTCT and infant male circumcision	0	3,901	0	3,901
02-03 Adolescents and HIV/AIDS	0	11,120	0	11,120
02-05 HIV # General	0	123,641	0	123,641
Total	**0**	**138,662**	**0**	**138,662**
Percentage	0.00%	100.00%	0.00%	

Table 4. Budget execution by programme area

Outcome Area 2: HIV & AIDS

Bolivia

Thematic provisional expenses by programme area (In US Dollar)

Organizational targets	Other Resources-Regular
02-01 PMTCT and infant male circumcision	2,412
02-03 Adolescents and HIV/AIDS	9,439
02-05 HIV # General	119,997
Total	**131,848**

Table 5. Execution by specific intervention

Fund Category	All Programme Accounts
Year	2016
Business Area	Bolivia - 0510
Prorated Outcome Area	02 HIV & AIDS

Row Labels	Expense
02-01-01 Maternal HIV testing and counselling (PITC)	3,892
02-03-06 Address barriers to accessing HIV services t	11,096
02-05-01 HIV # General systems	3,387
02-05-03 Procurement, supply management	119,985
7921 Operations # financial and administration	302
Grand Total	**138,662**

5. FUTURE WORK PLAN

Taking into account the progress to date, in 2017 the actions will focus on consolidation of the results of the Country Programme 2013-2017. Therefore, the HIV component will focus on the following lines of work:

1. Speed up full incorporation of the PMTCT of HIV into the component of comprehensive care for pregnant women, and improve the access of pregnant women to HIV prevention and care services in rural and peri-urban areas. One of the fundamental requirements in this sense is the coordination with the "Bono Juana Azurduy" social programme.
2. Continue with institutional and communal efforts to encourage application of the intercultural approach in the actions for the prevention of mother-to-child HIV transmission.
3. Promote incorporation of the line of work "HIV prevention among adolescents" in the Programme for Comprehensive and Differentiated Adolescent Care, within the framework of cross-sectoral work.
4. Promote incorporation of the component "comprehensive care for babies born to HIV positive mothers" into the Child Health Programme.

This means that PMTCT of HIV, paediatric HIV care and HIV prevention in adolescents will be fully integrated in the maternal, child and adolescent health programmes, respectively, coordinating key actions at the national level with the HIV/AIDS Programme.

Table 1. Planned budget for 2017

Bolivia
Planned Budget and Available Resources for 2017

Outcome	Funding Type	Planned Budget Budget [1]	Funded Budget [1]	Shortfall
Health and HIV/AIDS	RR	-	-	-
	ORR	860,000	50,000	810,000
Total for 2016		**860,000**	**50,000**	**810,000**

[1] Planned and Funded budget for ORR *(and ORE, if applicable)* excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

[2] Other Resources shortfall represents ORR funding required for the achievements of results in 2016.

6. EXPRESSION OF THANKS

UNICEF wishes to thank the Government of Sweden for supporting the HIV/AIDS Programme in Bolivia. Without this valuable support, it would not have been possible to reach the results related to vertical HIV transmission and HIV prevention in adolescents, especially in indigenous communities that are difficult to access. This has been amply acknowledged by the STI/HIV/AIDS Programme of the Ministry of Health. The goals set for 2016 have been achieved thanks to the sum of efforts and commitments of the national and municipal authorities, the bilateral and multilateral donors, and the social organizations. Therefore, on behalf of the children, we say thank you to the Swedish Government for its contribution and support for improving the situation of Bolivian children and women.

ANNEX 1: HUMAN INTEREST STORY

A mother's fear, her child's hope

Preventing mother-to-child transmission of HIV

Today is a good day for Paola. She had been waiting nervously for the viral load test results for her baby and the news could not be better: 'they came back negative, I'm so happy, and relieved', Paola says. At the young age of twenty, Paola has already experienced a lifetime of anguish, and this news is exactly what she needed to spur her on and give her hope for the future.

It all started when she was fifteen. Her family migrated from Tarija to the small town of Colomie, one hour's drive from Cochabamba, to live with her mother's new husband. But soon enough, as the eldest of five siblings, she was subjected to abuse from her step-father; with little support from her mother, she escaped to Cochabamba. Alone, with no family or friends around her, she soon met someone: 'He was thirty-two, a lot older than me, but he said nice things to me, so I moved in with him, I had nowhere else to go. He never told me he had HIV', explains Paola.

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'One day, I was going through his things and found a paper, an HIV analysis, but I didn't really understand what it meant, if it was positive or not, but I knew it could be bad, I got really scared, I knew it was a serious illness', recounts Paola, the painful memories bringing tears to her eyes. She did the sensible thing and took action immediately; sadly, her fear was justified. 'They told me it was positive, they explained that there were treatments and that it does not end your life, it is just a different way of living. But I was in a bad way', says Paola.

Initially she was too scared to confront her partner, still in shock that there were people capable of doing things like this. But when she found out that he was a patient at the same HIV support center, she found the courage to speak to him; 'he threw me out of the house. I was still angry with my mother and I had nowhere to live.' After seeing her partner with another young girl a few weeks later, she could not let the cycle continue, and with the support of friends she reported him; he was sent to prison.

'Sometimes I get depressed, but I have a lot of support. My new partner has accepted me with this illness, but where I live there is a lot of discrimination', explains Paola. Although angry with her mother, with the

few options she had Paola got back in touch and moved back home. Every month she makes the journey to Cochabamba to receive treatment. Battling depression, for her at times 'it was a glass half empty.' Despite a brief lapse when she abandoned treatment, with the support from the center and her new husband she is now back on track; the glass is filling up again.

The decision to have a child was not easy; 'I had my fears and doubts, but the doctor assured me that if I continued with the treatment, the baby might be healthy', says Paola. UNICEF has been working hard to prevent mother-to-child transmission of the virus, and the positive results are already evident. Thanks to the support they have received, Paola and her son now have a future. She wants to study psychology so she can help other people in similar situations.

The center in Cochabamba, supported by UNICEF, treats over 1,500 patients and is achieving great results for children born to parents living with HIV. But there is still more work to do. With the rates of migration to the peripheries of the city increasing, the at-risk population is growing and HIV is spreading into indigenous communities. In Bolivia, there are still high levels of discrimination and a lack of information amongst the population. 'We now need to focus on children, speak about sexuality, speak about HIV. There is always a necessity, but resources are always scarce', explains Doctor Ariel, Head of Monitoring and Evaluation at the Center. But for Paola, the support she received at the center has been life-changing; preventing vertical transmission has been a triumph.

ANNEX 2: DONOR FEEDBACK FORM

UNICEF is making an effort to improve the quality of its reports. In this sense, we greatly appreciate your feedback. Please answer the following questions about this report and forward this form to:

Name: Katarina Johansson Mekoulou, Deputy Representative

Email: kjohansson@unicef.org

***

SCORING:	**5 means "very satisfactory"** **0 means "completely unsatisfactory"**

1. To what extent does the narrative content of the report meet your expectations? (For example, the overall analysis and the identification of challenges and solutions)

5	4	3	2	1	0

_____
_____
_____

2. To what extent does the fund use report meet your expectations?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
_____
_____

3. To what extent does the report meet your expectations in terms of the identification of difficulties and constraints and how these were resolved?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
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_____

4. To what extent does the report meet your expectations in terms of the results achieved?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
_____
_____

5. Do you have any suggestions to improve this report and meet your expectations?
_____
_____
_____

6. Do you have any other comments?
_____
_____
_____

Thank you for your answers!