



**USAID**  
FROM THE AMERICAN PEOPLE

# PERU

## End of Activity Report

2021-2023



LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

## Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Global, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

**Recommended Citation:** The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. October 2023. *LHSS Peru End of Activity Report*. Rockville, MD: Abt Global.

**Date:** October 2023

**Submitted to:** Scott Stewart, COR  
Office of Health Systems  
Bureau for Global Health, USAID

Jaime Chang, Public Health Specialist  
Regional Migration and Health Office, USAID/Peru

**Submitted by:** Abt Global  
6130 Executive Blvd., Rockville, MD 20852  
(301) 347-5000

**USAID Contract No:** 7200AA18D00023 / 7200AA19F00014

*This report was made possible by the support of the American people through the U.S. Agency for International Development (USAID). The contents are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the U.S. Government.*

**CONTENTS**

Introduction ..... 3

Background ..... 3

The Peru Activity ..... 4

Lessons Learned ..... 5

Thinking Ahead..... 7

Annex A: Expanding Access to HIV Care for Migrants..... 9

Annex B: Strengthening the COVID-19 Response and Increasing Resilience ..... 12

Annex C: Human Rights: Expanding Access to Health Services for LGBTQ Populations..... 14

Annex D: Combatting Mpox..... 16

Annex E: Table of Technical Products ..... 18

## INTRODUCTION

From April 2021 through October 2023, the USAID-funded Local Health System Sustainability Project (LHSS) Peru Activity worked with the Government of Peru and other local actors to address a series of health system strengthening priorities and shocks. This brief report summarizes lessons learned from the project activities and provides suggestions for development partners' and local stakeholders' consideration to maintain and build on the gains achieved. Information on the specific areas in which the project worked to strengthen the health system – sustainably increasing access to HIV and tuberculosis services for migrants, strengthening the COVID-19 and mpox responses as well as system resilience, and expanding access to mental health care for lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations – is included in the annexes of this report. More information on the project activities can be found on the LHSS website.<sup>1</sup>

## BACKGROUND

By 2021, Peru had received approximately 1.1 million migrants from Venezuela,<sup>2</sup> with limited information available regarding the prevalence of HIV among this population. Moreover, little was known about how many had discontinued medical treatment as a result of migration or about their barriers and access to HIV care in Peru.<sup>3</sup>

At the same time, Peru was experiencing one of the highest COVID-19 incidence and per capita death rates in Latin America. The pandemic exposed weaknesses in the Peruvian health system, which struggled to contain the transmission of COVID-19 and to manage cases effectively at both primary and hospital care levels. This strain on the system resulted in the neglect of other health care priorities, including gaps in surveillance and laboratory capacity.<sup>4</sup>

In 2022, Peruvian nationals and migrants who identify as LGBTQ people remained highly vulnerable to gender-based violence. This vulnerability was compounded by existing violence stemming from their gender, gender identity, and/or sexual orientation and was exacerbated by xenophobia and discrimination within their host communities. Reporting or seeking help in cases of violence remained challenging, because of barriers to accessing facilities meant for care or for reporting. Public gender-based violence and health services struggled to provide a robust response due to high staff turnover, making it difficult for LGBTQ to receive adequate and timely training and awareness-raising.

Finally, after the first case of mpox in Peru was confirmed on June 26, 2022, the epidemic spread rapidly, mainly in Lima, the capital. Peru had among the highest rates of mpox cases and deaths in the Americas. The majority of patients were young men (average age of 32), men

---

<sup>1</sup> <https://www.lhssproject.org/our-work/peru> accessed October 27, 2023.

<sup>2</sup> <https://reporting.unhcr.org/peru>, 2021

<sup>3</sup> Interviews of key stakeholders.

<sup>4</sup> Castro-Baca AM, Villena-Pacheco AE. The COVID-19 pandemic and its impact on public health in Peru. *Acta Med. Peru.* 2021;38(3):161-2. doi: [https://doi.org/10.35663/ amp.2021.383.227](https://doi.org/10.35663/amp.2021.383.227)

who have sex with men, and people living with HIV (PLHIV).<sup>5</sup> Initial policies did not effectively curb the epidemic's rapid spread.

## THE PERU ACTIVITY

The LHSS Activity in Peru started on April 2021 and finished in October 2023. In this period, using a health system strengthening approach, LHSS provided technical assistance to the government of Peru to:

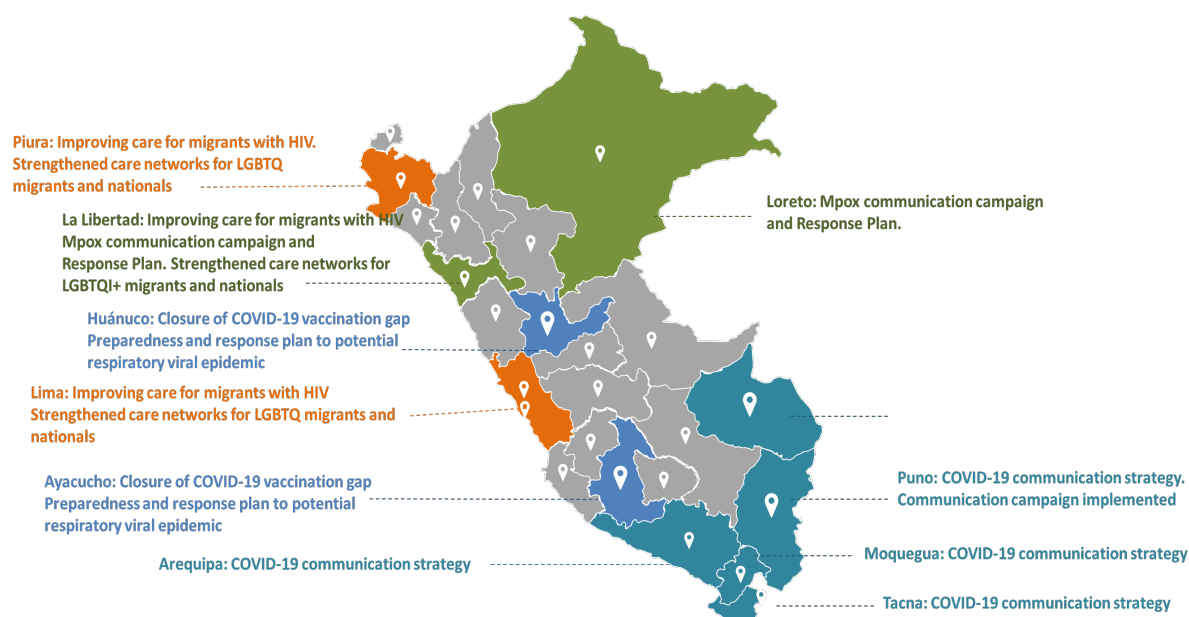
1. Improve the availability of comprehensive, high-quality HIV services for Venezuelan migrants in Peru and support planning for cross-border continuity of HIV care for migrants (Apr 2021–Sept 2023).
2. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations, reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems including to prevent, detect, and respond to pandemic threats (Oct 2021–Feb 2023).
3. Strengthen Ministry of Health (MOH) capacity to communicate appropriate mpox information to vulnerable populations and respond to the mpox emergency at the national and subnational levels (Oct 2022–Jun 2023).
4. Strengthen care and support networks for LGBTQ migrants and nationals (Oct 2022–Oct 2023).

The specific interventions and details on achievements across each of the scopes of work above are detailed in the project's quarterly and annual reports. The LHSS Peru Activity operated at the national level and at the subnational level as depicted in the map below.

---

<sup>5</sup> Perú Ministerio de Salud, Centro Nacional de Epidemiología, Prevención y Control de Enfermedades (National Center for Epidemiology, Prevention and Control of Diseases). Sala situacional de la mpox (Mpox Situation Room). <https://www.dge.gob.pe/sala-mpox/>

## Map of LHSS Peru Activities, by Location



## LESSONS LEARNED

These are the main lessons learned during the implementation of the LHSS Activity:

### GENERAL LESSONS

- National policies should be adaptable to local contexts to ensure their effective implementation. The MOH should encourage the regions to adapt its policies; developing regional-level implementation guides can facilitate policy application.
- Subnational authorities are interested in and predisposed to engagement, and local technical teams are willing and eager to improve their interventions by adopting the successful experiences of and establishing collaborative efforts with other regions. When working at the regional level, cooperation agencies and implementing partners should co-develop activities closely with regional authorities and technical teams.
- Exchange learning visits between regions have proven to be effective and highly beneficial by enabling learning from peers that face similar constraints. The MOH and implementing partners can promote and systematize these practices to generate shared learning and improve health care delivery.
- Health sector personnel and diverse community stakeholders possess a wealth of capabilities and experience that are not always recognized or used. Health system strengthening efforts are most successful when they build on previous knowledge and experience. When planning and implementing interventions, implementing partners and cooperation agencies should start with existing country capacities.
- System mapping has been a useful tool to better understand and deal with the complex relationships within the health system, as it did for identifying levers to improve HIV health care for migrants. Implementing partners should consider using system mapping.

- Working in close collaboration with the MOH, LHSS facilitated the involvement of regional health directorates (DIREASs), which is key to sustaining the strategies that the project implemented. Working in coordination with other country-based stakeholders, such as implementing agencies and civil society organizations, also enriched the outputs and empowered stakeholders in their system strengthening and sustainability work. For example, in developing cross-border activities, the LHSS partnership with the United Nations Program on AIDS/HIV (UNAIDS) facilitated engagement with neighboring countries' HIV programs and other relevant stakeholders. Implementing partners are encouraged to collaborate with stakeholders, as it improves results at all levels. It is also important for implementing partners to have a project team based in the country, with experience in the health sector, a close relationship with the MOH and other actors, and the trust of community organizations to facilitate effective intervention design and successful implementation.
- Actively engaging the USAID Mission in Peru in the technical aspects of the interventions enriched LHSS's work and facilitated partnership with other actors. Implementing partners should engage the Mission early in the technical aspects of the interventions.
- Peruvian political instability has led to a high turnover of national and regional authorities, and this was an implementation challenge. LHSS had to introduce the Activity and technical assistance objectives repeatedly to obtain collaboration from new health authorities. In the future, implementing partners should introduce and explain their activities to new authorities whenever necessary but also work closely with the technical staff and civil servants, who are not subject to the same frequency of changes. This facilitates the implementation of technical assistance.

## EPIDEMIC MANAGEMENT

Epidemics highlight system weaknesses. However, the lessons of COVID-19 and mpox highlight opportunities to strengthen the epidemic response for the future.

- Establishing and consolidating intersectoral coordination, with clearly defined roles for each social actor and the political support of governors, is crucial for success. To effectively deal with public health emergencies such as epidemics, regional health authorities should establish intersectoral and intergovernmental coordination as early as possible.
- Uptake of vaccination depends heavily on social and cultural factors, regardless of vaccine logistics. For example, having the vaccine and health personnel is not enough. The MOH, regional governments, and implementing partners must always take into account social and cultural factors when introducing new vaccines, as they do with the regular vaccination program. To achieve behavior change, communication campaigns must be adapted at the local level to consider cultural elements, including language and specific characteristics or behaviors of different population groups.
- Perception assessments carried out as part of the communication campaigns have shown that people trust the personnel who work in health facilities in their communities (in contrast to their mistrust of higher-level health system officials). DIREASs and implementing partners should:
  - Strengthen and consolidate the communication between health services and communities during non-emergency periods to ensure that public health interventions are accepted and have positive results.

- Strengthen the capacities of health personnel to answer citizens' questions and concerns about public health emergencies at the local, subnational, and national levels.
- Space for dialogue and collaboration between national stakeholders and international cooperation partners contributed to strengthening technical assistance and proposals for COVID-19 surveillance. Such spaces could be replicated to foment collaboration in other technical assistance areas. The MOH should reactivate the board of cooperating agencies to better organize and guide efforts from cooperation agencies addressing health priorities in the country.

#### ACCESS FOR VULNERABLE POPULATIONS: MIGRANTS, PLHIV, LGBTQ

- Ensuring access to health services for the LGBTQ population as well as migrants is a continuous challenge, because of stigma and discrimination. The MOH and regional governments must maintain ongoing supervision and the capacities of health personnel must be continuously strengthened, both technically and in terms of awareness-raising to serve vulnerable populations.
- When working with vulnerable populations, it is important to partner with organizations from the same populations – they are the ones who best know the context and are most trusted by their peers. The MOH and implementing partners are encouraged to work in collaboration with community-based organizations (CBOs).

### THINKING AHEAD

With these lessons in mind, LHSS Peru presents the following considerations for USAID/Peru's future work with local partners in the areas of epidemic management and access to services for vulnerable populations. Building on the lessons learned during these emergencies will enable Peru to be better prepared for future epidemic or pandemic threats.

#### EPIDEMIC MANAGEMENT

- It is necessary to strengthen the steering role of the MOH in epidemic surveillance and response, without neglecting other health priorities.
- Working on preparedness and response plans should be ongoing.
- National policies and strategies need to be flexible enough to be adapted to diverse regional realities.
- The contracting of temporary personnel to attend a public health emergency should consider the possibility of changes in the demand for care and, therefore, contracts should include the possibility of mobilizing personnel to other locations.
- Communication with the population is essential to epidemic control and should be prioritized.
- After the emergency, authorities should assess how much additional physical and human resources capabilities must remain in place to strength permanent health services.
- Advancing the global health security agenda is a priority to prevent, detect early-on, and manage public health threats in a timely fashion, before they become epidemics or pandemics, and to mitigate their effects.



## ACCESS FOR VULNERABLE POPULATIONS: MIGRANTS, PLHIV, LGBTQ

- The contribution of CBOs in HIV screening of key populations and linking them to health services (HIV care, mental health, gender-based violence, and others) has been shown to be more effective than other interventions and should be institutionalized.
- Limited integration of information systems within the MOH offices delayed decision-making and adequate monitoring of HIV. There is a need for further support in this area.
- A broader policy beyond HIV and sexually transmitted diseases is required to manage the LGBTQ health services. There is continued need to combat stigma and discrimination (homophobia, transphobia, and xenophobia) among health authorities and health facilities as well as with other public services.
- Migrants must be included in the planning of public health service coverage goals.
- The MOH should issue norms to regulate the documentation that migrants need to access health care of and the process for undocumented migrants. Challenges surrounding identification documents for trans persons must also be addressed.

## ANNEX A: EXPANDING ACCESS TO HIV CARE FOR MIGRANTS

### BACKGROUND

Peru is the second largest recipient of Venezuelan migrants in the world. As of 2023, it has received 1.5 million immigrants, 80 percent of whom are concentrated in Lima, the country's capital.<sup>6</sup> In Peru, treatment is free for interventions that are public health priorities, such as tuberculosis and immunizations, regardless of the person's socioeconomic status or immigration status. In the case of HIV, migrants have free access to diagnostic tests, antiretroviral treatment (ART), and follow-up tests (CD4 and viral load); however, the cost of other health services such as pre-treatment laboratory tests, consultations with specialists, and any complications that require medical attention are not borne by the government. If the migrant does not have health insurance, these services incur out-of-pocket costs.

### OBJECTIVES

1. Improve the availability of comprehensive, high-quality HIV services for Venezuelan migrants in Peru.
2. Support planning for cross-border continuity of HIV care for migrants.

### DESCRIPTION OF ACTIVITY

Starting in 2021, USAID, through LHSS Peru, supported the MOH to sustainably strengthen HIV services that meet the needs of Venezuelan migrants and refugees.

### POLICY TO REDUCE FINANCIAL BARRIERS TO ACCESSING CARE

As of 2021, only 3 percent of migrants with HIV who receive ART had public health insurance (Seguro Integral de Salud, or SIS).<sup>7</sup> Therefore, most incur out-of-pocket costs when using pre-treatment lab tests and other services, which is a barrier to accessing health care. A main obstacle to accessing the SIS is the lack of resident status in the country, which is only granted with the foreigner's card. A bill has been drafted jointly with international cooperation organizations, civil society organizations, and government agencies to include migrants and refugees with HIV and/or tuberculosis in the SIS. As of the writing of this report, this proposal has been formally submitted to Congress and is undergoing the approval process.

### THE PERUVIAN OBSERVATORY OF MIGRATION AND HEALTH

To support advocacy from organized civil society for public policies that guarantee care for migrants with HIV, the Peruvian Observatory of Migration and Health (OPEMS, <https://opems.org.pe/>) was created. OPEMS collects and presents information on health indicators of migrants using a comprehensive approach that includes social determinants. In addition, it has a repository of documents and research about the migratory phenomenon and provides useful information for migrants. OPEMS has signed an inter-institutional cooperation agreement with the MOH to ensure sharing migrants' health data, and participation in activities.

---

<sup>6</sup> [Home | R4V](#) Accessed March 24, 2023

<sup>7</sup> The Local Health Sustainability Project under USAID's Integrated Health Systems IDIQ. December 2021. Assessment of HIV Services for Venezuelan Migrants: Recommendations for Improving the Reduced Access of Migrants with HIV to Public Health Insurance, and Comprehensive and Quality HIV/AIDS Care Services in Peru, Maryland: Abt Associates.

OPEMS also organized webinars to discuss the problem of migration and published periodic bulletins, as well as a campaign on social networks against xenophobia. Their activities continued after the grants ended.

### CROSS-BORDER INFORMATION SHARING

A large percentage of migrants who arrived at ART facilities were HIV positive and living with AIDS, compared to the host population. Health sector stakeholders recognized the importance of facilitating the continuity of HIV care for migrants along the migratory route (starting in Venezuela and involving Colombia, Ecuador, Peru, and Chile). LHSS reviewed policies, regulations, and practices of the health information systems in the countries and identified a viable short-term strategy for them to share information among these countries. Consensus was reached with the HIV directors of Chile, Ecuador, and Peru on the minimum clinical data set to be used and a roadmap to implement a mechanism to facilitate the continuity of care for migrants with HIV along the migration route.

### STRENGTHENING PREVENTION AND DIAGNOSTIC SERVICES – EPIDEMIOLOGICAL SURVEILLANCE

To support the MOH in the process of funding enhanced interventions in prevention and surveillance (pre-exposure prophylaxis (PrEP)) and assisted contact notification), LHSS co-developed with the MOH the required technical file to include the new activities into the results-based budget for HIV/AIDS.

LHSS also developed a proposal for a contracting mechanism that would allow the MOH to hire services of the CBOs to screen, diagnose, and link PLHIV to ART facilities. Of the migrants diagnosed in Peru, 58 percent received their diagnosis through a CBO.<sup>8</sup>

### SUPPORT DECENTRALIZATION OF HIV CARE

HIV care was concentrated in medium- and high-complexity hospitals, reducing the quality of care and threatening adherence to treatment in lower-level facilities. To bring HIV treatment closer and facilitate migrants' access to ART, a methodological guide was co-developed to decentralize HIV care to the primary care level.

### FIGHT AGAINST STIGMA AND DISCRIMINATION

LHSS local partner PROSA (a non-governmental organization (NGO) led by PLHIV), in coordination with health authorities, conducted workshops to fight stigma and discrimination in two DIRIS in Lima and in two DIREAS (La Libertad, and Piura), where 192 health workers strengthened their capacities to improve access and provide quality care to migrants with HIV.

### ESTIMATION OF HIV PREVALANCE IN THE MIGRANT POPULATION

In 2021, based on secondary sources, LHSS estimated the prevalence of HIV in Venezuelan migrants. The 0.6–0.7 percent estimated prevalence was double that of the national population. Only 41 percent of migrants and refugees living with HIV received ART in the country.

---

<sup>8</sup> Ibid.

## HEALTH SYSTEM ASSESSMENT AND HIV CARE MAPPING

The above achievements were supported by an initial rapid health system assessment focused on HIV services available for Venezuelan migrants between January and November 2021. The goal was to better understand the obstacles migrants face and identify priority areas for health system strengthening. USAID's Health Systems Assessment Approach 3.0 was used for this exercise.

Based on the health system assessment, the "System Mapping" tool was used to better understand the interactions between the different parts of the health system and identify leverage points to introduce the changes required to increase timely access to health care for Venezuelan migrants living with HIV. Many of these changes would improve HIV services not only for Venezuelan migrants, but for all PLHIV in Peru.

## STRENGTHENING HUMAN RESOURCES

The LHSS health system assessment found that many professionals in HIV services do not have adequate, up-to-date training. Therefore, 50 doctors and nurses who provide care to migrants with HIV in seven health regions were certified in a course taught by the Universidad Peruana Cayetano Heredia. This certification allowed the health personnel to be updated in new technologies and prevention and treatment strategies (such as dolutegravir), within the framework of human rights and the fight against stigma and discrimination. All the course materials were given to the MOH School of Public Health to be replicated.

## **ANNEX B: STRENGTHENING THE COVID-19 RESPONSE AND INCREASING RESILIENCE<sup>9</sup>**

### **BACKGROUND**

On March 6, 2020, the first case of COVID-19 was confirmed in Peru and nine days later a mandatory quarantine was implemented. As of May 2021, 180,764 people had died and the pandemic had exposed the fragilities of the health and social protection systems. Social, economic, and cultural determinants limited compliance with preventive measures; primary care was restricted, and there were not enough hospital beds for moderate cases and treat severe cases; epidemiological surveillance, lab diagnostics and case management were deficient; and other health priorities were neglected. In February 2021, the MOH began vaccinating against COVID-19, but it faced logistical and information management challenges that increased the population's distrust of vaccine effectiveness and safety. By August 2021, only 26 percent of the population was vaccinated, and among the regions with the lowest coverage were Ayacucho, Huánuco, Puno, and Madre de Dios. In October 2021, LHSS began supporting the MOH and regional authorities to strengthen the response to COVID-19, in coordination with local partners.

### **OBJECTIVES**

Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccination.

Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threat.

### **DESCRIPTION OF ACTIVITY**

#### **VACCINATION INFORMATION MANAGEMENT**

LHSS, in collaboration with the MOH and DIRESAs of Tumbes and Loreto, conducted a rapid assessment of the performance of the COVID-19 vaccine information system, at a strategic and operational level. LHSS shared and discussed results with the directors of the DIRESAs, and the results provided the basis for recommendations to improve the COVID-19 vaccination information system at the national level.

#### **IMPROVING SOCIAL COMMUNICATION**

With the collaboration of five regions in southern Peru (Arequipa, Moquegua, Tacna, Puno, and Madre de Dios), LHSS co-developed a communication strategy for behavioral change oriented to reduce vaccine hesitation. LHSS also supported the implementation of communication campaigns in Puno and Madre de Dios with an intercultural and bilingual perspective, and strengthened communication capacities of health personnel, local communicators, and community leaders.

#### **STRENGTHENING THE SURVEILLANCE SYSTEM**

In close cooperation with the MOH's National Center for Epidemiology, Disease Prevention and Control (CDC), LHSS carried out a rapid co-assessment of the surveillance system, combining online surveys, in-depth interviews, case studies, and field work at the local and subnational

---

<sup>9</sup> Activity funded by ARPA: American Rescue Plan Act.

levels. The findings were discussed and proposals for regulatory and management improvements were generated.

#### STRENGTHENING LABORATORY CAPACITY

LHSS engaged Seoul Clinical Laboratory (SCL), a leading nonprofit organization in Seoul, South Korea, to evaluate sample management, polymerase chain reaction, and genomic sequencing processes. LHSS and officials from Peru's National Institute of Health jointly generated recommendations for improvement and training plans, and Institute high level officials benefited from a learning visit, sponsored by LHSS, to the SCL in Seoul.

#### IMPROVING CASE MANAGEMENT

In collaboration with the MOH and the DIRESAs of Ayacucho and Huánuco, LHSS conducted two assessments: at the primary care level, in temporary isolation and oxygenation centers; and at the hospitalization and intensive care unit level. Recommendations were generated for reconversion of temporary isolation and oxygenation centers to be used at the primary care level, and for regulatory improvements at the hospital care level.

#### STRENGTHENING THE COVID-19 MANAGEMENT IN AYACUCHO AND HUÁNUCO

LHSS organized and funded learning visits of Ayacucho and Huánuco health officials and authorities to the two regions (Lima Region and Ancash) with the highest vaccination coverage and provided coaching to improve the epidemic response: planning and monitoring functions, analysis, use of information, intersectoral and intergovernmental cooperation, and the development of a Preparedness and Response Plan for future viral respiratory epidemics.

#### EXPANDING DIGITAL HEALTH PLATFORMS

In close collaboration with the MOH Telehealth Directorate, LHSS conducted a rapid assessment on the perception of internal and external users regarding the access and effectiveness of the MOH "Teleatiendo" and its technological aspects. A framework plan was then developed to improve and expand access to comprehensive health services using this platform.

#### SCENARIO ANALYSIS FOR VACCINATION AGAINST COVID-19

To incorporate the COVID-19 vaccine into the regular vaccination schedule, an analysis of possible scenarios was carried out. The analysis estimated budgetary requirements in each scenario, considering the diverse geographic areas of the country. Analysis findings will inform the negotiation of the MOH with the Ministry of Finance to obtain resources for that incorporation.

## **ANNEX C: HUMAN RIGHTS: EXPANDING ACCESS TO HEALTH SERVICES FOR LGBTQ POPULATIONS**

### **BACKGROUND**

In 2022, in Peru and much of Latin America, nationals and migrants who identify as LGBTQ remain the most vulnerable to gender-based violence. The violence the migrants suffer is compounded by xenophobia and discrimination within their host communities. The LGBTQ community also faces barriers in reporting or seeking help when this type of violence occurs. These barriers begin with access to the facilities intended for filing reports of violence or complaints. This is mainly due to their lack of immigration documentation, and the mistreatment and ridicule they face from public officials and police forces because of their gender, gender identity, or sexual orientation.<sup>10</sup>

There is also a weak response to gender-based violence and health from public services, mainly due to high turnover of staff, which makes it difficult for them to receive adequate and timely training and awareness.

### **OBJECTIVE**

1. Strengthen care and support networks for LGBTQ migrants and nationals.

### **DESCRIPTION OF ACTIVITY**

Starting in October 2022, LHSS Peru aimed to identify the barriers faced by LGBTQ people to access health and gender-based violence services, strengthen the capacities of health service providers, as well as community support, care, and links with community networks.

### **ASSESSMENT OF STRUCTURAL BARRIERS FOR VENEZUELAN LGBTQ MIGRANTS TO ACCESS SERVICES**

LHSS assessed structural barriers to inclusion and access to services for Venezuelan LGBTQ migrants. It aimed to learn more about how the public protection system and civil society interventions operated, with a focus on the Venezuelan LGBTQ migrant and refugee population in Peru.

The preliminary results were validated by representatives of the Ombudsman's Office, the MOH, the Ministry of Justice and Human Rights, the Ministry of Women and Vulnerable Populations, UNAIDS, the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM), and the Centre for Multidisciplinary Care for Vulnerable Persons (CAMPV), which is dedicated to supporting migrant populations.

The report provided an overview of the barriers and constraints faced by Venezuelan LGBTQ migrants and refugees living in Peru in accessing the social protection system and services provided by civil society organizations. It also recommended ways for public institutions, civil society organizations, and international partners to address and mitigate these barriers.

---

<sup>10</sup> Interviews from the LHSS Health System Assessment.

## STRENGTHENING CAPACITY OF LOCAL PROVIDERS TO IMPROVE CARE FOR VENEZUELAN LGBTQ MIGRANTS

The LHSS local partner grantee, Promsex, developed a strategy to strengthen the capacity of health personnel in Lima, Piura, and Trujillo. This strategy was developed based on perception assessments of the needs of mental health professionals and users of community mental health centers in these locations. The strategy included an online course with three modules addressing topics such as sexuality, diversity, gender-based violence, comprehensive mental health, and tools to effectively serve LGTBQ populations. A total of 48 professionals completed the course, including 28 providers from 19 community mental health centers.

In a joint effort between Promsex, CBOs, and community mental health centers, three plans were developed to improve access to mental health services for migrant and non-migrant LGBTQ communities. The plans focused on promoting services at community mental health centers in Lima (Wiñay and Sol de Villa) and Trujillo (La Esperanza).

## STRENGTHEN THE CAPACITIES OF EIGHT CBOs TO ENGAGE, SUPPORT, AND LINK LGBTQ MIGRANTS AND NATIONALS WITH SERVICES

Promsex developed a capacity-building strategy for the eight CBOs in Lima, Trujillo, and Piura. This strategy was based on a comprehensive assessment of the training needs of CBO members to support both national and migrant LGBTQ people. As a result, Promsex created an educational guide, "Building the Rainbow Network," aimed at members of LGBTQ organizations that provide health or social protection services.

Other organizations participated in the strengthening processes by providing training and information on different topics, such as access to migratory regularization (Superintendence of Migration), the national and international regulatory framework on mental health (Promsex), migration as a human right (NGO VeneActiva), procedures for filing complaints in the event of denial of effective care services in community mental health services (Ombudsman's Office), and training on the current situation of LGBTQ mental health (NGO Más Igualdad).

Recruitment and linkage processes have been established between CBOs and health establishments, which increases the access of LGTBQ people to health services, specifically in mental health issues. These processes have been strengthened through agreements between the CBOs and the community mental health centers, where the referral processes, including payment exemption for the first consultation, are formalized.

From May to September 2023, LGBTQ grassroots organizations assisted and referred 965 LGBTQ people (of which 23 percent were migrants), generating 1,270 care services on sexual and reproductive health, mental health, gender-based violence, and migration services. This achievement occurred because these organizations are considered "safe spaces" where the national and migrant LGBTQ population can seek truthful and useful information. In satisfaction surveys conducted in August 2023 among clients receiving services from CBOs, 78 percent were "very satisfied" with the information received and 77 percent said it was "very helpful." Word of mouth also helped promote the benefit of seeking care and information through CBOs.



## **ANNEX D: COMBATTING MPOX**

### **BACKGROUND**

The first case of mpox in Peru was confirmed on June 26, 2022. Since then, the epidemic has spread quickly, mainly in Lima, the capital city, although cases were reported in 18 of the 25 regions. As of May 30, 2023, the cumulative incidence of mpox in Peru reached 111.6 cases per million inhabitants, ranking Peru first in the Americas<sup>11</sup> and third in the world.<sup>12</sup> As in other countries, the largest number of cases were in men (96 percent). Among people who declared themselves homosexual or bisexual constituted 71 percent. The proportion of cases in PLHIV (55 percent) was also important. The MOH early-on issued epidemiological alerts with surveillance and control recommendations and approved a response plan and a national technical standard for the prevention of mpox and management of patients with the disease. However, an important challenge was to effectively implement the approved guidelines at the subnational level.

### **OBJECTIVES**

1. Strengthen MOH capacity to communicate appropriate mpox information to vulnerable populations.
2. Strengthen the response to the mpox emergency at the national and subnational levels.

### **DESCRIPTION OF THE ACTIVITY**

#### **COMMUNICATION STRATEGY TO PROMOTE BEHAVIORS TO PREVENT MPOX IN HIGH-RISK POPULATIONS**

LHSS through grantee CONACCION conducted a rapid diagnosis in three big cities (Iquitos, Trujillo, and Lima) to identify key perceptions about mpox in target populations (men who have sex with men and PLHIV, migrants and nationals). Based on the assessment findings, LHSS coordinated with MOH, DIRESAs, CBOs, and other stakeholders to develop the national communication strategy for prevention. This joint work guided the proposal of materials to be developed for the implementation phase.

#### **IMPLEMENTATION OF THE COMMUNICATION STRATEGY IN HIGH-BURDEN POPULATIONS**

LHSS, through CONACCION, developed communication materials that were validated and tested with representative groups of most affected population from Lima, Trujillo, and Iquitos. Twelve communication materials, eight in digital and four in printed form, were designed using audiovisual, digital, visual, and audio resources with key messages, and were transmitted through a communication campaign. LHSS also trained health personnel from the health facilities that provide ART, as well as for leaders of CBOs, in the three cities.

#### **SUPPORT REGIONAL IMPLEMENTATION OF THE NATIONAL NORM FOR PREVENTION AND CASE MANAGEMENT OF MPOX**

LHSS developed regional-level guidance to implement the specific provisions contained in the national norm. The guide defines strategic, operational, and support processes. Among the

---

<sup>11</sup> PAHO. Report n.7, 3<sup>rd</sup> March 2023.

<sup>12</sup> Mathieu E, Spooner F, Dattani S, Ritchie H, Roser M. 2023. Our World in Data. Mpox. <https://ourworldindata.org/mpox>

strategic processes is the development of an emergency response plan, a monitoring factsheet with tracer indicators, and a communication strategy. The operational processes include the organization of general patient care services, the development of the nominal registry of the population to be vaccinated, the strengthening of capacities in health facilities teams, and the dissemination of key messages to the general population. The support processes include the formation of a team to develop the communication strategy; analysis of budget availability and possibility of using additional or reassigned resources; analysis of stock and distribution of strategic supplies; and updating the map of organizations and community leaders that work with the population at risk for mpox.

#### **SUPPORT DEVELOPMENT OF SUBNATIONAL PLANS IN TWO PRIORITY REGIONS**

LHSS supported La Libertad and Iquitos DIRESA teams in developing their own mpox subnational response plans. To define and discuss the objectives, priorities, and actions, LHSS held workshops with health authorities and officials of both regions and MOH CDC officials. As a result, both regions had plans to manage the mpox epidemic, in agreement with the regional government.

## ANNEX E: TABLE OF TECHNICAL PRODUCTS

The following table lists the technical products produced by the project activity in Peru, including the year of completion, the scope of work that the product supported, and whether or not each item was a contract deliverable for USAID.

	Funding	Year	Product	Deliverable
1	PEPFAR	2021	Assessment of HIV Services for Venezuelan Immigrants	Yes
2	PEPFAR	2021	Evaluación de los Servicios de VIH para Migrantes Venezolanos	Yes
3	PEPFAR	2021	Recommendations report for the design and implementation of a national observatory for migrant health	Yes
4	PEPFAR	2021	Population Size Estimation Report for Venezuelan Migrants Living with HIV in Peru	Yes
5	PEPFAR	2021	Quantifying the Demand of HIV Commodities Related to Venezuelan Migrants Living with HIV in Peru	Yes
6	PEPFAR	2021	Cuantificación de la Demanda de Productos de VIH para Migrantes Venezolanos Viviendo con el VIH en Peru	Yes
7	PEPFAR	2021	Report on forecast accuracy tracking systems available within MOH	Yes
8	PEPFAR	2022	Plan de Desarrollo de Capacidades Organizacionales	Yes
9	PEPFAR	2022	Forecasting tool to quantify health services, supplies, and inputs	Yes
10	PEPFAR	2022	Informe Sobre La Precisión de los Sistemas de Seguimiento de Previsión de Medicamentos	No
11	PEPFAR	2022	Informe final de la implementación de talleres para reducir el estigma y la discriminación en establecimientos de salud en relación al VIH y personas extranjeras	No
12	PEPFAR	2022	Curso para el fortalecimiento de la calidad de la atención integral de los migrantes en relación a la infección por VIH	Yes
13	PEPFAR	2022	Recommendations Report for the Design and Implementation of a National Observatory for Migrant Health	Yes
14	PEPFAR	2022	Reporte Sobre el Intercambio de Información Transfronteriza en Salud	Yes
15	PEPFAR	2022	Hoja de ruta para facilitar la continuidad transfronteriza de cuidados de VIH para migrantes venezolanos	Yes
16	PEPFAR	2022	Informe final Observatorio Peruano de Migración y Salud (primera fase)	No

	Funding	Year	Product	Deliverable
17	PEPFAR	2023	Expediente Técnico para modificación del Programa Presupuestal 0016 TBC - VIH/SIDA, para incorpora intervenciones vinculadas a la entrega de la profilaxis previa a la exposición, y a la notificación asistida de contactos de personas que viven con VIH	No
18	PEPFAR	2023	Propuesta de mecanismo para incorporar a las Organizaciones de Base Comunitaria como parte de los servicios de detección de las personas viviendo con VIH	No
19	PEPFAR	2023	Proposal for a methodological guide to decentralize ART to primary healthcare	Yes
20	PEPFAR	2023	Informe final Observatorio Peruano de Migración y Salud (segunda fase)	No
21	HUMAN RIGHTS	2023	Assessment of Structural Barriers for Venezuelan LGBTQI+ Migrants to Access Services and Exercise Rights in Peru (English version)	Yes
22	HUMAN RIGHTS	2023	Evaluación de barreras estructurales para migrantes venezolanos LGBTQI+ para el acceso a servicios y ejercicio de ciudadanía en Perú	Yes
23	HUMAN RIGHTS	2023	Fortalecimiento de capacidades de proveedores de servicios para mejorar calidad de cuidado de población LGBTQI+ en Lima, Piura y La Libertad. Informe final de Grant	No
24	HUMAN RIGHTS	2023	Fortalecimiento de capacidades de 8 OBC LGBTQI+ para acoger a población LGBTQI+ migrante y nacional y vincularlas a servicios de salud, protección de derechos humanos, y atención a la VBG, en Lima, Piura y La Libertad. Informe final de Grant.	No
25	ARPA	2022	Rapid Assessment of the MOH COVID-19 Vaccination Information System in Peru	Yes
26	ARPA	2022	Evaluación Rápida del Sistema de Información del Minsa para la Vacunación Contra la COVID-19 en el Peru	Yes
27	ARPA	2022	Diagnóstico rápido de atención de VIH en Ayacucho	No
28	ARPA	2022	Diagnóstico rápido de atención de VIH en Huánuco	No
29	ARPA	2022	Informe de intervención para cerrar brechas de vacunación en escuelas públicas y privadas y premiación a escuelas con mayor vacunación en Ayacucho.	No
30	ARPA	2022	Estrategia de Comunicación Regional para el cambio de Comportamiento Frente al COVID-19	Yes
31	ARPA	2022	Implementación de la estrategia comunicacional para promover la vacunación contra la COVID-19 en Puno y Madre de Dios. Informe final de grant.	No

	Funding	Year	Product	Deliverable
32	ARPA	2022	Evaluación y recomendaciones para mejorar la vigilancia de COVID-19 en Perú	Yes
33	ARPA	2022	Evaluación de los centros de aislamiento y oxigenación temporal	Yes
34	ARPA	2022	Evaluación y recomendaciones para el manejo de COVID-19 en hospitalización y cuidado intensivo	Yes
35	ARPA	2022	Evaluación y Plan Marco Para Ampliar el Acceso a Teleatendido en Peru	Yes
36	ARPA	2023	Report on analysis for future COVID-19 vaccination scenarios.	Yes
37	ARPA	2023	Summary: Report on analysis for future COVID-19 vaccination scenarios.	No
38	ARPA	2023	Recomendaciones y Propuesta para Mejorar y Expandir la Secuenciación Genómica en el Perú	Y
39	ARPA	2023	Summary: Recommendations and proposal to improve and expand genomic sequency in Peru	No
40	ARPA	2023	Recommendations and Training Plan to Improve COVID-19 Specimen Collection, Handling, and Transport	Yes
41	ARPA	2023	Plan de preparación y respuesta ante una potencial epidemia por virus respiratorio de Ayacucho	No
42	ARPA	2023	Plan de preparación y respuesta ante una potencial epidemia por virus respiratorio de Huánuco	No
43	MPOX	2023	Estrategia de comunicación para la prevención de la viruela símica (Mpox)	No
44	MPOX	2023	Guía para la implementación de la Norma Técnica de Salud para la prevención y manejo de pacientes afectados por Mpox	Yes
45	MPOX	2023	Summary: Guide for Regional Level Implementation of the Health Technical Norm for the Prevention and Case Management of Patients Affected by Mpox	No
46	MPOX	2023	Reporte de asistencia para la implementación de la Norma Técnica de Salud para la prevención y manejo de pacientes afectados por Mpox	Yes
47	MPOX	2023	Propuesta de Plan Regional de Preparación y Respuesta a la emergencia por Mpox en la Libertad	No
48	MPOX	2023	Propuesta de Plan Regional de Preparación y Respuesta a la emergencia por Mpox en Loreto	No