

REPUBLIC OF CUBA  
Ministry of Public Health

**National Strategic Plan** for  
the prevention and control of  
STIs, HIV and hepatitis



Havana, Cuba 2019  
"Year 61 of the Revolution"

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**REPUBLIC OF CUBA**  
**MINISTRY OF PUBLIC HEALTH**

**RESOLUTION No. 56**

**HOW MUCH:** Law No. 41 "Public Health Act" dated July 13, 1983, provides in Article 1) the basic principles for the regulation of social relations in the field of public health, in order to contribute to ensure health promotion, disease prevention, restoration of health, social rehabilitation of patients and social assistance and Article

54) states that the purpose of the development and improvement of prevention, protection and health monitoring in the field of hygiene and epidemiology, the Ministry of Public Health promotes studies and research in coordination with the organs, agencies, and institutions scientific that appropriate, with the active and organized participation of the population, if necessary.

**HOW MUCH:** Decree No. 139 dated February 4, 1989 "Regulations of the Public Health Act" provided for in Article 123) it will be up to the Ministry of Public Health implement actions aimed at preventing and controlling communicable diseases or not that harm human health and to plan, implement and monitor plans, programs and aimed campaigns to control or eradication of disease or other abnormalities Health.

**HOW MUCH:** The Task Force for the confrontation and AIDS (GOPELS) is responsible for coordinating and structuring responsible for analyzing cross-sectoral response to the epidemic of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) and propose actions deemed necessary at all times.

**HOW MUCH:** Multisectoral strategic planning for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) is carried out every five years and assessed the balance of meeting the objectives proposed in STRATEGIC PLAN NATIONAL PREVENTION AND CONTROL STI / HIV / AIDS 2014-2018 and is necessary to annul Resolution No. 773 dated 27 December 2013 of the Minister of Public Health approved the Plan, with the aim of new project in a new strategic axes work period, to accelerate progress towards ending the HIV and STI as public health problems by 2030 and the elimination of discrimination in all its forms.

**HOW MUCH:** The period beginning 2019-2023 aims to consolidate what has been achieved, recognizing the introduction of new technologies, training and human resource training, strengthening of community participation and partnerships with other sectors; but it is essential to climb to a higher level that allows early identification of new infections, linking more people to effective health services and treatments, ensuring the reduction of new cases

STIs, HIV and hepatitis, reducing complications and deaths related to these entities; and the protection of future generations through the elimination of mother-child transmission.

**HOW MUCH:** Agenda 2030 for Sustainable Development Goal 3, Objective 3 calls for specific measures against chronic infections hepatitis and respect the proposals that make up the new Strategic Plan recognize the Plan of Action of the World Health Organization health prevention and control of STI and HIV 2016-2021, the response to viral hepatitis and other health plans; as well as innovative strategies to accelerate the response to achieving global targets "90-90-90" aimed at prevention, care and treatment, based on universal and free health coverage affordable for continuously ensuring the National System Health and active participation of the community, especially key populations.

**SO:** In exercise of the powers conferred on me are under Section 100 subsection a) of the Constitution of the Republic of Cuba,

## **RESOLVE**

**FIRST:** NATIONAL STRATEGIC PLAN approve PREVENTION AND CONTROL OF STIs, HIV and hepatitis FOR THE PERIOD 2019-2023, which is attached as Unique to this resolution.

**SECOND:** The Plan which has multisectoral scope and representatives of the Task Force approved for confrontation and AIDS (GOPELS) may be proposed by the Group, which meets the specific provisions they consider to carry out an execution and control more effective in its fields of competence.

**THIRD:** The Task Force for the confrontation and AIDS (GOPELS) in the territories is coordinated by provincial health directors and in the case of the Special Municipality of Isla de la Juventud by the Municipal Director and Vice in the territories of the groups through intersectoral action expanded response to the epidemic, which defines cross-cutting themes and common objectives and evaluation indicators, ensuring full compliance and respect for the rights and guarantees of key populations.

**QUARTER:** Deputy Minister organizational units serving hygiene, epidemiology, environmental health and Control is responsible for the implementation and control of which by this resolution are available.

**FIFTH:** This Resolution enters into force on the day following the date of signature.

**NOTIFIED to the** Deputy Minister organizational units serving hygiene, epidemiology, environmental health and fighting

vector and through you to the members of the Working Group on the body.

**CONTACT** ministers of the bodies and heads of the organs of the Task Force for the confrontation and AIDS (GOPELS), the chairmen of the boards of provincial and municipal and Provincial Directors of Health Administration and in the case Special Municipality Isle of Youth by the Municipal Manager.

**FILED** The original of this resolution, duly signed, in the Legal Department of the body.

**DADAIST** the Ministry of Public Health in Havana, on the 8th day of March, 2019. "Year 61 of the Revolution".

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, likely representing the name 'Portal Jose Angel Miranda'.

DR. PORTAL JOSE ANGEL MIRANDA  
Public Health Minister





**Single Annex**  
**Resolution 56/2019**



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## INTRODUCTION

In Cuba, strategic planning for sexually transmitted infections (STIs) and HIV is conducted every five years. Starting with the evaluation of the strategy concludes (2014-2018), results and gaps were Taron proj-new strategic priorities that will set the tone for accelerating progress towards ending epidemics were identified, and their analysis, the HIV and STIs, such as public health problems by 2030, as well as discrimination in all its forms. Goals and strategic priorities projected for this new phase are consistent with the action plan for the foresee-ing and control of STI and HIV, the World Health Organization (WHO), and the sector health for the period 2016-2021; especially in light of the challenges and to the sustainability of the national response.

This is the first Strategic Plan including viral hepatitis, and is designed to contribute to the achievement of Agenda 2030 for Sustainable Development, and specifically target 3 of the objective 3 of the agenda, which calls for measures specific against chronic infections of hepatitis virus. The Plan proposed here is in line with other relevant health plans, such as those relating to HIV and sexually transmitted infections.

This strategy is based on a framework of universal health coverage and is focused on all stages of the continuum of care, and recognizes that, to close the gaps in each of the pillars, it is necessary that civil society continues to actively partici-pando, especially key populations (GPC).

This plan is supporting a consolidated position of the commitments gubernamen-such with the response to STIs, HIV and viral hepatitis, manifested in various ways, such as the sustainability of the response, positioning political defi-out, and actions driving participation of organized civil society and the different actors of the social and economic life of the country. This new plan proposes innovative strategies to accelerate the response, in order to contribute to the achievement of global goals "90-90-90" with regard to prevention, care and treatment, harmonizing with the main international instruments.

Then comes the National Strategic Plan for Response to STIs, HIV and hepatitis, 2019-2023, as a guideline tool decisions and actions that the answer to these infections require over the next five years.

This new period is aimed at consolidating what has been achieved and climb to a level that allows early identification of new infections, linking more people to health services, effective as treatments, which will be reflected in the reduction of new cases STIs, HIV and hepatitis, in reducing complications and deaths related to these entities as well as the protection of future gene-rations HIV, congenital syphilis and hepatitis B, through the elimination of MTCT .





# 1

## CURRENT SITUATION

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### 1.1. DEMOGRAPHIC CONTEXT OF THE COUNTRY

The territory occupied by the Republic of Cuba is located in an archipelago composed by the Island of Cuba, the Isla de la Juventud and more than 1600 islands and cays. Since its new political-administrative in 2010 (Figure 1) division has 15 provinces and 168 municipalities, including the special municipality Isla de la Juventud.

**Figure 1. Cuba. Political Division - Administrative**



*Source: Taken from the Economic and Social Panorama. Cuba, 2016.*

#### 1.1.1. Population spatial distribution

The population calculated at the close of 2017 was of 11,221,060 inhabitants, representing a growth rate of -1.6 per thousand inhabitants. They occurred 114,971 births, 1901 more than last year. As for deaths, with 106,948 that occurred, it is the first time the country exceeded the figure of 100,000; This meant

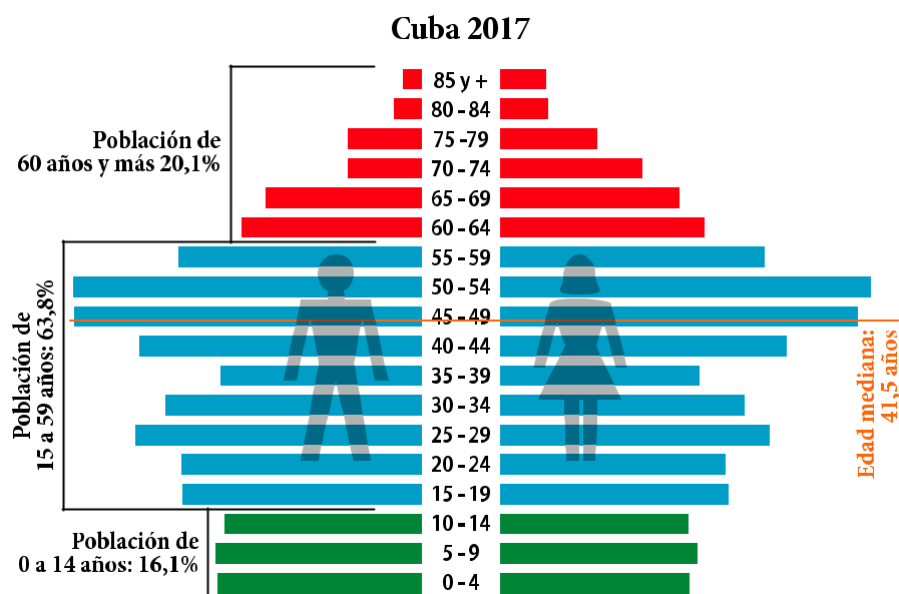
A total of 7540 over the previous year.<sup>1</sup> Meanwhile migrations were again negative sign and a value close to 26 194 people and exceeded those of the previous year in 8943.

The distribution of the population is heterogeneous territories. Only in Havana it is concentrated 19% of the total population of the country, and if he unites with Holguin and Santiago de Cuba (the other two over one million inhabitants), the figure rises to 37.5%. These three territories occupy only 14.7% of the national territory.

### 1.1.2. Composition of the population by sex and age

In Cuba, at the end of 2017, there were a total of 5,584,885 males and 5,636,175 heme-bras which represented 49.8 and 50.2% of the total, respectively, for a relationship or sex ratio 991 males per 1000 females.<sup>1-3</sup>

**Figure 2. Structure of the population by sex and age. Cuba 2017**



Source: National Statistical Information System Demographic.

By age, the value of this indicator is differential, generally following a trend to be higher (over 1000) in the early years of life and go descending towards older ages, to be below 1000 between 40 and 44 (figure 2). This is because more males than females are born, but more males than females also die, what is known as excess male mortality. In Cuba, from the age group 40-44, the female presence is May-

ritaria, and this becomes more acute toward older ages of life, when mortality is even higher among men.

For years the country has been going through a process of aging poblational relatively accelerated. If the age structure of the population in 2017 is analyzed through the graph known as "age pyramid" a estrechez its base, widening at the center and a peak in expansion process is observed; This indicates that decreased effective at early ages and that people older adult-so INCREM.ENCODER.

### 1.1.3. Mortality

In 2017, 106,948 deaths were reported, 7560 more than in 2016. According to the classification into three groups of causes of death, the death rate from chronic noncommunicable diseases is the highest, 782.3 deaths per 100 000 live-tes; followed by, in descending order, the rate of mortality from communicable diseases, the causes of maternal, perinatal and nutritional death, 89.0, and mortality from external causes, 71.2.<sup>1</sup>

Regarding the ten leading causes of death, heart disease ranks first with a rate of 241.6 per 100 000 inhabitants, followed by death from malignant tumors, whose rate is 224.0; both causes account for 49.0% of total deaths in 2017.

## 1.2. CONTEXT OF THE NATIONAL HEALTH SYSTEM (SNS)

### *Right to health*

Government efforts are aimed at continuing to ensure full access to health services, to raise the indicators and make the Cuban health system is efficient and sustainable to continue developing it as an expression of human dignity and equality.<sup>3</sup>

Cuba has continued consolidating the quality of its national health system with universal coverage and free assistance, and is the cornerstone of the Primary Health Care (PHC). It is the best equipped country in the number of doctors per capita, according to the World Health Organization. In 2017, life expectancy at birth was 78.4 the years. The mortality rate in the under 1 year was 4.0 per thousand live births, the lowest in history, and under 5 dropped to 5.5 per thousand live births. The survival rate at that age is 99.5. 99.9% of deliveries take place in health institutions.

The country has 492,366 health workers and 71% are women. The rate of doctors per 10 thousand inhabitants is 81.9, that of odontology 16.6 and 77.9 nurses. It has strengthened the National Program for Prevention and Control of STI-HIV / AIDS (PNPCITS HIV / AIDS), with remarkable results: the introduction of new technologies, training and human resource training; strengthening participation Community and alliances with other sectors exemplify the main developments.

### 1.3. CONTEXT OF ITS EPIDEMIOLOGICAL, hepatitis and HIV AND TRENDS

The first cases of HIV were diagnosed in Cuba in 1986, and until December 2017 were living with HIV 23,500 people from 28,659 diagnosed throughout the epidemic. 19% are women and 81% men. 5159 deceased people with HIV, 4636 due to AIDS and the rest from other causes.\*

The main route of transmission is sexual (99.6%) and the age groups most cases have contributed in the past five years are, in the following order: 40 to 49, 25 to 29, 20 to 24, and 50 and more. This behavior, according to age at diagnosis has changed in relation to previous periods, which dominated the younger ages. Throughout the epidemic, 100 were diagnosed under age 15 (0.34% of all diagnosed cases): of these, 53 per MTCT.

45 municipalities most affected by the epidemic and in them is 81% of all people living with HIV are maintained.

The men who have sex with men (MSM) account for 70% of the total cases diagnosed in the country and 87.4% among males.

It remains in force, and consolidated in the period, the policy of seeking HIV cases in population groups. In 2017, 2.6 million HIV tests were performed.

HIV prevalence to the end of 2017 was 0.29% in the population aged 15 to 49 years, 19.7% transgenders, 5.58% in men who have sex with men and 2.82% in people who have sex transactional (PPST).

UNAIDS (Joint United Nations Program on AIDS) has estimated that by the end of 2018 exist in Cuba 31,000 people living with HIV. Assuming these estimates are consistent with reality, and with reference to the national data of people with HIV expected at the end of 2018 (25,400), in the country around 5 thousand people who have HIV and do not know their HIV status.

In June 2015, the country became the first eliminated mater-noinfantil transmission of HIV and congenital syphilis, a condition that was revalidated by WHO in June 2017 (see Table 1).

Response to HIV in Cuba can show significant impacts, both averted deaths and new HIV infections, depending on the effective implementation of accelerated action, as shown in Figure 3 and 4.

However, active case finding in key groups to achieve the first 90 may compromise short term, indicators of incidence and prevalence (Figure 5).

Syphilis and gonorrhea were, among all sexually transmitted infections, which were first addressed by control programs. Subsequently, since 1996, all STIs were integrated into a single program that also included the síndrome-month STI.

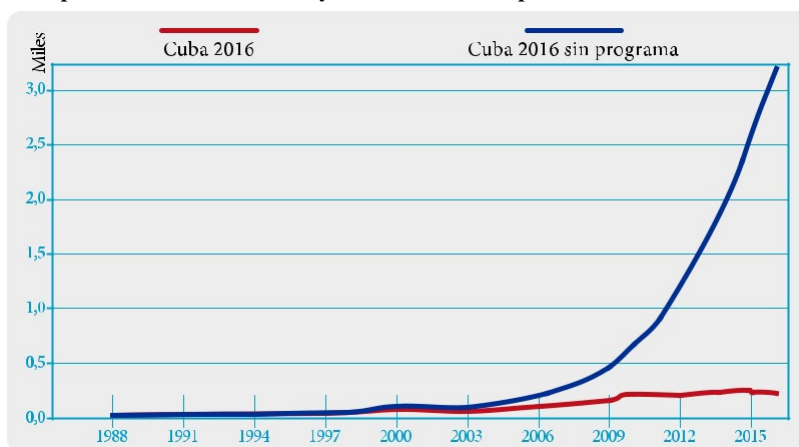
They were unified action protocols, intensified actions foresee-ing and improved statistical reporting cases.

\* Computerized registration HIV / AIDS, MINSAP, 2017.

**Table 1. Summary of results and impact indicators. 2017 Close**

Percentage of men who have sex with men and living with HIV	5.58
Percentage of transgender people living with HIV	19.70
Percentage of sex workers living with HIV	2.82
Percentage of adults and children with HIV is known to continue with treatment 12 months after starting antiretroviral therapy	95.84
Percentage of people living with HIV who are currently receiving treatment antiretroviral	82.72
Percentage of people living with HIV who are on ART, which have a load viral (CV) suppressed at 12 months (<1000 copies / ml)	70.77
Percentage of people living with HIV who initiated ART with a CD4 count <200 cells / mm <sup>3</sup>	15.75

*Source: Record computerized HIV / AIDS, Ministry of Public Health, Havana, 2017 Survey prevention indicators, ONEI, Havana, 2017.*

**Figure 3. Impact of deaths averted by the action of Response to HIV in Cuba\***


*Source: Securities Spectrum actions of the HIV program in Cuba considering TAR and delivery of condoms vs. TAR or delivery without condoms.*

During the period 2014-2018, an annual increase of reporting syphilis, stabilized in 2017, where the increase from 2016 was 2% was introduced. While no significant differences were observed in terms of gender behavior has predomi-swim the report in men and among them men who have sex with men.

In the same period, it decreased reporting of cases of genital warts, gonorrhea and all STI syndromes.

Search of syphilis cases intensified. At the end of 2017 two million screening, 47.2% were made in key populations.

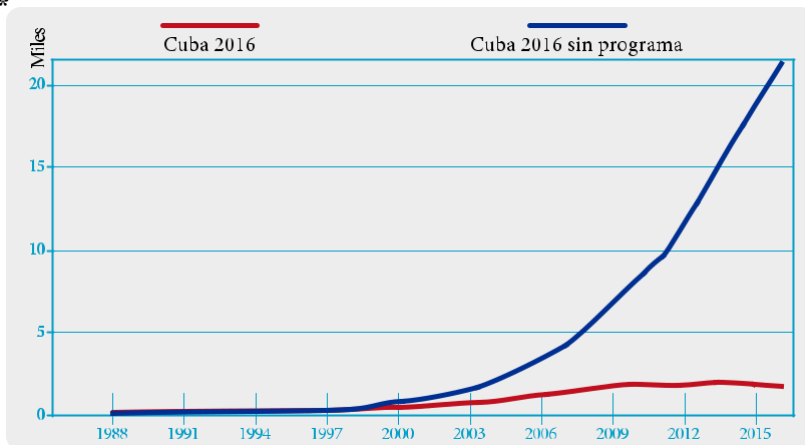
\*\*

\* Technical Note: Run Spectrum actions of the program in TAR and delivery of condoms, and if they had not been available treatments and condoms. The results show that in 2016 have prevented more than 3,000 deaths from HIV.

\*\* Ministry of Public Health (MINSAP). Department of STI-HIV / AIDS. Results report. Havana: MINSAP, 2017.

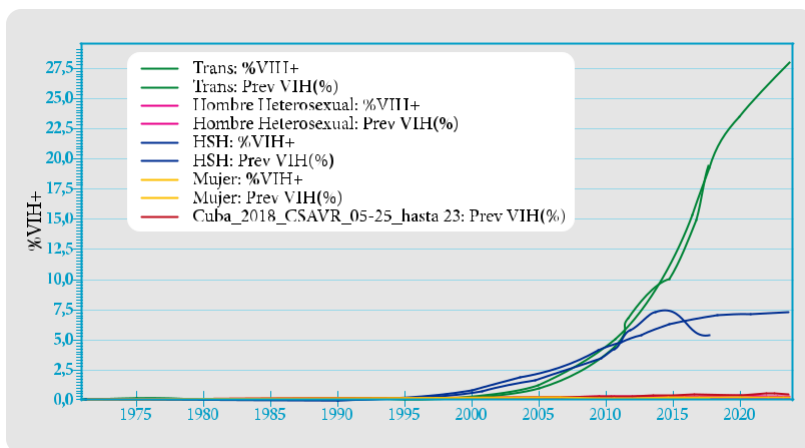
They remain fulfilled indicators strategy elimination of trans-mission of maternal HIV and congenital syphilis.

**Figure 4. Impact of new infections averted by the action of Response to HIV in Cuba \***



Source: Securities Spectrum actions of the HIV program in Cuba considering TAR and delivery of condoms vs. TAR or delivery without condoms.

**Figure 5. Forecast of new infections by 2020 by applying the urgent goals \*\***



Source: Securities Spectrum.

Viral hepatitis represent a high burden of disease and mortality worldwide; They are the eighth leading cause of death worldwide. It is estimated that each year

\* Technical Note: Run Spectrum actions of the program in TAR and delivery of condoms, and if they had not been Dispo-Nibles treatments and condoms. The results show that in 2016 more than 20 000 new HIV infections were averted by.

Technical \*\* Note: Run Spectrum actions of the program in TAR and delivery of condoms, and if they had not been Dispo-Nibles treatments and condoms. The results show that in 2016 more than 20 000 new HIV infections were averted by.

you cause 1.4 million deaths from acute infection and liver cancer, and cirrhosis related to hepatitis; mortality comparable to that of HIV and tuberculosis.

As part of the global drive to eliminate viral hepatitis, the Sustainable Development Goals (SDGs) and the Global Strategy for the health sector against viral hepatitis they have served as an example for action worldwide.

WHO has developed guidelines, strategies and plans aimed at supporting national RESPONSE-tas. Cuba intensifies its progress related to knowledge of viral hepatitis, prevention and control; identification and mandatory reporting; finding cases in pregnant women, blood donors and patients with chronic renal failure on hemodialysis services.

Research with the surface antigen of hepatitis B (HBsAg) of pregnant women began in 1986; vaccination for all newborns was introduced in 1992, and in 2008 the application of Gamma B hyperimmune globulin (HBIG) began. In subsequent years, vaccination preschool children, school children, adolescents, young adults, risk population and health personnel occupationally exposed, which allowed the reduction of the prevalence of hepatitis B in the general population and risk spread. Currently, the vast majority of the population under 35 is protected against viral hepatitis B.

There is a drastic reduction in the incidence of hepatitis B in the general population (over 98%). The annual vaccination coverage are close to 100%. After more than 25 years of vaccination, the rate of new infections has fallen from 20.2 in 1992 to 0.5 x 100 000 in 2017.<sup>1</sup>

Currently, the main health problem constitutes the hepatitis C, which primarily affects people receiving dialysis treatment for chronic renal failure followed by people with HIV. Donor population in blood, has been estimated a prevalence of 0.9%. In Cuba, genotype 1b is the cause of most infections Hepatitis C virus (HCV).

Mortality from cirrhosis and other chronic liver diseases occupy the ninth place among the leading causes of death in our country, where the related deaths with hepatitis B virus contribute 28.1% of those deaths and virus C 62%. From 2000 to 2017 there was an increase in mortality from these causes in 75.9%.<sup>1</sup>

## **1.4. POPULATIONS greater vulnerability**

### **1.4.1. Key populations (GPC)**

The heterogeneity of the behavior of STIs, HIV and viral hepatitis stresses the importance of identifying key groups and vulnerable population groups to plan and schedule efficiently prevention services, treatment and care.



Key population groups are groups defined by their specific high risk behaviors, have a special susceptibility to HIV, independently of the type of epidemic and the local context. In addition, often they face "legal and social problems" because of these behaviors that increase their vulnerability to HIV. The key populations are important for the dynamics of HIV transmission and are essential partners to achieve an effective response to the epidemic.<sup>4</sup>

In correspondence with prevalence data available and major Risegos associated with HIV infection, hepatitis and other STIs, have identified the following key population subgroups to interventions which target specific foreseetions:

Key populations
• Transgender people;
• Men who have sex with men;
• People who practice transactional sex and their partners;
• People living with HIV (PLHIV) and their partners.

The transgender people had been grouped into the category of MSM (men who have sex with men) in all studies of behavior and prevalence of sexually and HIV, until 2012, when due to the organized-ing and pressure Network Transgender in Cuba, and considerations set forth in the various international forums, and in particular at the World AIDS Conference held in Mexico in August 2008, considering them was proposed as a separate group MSM by the World health Organization and UNAIDS, both mandatory reporting in public health related logic epidemiolo, monitoring and for epidemiological studies or behavioral, and of course for promotion interventions and prevention. 4

1.4.2. Additional transverse populations

**Women**,in all its diversity, experience increased vulnerability biologic-logic to STIs, HIV and hepatitis and are disproportionately exposed to violence and other forms of gender oppression that increase the risk of these infections. Young people face difficulties since age-related policies may hinder their ability to access sexual and reproductive health (SRH).

1.4.3. Vulnerable groups

It is always important to analyze the epidemiology, but in all contexts there are groups and communities that fall outside the definition of "key populations" given above, but experience a vulnerability and greater impact against STIs, and HIV and hepatitis. These can include people whose contexts or situations make them particularly vulnerable, or who suffer inequality,

prejudice, marginalization and limitations in their social, economic, cultural and other rights.

In order to focus attention on them, to develop and adapt appropriate services-mind, the following are defined vulnerable groups:

<b><i>Vulnerable groups</i></b>
<i>• Children born to mothers with diagnosis of syphilis, HIV and hepatitis B;</i>
<i>• People with disabilities;</i>
<i>• sexual partners of people with STIs, HIV and hepatitis B and C;</i>
<i>• Patients who have been Multitransfused;</i>
<i>• Receptors blood and blood products, tissues and organs (HBV and HCV);</i>
<i>• Patients requiring renal replacement therapy of the hemodialysis type (HBV and HCV);</i>
<i>• Hemophiliacs (HIV, HBV and HCV);</i>
<i>• Health professionals exposed to contact with blood or body fluids (HBV and HCV);</i>
<i>• People with coinfections: -</i>
<i>Hepatitis B and C combined;</i>
<i>- Viral Hepatitis and tuberculosis;</i>
<i>and - HIV and viral hepatitis.</i>

#### **I.4.4. Characterization of key populations as biological systems and behavioral surveillance**

##### ***People transgender***

- In the transgender people, estimated at 3 700, according to the assumed gender identity, transgender there is a predominance of women (95.6% women vs. 4.4% men);<sup>two</sup>
- According to skin color, 46.7% of transgender people are white, 37.2% black and 16.1% Mestizo;
- As for the level of education, unlike what happens in the Cuban population, transgender people are mostly low level. 92.6% have teaching average at most 4.6% have higher average level up to 2.8% are university;
- Just over a third (39.9%) is linked to the study or work, 43% are looking for work, 0.8% are pensioners, 2.4% is devoted to chores around the home, 3% have no activity and 11% is in "other status" not covered by the above categories;
- They are more common in urban areas of the country than in rural areas;
- Mostly, they are single persons (56.6%) and 33.5% are joined or married;

- Nearly half (47.8%) received over the past year physical assaults by their partners, 57.8% were victims of sexual violence and almost totalness (96.5%) received the impact of psychological violence;
- Less than half (42.6%) used condoms during sexual intercourse with pairs; Y
- 41.8% has been carried out test to know their HIV status to HIV ever.

### ***Men who have sex with men (MSM)***

- MSM, estimated at about a quarter of a million (279,531), representing 9.4% of Cuban men and 10.5% of those who have had sex;
- Six out of 10 (64.1%) are bisexual and 4.4% practice transactional sex;
- They have an average age of 33.3 years;
- According to skin color, the proportion of white is relatively higher than register male population;
- They have a high average level of education, 69.6% have higher education or higher education half finished and including 13.2% are college;
- 86% have an active life before work or study, 5% is dedicated to labo-res domestic and 2.4% seeking work;
- By living areas represent 9.9% of the male residents in provincial HEADER-ras, 9.2% among residents in the rest of the urban area and 8.9% of those living in rural areas ;
- They are characterized by lower territorial mobility than the rest of the population and one of the study groups that most often ingested alcoholic beverages;
- Using a condom at last intercourse anal sex with another man has also increased, although it remains below use with casual partners in general (51.5% in 2013, 56.9% in 2015 and 63.9% 2017). 2017, they declared "always use a condom" 63% MSM;
- Most of MSM know where the HIV test (89.3%) made, but only about a third (37.1%) the test was done during 2017;
- MSM are the groups most affected by physical or sexual violence by their partner in the last year (11.0%).

### ***People who practice transactional sex (PPST)***

- The PPST estimated 82,603 people represent 1.4% of the population aged 12 to 49 years, 1.5% of men and 1.3% of women;
- This type of practice, in the Cuban case, is more common among men;
- Quarter (26.5%) of men who practice transactional sex have Prac-ticas homo-bisexual, while the rest do this type of exchange with women;
- More than half of transgender people (52.1%) is involved in this type of exchange;

- By area of residence, this practice is more common in the urban part of the country;
- Significant differences were recorded between the genders of PPST regarding skin color;
- The PPST are generally relatively less educated than the rest of the population;
- The onset of sexual intercourse occurs around the middle of adolescence, and 15 years is the most common age for both sexes;
- The use of condoms in their last sexual intercourse has increased (76.35% in 2015 and 78.1% in 2017). 2017, declared "always use a condom" 63.9%;
- Most PPST knows where HIV test (89.3%) made, but only 46.9% the test was done during 2017;
- The PPST populations, also have steady partners, are the groups most affected by physical or sexual violence from their partner.

### ***People living with HIV (PLHIV)***

- People living with HIV in Cuba, in December 2017, representing 0.3% of the population aged 12 to 49 years;
- In 2017, the average age of people living with HIV was 39.8 years; the proportion associated with the PVV 12-14 years is practically zero and is interpreted as there is no presence of HIV-positive people within that age range;
- In 2017, in Havana, lived 45% of people living with HIV and the rest was distributed mainly in the provinces of Santiago de Cuba, Camagüey, Villa Clara and Granma;
- Generally they have a high educational level, and women are living with HIV relatively less educated than men with HIV;<sup>5-7</sup>
- Men mostly single (53.1%) declare mostly women reported having a marital partner (55.7%);
- Among people living with HIV there is a higher proportion of people with black skin color and mestizo than that recorded in the Cuban population in general (46.0% vs. 34.9% respectively) and consequently They are in compa-ration minor proportions of people living with HIV with white skin color (54.0% vs. 65.1% respectively).

### ***Adolescents and young***

- The population between 10 and 29 years of age is essentially urban and represents 24.9% of the total population;<sup>two</sup>
- The onset of sexual intercourse occurs around the middle of adolescence; 16 years is the most common age for both sexes;<sup>6</sup>
- By age group it can be seen how, in stages, both men and women, regardless of their sexual orientation, has been INCREM.ENCODER-Tando over time using a condom at first intercourse;

- 94.5% of adolescents and youth have any information about HIV, provided mainly by the media and promotional materials;
- Only 32.4% have perfect knowledge about HIV and 17% with myths and misconceptions about HIV persist;
- Just 20.9% was reached by prevention programs for HIV in the past year;
- 56% received information on the use of condoms and only 22.3% received a sample free condom;
- 58.1% of adolescents and young people have never been done HIV testing, mainly to be sure not to be infected;
- 91.1% know where to go for HIV test performed;
- Just over 40% have ever thought about getting tested for HIV;
- 28.4% HIV test was conducted in the last 12 months and know the results 95.7%;
- 87% of HIV tests performed were indicated for health personnel, accompanied majority of the respective counseling;
- 5% have avoided health services because of stigma and discrimination, especially teenagers (7%);
- 83.5% used condoms during the last sex;
- 16% of women and 7% of young men aged 15 to 19 are currently married or in union;<sup>6</sup>
- The average age of mothers procreating travels around 28 to 30 years. Use birth control 67% of sexually active adolescents, value less than 76% use in women between 20 and 24 years or more advanced ages;<sup>8</sup>
- Are the condom, the intrauterine device (IUD) and the pill, the most used methods by Cuban adolescents;
- 11.8% of adolescents smoke, 35.7% drink alcohol and 1.7% admit consuming toxic substances;<sup>8</sup>

## ***Women***

- In Cuba, at the end of 2017, there were of 5,636,175 women that represents 50.2% of the total population, for a ratio or index masculinity of 991 males per 1,000 females in total;<sup>two</sup>
- In Cuba, from the age group of 40 to 44, the female presence majority;
- 61.0% of women of working age are economically active;
- In general, they exhibit high level of education;
- In the occupational setting, Cuban women is present in all occupational categories, predominantly technical and administrative categories;
- Cuban women residing in urban areas at 78.7%;
- The population of childbearing age is estimated at 2,649,968 women;

- The general fertility rate is 43.0 live births per 1000 women aged 15 to 49 years;<sup>\*</sup>
- 8% of women aged 15 to 49 years have needs not met by anticon-ception, and the group of women aged 15 to 19 stands where this indicator is 22%;<sup>6</sup>
- Early motherhood is more common in women tional lower-educated, level and in rural areas;
- 4% of women who believes is justified that the husband or partner to beat his wife, while the same opinion with 7% of men interviewed;
- Only 60% of women have comprehensive knowledge about Meto-two of prevention and transmission of HIV;
- 97% of women of reproductive age know a place where you can make HIV testing and about 32.1% it has been done in the last 12 months and know the result;<sup>two</sup>
- 52% of women with more than one partner in the last 12 months reported using a condom, which increases among younger women and those who have a higher educational level.

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\* Technical Note: Average number of daughters per woman.



## FRAMEWORK REGULATOR OF THE PEN AND TRAINERS

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### 2.1. LEGISLATION LINKED TO HIV

Law n.º 41 of the 13 July 1983, "Law on Public Health", in his article e) states that "The Ministry of Health is responsible for methodological rectory, technical and scientific cooperation in the provision of services, prepares the Ramal plan of Public Health and regulates the practice of medicine and activities that are related, setting the conditions, requirements and limitations thereof".

Decree n.º 139 of the February 4, 1989, "Regulations of the Public Health Act" in Article n.º 123, states "that will be up to the Ministry of Public Health implement actions aimed at preventing and controlling communicable diseases or not that harm human health and to plan, implement and monitor plans, programs and aimed campaigns to control or eradication of disease or other health impairment".<sup>9</sup>

#### *a) Existing legislation in administrative matters*

**Decree-Law No 286**, of the September 20, 2011, "the integration of the work of foreseeing, assistance and social work" is assigned to the Minister of Labor and Social Security responsible for proposing, direct and control procedures for development foreseeing, assistance and social work.

**Ministerial resolution 141**, of the August 21, 2000, which drugs will be allocated free of charge to people living with HIV.

#### *b) Current legislation on labor matters*

The country has extensive rules on labor and social security applicable to all citizens matter entirely covering the employment of people living with HIV. Seropositivity itself is not a restriction for which profession or occupation-WANT.

**The Constitution of the Republic states:**

- *That no man or woman, able to work, you do not have a chance to get a job with which to contribute to the goals of society and satisfaction of their own needs;*
- *that no disabled person for the job you do not have decent livelihoods;*
- *Work in the Socialist Society is a right, a duty and a matter of honor for every citizen.*

**Resolution 13**, dated 24 July 1997 from the Minister of Labor and Social Security; This legal body has vital importance from the treatment of the patient associated with the conception of man as a social being and useful for society and for himself, has the right to work; seropositivity is not a constraint to access to employment.

**Law No. 116**, of the December 22, 2013, "Code Work" Article 116 states that "The worker takes the salary corresponding to the time of the workday to assisting with knowledge of the employer and credits, in accordance with regulations in each case provided by law, only upon the following reasons:

k) You attend scheduled medical consultations for workers carrying the Human Immunodeficiency Virus (AIDS).

#### ***c) Legislation in civil matters***

As for rights in civil matters can or should be people living with HIV, even though there is no express statement, we must consider the basis of the analysis of Article 1 of the "Civil Code" which regulates property relations and other non-property linked to, among persons placed on an equal footing, for the purpose of satisfying material and spiritual needs, there is an equal and generalizing protection for all individuals, hence there are no limitations of any kind for people living with HIV .

The right to procreation is not is denied to any HIV-positive women in our country, it is complemented by the actions of information, education and communication that the National Program for Prevention and Control of STI-HIV / AIDS done to the mother and family in general. It should be informed about the risks of maternity-related HIV / AIDS, even before pregnancy so that this part of planning and does not occur at random.

#### ***d) Current legislation in criminal matters***

Within the law no, nor should there be, special legislation for people living with HIV, as legislated in this area is applicable equally to all citizens.

## **2.2. LEGAL PROTECTION AND COMPREHENSIVE SYSTEM OF CHILDHOOD IN CUBA AND ADOLESCENTS**

The Cuban State guarantees the comprehensive protection of children and youth according to the principles of development of the Cuban socialist society, and for this the Constitution



the Republic, Article 40, states that "children and youth particular enjoy protection from the state and society".<sup>10</sup>

The principles established by Cuban legislation for the treatment and care of minors, are in line with internationally adopted principles for the treatment of the subject.

The Cuban government is a signatory to the UN Standard Minimum Rules for the Administration of Juvenile Justice, of the November 29, 1985 -Rules of Beijing-; the UN Guidelines for the Prevention of Juvenile Delinquency -Guidelines of Riad- of the December 14, 1990; United Nations rules for the protection of children deprived of their liberty, in the December 14, 1990; the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child in child, 2000 pornography; Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed and the Convention on the Rights of the Child on November 20, 1990 conflict.

For the purposes of the Convention on the Rights of the Child, Article 1 / Part I, a child means every human being below the age of eighteen years unless under the law applicable to the child, is attained earlier adulthood. Law n.<sup>or</sup> 59/89 "Cuban Civil Code" in Article 29, first paragraph states "The full capacity to exercise the rights and perform legal acts is acquired to arrive at adulthood, which begins at 18 years of age".<sup>eleven</sup>

To ensure the full enjoyment of the rights and protection of children and young Cubans, Cuban state has promulgated a set of rules Juridicas complementary, all of which constitutes a genuine expression of their political will, among which They include:

- "Code for Children and Youth", which regulates the participation of children and young people in building society and establishes obligations of, persons agencies and institutions involved in their education;
- "Family Code" in the February 14, 1975, and Law n.<sup>or</sup> 62 of 29 December-1987, "Penal Code", which legally regulates institutions families and parent-child relationships, among other activities:
  - Legal liability is due to natural persons, from 16 years of age at the time of committing the punishable act. Article 16.1.
  - They are authorized to enter into marriage over 18 years old. (Exceptionally, provided that the female has turned 14 and male 16 years, with permission from their parents or legal guardian. They can not marry the under 14 and boys under 16 years of age). Art. 3 (modified).

Family, school, state agencies and mass organizations and partner-they have a duty to pay special attention to the integral development of children and youth.

The public health system gives priority to this population segment, and its main guidelines are contained in the National Health Program for Comprehensive Adolescent approved by the Ministry of Public Health (MINSAP), currently in force for the period 2013- 2018.

In that program, some bioethical criteria are needed for Integral Attention to adolescents, among which are the following:

- Perform physical examination privacy, confidentiality and the presence of an adult or legal representative in the under 16;
- Apply for teens and informed consent familiar with representation of under 16 years, with continuous information throughout the care process;
- Adolescents under 16 should not attend consultations alone, but should always be taken care of and oriented to a new consultation with parents, relatives or legal representative;
- We do not recommend recipes or deliver drugs or perform procedures doctors under 16 years without the presence of their parents, relatives or legal representative.

The country continues to strengthen and improve its institutional framework and its legal system, amendments and proposals that correspond to the needs of adolescents Cuban and international standards in this area. In this regard, and as part of follow-up action plan for the sustainability of the elimination of mother to child transmission of HIV and syphilis, and to give progressive solution to the main recommendations made by WHO / PAHO they have identified four priorities key to advance the next period 2019-2023:

1. Conclude study defining the legal limits of the teen for access to services and inputs Sexual and Reproductive Health (SRH) and HIV, or other proceeding without the consent of parents or legal guardians, including free access and free to HIV testing, male and female condoms, emergency contraception, pre-exposure prophylaxis (PrEP) and other SRH services and supplies.
2. Review of the existing legal framework to ensure equitable and universal access of adolescents to the services necessary for maintaining the elimination of mother to child transmission of HIV and congenital syphilis is facilitated.
3. Present results of the study in provincial health directorates.
4. Monitor and evaluate the implementation of the changes.

## 2.3. IMPROVING THE FRAMEWORK INSTITUTIONAL AND LEGAL SYSTEM IN CONNECTION WITH THE GUARANTEE OF HUMAN RIGHTS

In June 2017, the National Assembly of People's Power approved the document **Project Conceptualization of the Socialist-ment Desa, Economic and Social Cubano Model** and the bases of the National Social and Economic Development Plan until 2030, contributing to the strengthening of the institutional framework of the country.<sup>3</sup>

Cuba continues to strengthen and improve its institutional framework and its legal system, amendments and proposals that correspond to the needs of Cuban society and international standards in this area. As part of the updating process of the Cuban development model economic and social, they have been revised, updated and amended a significant number of legal norms, while others are under consideration.

- Law No 116 of 22 December 2013, "Labor Code" Article 2 establishes the fundamental principles governing the right of workers:
  - b) equality at work; every citizen able to work have the right to obtain employment in response to the demands of the economy and their choice in both the state sector and non-state; without discriminating-tion by skin color, gender, religious beliefs, sexual orientation, territorial origin, disability and any other distinction harmful to human digni-ty;
- On June 20, 2013, Cuba acceded to the Protocol to Prevent, repri-mir and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime;
- Since November 2014, the Attorney General's Office (FGR) provided alternative ways to care for citizens, in order to expand the mechanisms to channel concerns and / or complaints from the public. These pathways provide citizens advice on issues related to the protection of their human rights;
- In January 2015, the Social Communication Strategy was approved for Adolescents and Young Cubans, in which coverage is given to the main cognitive and leisure of these public concerns;
- On December 8, 2016, Decree-Law No 339 "On the mater-nity of working", and Decree-Law No. 340, "amending Special Social Security Schemes were enacted concerning the Protection of Maternity";
- Violence between people combat in all its forms. Expresió-nes its most serious are punished by law, including violence dômes-tica. In 2016, the Attorney General and the Federation of Cuban Women signed a collaboration agreement for the use of alterna-tive route (telephone) to denounce violence against women;

- Sustained progress has been made in the fight against discrimination on grounds of sexual orientation. Project document Conceptualization of the Economic and Social Development Model Cuban Socialist contemplated confronting all forms of discrimination, including grounds of gender identity and sexual orientation, among the principles underlying the model;
- Cuban civil society has established itself as an increasingly important player on the national scene;
- As part of the process of updating the Cuban model of economic and social development we have proposed the following guidelines for economic policy for public health, for the period 2016-2021:<sup>12</sup>

**123.** Raise the quality of the service provided, compliance with medical ethics, the satisfaction of the population. Ensure the efficient use of resources, savings and eliminating unnecessary expenses.

**124.** Strengthen health actions with cross-sectoral and community participation in the promotion and prevention for improving lifestyle, contributing to increment health levels of the population.

**125.** Ensure the sustainability of interdisciplinary, sectoral, intersected-rials and community actions.

**126.** To continue the process of reorganization, compaction and regionalization of health services with the required quality. Ensure that the health system itself provide that each patient receives appropriate care.

**127.** Consolidate the study of the social environment in addressing health problems of the population.

**130.** Ensure the formation, development and stability of medical specialists to meet the needs of the country.

## 2.4. MARCOS INTERNATIONAL DRIVERS

Internationally, there are a number of legal, regulatory, conventions, declarations and technical guidelines that seek to guarantee the rights of persons with STIs, HIV and hepatitis. The country has acquired these commitments and they constitute the legal basis providing this Strategic Plan. Among them are the following:

- Political Declaration of the United Nations in 2016 to end the AIDS epidemic: Goals and global prevention commitments by 2020;<sup>13</sup>
- Unified guidelines on the prevention, diagnosis, treatment and care of HIV for key populations, WHO, July 2016;<sup>14</sup>
- 2030 Agenda for Sustainable Development: Goal 3 ( "Ensuring a healthy lifestyle and promote the welfare of all all ages"), Objective 5 (Achieving gender equality and empower all women and girls); Objective 17 (Strengthening

means of implementation and revitalize the Global Alliance for Sustainable Desarrollo-LLO), 2015;<sup>fifteen</sup>

- Accelerated action: 90-90-90 goals and strategy "Accelerated Route to end AIDS," UNAIDS, 2016-2021;<sup>sixteen</sup>
- Paris Declaration: Accelerated action in cities: ending the AIDS epidemic 1.or December 2014;<sup>seventeen</sup>
- WHO Guidelines, 2013 and 2015, and WHO Treatment 2.0;<sup>eighteen</sup>
- Statement of the Consultation of the Americas 2012, Ministers of Education: "A new culture of health in the school context";<sup>nineteen</sup>
- Declaration of Ministers of Health and Education, Mexico, 2008;<sup>twenty</sup>
- Three Ones in action (where we are, where we go), 2003.<sup>twenty-one</sup>

Cuba remains committed to international standards of human rights. The country has ratified 44 of the 61 international instruments on human rights (72.13%), which places Cuba in the group of UN Member States with the highest number of ratifications of instruments of this type.<sup>3</sup>

***international instruments to which Cuba is a party:***

- *International Convention on the Elimination of All Forms of Racial Discrimination;*
- *ILO Convention 111 on discrimination in employment and occupation;*
- *Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others;*
- *Convention on the Protection and Promotion of the Diversity of Cultural Expressions;*
- *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ratified in 1986;*
- *Convention on the Rights of the Child, UN international treaty signed in 1989; in defense of children, the country exceeds the obligations of the Convention on the Rights of the Child;*
- *Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography;*
- *Convention on the Rights of Persons with Disabilities.*

**2.5. Organizational framework RESPONSE TO NATIONAL STIs, HIV and hepatitis**

**2.5.1. Marco intersectoral**

Response to HIV is multisectoral. It was created from the early years of epidemic by decision of the government, the Task Force for the confrontation and Fight against AIDS (GOPELS), which is composed of representatives of all agencies of the State, with responsibility for assessing periodically prevention strategies

tion and control of the epidemic from the point of view multisectoral. This organ is coordinated in the territories by provincial directors and municipal health, in his capacity as vice president of the Councils of the Provincial Administration (CAP) and the Councils of the Municipal Administration (CAM), and are monitored by the presidents of the Assemblies of People's Power, with an orientation Lide-ership shared.

The methodological basis supporting intersectoral action is the expanded response to the epidemic, defining cross-cutting themes and common goals, sets meeting spaces, establishing coordination strategies and define evaluation indicators intersectoral action, always ensuring full compliance and respect for the rights and guarantees of key populations.

For work coordination, monitoring and evaluation of the expanded response to the epidemic, three groups conform intersectoral working:

- Legal: composed of organizations and institutions whose objects are linked with the legal aspects;
- Communication: consisting of the mass media and others who can advise on the subject; Y
- Prevention: made up the rest of the social sectors.

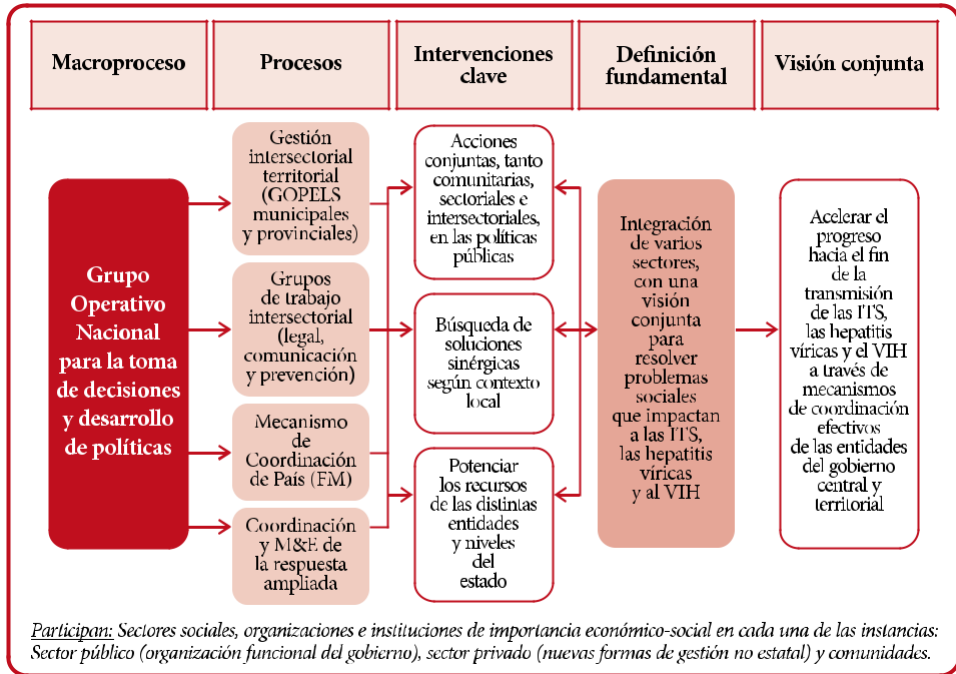
Coordination of work in the processes of planning, implementation and Segui-ment of programs financed by the Global Fund (FM) is done through provincial GOPELS and municipal technical consultancy groups STI-HIV / AIDS the country Coordinating Mechanism (CCM), in order to ensure coordinated and multisectoral approach to the proj-tos, establishing partnerships among all relevant players within the country.

In light of the current context, it is stated that inter-sectoral response acquires full potential as a fundamental political and technological tool of the Public Health System. In this regard, necessary is to assess the experience, identify major gaps, updating regulatory frameworks to address the determinants of health and define the path that triggers in place mechanisms for coordination and actually operative integration in order to achieve a response capacity greater quality and dynamism.

For this reason, again this Strategic Plan Nacional (PEN), new strategic lines of action are proposed to ensure policy priorities and target cohesion and coherence between them and promote effective inter-programmatic and multisectoral response to STIs, HIV and hepatitis from a holistic perspective that goes beyond the sectoral approach of the current policy (see proposed management model in figure 6).

This model of intersectoral management broadly supports the response to STIs, HIV and hepatitis, which generates a suitable space and suitable for actual operation: the territorial level.

**Figure 6. Model sectoral management in response to STIs, HIV and hepatitis**



Source: Figure prepared by the authors, from the technical reorganization of the expanded response.

### 2.5.2. Continuum of care framework against STIs, HIV and hepatitis

While the concept of health coverage universal serves as a framework for this Plan Estratégico Nacional, the continuum of services needed to overcome STIs, HIV and provides hepatitis a comprehensive framework for the provision of services to organize strategic measures .

The first level of health care is the gateway to the continuum of services needed to achieve the strategic goals and includes all persons included in prevention activities, those achieved with screening, which know their status, those permitted in the various mechanisms of attention, which have started treatment, those who have completed, people healed, and accessing chronic care.

The service network is distributed by levels of care and its door is the office of the doctor and family nurse, and the Polyclinic is the alrede-dor institution which comprehensive care to the population is organized with human resources and technological features, what more than twenty specialties that guarantee increasing their response capacity was added, bringing medical care to high-ly qualified communities. There are procedures for lead patients assisted way through the network to the third level of care, if necessary. Has an accreditation system and certification from standards,

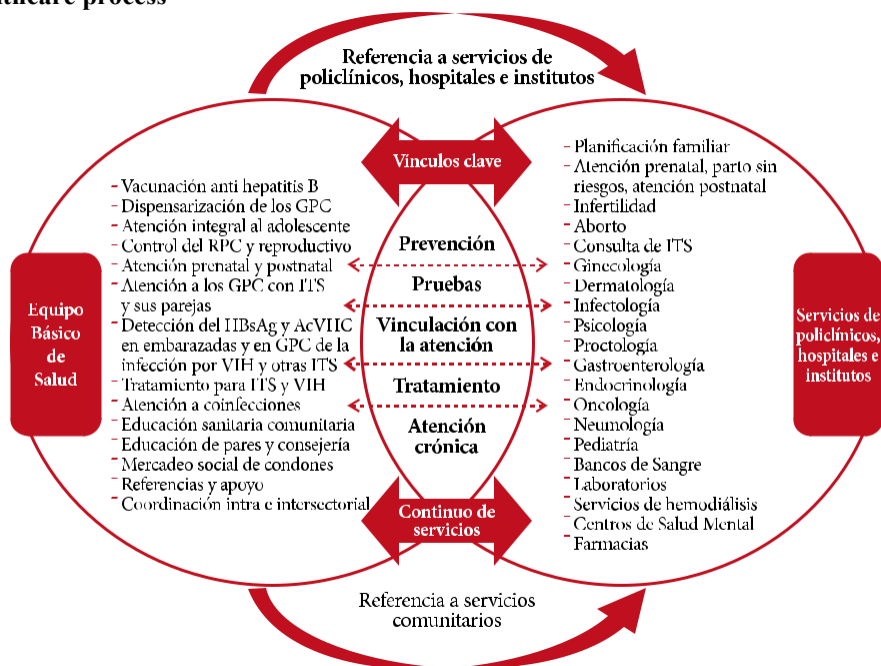
rules and procedures based on evidence, that guarantee the quality, effectiveness and efficiency of the model of health service delivery.

All this supported an integrated information system with support adequate financial and logistical, in which the processes of decision making are based on a system management from accountability for the results achieved in meeting the annual work objectives and mechanisms control the budget.

The country has 47,638 family doctors that cover 100% of the population including the most remote, 10,869 Basic Health Teams (EBS) in Consultorios of the doctor's Familiar and more than 12 thousand volunteers peer promoters. \* for the care and monitoring - especializados- to STIs, HIV and hepatitis, it also has other medical personnel municipal health services province-les and network of hospitals that have been trained to ensure interprovincial response

Grammar effective against these entities.

**Figure 7. continuous set of services for STI, viral hepatitis and HIV in the healthcare process**



Source: Figure prepared by the authors.

Comprehensive care for STIs, HIV and hepatitis is contained in the program of the physician and family nurse, and thus ensures access to services and transit through the different levels of health care. To this end it has the measured

\* Reports Monitoring and Evaluation of the educational component of the National Program for Prevention and Control of STIs, HIV and hepatitis (2017).



cos and nurses' offices and staff of other services Polyclinic (Psychology, Social Work, Dermatology, Family planning, Estomatolo-gy, among others), ensuring coverage of the various services needed by the population related to STIs, HIV and hepatitis.

It also has health personnel for direct care of STIs: Nurses-mere specializing in STI-HIV / AIDS, present in all polyclinics in the country, are trained in communication skills, interview, epidemiological analysis, preparation reports and periodic reports, guidance and patient care, location and stu-dio contact, health education in the community, application of treatments, conse-Jeria, techniques for monitoring adherence to treatment in the community and support key populations.

### **2.5.3. National civil society response**

#### ***2.5.3.1. Line support for people living with HIV (LAPVV)***

Helpline for people living with HIV is a grouping of civil society representation at national, provincial and municipal levels, led by coordinators elec-tos or ratified periodically at their annual meetings. He is a member of the Committees of Legality and Prevention GOPELS of the Technical Commission on AIDS, and occupies the vicepresi-dence of the Country Coordinating Mechanism for projects financed by the Global Fund. Respond to local characteristics of the epidemic is a guiding principle of his work. To do this, defined as areas of action: PVV community action, fami-lia and society, social communication and partnerships, organizational strengthening and prevention.

It is a network provider of care services for people living with HIV, combination prevention to treatment adherence, self-care and psychosocial accompanies-ment to PLWHA.

As a strategy for their actions, uses peer education or equal, where a network member trained as a health promoter and / or activist social acts on the same group (same). Therefore the preparation of promoters and / or Activis-tas for Community action in the promotion and development of better conditions of individual and collective health, is one of the challenges facing so continuous network, as a service provider.

Among the many volunteers inserted in the prevention of STI-HIV / AIDS, people living with HIV play a key role. This community is represented in all major forums related to decision-making and national response.

#### ***2.5.3.2. People transgender***

The Red transgender individuals, couples and families is a grouping of civil society that carries out activities aimed at promoting sexual health, with emphasis on prevention of HIV, and to promote the exercise of sexual rights and respect for the identity of gender, under the technical assistance of the National Center for Sexual Education (CENESEX).

From 2007, the empowerment of this population on issues related to sexual health with emphasis on STI and HIV, and human rights, allowed, along with the creation of the National Strategy for a free and responsible sexual orientation and identity gender, address the needs of this population as transsexuals and gender nonconforming people and not as MSM.

The expansion of this network with the addition of a group of people transgénero practicing transactional and their partners sex, in a program of Capacitation on the issue of STI-HIV / AIDS and gender equality, allowed to have direct specific actions to this population in the meeting places allowing better characterize this population and develop educational support materials.

In 2015, as part of the new funding model (NMF) of the Global Fund, the strategy redimensionó strengthening work transgénero populations to decrease the incidence of STIs, HIV and hepatitis. It covers a wide range of activities, with emphasis on health promotion and prevention, with a focus on human rights and respect for sexual diversity.

#### ***2.5.3.3. Men who have sex with men***

Network MSM is an organization of civil society composed and directed by health workers and social activists who voluntarily dedicate their time and efforts to promote behavioral change, providing related services to the prevention of STIs, HIV and hepatitis, health promotion, and social activism among their peers. It is structured in three levels (municipal, provincial and national), and participates actively in the educational component of the Program for Prevention and Control of STI-HIV / AIDS. The areas of action include health promotion and prevention, addressing gender and human rights, and investigations communication and organizational development.

The main activities performed by promoters are the outputs sites encounters the MSM where they interact with their peers, educational materials distributed intended for the same, condoms, lubricants, and serve which-WANT related concern with STI, HIV / AIDS or sexuality.

#### ***2.5.3.4. People who practice transactional sex***

In Cuba, there are no formal organizations that bring together people who can practice transactional sex (PPST). This population is addressed through strategies across the board in pairs MSM groups, transgender and young people, considering that many of these people do not recognize themselves, nor socially recognized as sex workers. Today, PPST are integrated strategy of prevention of STIs, HIV and hepatitis, in all provinces of the country, which have human, inputs and services aimed at these groups capital.

Work experiences in the educational order with these groups, and the actors associated with them, are analyzed and discussed in scientific fields, community and decision-making, in order to perfect the answer, which allows a greater impact.

#### 2.5.4. Framework of international cooperation

The national effort to strengthen the response to HIV has enjoyed the support and collaboration of agencies, organizations and international organizations (UNICEF, UNFPA, UNDP, UNESCO, WHO-PAHO) and NGOs (Medicuba-Swiss NGO Funds Cooperation of Belgium-FOS) and the Global Fund to Fight AIDS, tuberculosis and malaria, which have materialized through specific projects aimed at strengthening actions to fulfill strategic objectives.

The joint work between national and donor authorities has been common practice in the process of identifying priorities, and the starting point has been the evaluation of the National Plan, analyzing the situation and identifying gaps to focus towards these support associated parts.

##### **a) Areas of collaboration and remarkable contributions (PAHO / WHO)**

With the opening in 1965 of a representation of PAHO / WHO in Havana, a stage of continuing collaboration opened between the Government of Cuba and refe-rida organization.

PAHO / WHO supported the implementation of the Regional Strategic Plan STI-HIV / AIDS strategy for the elimination of MTCT of syphilis and HIV, as well as technical assistance and developing local capacity.

Promoting gender equality and the right to health, such as trans-versales axes of cooperation of PAHO / WHO, have been present in all ambi-tos action by interprogrammatic actions. Supporting progress towards Universal Health and consolidating the achievements of the National Health System Cuba marks the explicit guidance of the cooperation strategy with the right to health and the goal of not leaving anyone behind the ODS, as engines guiding all actions.

Among the most important achievements of the NHS in recent years, as part of the strate-gia cooperation are the following:

- (2014) Cuba first occupied the presidency of the 67th World Health Assembly, in recognition of the results achieved by the NHS;
- (2015) Cuba meets the objectives of the Millennium Development; Y
- (2015) Cuba becomes 1st country in the world to receive certification by WHO elimination of MTCT of HIV and congenital syphilis. For this, the country underwent, with support from PAHO / WHO, a Rigu-Roso review process and the submission of a report documenting everything done to achieve and sustain this achievement;
- (2018) Technical assistance in two pilot projects PrEP and treatment as prevention.

##### **b) Cooperation framework of the Global Fund and contribution represents Permanent-ing in Cuba of the United Nations Program for Development (UNDP)**

The links between the National HIV / STI Program for Prevention and Control of AIDS and the United Nations system on the prevention of HIV, initiated in the early 90s, through the Joint Program of the United Nations (UNAIDS),\* who focuses on visible to Cuba in the inter-national statistics on the disease.

In January 2002, it was created the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) as a financial instrument called complement existing programs to respond to HIV, tuberculosis and malaria.<sup>22</sup>

In that same year, a series of negotiations established between the Government of Cuba and the United Nations Program for Development aimed to organize and accompany the process of submitting a proposal to the Global Fund to respond to HIV.

This process was characterized by the will, commitment and flexibility of the country to create the necessary mechanisms and structures, corresponding to the Requirements and standards of the Global Fund. A key role at this time was played by the Ministry for Foreign Investment and Economic Cooperation (MINVEC), now the Ministry of Trade and Foreign Investment (MINCEX), who, as the lead agency cooperation in the country, called dissimilar organizations belonging to the GOPELS from different areas of society, and diverse visions and work styles, to join the National Coordination Group for Cooperation with the Global Fund in February 2002 with the aim of presenting a proposal to the Global Fund.

This was a group effort and meaningful participation agreement, and established the precedent of what was then the Country Coordinating Mechanism (CCM), based -as far below-with "the preparation, implementation, monitoring and evaluation successive Country Coordinated Proposals (CCP) in supporting national health strategies".

In the same year 2002, the CCM selects the Permanent Representation in Cuba of the United Nations Program for Development (UNDP) as the main recipient of the subsidy, considering his extensive experience in working cooperation with the country and its ability to manage and international trust funds.

With the election of UNDP, MCP ensured that the flow of funds approved for project implementation is not affected as a result of the blockade imposed by EE.UU., Protecting payment to purchases of medicines and other products that forces-toramente had to be imported.

The contribution of the Global Fund since 2003 and until the end of 2017 exceeds 110 million dollars, which has helped to reduce the gaps identified to achieve the goals of the country, in each period, and driven their achievement in a shorter time.

Among the contributions to the Global Fund the purchase of antiretroviral medications that have expanded access to treatment, creating regional laboratories with high standards of quality it stands out. It has also contributed to the achievement of decentralization of care and its integration into primary care along

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\* Technical Note: UNAIDS is the inter-promoter UN System HIV / AIDS.

across the country, also stress the Ministry of Health, which received significant support with resources from the Global Fund from Round 6. Resources grants have funded technical assistance, received at health institutions for management of equipment, diagnosis and treatment by specialized medical personnel and training abroad to import / export lessons learned and best practices in response to the HIV epidemic.

During the Global Fund grants (2002 to present), the country has benefited from the strategic contribution of the United Nations Program for Development and among the most important contributions are:

1. It has been deployed during this stage a system of shared work, participation with multiple stakeholders, which has contributed to changing styles and work-cedures.
2. Actions have strengthened advocacy, strategic partnerships and leveraging intersectoral spaces convening power and legitimacy.
3. UNDP has made available to the national program strategic capabilities, knowledge, and administrative.
4. Their support has been vital in designing new grants helping to achieve better analytical support of the proposals, in order to facilitate the management and more efficient and effective achievement of results.
5. It has encouraged debate and knowledge generation through periodic systematization of experiences reflected in the publication Learning and sharing, an initiative conceived since 2012 to promote good practices in the Cuban context.
6. It has established a system of accountability, which includes different levels of responsibility, which has ensured the timeliness, consistency, transparency and quality of program reports, and is an experience that has contributed to the Perfection-tioning in monitoring systems and monitoring in the country.
7. The design of the Management Model has proved vital to integrate into team-des ENTIDA with high professional standards in their technical roles, allowing met-ment have updated and specialized experience working in different fields.
8. Similarly, the use of methodologies and tools provided by the Global Fund for forming procurement plans has been a good practice that the country has been incorporated as part of its working procedures, for adquisi-ing and supplies health products.

Since 2014, the Global Fund encourages countries upper middle income to redouble their efforts in search of the sustainability of HIV programs through a process of transition, which proposes funding 100% of antiretrovirals, reagents CD4 and viral load (CV), and other health products to be borne by these countries.

Cuba has been an exception to this rule, and has continued to receive funds-ment for health products in recent years, why in the transition subven-tion for the years 2018-2020 approved pose a set of actions

demonstrating the ability and commitment of the country to absorb these health products, so as to ensure by 2020 to have health products needed for sustainable make access for people with HIV to prevention, diagnosis, care, treatment and monitoring.

# 3

## LENDING FRAMEWORK OF THE NATIONAL RESPONSE A STIs, HIV and hepatitis

### 3.1. HEALTH SPENDING

Government efforts are aimed at continuing to ensure full access to health services, raising the indicators and make the Cuban health system is efficient and sustainable to continue developing it as an expression of human dignity and equality. The budget allocated to public health and welfare amounted to 10 369.4 million pesos, representing 20.3% of total current expenditure, which time is 12.0% of gross domestic product itself. The actual behavior amounted to 10 650.1 million pesos, to 20.5%.<sup>1.3</sup>

Financing Health Services has been characterized by an impact on essential aspects of the implementation of their activity levels to ensure economic sustainability and quality and to maintain the results of indicators drawn.

Cuba's total expenditure on health in 2017 was 7,047 250,000 representing an increment of 627.300 2145 to 2013.<sup>1</sup> Health spending per capita grew by 43% (from 439.06 to 626.63).

**Table 2. Implementation of the budget and expenditure per capita, 2013-2017 (UM: Pesos)**

Indicators	Years				
	2013	2014	2015	2016	2017
Execution of the budget	4,901,622,700	5,951,622,700	7,178,622,700	7,212,300,000	7,047,250,000
Expenditure per capita	439.06	533.11	639.58	641.87	626.63

*Source: Administrative Records. Economics Division, Ministry of Public Health, 2017.*

### 3.2. TOTAL SPENDING IN RESPONSE

#### a) Total expenditure on HIV

Spending data in the Government Response to HIV in Cuba, 2017, they totaled US \$ 79,987,515, representing an increase of

136,392 million compared to spending in 2016. This increase shows the volun-tad firm of the Government to expand domestic resources for financing the response, reflected in the following table:

**Table 3. Breakdown of the national budget for STD-HIV / AIDS, 2015-2017**

Breakdown of the national budget Program for STI-HIV / AIDS	2015		2016		2017	
	Plan	Real	Plan	Real	Plan	Real
CURRENT EXPENSES	72592433	70580220	75083729	74,851,123,0	78402253	79,987,515,00
PERSONAL EXPENSES	34202436	33542578	35190701	35,294,582,2	36208613	36,940,736,58
wages	32455322	31805216	33428982	33,509,387,9	34431851	35,128,049,17
other remuneration	1260284	1260284	1260284	1,282,553,6	1260284	1,285,766,44
Provision of Security						
Social short term (1.5%)	486.83	477.078	501.435	502,640,6	516.478	526,920,98
GOODS AND SERVICES	34333082	33061990	35714406	35,367,866,7	37889659	38,655,772,65
viatical	2089905	1860015	2173501	2,034,955,0	2186845	2,231,062,13
Foods	5007096	4831848	5211380	4,985,258,6	5319551	5,427,110,18
Clothing and lingerie	6266831	6000452	6521504	6,492,992,2	6531691	6,663,759,16
Teaching materials	1040062	1024321	1081665	1,088,912,4	1093329	1,115,435,67
Drugs and materials related	18496447	17941553	19236305	19282573,4	21265899	21,695,886,92
Energy, fuel and lubricant	863.621	861.48	898.166	890,778,0	899.548	917,736,50
Other basic expenses	569.12	542.321	591.885	592,397,1	592.796	604,782,10
TRANSFERS						
CURRENT	4056915	3975652	4178623	4,188,673,1	4303981	4,391,005,76
A budget						
Social security (12.5%)	4056915	3975652	4178623	4,188,673,1	4303981	4,391,005,76

Source: Administrative Record economy MINSAP address.

The total estimated cost of the PEN for five years amounted to 415 million dollars. In the overall response for the period 2014-2018, the annual contribution to the Global Fund to the total budget of the Response to HIV in Cuba has fluctuated between 5.8% and 8.3%, while the contribution of the Government he has been in the vicinity of 90%. The annual increase in the budget of the government until 2017 has been an average of 3.37 millo-nes, which, although it has positively impacted the response has not been sufficient to cover all the gaps identified.



**Table 4. Budget as strategic objectives, PEN 2014-2018**

<b>CUBA</b>	<b>objective 1</b>	<b>objective 2</b>	<b>objective 3</b>	<b>objective 4</b>	<b>objective 5</b>	<b>Total</b>
2014	8,788,625.70	57,914,000.09	1,451,295.00	690,373.00	5,489,391.00	74,333,684.79
2015	9,456,358.80	62,125,088.27	1,703,587.00	872,857.00	6,183,923.00	80,341,814.07
2016	9,834,613.15	64,610,091.80	1,771,730.48	907,771.28	6,431,279.92	83,555,486.63
2017	10,227,997.68	67,194,495.47	1,842,599.70	944,082.13	6,688,531.12	86,897,706.10
2018	10,637,117.59	69,882,275.29	1,916,303.69	981,845.42	6,956,072.36	90,373,614.34
<b>Total 5 years</b>						<b>415,502,305.93</b>

*Source: National Strategic Plan for Prevention and Control of STI and HIV / AIDS 2014-2018.*

### 3.2.1. Transitional framework for the sustainability of the national response to HIV

In 2015, the Global Fund announced its new evaluation policy of countries receiving donations, and in this context Cuba was informed that from 2018, the country would no longer be eligible for more financial support.<sup>22</sup>

This decision, however, was accompanied by a proposal for a gradual transition towards sustainability of the national response to HIV, including:

- An area of HIV with behavior change interventions targeting key populations (men who have sex with men, transgender people, people who practice transactional sex and people living with HIV); inter-conventions for testing for MSM, transgender PPST order to know their status; interventions that strengthen counseling and care and care of these populations; and interventions for optimizing antiretroviral therapy (ART), the improvement of the PVV access, in treatment, the Measurements viral load and resistance analysis in these treatments;
- An area Promotion Health Systems and Sustainable Resilient with inter-conventions for strengthening Response HIV and community systems associated with this. These interventions are designed to strengthen leadership for sustainability of key populations; the creation of institutional capacity networks these populations at the community level; and improving supply chains to strengthen pharmacies. They dispense antiretroviral drugs, as well as quality control systems; In addition to improving systems laboratories for the attention of key populations, and promoting supportive policy and programmatic environment.

Negotiations on this transition period began for Cuba since January 2016, and the country evaluated several transition frameworks, as well as scenarios post-2017, seeking to propose to the FM a framework that would ensure the sustainability of the national response to HIV, for the benefit of key populations and people living with HIV.

The planning done for that purpose is to ensure the normal activities of the National Program for Prevention and Control of STI-HIV / AIDS and specifically:

- *Ensure continuity of treating PVV;*
- *Ensure continuity of prevention policies;*
- *Ensure continuity and quality of diagnostic methods and monitoring;*
- *Updating and ensure quality diagnosis needs of key populations; Y*
- *Further progress in response to homophobia, transphobia, respect the PVV, and any other rights related to key populations.*

### **3.2.2. Sustainability policy, transition and cofinancing**

Co-financing principles meet the requirements requested in accordance with the sustainability policy, transition, and cofinancing.

The government estimates an increase in resources for the HIV-nal Nacio 4.4 million for 2019 compared to 3.8 million 2018 Program.

From the Guidelines for Economic and Social Policy of the Communist Party of Cuba (PCC), adopted at the Sixth Congress and ratified at the Seventh Congress, the country redesigned new variables economic and social development and raised-ment sustainable of socialism, where the health sector is vitally important for its impact on revenue growth of Gross Domestic Product (GDP) and its social character.

That is why in Cuba, although there are issues to a greater or lesser extent on the results in macro economic indicators, by movements in international prices, exchange rates, tax risks (tax) and other variables economic, the operation of the National Health System is protected by the political will of the state.

In Cuba, social services are prioritized, strengthening of production structures, utilization of installed capacity, the development of scientific and technical services and the increase in exports of services, acciones taxed to the growth of the domestic product gross, provided that other factores external, such as blocking does not prevent its development.

For the transition period, Cuba assumes major challenges absorption, Destinando resources, progressively, key components of national funding. Then, the most significant are set:

#### **a) Cuba commitments for antiretroviral therapy (ART) and reactive laboratory**

In the transition period, it will significantly reduce the support of the Global Fund ARV procurement (Table 5) and their contribution will increase from 1,298,287 by 2018 at 1,164,785 in 2019 and 429,785 in 2020.<sup>2 3</sup>

**Table 5. Financial contributions from the FM in transition grant, 2018-2020**

Contribution of the Fund World to treatment antiretroviral	Transition Grant (USD)		
	2018	2019	2020
	1298287 (53.0%)	1,164,785 (33%)	429 785 (9%)

*Source: Budget approved for the new funding model (NMF) and proposed budget for the grant of transition.*

Defined policy to increase national contribution during ABSOR-tion will be based on the national production of ARVs. The industry has experience in drug development and has established procedures for this.

The Ministry of Public Health will carry out the purchase of ARVs for their production is not projected for technological reasons or otherwise, as well as those whose demand is growing and the lower the contribution of the Global Fund, through mechanisms of joint purchases . To this end, since April 2018, the country formalized its membership to the Strategic Fund of PAHO / WHO and use this or other joint procurement mechanism allowing the acquisition of ARVs as required.

The assumptions used for the number of people to be treated (Table 6) were based on the estimated run Spectrum, November 7, 2018.

**Table 6. PVV in need of ART and number of tests per year, 2019-2023**

Cuba	2019	2020	2021	2022	2023
	Goals				
Treatments for ARV	18697	25579	29997	31795	33569
Testing de CV	19395	23448	53995	57231	60424
CD4 testing	4736	4768	6668	7066	7460
Resistance Testing	312	422	600	636	671

Global Fund	2019	2020	2021	2022	2023
	Goals				
Treatments for ARV	7682	2605	0	0	0
Testing de CV	6984	4736	0	0	0
CD4 testing	0	0	0	0	0
Resistance Testing	154	52	0	0	0

*Source: Strategic Plan absorbing health products. 2018-2020 transition grant. Ministry of Health / United Nations Development Program. Havana, 2017 / Run Spectrum 7 November 2018 vs. 5.72.*

Of the estimated financing by the country for the year 2019 (Table 7) A fund-ment with local resources 2 365.1 MUSD expected; this funding will increase by 2020 as the state budget will amount to the figure of 4 109.8 MUSD in antiretroviral therapy.

This progressive absorption ensure that the country is able to assume all of antiretroviral therapy in 2021.

From 2018, and progressively, funding begins, with resources from the health budget, of the total viral load tests required by the country, absorbed