INDEX TO DOCUMENTATION OF COUNTRY CONDITIONS REGARDING PERSECUTION OF HIV POSITIVE INDIVIDUALS IN EL SALVADOR

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<td>1.</td>
<td><strong>Governmental Sources</strong></td>
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<td>• “. . . Entre Amigos, an LGBTI NGO, reported HIV-related discrimination was widespread.” (p. 23)</td>
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|     | • “. . . Entre Amigos, an LGBTI NGO, reported discrimination due to HIV was widespread. As of July 31, the PDDH reported four cases of discrimination against persons with HIV or AIDS. This included use of pejorative language against an inmate by a prosecutor, denial of university access, lack of medical
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<td>confidentiality in the prison system of an HIV-positive diagnosis and discriminatory treatment from other inmates, and discrimination by public-health caregivers to a child and her mother.” (p. 20)</td>
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   - “. . . Entre Amigos, an LGBTI nongovernmental organization, reported that discrimination due to HIV was widespread.” (p. 27)


   - “. . . Entre Amigos, a LGBTI NGO, reported that discrimination due to HIV was widespread. Lack of public information and medical resources, fear of reprisal, fear of ostracism, and mild penalties incommensurate with the seriousness of the discrimination remained problems in confronting discrimination against persons with HIV/AIDS or in assisting persons suffering from HIV/AIDS. As of June 30, the PDDH reported four cases of discrimination against persons with HIV or AIDS. As of October, the Ministry of Labor had reported one case of discrimination against an HIV-positive employee based on the illness.” (p. 28-29)

**INTERGOVERNMENTAL SOURCES**


   - “Female sex workers (FSWs), men who have sex with men (MSM), and transgender women (TGW), collectively called key populations (KPs) most at risk for HIV, are among the groups most highly affected by the HIV epidemic globally. In El Salvador, the HIV epidemic is mainly concentrated among KPs.” (p. 4)

   - “In addition to increased HIV risk, violence is a barrier to enrollment in and adherence to antiretroviral treatment among KPs. Evidence also demonstrates that violence from health care providers keeps FSWs, MSM, and transgender clients from accessing HIV-related services, and peer educators identified violence as their biggest barrier in HIV outreach.” (p. 4-5)
**SUMMARY**

- “While the precise number of KP members murdered in El Salvador varies by source and is likely to be underreported, the Association for Communication and Training Trans Women (COMCAVIS-TRANS) recorded seven murders of gay men and 102 murders of transgender people between 2014 and 2016 and the Latin American and Caribbean Network of Female Sex Workers (RedTraSex) recorded 27 murders of FSWs from September 2013 to October 2015.” (p. 4)

- “Violence is a major barrier to KP members’ access to HIV-related services, and it must be addressed to improve their HIV-related outcomes and overall well-being. Violence faced by FSWs, MSM, and transgender women demands attention from those with a public commitment to gender equality and human rights as well as those concerned with health inequities such as HIV burden.” (p. 5)

- “Forty-one participants (15/15 FSWs, 13/20 MSM, 13/15 TGW) reported experiencing violence in a health care setting. The most common type of violence for all groups was emotional violence. This included being insulted by health care providers, experiencing a delay in services, and being treated with disdain…Several FSWs (n=6), some transgender women (n=4), and one MSM reported other human rights violations. A few participants from each group experienced physical violence…” (p. 16)


- “In El Salvador, there is a growing concern about the increase in new HIV infections reported since 2011 among adolescents aged between 15 and 19 years. Young people are not receiving the information they need to protect themselves from HIV: only 36.5% of young people aged 15–24 years know how to prevent HIV transmission.” (p. 1)

- “In El Salvador, the HIV epidemic is concentrated among key populations; men who have sex with men have an estimated HIV prevalence of 10.3%, dramatically higher than the HIV prevalence among the general population, which stands at 0.5% . . . . In El Salvador, LGBTI people continue facing a climate of discrimination and violence, exacerbated by high levels of impunity and limited access to justice. ‘El Salvador is a country with one of the highest rates of violence in Latin America and, as it is the case throughout the region, the life expectancy of a transgender woman does not exceed 35 years.’” (p. 2)

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<td><strong>SUMMARY</strong></td>
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<td>• “The existence of programs or actions to reduce stigma and discrimination does not automatically transform institutional and social practices. Studies on stigma and discrimination in Latin America reveal high levels of social exclusion, with differences among men, women, and transgender women...The percentage of women who state that they have experienced some kind of discrimination reaches 40.7% in El Salvador, 17.1% in the Dominican Republic, 55% in Paraguay, and 4% in Guatemala.” (p. 28)</td>
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<td>• “Other sources have documented the discrimination in health services against women living with HIV. The Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica] found that 41% of the women interviewed in Mexico, 35% in Nicaragua, 54% in Honduras, and 46% in El Salvador reported having noted a discriminatory attitude on the part of the healthcare staff. The following situations illustrate these attitudes: the staff are reproachful or “rub in” the fact that the women have the disease; the women are blamed for getting pregnant or for transmitting the virus vertically before they even knew they had it; their identity is tied up with the disease (i.e. being “AIDS”); and they are fired without justification, among others.” (p. 29)</td>
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<td>• “Likewise, the interviewees reported that they are sometimes refused medical/surgical procedures (e.g., they were not given gynecological check-ups; a spine surgery was not performed; staff did not want to attend a delivery). They further reported other practices through which medical personnel exclude women because of their HIV status, such as forcing them to be seen last or speaking to them from the office door. The most extreme expression of discrimination is the involuntary sterilization of women living with HIV, which was reported in the four countries studied.” (p. 30)</td>
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<td>• “The Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica] found that of a total of 337 women interviewed, 20 in Mexico, seven in Nicaragua, six in Honduras, and 10 in El Salvador reported having been pressured or forced to be sterilized; these cases range from insistence and intimidation to forced sterilization.” (p. 41)</td>
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<td>• “In Honduras, 26% of women, and in El Salvador, 36% of women felt that the confidentiality of their diagnosis was not respected.” (p. 43)</td>
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<td>• “Violations of the right to work of persons living with HIV have been documented in several meetings on HIV and human rights. Specifically, in El Salvador, the Office of the Ombudsman recognized that dismissal on the grounds of HIV status is a common practice that also reflects the weakness of existing legal frameworks and enforcement mechanisms.” (p. 47)</td>
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### SUMMARY

- “The percentage of women living with HIV who report having been advised on some occasion by a health professional to not have children was...33.2% in El Salvador... Except for in Ecuador, the percentage of women who reported this was higher than the percentage of men who did so, and in Colombia, Honduras, El Salvador, and the Dominican Republic, it was two to three times higher. Of the women interviewed...25.5% in El Salvador... stated that they had been forced to use certain contraceptives as a condition for receiving antiretroviral therapy.” (p. 51)

### NON-GOVERNMENTAL SOURCES


- “Many people remain ignorant and fearful of HIV and AIDS, and myths about HIV and how it’s transmitted persist. UNAIDS reports that in several Latin American countries, at least one third of people said they would not buy vegetables from a person who is living with HIV. Discrimination towards people living with HIV by healthcare workers is common to varying degrees.” (p. 9)

- “As one civil society worker explains, men who have sex with men are often hesitant to reveal how they became infected with HIV. Many are mistakenly classed as heterosexual: ‘Unless he’s a total queen, a man will always be [counted as] heterosexual. Plus, people don’t want to be recognised [as homosexual].’” (p. 3)

- “Transgender women are highly affected by HIV in Latin America and the Caribbean. HIV prevalence among this group is thought to be 49 times higher than among the general population. In countries where data is collected on this key population, transgender women experience have some of the highest HIV prevalence.” (p. 3)

- “Research has shown that between 44% and 70% of transgender women have felt the need to leave, or were thrown out of their homes . . . . Transgender people in the region have fewer educational and social opportunities, often resorting to sex work for an income. Country-level data collected between 2011 and 2015 also shows much higher HIV prevalence among transgender women sex workers compared to other sex workers. Transgender people also face high rates of violence . . . . Such high levels of stigma and violence remain significant barriers to transgender people accessing HIV services.” (p. 3)

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<td>“El Salvador is estimated to have over 2,000 transgender people – more than a quarter of whom live in the capital city, San Salvador. They are one of the country’s most stigmatised groups, and are regularly subject to human rights violations, including hate crimes. Nearly half of the transgender women in San Salvador report that their main income is from selling sex, and HIV prevalence among transgender women in the city is estimated at 16.2% compared to less than 1% among the general population.” (p. 4)</td>
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<td>“Social exclusion, economic vulnerability and a lack of employment opportunities means that sex work is often the most viable form of income available to transgender people, and a high proportion of transgender people engage in sex work. For example, the proportion of transgender people who sell sex is estimated to be up to 90% in India, 84% in Malaysia, 81% in Indonesia, 47% in El Salvador and 36% in Cambodia.” (p. 2)</td>
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|     | “Central America’s HIV epidemic is currently concentrated in key populations, such as men who have sex with men, transgender women, and sex workers. Widespread unfamiliarity with HIV, stigma, limited access to health care, and migration all make the region vulnerable to a growing epidemic.” (p. 1) |

**ACADEMIC AND MEDIA SOURCES**


|     | “HIV Medical Provider: There are places in the country, it has to be said, that you can’t go to. You can’t access them because of the danger. In fact, our teams have been threatened many times, so while this social problem isn’t solved, this also affects adherence. There are patients who have to flee because of threats, so they abandon treatment. We try to find them, they have moved obviously, because of threats they change their phone numbers….. We can’t find them…. I am very pragmatic about these things. Are we going to have adherence with this strategy, are we going to get better, are we going to meet the goals that they want? Never, because it doesn’t depend on the service provider, or the patient, there is third factor, an external factor that the Plan, the Ministry of Health, us at a local level, the patient, or it seems, the central government cannot resolve.” (p. 6) |

- “Studies conducted in developing countries have often neglected to consider how interventions are affected by the community and sociopolitical contexts, for example, laws prohibiting same sex behaviors or contexts of extreme violence (Brown et al., 2015). El Salvador is one of the most violent countries in the world: From January to August 2015, there were 4,246 homicides, an average of 17.5 a day, up 67% from the same 8-month period in 2014 (“El Salvador Gang Violence,” 2015). Interviews with peer educators reported in this article reveal the challenges associated with implementing peer HIV prevention interventions developed and tested in affluent countries into a developing country with extreme levels of violence.” (p. 2)

- “Barriers to outreach reported by educators varied in frequency by target population and include violence, difficulty accessing members of the target population, client resistance, problems integrating services, and insufficient program resources. Gang violence was the most frequently mentioned barrier among all educators and resulted in many of the difficulties accessing populations reported by educators. However, client resistance to being identified as members of the target population was also considered a significant barrier and was a result of the extreme levels of stigma and discrimination faced by these populations. For this article, we define stigma using Goffman’s (1963) classic definition whereby an individual with an attribute is discredited by society because of that attribute.” (p. 3)

- “Educators felt in danger on two levels: (a) the ubiquitous nature of gang violence which affects the general population in El Salvador at the current time, and (b) as members of vulnerable populations (TW, CSW, or MSM) that are often victimized. Reasons for violent victimization of peer educators or target populations are difficult to entangle because they often live and work in areas with high rates of violence that is directed toward everyone. It is also clear, however, that gangs victimize MSM, TW, and CSW: ‘Parks, public plazas, they are open spaces, spaces surrounded by places already claimed by criminal groups that have control . . . there is drug trafficking, armed intoxicated people . . . from the moment that the educators are on the corner they are already at risk, surrounded by homophobia and hate that exists for those people.’ (Educator serving MSM)” (p. 4)

- “At times, participants expressed disinterest or lack of time. Often though, because of previous discriminatory treatment by health care professionals bordering on structural violence, they were afraid of further discriminatory experiences during the intervention: ‘[Gays] have experiences [that are] so negative in different aspects, that at the time you approach them, they make
themselves very difficult. They [medical/service providers] have lost credibility, for example in institutions like the Ministry of Health, because of the bad treatment they have received. They have had problems at a legal level... with police... They, because of this, become vulnerable and resistant to take part in [the project], more so when we arrive, saying that we offer them a complementary packet of benefits. Some don’t believe, they don’t believe because of bad experiences.’ (Educator serving MSM)” (p. 5)

• “Educators report that openly gay men in El Salvador face daily discrimination, and many resort to hiding their identities and go to great lengths to preserve their anonymity, which makes them difficult to seek out and approach.... Because many MSM hid their identities, they did not always frequent gay venues such as night clubs and bars. Instead, they often went to parks for anonymous sexual activity. Parks and other public places frequented by MSM are also places that are controlled by gang members, increasing the danger of working in these environments and the importance to potential clients of keeping their sexual identities hidden. In these situations, educators reported that clients felt uneasy being seen with an openly gay educator for fear of being identified as gay. In addition, they were often reluctant to participate in the project because the Global Fund reports required signatures from participants to ensure that target populations were receiving the services and materials (e.g., condoms) that were being distributed. However, many MSM worried that their sexual identity could thus be disclosed to family, friends, and other community members and did not want to provide their signature, names, or addresses.” (p. 6)

13. Walter Sotomayor, “HIV-positive youth leaders push for better access to care in Latin America” UNFPA (September 21, 2015); available at https://www.unfpa.org/news/hiv-positive-youth-leaders-push-better-access-care-latin-america

• “Joel Barrera will never forget the moment he was diagnosed as HIV-positive. “It was one of those days that marks a before and after in your life,” he told UNFPA. The news came when he was a 22-year-old student at the University of El Salvador.” (p. 2)

• “There are an estimated 1.6 million people living with HIV in Latin America, according to a 2014 report by the Joint United Nations Programme on HIV/AIDS. At least a third of new infections take place among youth aged 15 to 24.” (p. 3)

• “Yet many young people face barriers in accessing health services, particularly sexual and reproductive health care. Getting care can be particularly difficult for adolescents and youth facing discrimination because of their HIV status.” (p. 3)

• “Mr. Barrera’s network is helping to address the stigma that too often afflicts HIV-positive youth. Still, discrimination persists. A regional survey carried out
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<td>by the Network of HIV Positive Young People in Latin America and the Caribbean found that 46 per cent of young people living with HIV had suffered from discrimination in health centres.” (p. 3)</td>
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<td>• “‘Many people think that, as a generation, we have overcome stigma and discrimination against people with our condition,’ said Mr. Barrera. ‘But sadly, this is still very much a part of daily life for people with HIV.’” (p. 3)</td>
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|     | • “The life expectancy for trans women is just 35, according to the Latin American Trans Network. The lack of job opportunities forces many into prostitution, and more than one in four trans women are HIV-positive.” (p. 4) |
|     | • “Karla Avelar, the director of COMCAVIS [Communicating and Training of Trans Women with HIV in El Salvador], has survived two attempted murders in her 37 years of life. She has dodged a total of 15 bullets and was recently kidnapped by a group of men who photographed her identification papers before letting her go. ‘I survived. I am lucky, but we are being killed. We don't have the right to life in El Salvador. There is no access to justice here, murders are not investigated, victims are labelled as criminals, and cases are archived.’” (p. 5-6) |

Dated: [DATE] Respectfully submitted,

[CITY, STATE]

[FIRM]

*Pro Bono* Counsel for Respondent________

By: _________________________

[NAME]

[FIRM]

[ADDRESS]

[PHONE NUMBER]

[FAX NUMBER]
TAB 1
EL SALVADOR 2019 HUMAN RIGHTS REPORT

EXECUTIVE SUMMARY

El Salvador is a constitutional multiparty republic. On February 3, voters elected Nayib Bukele as president for a five-year term. The election was generally free and fair, according to international observers. Free and fair municipal and legislative elections took place in 2018.

The National Civilian Police (PNC), overseen by the Ministry of Justice and Public Security, is responsible for maintaining public security, and the Ministry of Defense is responsible for maintaining national security. Although the constitution separates public security and military functions, it allows the president to use the armed forces “in exceptional circumstances” to maintain internal peace and public security “when all other measures have been exhausted.” The military is responsible for securing international borders and conducting joint patrols with the PNC. In 2016 then President Sanchez Ceren renewed the decree authorizing military involvement in police duties, a presidential order in place since 1996. Civilian authorities failed at times to maintain effective control over security forces.

Significant human rights issues included: allegations of unlawful killings of suspected gang members and others by security forces; forced disappearances by military personnel; torture by security forces; arbitrary arrest and detention by the PNC; harsh and life-threatening prison conditions; serious problems with the independence of the judiciary; widespread government corruption; violence against women and girls that was inconsistently addressed by authorities; security force violence against lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals; and children engaged in the worst forms of child labor.

Impunity persisted despite government steps to dismiss and prosecute abusers in the security forces, executive branch, and justice system.

Organized criminal elements, including local and transnational gangs and narcotics traffickers, were significant perpetrators of violent crimes and committed acts of murder, extortion, kidnapping, human trafficking, intimidation, and other threats and violence directed against police, judicial authorities, the business community, journalists, women, and members of vulnerable populations. In some cases authorities investigated and prosecuted persons accused of committing crimes and human rights abuses.
Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

There were no reports that the government or its agents committed politically motivated killings. There were reports, however, of security force involvement in extrajudicial killings of suspected gang members. As of August 22, the Office of the Human Rights Ombudsman (PDDH) announced it was investigating 39 complaints of such killings, some by law enforcement, including four in which PNC officers were alleged to have directly participated and one attributed to an alleged extermination group.

On August 27, the PDDH presented a report on purported extrajudicial killings attributed to law enforcement agencies during the period 2014-18. The PDDH analyzed 48 incidents involving the alleged extrajudicial killing of 116 persons. Most victims were male and nearly half were between 18 and 24 years old. Almost all victims were killed by firearms. Separately, the PDDH reported that law enforcement officers were victims of gang-orchestrated attacks.

On September 7, a PNC officer in Soyapango, San Salvador Department, was arrested for shooting and killing a motorist who failed to stop his car when directed by the officer. At the initial hearing, the Eighth Peace Court of San Salvador released the officer from custody pending trial but required him to post $6,000 bail and wear an electronic tracking bracelet.

On September 30, the Attorney General’s Office announced the arrest of 22 members of an alleged extermination group operating in San Miguel and Usulatan Departments that was responsible for more than 50 killings of gang members, their associates, and civilians, as well as numerous other crimes in 2016 and 2017. According to the attorney general, the extermination group consisted of 45 members, including 14 active-duty PNC officers (only 11 of whom were arrested) and four former PNC officers.

On October 16, nine police officers faced retrial before the First Court of Judgment of Santa Tecla for the 2016 murder of three alleged gang members and another person in Villas de Zaragoza, La Libertad Department. The case was pending as of November.
In November 2018 the trial court acquitted five police officers of aggravated homicide charges in the 2015 killing of a man at a farm in San Blas, San Jose Villanueva. This was the second trial of the five officers, whose initial acquittal was reversed on appeal. The Attorney General’s Office appealed the November 2018 acquittal, and as of September 16, the appeal was pending. As of July 2, authorities reported alleged gang members had killed 24 police officers and 12 soldiers.

On June 7, the director of the Institute for Human Rights at the University of Central America (IDHUCA) questioned the nomination of Mauricio Arriaza Chicas to be police director due to his past leadership in the Subdirectorate of Operational Areas, which included the Police Reaction Group (GRP) and the El Salvador Reaction Specialized Forces. The GRP was disbanded in February 2018 following the disappearance of female GRP member Carla Ayala after a GRP party in 2017. GRP officer Juan Josue Castillo Arevalo was accused of killing Ayala. Castillo Arevalo remained at large, and his former supervisor, Julio Cesar Flores Castro, was charged with breach of duty in June 2018 for failing to arrest Castillo Arevalo. On September 10, Flores Castro was acquitted of that charge and released from custody, based in part on his pending promotion in the PNC. The Attorney General’s Office continued prosecution of 14 other defendants, including 12 police officers and two civilians.

b. Disappearance

There were reports alleging that security and law enforcement officials were involved in unlawful disappearances. Law enforcement agencies had not released data on disappearances since 2017, citing a discrepancy between data collected by the PNC and the Attorney General’s Office. On July 17, the attorney general launched a specialized unit to track disappearance complaints, and the Attorney General’s Office and the PNC created a joint working group to focus on disappearance cases and to ensure data consistency regarding such cases.

On August 27, a think tank, The Salvadoran Foundation for Social and Economic Development, presented a legal and institutional situation report covering the first half of the year, which noted that despite the decrease in homicide rates during that period, those figures may have actually underreported homicides, since reported disappearances during the first half of the year might include additional homicides. Local nongovernmental organization (NGO) PASIONISTAS reported that, as of June, there were 652 disappearances, compared with 2,457 in 2018. The Attorney General’s Office reported 2,234 cases of “deprivation of liberty” through October
22, compared with 2,359 cases through October 22, 2018; however, this offense includes both disappearances and missing persons.

In July La Prensa Grafica newspaper reported it had received reports of 259 disappeared persons, of whom 173 were later found living, 11 were found dead, and 72 cases remained under investigation.

On April 23, the judge in the prosecution of the 1981 El Mozote massacre, in which almost 1,000 civilians were killed, issued an order adding three new charges, including a forced disappearance charge, against the 16 remaining defendants. The defendants appealed that order, which was affirmed by the intermediate appellate court. This was pending a further appeal (see section 1.e. for more information).

In November 2018, after a lengthy trial process, the Sonsonate Court of Judgment convicted six members of the armed forces for the crimes of deprivation of freedom, making false accusations of gang membership, and forced disappearance of three young men in 2014 in Armenia, La Libertad Department.

c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment

The law prohibits such practices, but there were reports of violations. As of August 22, the PDDH had received 33 complaints of torture or cruel or inhuman treatment by the PNC, nine by the armed forces, and seven by other public officials.

Reports of abuse and police misconduct came mostly from residents of metropolitan San Salvador and mainly from men and young persons. As of June the Office of the Police Inspector General reported it had received 775 complaints of general misconduct by police (including but not limited to torture or cruel or inhuman treatment) and taken disciplinary action against 120 police officers accused of misconduct.

On February 6, PNC officers allegedly tortured a juvenile male. According to the Attorney General’s Office, PNC members detained the individual in a police station in Coruna, Soyapango, San Salvador Department, for six days and accused him of receiving stolen property, although the PNC officers had no proof against the suspect. According to the victim, the police officers tortured him and stole $80 from him. As of October 29, three officers were in pretrial detention.
On March 8, six police officers from the Tactic Operative Section allegedly tortured and attempted to kill a young man by setting him on fire after accusing him of being a gang member in a rural neighborhood of Apopa, San Salvador Department. When the victim filed a complaint against the police officers with the Attorney General’s Office in Apopa, the prosecutor allegedly implied the young man’s gang affiliation had provoked the police response. In April, despite this initial hostility to the victim and possible gang affiliation, the Attorney General’s Office arrested and charged the police officers with attempted homicide and placed four of them in pretrial detention. In June the victim reported ongoing harassment against him and his family by other police officers. On September 20, a judge determined that four of the officers would stand trial solely on a torture charge.

On July 12, the Sentence Tribunal of Cojutepeque, Cuscatlan Department, convicted five police officers and four members of the armed forces of deprivation of freedom, sexual abuse, and threatening and torturing a young woman. The court sentenced them to three years in prison and fined each $1,000. The victim had reported the case to the Attorney General’s Office in January 2018.

**Prison and Detention Center Conditions**

Prison and detention center conditions remained harsh and life threatening due to gross overcrowding, unhygienic conditions, and gang activities.

Physical Conditions: Overcrowding, at 141 percent of capacity as of September, was a serious threat to prisoners’ health and welfare. For example, as of August 22, the PDDH reported that in one prison, 1,654 inmates were held in facilities designed for 600.

Convicted inmates and pretrial detainees were sometimes held in the same prison cells.

Gangs remained prevalent in prisons. As of September 14, approximately 55 percent (18,293 prisoners) of the prison population were active or former gang members. As of August 29, extraordinary measures designed to interrupt gang communications and coordination between imprisoned leaders and gang members outside the prisons were in effect in eight prisons. The measures reduced the smuggling of weapons, drugs, and other contraband such as cell phones and SIM cards into prisons; however, contraband remained a problem, at times with complicity from prison officials.
On June 20, the minister of justice and the director of prisons imposed a state of emergency in 19 prisons at President Bukele’s request and as part of his security program, the *Plan for Territorial Control*. Under the state of emergency, prisoners were not able to receive any type of visit, were confined to their cells 24 hours a day, were not permitted to visit recreational or medical facilities except in extraordinary circumstances, did not receive mail or have access to radios or televisions, and did not engage in work activities. In addition, beginning on June 21, the minister and the director used their legal authority to completely disable cell phone signals inside and around prisons. The Court of Penitentiary Surveillance and Penalty Execution subsequently ratified the state of emergency. On September 2, President Bukele instructed the minister and the director to lift the state of emergency in prisons. Inmates’ right to receive visitors was gradually restored in prisons that did not hold inmates affiliated with gangs.

In many facilities, provisions for sanitation, potable water, ventilation, temperature control, medical care, and lighting were inadequate, according to the PDDH. As of September 14, the director of prisons reported no cases of inmate malnutrition, down from 2,440 reported cases between August 2017 and May 2018.

According to the Direction of Penitentiaries, 21 inmates died in 2018, nine by homicide. As of August the Salvadoran Institute for Child Development reported no minors had been killed by gang members while in detention, compared with three in 2018.

In August the PNC reported 30 percent overcrowding in police holding cells, with 2,300-2,400 detainees in cells designed for 1,500-1,800 individuals. This was down from 5,500-6,000 detainees held in similar facilities in 2018.

**Administration:** The PDDH has authority to investigate credible allegations of inhumane conditions. The Constitutional Chamber of the Supreme Court has authority over the protection of constitutional rights. During the state of emergency, authorities did not allow prisoners and detainees to receive any visitors or to gather for religious observances.

**Independent Monitoring:** As of August 22, according to the PDDH, due to the state of emergency enacted on June 20, the government prevented independent human rights groups from visiting all prisons (not just the 19 covered by the state of emergency). Prior to the imposition of the state of emergency, and again after September 2, the government permitted visits by independent human rights
observers, NGOs, and media to low- and medium-security prisons. Inspections of high-security prisons were limited to government officials, the PDDH, and the International Committee of the Red Cross. Church groups, IDHUCA, LGBTI activists, and other groups visited prisons during the first six months of the year.

**Improvements:** Construction of new prisons and a redistribution of prisoners reduced overcrowding from 215 percent to 141 percent as of September.

On September 12, legislators reallocated $9.3 million from the year’s budget to improve prison conditions, including $4.1 million for a salary increase for prison personnel and $5.2 million for improved food for inmates.

d. Arbitrary Arrest or Detention

Although the constitution prohibits arbitrary arrest and detention, there were numerous complaints that the PNC and military forces carried out arbitrary arrests. NGOs reported that the PNC arbitrarily arrested and detained individuals on suspicion of gang affiliation. According to these NGOs, the accused were ostracized by their communities upon their return.

The law provides for the right of any person to challenge the lawfulness of his or her arrest or detention in court. The government generally observed this provision.

**Arrest Procedures and Treatment of Detainees**

The constitution requires a written warrant of arrest except in cases where an individual is caught in the act of committing a crime. Authorities generally apprehended persons with warrants based on evidence and issued by a judge, although this was frequently ignored when allegations of gang membership arose. Police generally informed detainees promptly of charges against them.

The law permits release on bail for detainees who are unlikely to flee or whose release would not impede the investigation of the case. The bail system functioned adequately in most cases. The courts generally enforced a ruling that interrogation without the presence of counsel is coercive and that evidence obtained in such a manner is inadmissible. As a result, PNC authorities typically delayed questioning until a public defender or an attorney arrived. The constitution permits the PNC to hold suspects for 72 hours before presenting them to court. The law allows up to six months for investigation of serious crimes before requiring either a trial or
dismissal of the case; this period may be extended by an appeals court. Many cases continued beyond the legally prescribed period.

**Arbitrary Arrest:** As of August 22, the PDDH reported 66 complaints of arbitrary detention or illegal detention, compared with 31 from January to October 2018. According to the PNC and a report by *El Faro*, 72 percent of those arrested in the first 15 days of the Bukele administration—969 of the 1,350 individuals arrested during or immediately after an alleged crime—were released within 72 hours and were not formally charged with a criminal offense.

**Pretrial Detention:** Lengthy pretrial detention was a significant problem. As of August approximately 33 percent of the general prison population was in pretrial detention. Some persons remained in pretrial detention longer than the maximum legal sentences for their alleged crimes. In such circumstances detainees were permitted to request a Supreme Court review of their continued detention.

e. **Denial of Fair Public Trial**

Although the constitution provides for an independent judiciary, the government did not always respect judicial independence, and the judiciary was burdened by inefficiency and corruption. For example, when employees of several executive branch agencies targeted for closure in June filed a complaint with the Supreme Judicial Court, President Bukele warned the Supreme Court justices not to interfere with the case.

While the government generally respected court orders, some agencies ignored or minimally complied with orders.

In February, in a renewed effort to shield the perpetrators of war crimes and human rights abuses committed during the country’s 1980-92 civil war, a group of influential legislators proposed a draft national reconciliation law. Despite Constitutional Court rulings in 2016 and 2018 that expressly prohibited a broad and unconditional amnesty, the proposed bill would have granted amnesty to several high-level officials who enjoyed immunity from prosecution due to their positions in the recent administration of President Salvador Sanchez Ceren. Victims’ rights groups, other civil society actors, and the international community successfully campaigned against the proposed bill, and President-elect Bukele stated his strong opposition to an amnesty bill and expressed his support for additional consultation with victims. On May 29, the Inter-American Court of Human Rights ordered the government to immediately suspend consideration of
the proposed law. The proposed bill eventually lost support among legislators and failed to reach a floor vote.

Despite a June 2018 Constitutional Court order directing it to release military records related to the El Mozote killings and serious civil war crimes, the Ministry of Defense had not produced the requested documentation as of November 12. On November 1, President Bukele stated that he was committed to the truth and that he would release the records. Previously, the Ministry of Defense claimed the El Mozote archive records were destroyed in an accidental warehouse fire. Civil society and victims’ groups continued to press for release of these archives.

As of August 22, the PDDH received 74 complaints of lack of a fair, public trial.

Corruption in the judicial system contributed to the high level of impunity, undermining the rule of law and the public’s respect for the judiciary. As of August 31, the Supreme Court had heard 110 cases against judges due to irregularities (57 of which remained under review), sanctioned four judges, and brought formal charges against six judges. Accusations against judges included collusion with criminal elements and sexual harassment.

On April 23, the judge in the El Mozote prosecution issued an order adding three new charges against the 16 remaining defendants: Torture, forced disappearance, and forced displacement. He also imposed several provisional measures on the defendants, including a prohibition on leaving the country or contacting victims, and a requirement that the defendants physically appear in court biweekly. The defendants appealed these rulings, which were affirmed by an intermediate appellate court. On February 14, the Legislative Assembly approved a transitory law establishing mechanisms designed to allow family members to be added to the El Mozote victims’ registry.

A number of women charged under the 1998 penal code, which makes it illegal to perform, self-induce, or consent to an abortion under any circumstances, asserted they had suffered miscarriages, stillbirths, and other medical emergencies during childbirth. Legal experts pointed to serious flaws in forensics collection and medical interpretation in many of these cases.

On August 16, Evelyn Hernandez was released from prison after serving two years on charges that she attempted to kill her baby in 2016. The court opined that the evidence presented by the prosecution was insufficient to support the charges, relying heavily on an autopsy of the baby that showed it had died because of
swallowing meconium. The prosecutor had requested a 40-year prison sentence. On September 6, the Attorney General’s Office filed an appeal of the order acquitting her.

Between January 1 and September 13, the justice system released nine women accused or convicted of infanticide of their unborn or newborn children. Sixteen other women remained in custody for infanticide.

**Trial Procedures**

The law provides for the right to a fair and public trial, and an independent judiciary generally enforced this right, although some trial court judges were subject to political, economic, or other corrupting influences. By law juries hear only a narrow group of cases, such as environmental complaints. After the jury determines innocence or guilt, a panel of judges decides the sentence.

Defendants have the right to be present in court (except in virtual trials; see below), question witnesses, and present witnesses and evidence. The constitution further provides for the presumption of innocence, the right to be informed promptly and in detail of charges, the right to a trial without undue delay (seldom observed), protection from self-incrimination, the right to communicate with an attorney of choice, the right to adequate time and facilities to prepare a defense, freedom from coercion, the right to appeal, and government-provided legal counsel for the indigent.

In criminal cases a judge may allow a private plaintiff to participate in trial proceedings (calling and cross-examining witnesses, providing evidence, etc.), assisting the prosecuting attorney in the trial procedure. Defendants have the right to free assistance of an interpreter. Authorities did not always respect these legal rights and protections. Although a jury’s verdict is final, a judge’s verdict is subject to appeal. Trials are public unless a judge seals a case.

While implemented in 2015 to expedite fair trials, virtual trials still involved delays of up to eight months, according to a July 2018 *La Prensa Grafica* report. On May 6, the Legislative Assembly passed a reform that allows for, when necessary and appropriate, virtual trials for gang membership charges to proceed without the defendants present, although with defense counsel participating. The reform also states that the judicial and prison authorities must provide a video copy of the virtual trial to the defendants within 72 hours so that they may exercise their right to defense.
Virtual trials often involved group hearings before a judge, with defendants unable to consult with their defense lawyers in real time. The penitentiary code reforms passed in August 2018 allow defense lawyers to attend a hearing without the defendant’s presence. Human rights groups questioned the constitutionality of the reform.

According to 2018 press reports, plea deals occurred in approximately 20 percent of cases, with the accused turning state’s witness in order to prosecute others. Legal experts pointed to an overreliance on witness testimony in nearly all cases, as opposed to the use of forensics or other scientific evidence. The justice system lacked DNA analysis and other forensic capabilities; in July the Howard Buffett foundation announced a $25 million PNC Forensic Research Center project to improve the country’s forensic abilities.

**Political Prisoners and Detainees**

There were no reports of political prisoners or detainees.

**Civil Judicial Procedures and Remedies**

The law provides for access to the courts, enabling litigants to bring civil lawsuits seeking damages for, as well as cessation of, human rights violations. Domestic court orders generally were enforced. Most attorneys pursued criminal prosecution and later requested civil compensation.

**f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence**

The constitution prohibits such actions. In contrast with 2018, there were no reports the state intelligence service tracked journalists or collected information about their private lives.

In many neighborhoods, armed groups and gangs targeted certain persons and interfered with privacy, family, and home life. Efforts by authorities to remedy these situations were generally ineffective.

**Section 2. Respect for Civil Liberties, Including:**
a. Freedom of Expression, Including for the Press

The constitution provides for freedom of expression, including for the press, although the government at times did not respect this right. The law permits the executive branch to use the emergency broadcasting service to take over all broadcast and cable networks temporarily to televise political programming.

Press and Media, Including Online Media: Allegations continued that the government retaliated against members of the press for criticizing certain policies. On September 6, President Bukele’s press and communications staff banned journalists of digital newspapers *El Faro* and *Factum Magazine* from a press conference in which President Bukele announced the launch of the Salvadoran Commission Against Corruption and Impunity (CICIES). The Bukele administration stated that journalists from both outlets had acted improperly in past press conferences, including shouting questions at speakers and behaving disrespectfully toward staff. On September 11, *Factum Magazine* journalist Rodrigo Baires was denied entry to a press conference at the same location. The refusals to admit journalists to presidential press conferences drew widespread criticism and concern regarding freedom of expression and freedom of the press, including by the United Nations, Organization of American States (OAS), and Committee to Protect Journalism. Following the criticism, a *Factum Magazine* reporter was allowed to attend and ask questions at a September 12 presidential press conference.

Violence and Harassment: On July 3, the Salvadoran Journalist Association (APES) reported on the rise of cyber intimidation and attacks against journalists. APES specifically criticized President Bukele for seeking to intimidate journalists Mariana Belloso and Roxana Sandoval. After they criticized the Bukele administration, accounts on social media associated with Bukele supporters targeted Belloso and Sandoval with insults, intimidation, threats, and attempts to discredit their work.

As of August 22, the PDDH had received six complaints of violence against journalists by government officials. APES reported 77 cases of aggressions against journalists during the year, an increase of 18 percent over the 65 cases reported in 2018.

Censorship or Content Restrictions: Government advertising accounted for a significant portion of press advertising income. According to media reports, the Bukele administration cancelled all government advertising in the newspaper *El
Diario de Hoy after it reported on the banning of journalists from El Faro and Factum Magazine from President Bukele’s press conferences. According to APES, media practiced self-censorship, especially in reporting on gangs and narcotics trafficking.

**Nongovernmental Impact:** APES noted journalists who reported on gangs and narcotics trafficking were subject to kidnappings, threats, and intimidation. Observers reported that gangs also charged print media companies to distribute in their communities, costing media outlets as much as 20 percent of their revenues.

**Internet Freedom**

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority.

**Academic Freedom and Cultural Events**

There were no government restrictions on academic freedom or cultural events.

b. ** Freedoms of Peaceful Assembly and Association **

The constitution provides for the freedoms of peaceful assembly and association, and the government generally respected these rights, except with respect to labor unions (see section 7.a.).

c. ** Freedom of Religion **

See the Department of State’s International Religious Freedom Report at https://www.state.gov/religiousfreedomreport/.

d. ** Freedom of Movement **

The constitution provides for freedom of internal movement, foreign travel, emigration, and repatriation. The government generally respected these rights, although in many areas the government could not guarantee freedom of movement due to criminal gang activity.

**In-country Movement:** The major gangs (MS-13 and two factions of 18th Street) controlled their own territory. Gang members did not allow persons living in
another gang’s area to enter their territory, even when travelling via public transportation. Gangs forced persons to present government-issued identification cards (containing their addresses) to determine their residence. If gang members discovered that a person lived in a rival gang’s territory, that person risked being killed, beaten, or not allowed to enter the territory. Bus companies paid extortion fees to operate within gang territories, often paying numerous fees for the different areas in which they operated. The extortion costs were passed on to customers.

As of October 22, the Attorney General’s Office had filed 1,515 new cases charging an illegal limitation on the freedom of movement, an increase from the 920 new cases brought in the same period 2018. The Attorney General’s Office reported 50 convictions for such charges through October 22, compared with 13 through October 22, 2018.

e. Internally Displaced Persons

As of August the PDDH reported 148 complaints of forced displacement, 28 of which arose from the same incident. Nearly all of the complaints were from gang-controlled territories, with 84 cases from San Salvador, although in three cases, the complaint alleged the PNC caused the displacement. As of October 2018, the government acknowledged that 1.1 percent of the general population (approximately 68,060 persons) was internally displaced. The Office of the UN High Commissioner for Refugees estimated there were 71,500 internally displaced persons (IDPs) and reported the causes of internal displacement included abuse, extortion, discrimination, and threats.

As of October 24, the Legislative Assembly had failed to pass court-ordered legislation addressing internal displacement by no later than January 2019. In July 2018 the Constitutional Chamber of the Supreme Court ruled that the government violated the constitution by not recognizing forced displacement or providing sufficient aid to IDPs. The court also called on the government to retake control of gang territories, develop protection protocols for victims, and uphold international standards for protecting victims.

f. Protection of Refugees

Access to Asylum: The law provides for granting asylum or refugee status, including an established system for providing protection to refugees. Between January 1 and August 15, the Ministry of Foreign Affairs received 10 asylum petitions, compared with 31 refugee/asylum claims in 2018.
g. Stateless Persons

Not applicable.

Section 3. Freedom to Participate in the Political Process

The constitution provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot and based on universal and equal suffrage.

Elections and Political Participation

Recent Elections: The most recent presidential election occurred on February 3. Nayib Bukele, of the center-right Grand Alliance for National Unity (GANA) party, was elected to a five-year term. The election reports published by the OAS and the EU electoral mission noted the election generally met international standards.

While the law prohibits public officials from campaigning in elections, the provision lacked consistent enforcement.

Participation of Women and Minorities: No laws limit participation of women or members of minorities in the political process, and they did participate.

Section 4. Corruption and Lack of Transparency in Government

The law provides criminal penalties for corruption by officials. Although the Supreme Court investigated corruption in the executive and judicial branches and referred some cases to the Attorney General’s Office for possible criminal indictment, impunity remained endemic, with courts issuing inconsistent rulings and failing, in particular, to address secret discretionary accounts within the government.

On September 6, President Bukele launched CICIES to combat corruption and impunity. Foreign Minister Alexandra Hill and OAS Strategic Counsel Luis Porto signed a Letter of Intent to create the commission. The letter stated that the parties would sign a formal agreement within three months. The letter focused on strengthening the judiciary and Attorney General’s Office and creating a special anticorruption unit under the PNC. The letter promised that CICIES and the OAS
would coordinate with local judicial institutions in creating guidelines for selecting cases. In Bukele’s announcement, he noted that CICIES would be financed with assistance from the OAS and other international organizations. As of October 29, there was an anticipated cost of $15 million and OAS was asking for funding, but no other details had been confirmed. In November the OAS reported that CICIES had established a headquarters in the country.

**Corruption:** In January the Supreme Court issued an order limiting its Probity Section investigations of public officials to those who had left public office within the last 10 years. On May 6, *Factum Magazine* published an article underlining that, due to this decision, 79 cases were due to expire on May 31. According to *Factum*, in four of these, the Probity Section had already completed the investigation, and it required only a decision from the Supreme Court. The four investigations involved former Farabundo Marti National Liberation Front (FMLN) legislator Sigfrido Reyes; GANA legislator Guillermo Gallegos (regarding actions taken in 2006-09); former vice president Oscar Ortiz, when he served as FMLN legislator in 1994 and 1997; and also of Ortiz when he served as Santa Tecla mayor in 2006 and 2009. As of June 30, the Supreme Court’s Probity Section had opened six illicit enrichment cases against public officers.

On June 20, the Attorney General’s Office filed a corruption complaint against Rafael Hernan Contreras, former chief of the Court of Accounts, one of the six agencies that oversees corruption investigations and cases. According to the attorney general, Contreras issued a false document that certified former president Antonio Saca, serving 10 years in prison for misappropriating more than $300 million, had managed funds effectively during his presidency. Saca still faced charges for bribing a judicial official for access to information. Six other officials from the Saca administration also received prison sentences in September 2018 for misappropriating public funds while in government.

In December 2018 a judge sentenced former attorney general Luis Martinez (2012-15) to five years in prison and ordered him to pay $125,000 in restitution on corruption-related charges of purposely and unlawfully disclosing recordings obtained in a wiretap investigation. In 2016 Martinez was fined $8,000 by the Government Ethics Tribunal for inappropriately accepting gifts from businessman Enrique Rais. Martinez faced a number of pending corruption charges, including allegations he took bribes from former president Mauricio Funes, who received citizenship from Nicaragua in July after fleeing corruption charges in El Salvador.
The Attorney General’s Office reportedly investigated past misuse of a presidential discretionary fund, established in 1989 and used by six presidents, to fund the national intelligence service. The fund, totaling one billion dollars since the accounts’ inception, had never been audited by the Court of Accounts. Former presidents Saca and Funes allegedly misappropriated more than $650 million from this fund during their terms in office.

As of September 16, the Ethics Tribunal reported that between September 2018 and August 21, it had opened 438 administrative proceedings against 426 public officials. During that same period, the tribunal imposed fines against 41 sitting and former public officials. As of September 3, the Attorney General’s Office had filed claims against three judges for committing crimes involving corruption or for violating public administration laws.

Financial Disclosure: The illicit enrichment law requires appointed and elected officials to declare their assets to the Probity Section of the Supreme Court. The law establishes fines for noncompliance that range from $11 to $571. The declarations were not available to the public unless requested by petition. The Supreme Court established three criteria for selecting investigable cases: the age of the case (that is, proximity to the statute of limitations); relevance of the official’s position; and seriousness and notoriety of the alleged illicit enrichment.

The law requires public officers to present asset certification reports no later than 60 days after taking a new position. In August the Supreme Court Probity Section reported that 8,974 public officers had failed to present their assets certifications in the 10 previous years. This included 16 legislators who took office in May 2018 and who had failed to present their assets reports by June 30, 2019.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A variety of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Although government officials generally were cooperative and responsive to these groups, officials expressed reluctance to discuss certain issues, such as extrajudicial killings and IDPs, with the PDDH.

Government Human Rights Bodies: The principal human rights investigative and monitoring body is the autonomous PDDH, whose ombudsman is nominated by the Legislative Assembly for a three-year term. The PDDH regularly issued
advisory opinions, reports, and press releases on prominent human rights cases. The PDDH generally enjoyed government cooperation and was considered generally effective except on problems relating to criminal groups and gangs.

The PDDH maintained a constructive dialogue with the Office of the President. The government publicly acknowledged receipt of reports, although in some cases it did not act on recommendations, which are nonbinding. The PDDH faced threats, including two robberies at its headquarters targeting computers containing personally identifiable information.

On October 16, the Legislative Assembly nominated a new PDDH ombudsman who was facing three criminal cases for “fraud, bribery, and arbitrary acts,” as well as a Court of Accounts case from his time as a civil court judge. International organizations, NGOs, several legislators, the San Salvador mayor, and President Bukele criticized the nomination.

Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape of men or women, and the criminal code’s definition of rape may apply to spousal rape, at the judge’s discretion. The law requires the Attorney General’s Office to prosecute rape cases whether or not the victim presses charges, and the law does not permit the victim to withdraw the criminal charge. The penalty for rape is generally imprisonment for six to 10 years. Laws against rape were not effectively enforced.

The law prohibits domestic violence and generally provides for sentences ranging from one to three years in prison, although some forms of domestic violence carry higher penalties. The law also permits restraining orders against offenders. Laws against domestic violence remained poorly enforced, and violence against women, including domestic violence, remained a widespread and serious problem. In July 2018 the Salvadoran Organization of Women for Peace (ORMUSA) reported that in 2016 and 2017, only 5 percent of the 6,326 reported crimes against women went to trial.

On April 24, a woman died in Guazapapa after being beaten by her husband days earlier. The Attorney General’s Office charged her husband with femicide. According to the woman’s children, her husband had been previously deported.
from the United States after being implicated in a similar case of violence against women.

**Sexual Harassment:** The law prohibits sexual harassment and establishes sentences of five to eight years’ imprisonment. Courts may impose fines in addition in cases in which the perpetrator held a position of trust or authority over the victim. The law mandates that employers take measures against sexual harassment and create and implement preventive programs. The government, however, did not enforce sexual harassment laws effectively.

On April 4, following an abbreviated trial, the Third Sentence Tribunal of San Salvador sentenced a PNC chief inspector to three years in prison following his conviction for sexual assault, sexual harassment, and threats of violence against three female subordinates.

**Coercion in Population Control:** There were no reports of coerced abortion or involuntary sterilization.

**Discrimination:** The constitution grants women and men the same legal rights, but women did not receive equal pay or employment opportunities. The law establishes sentences of one to three years in prison for public officials who deny a person’s civil rights based on gender and six months to two years for employers who discriminate against women in the workplace, but employees generally did not report such violations due to fear of employer reprisals.

On March 6, the Permanent Working Group for Labor, Justice, and Labor Unions reported that more than 100 women had been arbitrarily fired from different municipal governments, including in San Salvador, Santa Ana, Ciudad Delgado, and Ilopango. On August 28, ORMUSA reported that of 1,090 women who participated in its survey, 18 percent claimed to have been victims of discrimination in their workplace, of whom 8 percent specifically identified their gender as the basis for the discrimination.

**Children**

**Birth Registration:** Children derive citizenship by birth within the country and from their parents. The law requires parents to register a child within 15 days of birth or pay a $2.85 fine. Failure to register can result in denial of school enrollment.
Child Abuse: Child abuse remained a serious and widespread problem. The law gives children the right to petition the government without parental consent. Penalties for breaking the law include losing custody of the child and three to 26 years’ imprisonment, depending on the nature of the abuse. As of August the PNC had received 2,081 child abuse complaints.

On February 19, Judge Jaime Escalante was charged with the crime of sexual aggression against a 10-year-old female child. On March 4, the Legislative Assembly voted to remove his immunity from criminal prosecution. On October 31, the Criminal Chamber determined that Escalante’s actions did not constitute a felony but rather a misdemeanor, because the encounter happened quickly and in a crowded place. The attorney general appealed the decision and asked the Criminal Chamber to overturn the ruling, admit all evidence, and send Escalante to trial.

According to a 2016 National Health Survey, more than half of households punished their children physically and psychologically.

Early and Forced Marriage: The legal minimum age for marriage is 18. The law bans child marriage to prevent child abusers from using legal technicalities to avoid imprisonment by marrying their underage victims. The law allows for marriage of a minor in cases of pregnancy.

Sexual Exploitation of Children: Child sex trafficking is prohibited by law. Prison sentences for convicted traffickers stipulate imprisonment from six to 10 years.

The minimum age for consensual sex is 18. The law classifies statutory rape as sexual relations with anyone younger than 18 and includes penalties of four to 13 years’ imprisonment for violations.

The law prohibits paying anyone younger than 18 for sexual services. The law prohibits participating in, facilitating, or purchasing materials containing child pornography and provides for prison sentences of up to 16 years for violations. Despite these provisions, sexual exploitation of children remained a problem.

Anti-Semitism

The Jewish community totaled approximately 150 persons. There were no reports of anti-Semitic acts.

Trafficking in Persons

See the Department of State’s Trafficking in Persons Report at https://www.state.gov/trafficking-in-persons-report/.

Persons with Disabilities

The law prohibits discrimination against persons with physical, sensory, intellectual, and mental disabilities. The National Council for Comprehensive Attention to Persons with Disability (CONAIPD), composed of representatives from multiple government entities, is the governmental agency responsible for protecting disability rights, but it lacks enforcement power. According to CONAIPD, the government did not effectively enforce legal requirements for access to buildings, information, and communications for persons with disabilities. Few access ramps or provisions for the mobility of persons with disabilities existed.

According to CONAIPD, there is no mechanism to verify compliance with the law requiring businesses and nongovernment agencies to hire one person with disabilities for every 25 hires. CONAIPD reported employers frequently fired persons who acquired disabilities and would not consider persons with disabilities for work for which they qualified. Further, some academic institutions would not accept children with disabilities.

No formal system existed for filing a discrimination complaint involving a disability with the government.

Indigenous People

Indigenous communities reported they faced racial discrimination and economic disadvantage. According to community leaders, gangs pushed out of urban centers by police mounted incursions into and appropriated indigenous land. They also reported gang members threatened their children for crossing gang territorial lines artificially drawn across ancestral indigenous land, forcing some children to drop out of school or leave home.
According to the 2007 census (the most recent), there were 60 indigenous groups, making up 0.4 percent of citizens, mainly from the Nahuapipil, Lencas, Cacaopera (Kakwira), and Maya Chorti groups. A 2014 constitutional amendment recognizes the rights of indigenous peoples to maintain their cultural and ethnic identity. The law, however, does not include the right to be consulted regarding development and other projects envisioned on indigenous land, nor does it provide indigenous peoples rights to share in revenue from exploitation of natural resources on historically indigenous lands. The government did not demarcate any lands as belonging to indigenous communities. Because few indigenous individuals possessed title to land, opportunities for bank loans and other forms of credit remained limited.

The law provides for the preservation of languages and archeological sites. During the year the municipalities of Cacaopera and Yucuaiquin, in the eastern part of the country, approved special laws to recognize their indigenous cultural heritage.

**Acts of Violence, Discrimination, and Other Societal Abuses Based on Sexual Orientation and Gender Identity**

The law prohibits discrimination based on sexual orientation or gender identity, which also applies to discrimination in housing, employment, nationality, and access to government services. Gender identity and sexual orientation are included in the criminal code provisions covering hate crimes, along with race and political affiliation. NGOs reported that public officials, including police, engaged in violence and discrimination against sexual minorities. Persons from the LGBTI community stated that the PNC and the Attorney General’s Office harassed transgender and gay individuals when they reported cases of violence against LGBTI persons, including by conducting unnecessary and invasive strip searches.

On January 31, a transsexual woman, Camila Diaz Cordova, identified in her national identification card as Nelson Arquimides Diaz Cordova, was allegedly killed by three police officers with the National Civil Police’s 911 System in San Salvador. In July, at an initial hearing in the Fifth Peace Court, the Prosecutor’s Office accused the officers of committing a “hate crime.”

As of August 22, the PDDH reported four accusations by the LGBTI community of homicides, one complaint of torture, four complaints of violations to human integrity, one complaint each of physical abuse and harassment. The PDDH was unable to determine whether the incidents were bias motivated. Activists also
reported receiving death threats on social media. Police generally failed to act on these reports. The PDDH reported it was processing a case against security personnel at a prison in Sensuntepeque, Cabanas Department, for deprivation of liberty and inhuman treatment of transsexual prisoners based on their sexual orientation and gender identity.

Media reported killings of LGBTI community members in October and November. On October 27, Anahy Rivas, a 27-year-old transwoman, was killed after being assaulted and dragged behind a car. Jade Diaz, a transwoman who disappeared on November 6, was assaulted prior to her killing. Her body was found submerged in a river. On November 16, Manuel Pineda, known as Victoria, was beaten to death and her body left naked in the street in Francisco Menendez, Ahuachapan Department. Uncensored photographs of the body were circulated on social media.

In 2017 the Supreme Electoral Tribunal announced guidelines stating individuals cannot be denied the right to vote because the photograph on their identification card does not match their physical appearance. Nonetheless, media documented cases of transgender persons who faced harassment while voting in the presidential elections because their name and photograph on their national identification did not match their expression of gender identity.

**HIV and AIDS Social Stigma**

Although the law prohibits discrimination on the basis of HIV/AIDS status, Entre Amigos, an LGBTI NGO, reported HIV-related discrimination was widespread. As of August 31, the PDDH reported one alleged case of discrimination against persons with HIV or AIDS that purportedly took place at a public health union in La Union Department.

**Section 7. Worker Rights**

**a. Freedom of Association and the Right to Collective Bargaining**

The law provides for the right of most workers to form and join independent unions, to strike, and to bargain collectively. The law also prohibits antiunion discrimination, although it does not require reinstatement of workers fired for union activity. Military personnel, national police, judges, and high-level public officers may not form or join unions. Workers who are representatives of the employer or in “positions of trust” also may not serve on a union’s board of directors. The law does not define the term “positions of trust.” The labor code
does not cover public-sector workers and municipal workers, whose wages and terms of employment are regulated by the 1961 civil service law. Only citizens may serve on unions’ executive committees. The labor code also bars individuals from holding membership in more than one trade union.

Unions must meet complex requirements to register, including having a minimum membership of 35 individuals. If the Ministry of Labor denies registration, the law prohibits any attempt to organize for up to six months following the denial. Collective bargaining is obligatory only if the union represents the majority of workers.

The law contains cumbersome and complex procedures for conducting a legal strike. The law does not recognize the right to strike for public and municipal employees or for workers in essential services. The law does not specify which services meet this definition, and courts therefore apply this provision on a case-by-case basis. The law requires that 30 percent of all workers in an enterprise must support a strike for it to be legal and that 51 percent must support the strike before all workers are bound by the decision to strike. Unions may strike only to obtain or modify a collective bargaining agreement or to protect the common professional interests of the workers. They must also engage in negotiation, mediation, and arbitration processes before striking, although many unions often skipped or expedited these steps. The law prohibits workers from appealing a government decision declaring a strike illegal.

In lieu of requiring employers to reinstate illegally dismissed workers, the law requires employers to pay the workers the equivalent of 30 days of their basic salary for each year of service. The law specifies 30 reasons for which an employer can terminate a worker’s contract without triggering any additional responsibilities, including consistent negligence, leaking private company information, or committing immoral acts while on duty. An employer may also legally suspend workers, including for reasons of economic downturn or market conditions. According to the Ministry of Labor, through September 30, 7,495 persons had filed complaints of dismissal without justification. In addition, the Ministry of Labor reported that from January 1 through June, it received 15 complaints of failure to pay wages owed, one complaint of an employer’s improper retention of social security contributions, and eight complaints of a failure to pay overtime.

The government did not effectively enforce the laws on freedom of association and the right to collective bargaining. Penalties remained insufficient to deter
violations. Judicial procedures were subject to lengthy delays and appeals. According to union representatives, the government inconsistently enforced labor rights for public workers, maquiladora/textile workers, food manufacturing workers, subcontracted workers in the construction industry, security guards, informal-sector workers, and migrant workers. Between January 1 and June 3, the ministry received 36 claims of violations for labor discrimination.

As of August 15, the inspector general of the Ministry of Labor had reported 124 alleged violations of the right of freedom of association, including 72 such violations against members of labor unions and 39 resulting complaints of discrimination.

Unions functioned independently from the government and political parties, although many generally were aligned with the traditional political parties of ARENA and the FMLN. Workers at times engaged in strikes regardless of whether the strikes met legal requirements. On June 10, the International Labor Organization Conference Committee on the Application of Standards discussed, for the fifth consecutive year, the nonfunctioning of the country’s tripartite Higher Labor Council. In September the Ministry of Labor reactivated the council.

b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced or compulsory labor. The government generally did not effectively enforce such laws. Penalties were not sufficient to deter violations. The lack of sufficient resources for inspectors reduced their ability to enforce the law fully. The Ministry of Labor did not report on incidents of forced labor. Gangs subjected children to forced labor in illicit activities, including selling or transporting drugs (see section 7.c.).

Also see the Department of State’s Trafficking in Persons Report at https://www.state.gov/trafficking-in-persons-report/.

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits the employment of children younger than 14 but does not prohibit all of the worst forms of child labor. The law allows children between the ages of 14 and 18 to engage in light work if it does not damage the child’s health or development or interfere with compulsory education. The law prohibits children younger than 16 from working more than six hours per day and 34 hours per week; those younger than 18 are prohibited from working at night or in
occupations considered hazardous. The Ministry of Labor maintained a list of
types of work considered hazardous, which included repairing heavy machinery,
mining, handling weapons, fishing and harvesting mollusks, and working at
heights above five feet while doing construction, erecting antennas, or working on
billboards. Children age 16 and older may engage in light work on coffee and
sugar plantations and in the fishing industry so long as it does not harm their health
or interfere with their education.

Child labor remained a serious and widespread problem. According to the
Ministry of Labor, the percentage of children and adolescents between the ages of
five and 17 who were working decreased from 8.4 percent in 2017 to 6.8 percent in
2018.

The Ministry of Labor is responsible for enforcing child labor laws but did not
effectively enforce the law. Penalties for violations of child labor laws were
insufficient to act as a deterrent in the informal sector. Labor inspectors focused
almost exclusively on the formal sector. According to the ministry, from January
through August, officials conducted 669 child labor inspections in the formal
sector that discovered 10 minors working, all of whom were authorized to work.
By comparison, as of September 2017, according to the ministry, there were
140,700 children and adolescents working, of whom 91,257 were employed in
“dangerous work” in the informal sector. No information on any investigations or
prosecutions by the government was available. The ministry did not effectively
enforce child labor laws in the informal sector, which represented almost 75
percent of the economy.

There were reports of children younger than 16 engaging in the worst forms of
child labor, including in coffee cultivation, fishing, shellfish collection, and
fireworks production. Children were subjected to other worst forms of child labor,
including commercial sexual exploitation (see section 6, Children) and recruitment
into illegal gangs to perform illicit activities in the arms and narcotics trades,
including committing homicide. Children were engaged in child labor, including
domestic work, the production of cereal grains and baked goods, cattle raising, and
sales. Orphans and children from poor families frequently worked as street
vendors and general laborers in small businesses despite the presence of law
enforcement officials.

Also see the Department of Labor’s Findings on the Worst Forms of Child Labor
at https://www.dol.gov/agencies/ilab/resources/reports/child-labor/findings.
EL SALVADOR

d. Discrimination with Respect to Employment and Occupation

The constitution, labor laws, and state regulations prohibit discrimination on the basis of race, color, sex, religion, political opinion, national origin (except in cases determined to protect local workers), social origin, gender, disability, language, or HIV-positive status. The government did not effectively enforce those laws and regulations. Penalties were insufficient to deter violations. Sexual orientation and gender identity are not included in the constitution or labor law, although the PDDH and the Ministry of Labor actively sought to protect workers against discrimination on those grounds.

Discrimination in employment and occupation occurred with respect to gender, disability, and sexual orientation or gender identity (see sections 6 and 7.e.). According to the Ministry of Labor, migrant workers have the same rights as citizens, but the ministry did not enforce them.

As of June the Ministry of Labor had received one complaint of disability discrimination and six complaints of gender-based discrimination. In August the Legislative Assembly approved an “equal job, equal pay” reform to the labor code that provides for equal pay for women and persons with disabilities who perform the same duties as others. The law, reformed in 2018, prohibits the dismissal of women returning from maternity leave for up to six months.

On February 14, the Legislative Assembly reformed the labor code in order to grant employment stability to persons suffering from chronic diseases that require frequent medical checks and rehabilitation. The reform applies to women who are pregnant and ensures job security during pregnancy. The guarantee of job stability starts from the issuance of the corresponding medical diagnosis and is extended for three months after the respective medical treatment has ended, except for the causes established in Article 50 of the labor code, which include serious immoral acts, breaches of confidentiality and recurring negligence.

e. Acceptable Conditions of Work

There is no national minimum wage; the minimum wage is determined by sector. In 2018 a minimum wage increase went into effect that included increases of nearly 40 percent for apparel assembly workers and more than 100 percent for workers in coffee and sugar harvesting. All of these wage rates were above poverty income levels. The government proved more effective in enforcing the minimum wage law in the formal sector than in the informal sector. As of June the
Ministry of Labor had registered three complaints of noncompliance with the minimum wage.

The law sets a maximum normal workweek of 44 hours, limited to no more than six days and to no more than eight hours per day, but allows overtime, which is to be paid at a rate of double the usual hourly wage. The law mandates that full-time employees receive pay for an eight-hour day of rest in addition to the 44-hour normal workweek. The law provides that employers must pay double time for work on designated annual holidays, a Christmas bonus based on the time of service of the employee, and 15 days of paid annual leave. The law prohibits compulsory overtime. The law states that domestic employees, such as maids and gardeners, are obligated to work on holidays if their employer makes this request, but they are entitled to double pay in these instances. The government did not adequately enforce these laws.

The Ministry of Labor is responsible for setting and enforcing workplace safety standards, and the law establishes a tripartite committee to review the standards. The law requires employers to take steps to meet health and safety requirements in the workplace, including providing proper equipment and training and a violence-free environment. Employers who violate most labor laws could be penalized, but penalties were not sufficient to deter violations; some companies reportedly found it more cost effective to pay the fines than to comply with the law. The law promotes occupational safety awareness, training, and worker participation in occupational health and safety matters. While the laws were appropriate for the main industries, the government did not effectively enforce them.

Unions reported the ministry failed to enforce the law for subcontracted workers hired for public reconstruction contracts. The government provided its inspectors updated training in both occupational safety and labor standards. As of June the ministry conducted 13,315 inspections, in addition to 3,857 inspections to follow up with prior investigations, and had levied $777,000 in fines against businesses.

The number of inspectors was insufficient to deter violations and allegations of corruption among labor inspectors continued. The Labor Ministry received complaints regarding failure to pay overtime, minimum wage violations, unpaid salaries, and cases of employers illegally withholding benefits (including social security and pension funds) from workers.

Reports of overtime and wage violations existed in several sectors. According to the Labor Ministry, employers in the agricultural sector did not generally grant
annual bonuses, vacation days, or days of rest. Women in domestic service and the industrial manufacturing for export industry, particularly in the export-processing zones, faced exploitation, mistreatment, verbal abuse, threats, sexual harassment, and generally poor work conditions. Workers in the construction industry and domestic service reportedly experienced violations of wage, hour, and safety laws. According to ORMUSA, apparel companies violated women’s rights through occupational health violations and unpaid overtime. There were reports of occupational safety and health violations in other sectors, including reports that a very large percentage of buildings did not meet safety standards set by the General Law on Risk Protection. The government proved ineffective in pursuing such violations.

In some cases the country’s high crime rate undermined acceptable conditions of work as well as workers’ psychological and physical health. Some workers, such as bus drivers, bill collectors, messengers, and teachers in high-risk areas, reported being subject to extortion and death threats by gang members.

Through September 30, the Ministry of Labor reported 6,771 workplace accidents. These included 3,069 accidents in the services sector, 2,090 in the industrial sector, 785 in the commercial sector, 605 in the public sector, and 222 in the agricultural sector. The ministry did not report any deaths from workplace accidents.

Workers may legally remove themselves from situations that endanger health or safety without jeopardy to their employment, but authorities lacked the ability to protect employees in this situation effectively.
TAB 2
EXECUTIVE SUMMARY

El Salvador is a constitutional multiparty republic. Municipal and legislative elections held in March were generally free and fair, according to international observers, although slow tabulation contributed to reporting delays. Free and fair presidential elections took place in 2014.

Civilian authorities failed at times to maintain effective control over security forces.

Human rights issues included allegations of unlawful killings of suspected gang members and others by security forces; forced disappearances by military personnel; torture by security forces; harsh and life-threatening prison conditions; arbitrary arrest and detention; lack of government respect for judicial independence; widespread government corruption; violence against women and girls that was infrequently addressed by the authorities, as well as security force violence against lesbian, gay, bisexual, transgender, and intersex individuals; and children engaged in the worst forms of child labor.

Impunity persisted despite government steps to dismiss and prosecute some in the security forces, executive branch, and justice system who committed abuses.

Organized criminal elements, including local and transnational gangs and narcotics traffickers, were significant perpetrators of violent crimes and committed acts of murder, extortion, kidnapping, human trafficking, intimidation, and other threats and violence directed against police, judicial authorities, the business community, journalists, women, and members of vulnerable populations.

Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

There were no reports that the government or its agents committed politically motivated killings. There were reports, however, of security force involvement in extrajudicial killings of suspected gang members. As of July 31, the Office of the Human Rights Ombudsman (PDDH) announced it was investigating 22 complaints
against police officers, prison guards, and personnel of the Attorney General’s Office for such killings.

The case continued against nine police officers charged in September 2017 with aggravated homicide and concealment stemming from the killing of five persons. Three of the accused were members of the now decommissioned Police Reaction Group (GRP), and police claimed at the time of the events that the deaths were justified homicides.

On March 2, the Attorney General’s Office appealed the September 2017 acquittal of five police officers for aggravated homicide charges in the 2015 killing of a man at a farm in San Blas, San Jose Villanueva. The judge had ruled that the prosecutors failed to prove which of the five officers was specifically responsible for firing the fatal shot and likewise failed to prove conspiracy. On May 4, the Fourth Appellate Court of Appeals confirmed it would retry the case.

On February 23, police authorities in coordination with INTERPOL arrested Jaime Ernesto Bonilla Martinez, who lived in Texas, for participating in at least eight homicides as part of an alleged extermination group operating in San Miguel. The group, composed of civilians, some of whom were alleged rival gang members, and retired and active members of the military and police, was purportedly responsible for murder-for-hire and targeted killings of alleged gang members in San Miguel. Funding for the extermination group reportedly came from Salvadoran citizens living abroad.

As of October 25, alleged gang members had killed 21 police officers. On August 21, the Organized Crime Court convicted 61 MS-13 members of homicide, extortion, illicit trafficking, and conspiracy to kill police officers, among other crimes.

b. Disappearance

There were reports alleging that members of security and law enforcement were involved in unlawful disappearances. Since March 2017 law enforcement agencies had not released data on disappearances, citing a discrepancy between data collected by police and the Attorney General’s Office.

On March 7, the Constitutional Chamber of the Supreme Court ruled that the armed forces were responsible for investigating the disappearance of two 17-year-old boys in Ilopango in 2014. According to the court, seven soldiers detained and
searched them, tied their hands with their shoelaces, and took them to Colonia Santa Maria, which was controlled by a rival gang. The two youths missed school that afternoon and were not seen thereafter. The case was ongoing.

In May 2017 a Sonsonate court convicted five soldiers of forced disappearance committed in 2014 and sentenced them to eight years’ imprisonment. Their defense attorneys filed an appeal, and the case remained ongoing. In January the Constitutional Chamber found the military in contempt of their August 2017 order that the Ministry of Defense investigate and report on civilian deaths caused by the military.

On September 1 and in December 2017, the Constitutional Chamber issued two sentences in forced disappearance cases from 1982. The Constitutional Chamber determined that investigations should be carried out on the whereabouts of the victims and underlined the state’s responsibility in ensuring an unobstructed investigation. The chamber noted that the Ministry of Defense and the chief of the joint chiefs of staff of the armed forces were uncooperative in the investigation.

As of October the attorney general had opened investigations into 12 instances of forced disappearance during the 1980-92 civil war.

c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment

The law prohibits such practices, but there were reports of violations. As of July 31, the PDDH received 18 complaints of torture or cruel or inhuman treatment by the National Civil Police (PNC), the armed forces, and other public officials.

On May 29, a court recommended that colonels Hector Solano Caceres and David Iglesias Montalvo, along with Lieutenant Colonel Ascencio Sermeno face charges for homicide, bribery, and conspiracy for ordering the torture of two men in 2016 in Apaneca. In 2017 six soldiers were convicted in the same case.

Prison and Detention Center Conditions

Prison and detention center conditions remained harsh and life threatening due to gross overcrowding, unhygienic conditions, and gang activities.

Physical Conditions: Overcrowding remained a serious threat to prisoners’ health and welfare. As of June 30, the PDDH reported that think tank Salvadoran
Foundation for Economic and Social Development reported 38,849 inmates were being held in facilities designed for 18,051 inmates.

Convicted inmates and pretrial detainees were sometimes held in the same prison cells.

In June the Salvadoran Institute for Child Development (ISNA) reported 945 juveniles in detention, with 274 of those awaiting trial. Of those, 356 were held on homicide charges, 465 for extortion, 313 for drug-related crimes, and 143 for gang membership. As of July ISNA reported that three minors were killed by gang members while in detention, compared with nine in 2017. ISNA also reported that as of June, seven minors were victims of trafficking in persons, compared with 18 in 2017.

Gangs remained prevalent in prisons. As of September 2017, detention centers held 17,614 current or former gang members, or 46 percent of the prison population. So-called extraordinary measures were designed to interrupt gang communications and coordination between imprisoned leaders and gang members outside the prisons. Smuggling of weapons, drugs, and other contraband such as cell phones and cell phone SIM cards was reduced but remained a problem in the prisons, at times with complicity from prison officials.

Law enforcement officials credited the extraordinary measures with a 45 percent reduction in homicides. The PDDH and human rights groups faulted the measures for lacking judicial oversight. On August 16, the Legislative Assembly formalized some elements of the extraordinary measures as part of a reformed penitentiary code, which now allows supervised family visits.

In many facilities provisions for sanitation, potable water, ventilation, temperature control, medical care, and lighting were inadequate, according to the PDDH. From August 2017 to May, the General Prison Directorate reported 2,440 cases of inmate malnutrition and the PDDH reported more than 500 cases of severe malnutrition in Izalco and Ciudad Barrios prisons. The PDDH noted that in 2017 a total of 64 inmates died, some of them due to unspecified causes.

In October the PNC reported overcrowding in police holding cells, with 5,500 detainees in cells designed for 1,500 persons. Those in pretrial detention were held alongside sick inmates.
Administration: The PDDH has authority to investigate credible allegations of inhuman conditions. The Constitutional Chamber of the Supreme Court has authority over the protection of constitutional rights. The extraordinary measures granted broad authorities to wardens to order disciplinary actions, to include isolation and withholding family or religious visitations, without judicial oversight. Extraordinary measures ended in August when the Legislative Assembly reformed the penitentiary code.

Independent Monitoring: The government permitted visits by independent human rights observers, nongovernmental organizations (NGOs), and media to low- and medium-security prisons. Inspections of high-security prisons were limited to government officials, the PDDH, and the International Committee of the Red Cross (ICRC). Early in the year, the government reinstated the ICRC’s access to all prisons. Church groups; the Institute for Human Rights at the University of Central America; lesbian, gay, bisexual, transgender, and intersex activists; the UN special rapporteur for extrajudicial, summary, or arbitrary executions; and other groups visited prisons during the year. The PDDH reported that from May 2017 to April, it conducted 1,644 unannounced prison inspections.

Improvements: Due to the construction of new prisons completed during the year and redistribution of prisoners, overcrowding declined from 334 percent to 215 percent as of August.

d. Arbitrary Arrest or Detention

Although the constitution prohibits arbitrary arrest and detention, there were numerous complaints that the PNC and military forces arbitrarily arrested and detained persons. As of July 31, the PDDH received 31 complaints of arbitrary detention, a decrease from 86 complaints received in the same period in 2017. NGOs reported that the PNC arbitrarily arrested and detained groups of persons on suspicion of gang affiliation. According to these NGOs, the accused were ostracized by their communities upon their return.

The law provides for the right of any person to challenge the lawfulness of his or her arrest or detention in court, and the government generally observed this provision.

Role of the Police and Security Apparatus
The PNC, overseen by the Ministry of Justice and Public Security, is responsible for maintaining public security, and the Ministry of Defense is responsible for maintaining national security. Although the constitution separates public security and military functions, it allows the president to use the armed forces “in exceptional circumstances” to maintain internal peace and public security “when all other measures have been exhausted.” The military is responsible for securing international borders and conducting joint patrols with the PNC. In 2016 President Sanchez Ceren renewed the decree authorizing military involvement in police duties, a presidential order in place since 1996.

The military’s “Zeus Command” comprised 3,100 soldiers in 10 task forces to support police in providing security. These soldiers were to operate only in support of the PNC and were not authorized to arrest or detain. Three hundred and twenty soldiers in the Volcano Task Force, launched in September 2017 as a temporary expansion of the military’s presence in San Salvador, continued to support the city’s police and installed checkpoints throughout the city and conducted random searches of public buses.

There were reports of impunity for security force involvement in crime and human rights abuses during the year. The PDDH is authorized to investigate (but not prosecute) human rights abuses and refers all cases involving human rights abuses to the Attorney General’s Office. Reports of abuse and police misconduct were most often from residents of the metropolitan area of San Salvador and mostly from men and young persons.

The Police Inspector General reported it received 831 complaints against police and dismissed 155 police officers due to misconduct and took disciplinary action against 555 police officers as of October 23.

On August 2, Deputy Police Director of Specialized Operative Areas Mauricio Arriaza stated that 10 police officers of the Specialized Police Tactical Unit (UTEP) were dismissed due to human rights abuses. UTEP was created on February 14 to replace the Specialized Reaction Force of El Salvador, the Special Operation Group, and the GRP. The GRP was disbanded in February following the disappearance of female GRP member Carla Ayala. As of November 5, the Ministry of Defense had not responded to requests to report the number of soldiers removed from its ranks due to alleged ties to gangs.

As of October 26, authorities reported alleged gang members had killed 22 police officers, three soldiers, and three prison guards.
Arrest Procedures and Treatment of Detainees

The constitution requires a written warrant of arrest except in cases where an individual is caught in the act of committing a crime. Authorities apprehended persons with warrants based on evidence and issued by a judge. Police generally informed detainees promptly of charges against them.

The law permits release on bail for detainees who are unlikely to flee or whose release would not impede the investigation of the case. The bail system functioned adequately in most cases. The courts generally enforced a ruling that interrogation without the presence of counsel is coercive and that evidence obtained in such a manner is inadmissible. As a result, PNC authorities typically delayed questioning until a public defender or an attorney arrived. The constitution permits the PNC to hold suspects for 72 hours before presenting them to court. The law allows up to six months for investigation of serious crimes before requiring either a trial or dismissal of the case which may be extended by an appeals court. Many cases continued beyond the legally prescribed period.

**Arbitrary Arrest:** As of October 23, the PDDH reported 31 complaints of arbitrary detention or illegal detention, compared with 86 from January to August 2017.

**Pretrial Detention:** Lengthy pretrial detention was a significant problem. As of October, 30 percent of the general prison population was in pretrial detention. Some persons remained in pretrial detention longer than the maximum legal sentences for their alleged crimes. In such circumstances detainees may request a Supreme Court review of their continued detention.

**e. Denial of Fair Public Trial**

Although the constitution provides for an independent judiciary, the government did not always respect judicial independence, and the judiciary was burdened by inefficiency and corruption.

While the government generally respected court orders, some agencies ignored or minimally complied with orders, or sought to influence ongoing investigations. When ordered by the Constitutional Court on June 19 to release military records related to the El Mozote killings and serious civil war crimes, the Ministry of Defense responded it had already done so while denying investigators access to archival facilities at military bases, citing national security concerns. As of July
31, the Legislative Assembly had not complied with a 2015 ruling that it issue regulations to clarify certain sections of the political parties law regarding campaign contributions.

In a February 26 press conference, Minister of Defense David Munguia Payes criticized the attorney general’s charges against three military officers after they were acquitted of obstruction of justice in a torture case. On February 27, UN Special Rapporteur on Extrajudicial, Summary, or Arbitrary Executions Agnes Callamard released a statement calling on Payes to respect the independence of the judiciary and reiterating her support for the attorney general. Media experts called Munguia’s stagecraft menacing and reminiscent of civil war-era propaganda employed by the military junta.

While implemented to expedite fair trials, virtual trials still involved delays of up to eight months, according to a July 22 newspaper report. Virtual trials often involved group hearings before a judge, with defendants unable to consult with their defense lawyers in real time. The penitentiary code reforms passed in August allow defense lawyers to attend a hearing without the defendant’s presence. Human rights groups questioned the constitutionality of the reform.

As of July 31, the PDDH received 31 complaints of lack of a fair, public trial.

Corruption in the judicial system contributed to a high level of impunity, undermining the rule of law and the public’s respect for the judiciary. As of August 31, the Supreme Court heard 57 cases against judges due to irregularities, 52 of which remained under review; removed two judges; suspended nine others; and brought formal charges against eight judges. Accusations against judges included collusion with criminal elements and sexual harassment.

In 2016, in response to a petition by victims, a judge issued an order to reopen the investigation into the 1981 El Mozote massacre, in which an estimated 800 persons were killed. The PDDH concluded that the Attorney General’s Office lacked initiative in investigating civil war crimes. The PDDH also cited the Attorney General Office’s lack of cooperation from the Ministry of Defense and the Office of the President (CAPRES). On August 16, a group of Argentine forensics specialists testified they recovered 282 pieces of evidence determined to be human remains, including 143 skulls, 136 of them belonging to children younger than 12 years old. They also recovered 245 bullet casings corresponding to the type used in automatic weapons used by the armed forces.
Women who were accused of intentionally terminating their pregnancies were charged with aggravated homicide, but a number asserted they had suffered miscarriages, stillbirths and other medical emergencies during childbirth. Legal experts pointed to serious flaws in the forensics collection and interpretation.

In December 2017 Teodora del Carmen Vasquez’ conviction on aggravated homicide charges was upheld by the same appeals judges who had earlier sentenced her to 30 years. The Supreme Court commuted her sentence on February 15, opining that the evidence and motive presented by the prosecution in the case was insufficient to support the charges.

During the first nine months of the year, the justice system released five women accused of aggravated homicide of their unborn or newborn children due to lack of evidence. Twenty-five other women remained in custody for infanticide.

**Trial Procedures**

The law provides for the right to a fair and public trial, and an independent judiciary generally enforced this right, although some trial court judges were subject to political and economic influence. By law juries hear only a narrow group of cases, such as environmental complaints. After the jury determines innocence or guilt, a panel of judges decides the sentence.

Defendants have the right to be present in court, question witnesses, and present witnesses and evidence. The constitution further provides for the presumption of innocence, the right to be informed promptly and in detail of charges, the right to a trial without undue delay, protection from self-incrimination, the right to communicate with an attorney of choice, the right to adequate time and facilities to prepare a defense, freedom from coercion, the right to appeal, and government-provided legal counsel for the indigent.

According to press reports, plea deals occurred in approximately 20 percent of cases, with the accused turning state’s witness in order to prosecute others. Legal experts pointed to an overreliance on witness testimony in nearly all cases, as opposed to the use of forensics or other scientific evidence. The justice system lacked DNA analysis and other forensics capability. In criminal cases a judge may allow a private plaintiff to participate in trial proceedings (calling and cross-examining witnesses, providing evidence, etc.), assisting the prosecuting attorney in the trial procedure. Defendants have the right to free assistance of an interpreter. Authorities did not always respect these legal rights and protections.
Although a jury’s verdict is final, a judge’s verdict is subject to appeal. Trials are public unless a judge seals a case.

**Political Prisoners and Detainees**

There were no reports of political prisoners or detainees.

**Civil Judicial Procedures and Remedies**

The law provides for access to the courts, enabling litigants to bring civil lawsuits seeking damages for, as well as cessation of, human rights violations. Domestic court orders generally were enforced. Most attorneys pursued criminal prosecution and later requested civil compensation.

On May 25, the Constitutional Chamber declared unconstitutional Article 49 of the Civil Service Law, ruling that it violated the double jeopardy prohibition because previously established facts were taken as an essential element for a more serious administrative sanction.

**f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence**

The constitution prohibits such actions; however, a January news report claimed the state intelligence service tracked several journalists and collected compromising information about their private lives. The newspaper submitted photographic and whistleblower evidence to support its claim.

In many neighborhoods armed groups and gangs targeted certain persons; and interfered with privacy, family, and home life. Efforts by authorities to remedy these situations were generally ineffective.

**Section 2. Respect for Civil Liberties, Including:**

**a. Freedom of Expression, Including for the Press**

The constitution provides for freedom of expression, including for the press, and the government generally respected this right. The law permits the executive branch to use the emergency broadcasting service to take over all broadcast and cable networks temporarily to televise political programming.
Press and Media Freedom: There continued to be allegations that the government retaliated against members of the press for criticizing its policies. There were reports the Ministry of Labor conducted arbitrary labor inspections and financial audits of news organizations.

Both the Nationalist Republican Alliance (ARENA) and Farabundo Marti Liberation Front (FMLN) parties steered funding, including public funds, to journalists in exchange for positive coverage. The online news outlet *El Faro* reported during the year that former president Antonio Saca funneled $665,000 (currency is the U.S. dollar) to media contacts in exchange for positive coverage from 2004 until 2009, while former president Mauricio Funes continued the practice of using a secret fund to corrupt journalists from 2009 through 2014.

Violence and Harassment: On May 22, the Salvadoran Journalist Association (APES) reported that former youth secretary Carlos Aleman threatened *El Faro* journalist Gabriel Labrador after he published a report that accused Aleman of benefiting from illegal salary increases during the Saca administration. APES also reported that journalist Milagro Vallecillos received a call asking him where he would like a body disposed after he criticized the police investigation into the killing of journalist Karla Turcios.

In relation to reporting on the March 4 municipal and legislative assembly elections, APES recorded 15 complaints against civil servants, mayors, unions, and gang members. The incidents included three verbal threats, two physical assaults, one property damage claim, and three suspicious incidents. On March 19, online news outlet *Diario 1* journalist Miguel Lemus was physically attacked by members of the San Salvador city employees’ union.

Minister of Defense Munguia reportedly visited media offices unannounced and accompanied by armed soldiers.

Censorship or Content Restrictions: Government advertising accounted for a significant portion of press advertising income. According to APES, media practiced self-censorship, especially in reporting on gangs and narcotics trafficking.

Nongovernmental Impact: APES noted journalists reporting on gangs and narcotics trafficking were subject to kidnapings, threats, and intimidation. Observers reported that gangs also charged print media companies to distribute in their communities, costing media outlets as much as 20 percent of their revenues.
Internet Freedom

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority.

The International Telecommunication Union reported 31 percent of the population used the internet in 2017.

Academic Freedom and Cultural Events

There were no government restrictions on academic freedom or cultural events.

b. Freedoms of Peaceful Assembly and Association

The constitution provides for the freedoms of peaceful assembly and association, and the government generally respected these rights.

c. Freedom of Religion

See the Department of State’s *International Religious Freedom Report* at [www.state.gov/religiousfreedomreport/](http://www.state.gov/religiousfreedomreport/).

d. Freedom of Movement

The constitution provides for freedom of internal movement, foreign travel, emigration, and repatriation. The government generally respected these rights, although in many areas the government could not guarantee freedom of movement due to criminal gang activity. As of July 31, the PDDH received two complaints of restrictions from freedom of movement, one against the PNC and the other against a court in Jiquilisco. Both cases involved subjects being detained without charge. The government cooperated with the Office of the UN High Commissioner for Refugees (UNHCR) and other humanitarian organizations in providing protection and some assistance to internally displaced persons, refugees, returning refugees, asylum seekers, stateless persons, and other persons of concern, although this was often difficult in gang-controlled neighborhoods.

In-country Movement: The major gangs controlled their own territory. Gang members did not allow persons living in another gang’s controlled area to enter
their territory, even when travelling via public transportation. Gangs forced persons to present government-issued identification cards (containing their addresses) to determine their residence. If gang members discovered that a person lived in a rival gang’s territory, that person risked being killed, beaten, or not allowed to enter the territory. Bus companies paid extortion fees to operate within gang territories, often paying numerous fees for the different areas in which they operated. The extortion costs were passed on to customers.

**Internally Displaced Persons (IDPs)**

On July 13, the Constitutional Chamber of the Supreme Court ruled that the government violated the constitution by not recognizing forced displacement or providing sufficient aid to IDPs. The ruling followed several lawsuits brought by victims, including members of the PNC. The court ordered the Legislative Assembly to pass legislation addressing internal displacement and officially recognize internal displacement. The court also called on the government to retake control of gang territories, develop protection protocols for victims, and uphold international standards for protecting victims.

As of July the PDDH reported 69 complaints of forced displacement from January to May. Nearly all of the complaints were from gang-controlled territories, with 51 cases from San Salvador. As of October the government acknowledged that 1.1 percent of the general population was internally displaced. UNHCR estimated there were 280,000 IDPs. UNHCR reported the causes of internal displacement included abuse, extortion, discrimination, and threats.

**Protection of Refugees**

Access to Asylum: The law provides for the granting of asylum or refugee status, including an established system for providing protection to refugees. As of July 31, four petitions had been submitted, with three resulting in denial and one still under consideration.

**Section 3. Freedom to Participate in the Political Process**

The constitution provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot and based on universal and equal suffrage.
**Elections and Political Participation**

**Recent Elections:** The most recent municipal and legislative elections occurred on March 4, with the final election results released by the Supreme Electoral Tribunal on March 20 and April 4, respectively. The election reports published by the Organization of American States and the EU electoral mission noted that the elections generally met international standards.

While the law prohibits public officials from campaigning in elections, this provision lacked consistent enforcement.

**Participation of Women and Minorities:** No laws limit participation of women or members of minorities in the political process, and they did participate.

**Section 4. Corruption and Lack of Transparency in Government**

The law provides criminal penalties for corruption by officials. While the Supreme Court investigated corruption in the executive and judicial branches, referring cases to the Attorney General’s Office for possible criminal indictment, impunity remained endemic, with courts issuing inconsistent rulings and failing to address secret discretionary accounts within the government, for example in CAPRES.

**Corruption:** On September 12, a judge sentenced former president Antonio Saca to 10 years in prison. He originally faced up to 30 years in prison before seeking a plea deal. As part of his plea agreement, Saca detailed how he used a network of public officials and advisers to launder money into his ARENA political party, banks, media outlets, publicity companies, fronts, and other activities. Saca testified that weak institutions such as the Court of Accounts were ineffectual in conducting audits, with transparency mechanisms failing to detect fraud. While Saca’s defense offered to return $15 million, the court found him fully liable and ordered him to repay $260 million and surrender his bank accounts and six companies managing 86 radio stations to the asset forfeiture program.

The attorney general investigated corruption pertaining to a discretionary fund within CAPRES in existence for more than 25 years and used by six presidents since 1989. It was originally created to provide resources for the national intelligence budget and CAPRES. The funds, totaling more than one billion dollars since its inception, had never been audited by the Court of Accounts. Both former presidents Saca and Funes were accused of embezzling more than $650 million from public funds. President Sanchez Ceren’s discretionary account was
reportedly $147 million, while former presidents Saca and Funes controlled $301 million and $351 million respectively.

On June 19, the Attorney General’s Office initiated an asset forfeiture claim against 24 properties owned by Funes, cabinet members, public officers, and his relatives. Properties included sugarcane plantations, beach houses, and homes.

As of July 31, the Ethics Tribunal reported it had received 190 complaints against 273 public officials. The tribunal sanctioned 20 public officials and forwarded six cases to the attorney general. The attorney general issued 28 arrest warrants on June 6, targeting individuals linked to more than $300 million allegedly embezzled by former president Funes from 2009 through 2014. Despite Constitutional Chamber restrictions on transferring funds without legislative approval, Funes allegedly had misdirected funding for personal gain since 2010. In July the attorney general accused Funes of using $215,000 in public funds to acquire 91 military-grade weapons through the Ministry of Defense for his personal use.

Financial Disclosure: The illicit enrichment law requires appointed and elected officials to declare their assets to the Probity Section of the Supreme Court. The law establishes fines for noncompliance that range from $11 to $571. The declarations were not available to the public unless requested by petition. In 2016 the Supreme Court established three criteria for selecting investigable cases: the age of the case (i.e., proximity to the statute of limitations), relevance of the position, and seriousness and notoriety of the alleged illicit enrichment.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A variety of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Although government officials generally were cooperative and responsive to these groups, officials expressed reluctance to discuss certain issues, such as extrajudicial killings and IDPs, with the PDDH.

Government Human Rights Bodies: The principal human rights investigative and monitoring body was the autonomous PDDH, whose head is nominated by the Legislative Assembly for a three-year term. The PDDH regularly issued advisory opinions, reports, and press releases on prominent human rights cases. The PDDH generally enjoyed government cooperation and was considered generally effective except on problems relating to criminal groups and gangs.
The PDDH maintained a constructive dialogue with CAPRES. The government publicly acknowledged receipt of reports, although in some cases it did not take action on recommendations, which are nonbinding. The PDDH faced threats, such as two robberies at its headquarters specifically targeting computers containing personally identifiable information.

Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape of men or women, and the criminal code’s definition of rape may apply to spousal rape, at the judge’s discretion. The law requires the Attorney General’s Office to prosecute rape cases whether or not the victim presses charges, and the law does not permit the victim to withdraw the criminal charge. The penalty for rape is generally imprisonment for six to 10 years. Laws against rape were not effectively enforced.

The law prohibits domestic violence and generally provides for sentences ranging from one to three years in prison, although some forms of domestic violence carry higher penalties. The law also permits restraining orders against offenders. Laws against domestic violence remained poorly enforced, and violence against women, including domestic violence, remained a widespread and serious problem. On July 31, the Salvadoran Organization of Women for Peace (ORMUSA) reported that in 2016 and 2017, only 5 percent of the 6,326 reported crimes against women went to trial. On July 4, police arrested a police commissioner for violating the terms of a restraining order protecting his spouse.

According to the World Health Organization, the rate of cases involving violence against women was 5,999 per 100,000 inhabitants and that 574 women were killed in 2015, 524 in 2016, and 469 in 2017.

Sexual Harassment: The law prohibits sexual harassment and provides imprisonment for five to eight years. Courts may impose fines in addition where the perpetrator maintains a position of trust or authority over the victim. The law mandates that employers take measures against sexual harassment and create and implement preventive programs. The government, however, did not enforce sexual harassment laws effectively.
On September 24, media reported the sole female member of an elite police unit was reassigned to a high threat precinct in retaliation for taking gender-discrimination claims to internal affairs inspectors. She said her uniforms were discarded, her sleeping quarters moved, and a colleague threatened to kill her.

**Coercion in Population Control:** There were no reports of coerced abortion or involuntary sterilization. (For more information on maternal mortality and availability of contraception, see Appendix C.)

**Discrimination:** The constitution grants women and men the same legal rights, but women did not enjoy equal pay or employment opportunities. The law establishes sentences of one to three years in prison for public officials who deny a person’s civil rights based on gender and six months to two years for employers who discriminate against women in the workplace, but employees generally did not report such violations due to fear of employer reprisals.

On September 16, a labor union reported that a justice of the peace in Las Vueltas Chalatenango refused to promote a female clerk because she preferred a man have the position.

**Children**

**Birth Registration:** Children derive citizenship by birth within the country and from their parents. The law requires parents to register a child within 15 days of birth or pay a $2.85 fine. Failure to register resulted in denial of school enrollment.

**Education:** Education is free, universal, compulsory through the ninth grade, and nominally free through high school. Rural areas, however, frequently did not provide required education to all eligible students due to a lack of resources and because rural parents often withdrew their children from school by the sixth grade, requiring them to work.

**Child Abuse:** Child abuse remained a serious and widespread problem. The law gives children the right to petition the government without parental consent. Penalties for breaking the law include the child being taken into protective custody and three to 26 years’ imprisonment, depending on the nature of the abuse.

On November 15, police arrested a woman in Juayua, Sonsonate, after she beat an 11-year-old child with a stick for losing a cell phone accessory. According to a
2016 National Health Survey, more than half of households punished their children physically and psychologically.

**Early and Forced Marriage:** The legal minimum age for marriage is 18. The law bans child marriage to prevent child abusers from using legal technicalities to avoid imprisonment by marrying their victims.

**Sexual Exploitation of Children:** Child sex trafficking is prohibited by law. Prison sentences for convicted traffickers stipulate imprisonment from six to 10 years. The minimum age for consensual sex is 18. The law classifies statutory rape as sexual relations with anyone younger than age 18 and includes penalties of four to 13 years’ imprisonment for violations.

The law prohibits paying anyone younger than age 18 for sexual services. The law prohibits participating in, facilitating, or purchasing materials containing child pornography and provides for prison sentences of up to 16 years for violations. Despite these provisions, sexual exploitation of children remained a problem.


**Anti-Semitism**

The Jewish community totaled approximately 150 persons. There were no reports of anti-Semitic acts.

**Trafficking in Persons**

See the Department of State’s *Trafficking in Persons Report* at [www.state.gov/j/tip/rls/tiprpt/](http://www.state.gov/j/tip/rls/tiprpt/).

**Persons with Disabilities**

The law prohibits discrimination against persons with physical, sensory, intellectual, and mental disabilities. The National Council for Comprehensive Attention to Persons with Disability (CONAIPD), composed of representatives from multiple government entities, is the governmental agency responsible for
protecting disability rights, but lacks enforcement power. According to CONAIPD, the government did not effectively enforce legal requirements for access to buildings, information, and communications for persons with disabilities. Few access ramps or provisions for the mobility of persons with disabilities existed.

According to CONAIPD, there is no mechanism to verify compliance with the law requiring businesses and nongovernment agencies to hire one person with disabilities for every 25 hires. CONAIPD reported employers frequently fired persons who acquired disabilities and would not consider persons with disabilities for work for which they qualified. Further, some academic institutions would not accept children with disabilities.

No formal system existed for filing a discrimination complaint involving a disability with the government.

**Indigenous People**

Indigenous communities reported they faced racial discrimination and economic disadvantage. According to community leaders, gangs pushed out of urban centers by police mounted incursions and appropriated indigenous land. They also reported gang members threatened their children for crossing gang territorial lines artificially drawn across ancestral indigenous land, forcing some children to drop out of school or leave home.

According to the 2007 census, the most recent for which this data was available, there were 60 indigenous groups, and 0.4 percent of citizens identified as indigenous, mainly from the Nahua-Pipl, Lencas, Cacaopera (Kakwira) and Maya Chorti groups. A 2014 constitutional amendment recognizes the rights of indigenous people to maintain their cultural and ethnic identity, but no laws provide indigenous people rights to share in revenue from exploitation of natural resources on historically indigenous lands. The government did not demarcate any lands as belonging to indigenous communities. Because few possessed title to land, opportunities for bank loans and other forms of credit remained limited.

While the law provides for the preservation of languages and archeological sites, it does not include the right to be consulted regarding development and other projects envisioned on their land.
Acts of Violence, Discrimination, and Other Societal Abuses Based on Sexual Orientation and Gender Identity

The law prohibits discrimination based on sexual orientation or gender identity, which also applies to discrimination in housing, employment, nationality, and access to government services. Gender identity and sexual orientation are included in the criminal code provisions covering hate crimes, along with race and political affiliation. NGOs reported that public officials, including police, engaged in violence and discrimination against sexual minorities. Persons from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community stated that the PNC, and the Attorney General’s Office harassed transgender and gay individuals when they reported cases of violence against LGBTI persons, including by conducting strip searches.

As of July 31, the PDDH reported eight accusations made by the LGBTI community of five homicides, one unauthorized search, and one harassment complaint. The PDDH was unable to determine whether the incidents were bias-motivated. Activists also reported receiving death threats via social media; police generally failed to take action on these reports.

On April 16, the Ministry of Security and Justice led a formal signing ceremony for the Institutional Policy for the Protection of the LGBTI Community. A product of two years of roundtable dialogues, the policy instructs the security and migration sectors of government to consult with the Office of Secretariat for Social Inclusion to ensure LGBTI persons are treated in accordance with international standards in their interactions with the state. In November 2017 the Supreme Electoral Tribunal announced guidelines stating individuals cannot be denied the right to vote because the photograph on their identification card does not match their physical appearance.

HIV and AIDS Social Stigma

Although the law prohibits discrimination on the basis of HIV/AIDS status, Entre Amigos, an LGBTI NGO, reported discrimination due to HIV was widespread. As of July 31, the PDDH reported four cases of discrimination against persons with HIV or AIDS. This included use of pejorative language against an inmate by a prosecutor, denial of university access, lack of medical confidentiality in the prison system of an HIV-positive diagnosis and discriminatory treatment from other inmates, and discrimination by public-health caregivers to a child and her mother.
Section 7. Worker Rights

a. Freedom of Association and the Right to Collective Bargaining

The law provides the right of most workers to form and join independent unions, to strike, and to bargain collectively. The law also prohibits antiunion discrimination, although it does not require reinstatement of workers fired for union activity. Military personnel, national police, judges, and high-level public officers may not form or join unions. Workers who are representatives of the employer or in “positions of trust” also may not serve on the union’s board of directors. The law does not define the term “positions of trust.” The labor code does not cover public-sector workers and municipal workers, whose wages and terms of employment are regulated by the 1961 civil service law.

Unions must meet complex requirements to register, including having a minimum membership of 35. If the Ministry of Labor denies registration, the law prohibits any attempt to organize for up to six months following the denial. Collective bargaining is obligatory only if the union represents the majority of workers. Labor unions accused the ministry of trying to block the registration of unions not aligned with the government’s party. Consequently, unions were unable to vote for membership in tripartite bodies, consisting of members of government, labor, and business.

The law contains cumbersome and complex procedures for conducting a legal strike. The law does not recognize the right to strike for public and municipal employees or for workers in essential services. The law does not specify which services meet this definition, and courts therefore apply this provision on a case-by-case basis. The law requires that 30 percent of all workers in an enterprise must support a strike for it to be legal and that 51 percent must support the strike before all workers are bound by the decision to strike. Unions may strike only to obtain or modify a collective bargaining agreement or to protect the common professional interests of the workers. They must also engage in negotiation, mediation, and arbitration processes before striking, although many groups often skipped or went through these steps quickly. The law prohibits workers from appealing a government decision declaring a strike illegal.

In lieu of requiring employers to reinstate illegally dismissed workers, the law requires employers to pay the workers the equivalent of 30 days of their basic salary for each year of service. The law specifies 30 reasons for which an employer can terminate a worker’s contract without triggering any additional
responsibilities, including consistent negligence, leaking private company information, or committing immoral acts while on duty. An employer may also legally suspend workers, including for reasons of economic downturn or market conditions. As of July the Ministry of Labor had received 1,778 complaints of violations of the labor code, including 565 instances of failure to pay the minimum wage.

The government did not effectively enforce the laws on freedom of association and the right to collective bargaining. Resources to conduct inspections remained inadequate, and remedies remained ineffective. Penalties for employers who fire workers with the goal or effect of ensuring the union no longer met the minimum number of members ranged from 10 to 50 times the monthly minimum salary. These were paid to the government’s general fund, not to the fired employee. The penalty for employers who interfere with the right to strike was between $3,000 and $15,000. Such penalties remained insufficient to deter violations. The Ministry of Labor acknowledged it lacked sufficient resources, such as vehicles, fuel, and computers, to enforce the law fully. Judicial procedures were subject to lengthy delays and appeals. According to union representatives, the government inconsistently enforced labor rights for public workers, maquila/textile workers, food manufacturing workers, subcontracted workers in the construction industry, security guards, informal-sector workers, and migrant workers. As of July the ministry had received 15 claims of violations for labor discrimination.

On November 10, a court ordered a mayor in Conchagua to cease age discrimination of a group female employees. The employees filed a complaint with the Ministry of Labor that they were subjected to harassment by the mayor and his subordinates because of their age and his desire to replace them.

Unions functioned independently from the government and political parties, although many generally were aligned with the ARENA, FMLN, or other political parties. According to union leaders, the administration blacklisted public-sector employees who they believed were close with the opposition. Workers at times engaged in strikes regardless of whether the strikes met legal requirements. The International Labor Organization (ILO) Conference Committee on the Application of Standards discussed the country for the fourth year in a row over the nonfunctioning of the tripartite Higher Labor Council.

b. Prohibition of Forced or Compulsory Labor
The law prohibits all forms of forced or compulsory labor. The government generally did not effectively enforce such laws. The labor code’s default fine of $57 per violation applied. This penalty was generally not sufficient to deter violations. The lack of sufficient resources for inspectors reduced their ability to enforce the law fully. The Ministry of Labor did not report on incidents of forced labor. Gangs subjected children to forced labor in illicit activities, including selling or transporting drugs (see section 7.c.).

Also see the Department of State’s *Trafficking in Persons Report* at [www.state.gov/j/tip/rls/tiprpt/](http://www.state.gov/j/tip/rls/tiprpt/).

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits the employment of children younger than age 14. The law allows children between the ages of 14 and 18 to engage in light work if the work does not damage the child’s health or development or interfere with compulsory education. The law prohibits children younger than age 16 from working more than six hours per day and 34 hours per week; those younger than age 18 are prohibited from working at night or in occupations considered hazardous. The Ministry of Labor maintained a list of the types of work considered hazardous and prohibited for children, to include repairing heavy machinery, mining, handling weapons, fishing and harvesting mollusks, and working at heights above five feet while doing construction, erecting antennas, or working on billboards. Children age 16 and older may engage in light work on coffee and sugar plantations and in the fishing industry so long as it does not harm their health or interfere with their education.

The Ministry of Labor maintains responsibility for enforcing child labor laws but did so with limited effectiveness. Child labor remained a serious and widespread problem. The law specifies a default fine of no more than $60 for each violation of most labor laws, including child labor laws; such penalties were insufficient to act as a deterrent. Labor inspectors focused almost exclusively on the formal sector. According to the ministry, from January 2017 through May, officials conducted 1,440 child labor inspections that discovered 18 minors, five of whom were unauthorized to work. By comparison, as of September 2017, according to the ministry, there were 140,700 children and adolescents working, of whom 91,257 were employed in “dangerous work” in the informal sector. No information on any investigations or prosecutions by the government was available. The ministry did not effectively enforce child labor laws in the informal sector.
There were reports of children younger than age 16 engaging in the worst forms of child labor, including in coffee cultivation, fishing, shellfish collection, and fireworks production. Children were subjected to other worst forms of child labor, including commercial sexual exploitation (see section 6, Children) and recruitment into illegal gangs to perform illicit activities related to the arms and drug trades, including committing homicide. Children were engaged in child labor, including domestic work, the production of cereal grains and baked goods, cattle raising, and vending. Orphans and children from poor families frequently worked as street vendors and general laborers in small businesses despite the presence of law enforcement officials.

Also see the Department of Labor’s *Findings on the Worst Forms of Child Labor* at [www.dol.gov/ilab/reports/child-labor/findings/](http://www.dol.gov/ilab/reports/child-labor/findings/).

d. Discrimination with Respect to Employment and Occupation

The constitution, labor laws, and state regulations prohibit discrimination regarding race, color, sex, religion, political opinion, national extraction (except in cases determined to protect local workers), social origin, gender, disability, language, or HIV-positive status. The government did not effectively enforce those laws and regulations. Sexual orientation and gender identity are not included in the constitution or labor law, although the PDDH and the Ministry of Labor actively sought to protect workers against discrimination on those grounds.

Discrimination in employment and occupation occurred with respect to gender, disability, and sexual orientation or gender identity (see sections 6 and 7.e.). According to the Ministry of Labor, migrant workers have the same rights as citizens, but the ministry did not enforce them.

On January 30, the Legislative Assembly reformed the labor code, prohibiting discriminatory practices and violence against women in the workplace. Further, on June 26, the Legislative Assembly reformed the labor code, civil service law, and the Vacations and Permits Law for Public Employees, prohibiting the dismissal of women returning from maternity leave for up to six months.

e. Acceptable Conditions of Work

There is no national minimum wage; the minimum wage is determined by sector. In January a major minimum wage increase went into effect that included increases of nearly 40 percent for apparel assembly workers and more than 100 percent for
workers in coffee and sugar harvesting. After the increase the minimum daily wage was $10 for retail, service, and industrial employees; $9.84 for apparel assembly workers; and $3.94 for agricultural workers. The government reported the poverty income level was $179.67 per month in urban areas and $126.97 per month in rural areas.

The law sets a maximum normal workweek of 44 hours, limited to no more than six days and to no more than eight hours per day, but allows overtime, which is to be paid at a rate of double the usual hourly wage. The law mandates that full-time employees receive pay for an eight-hour day of rest in addition to the 44-hour normal workweek. The law provides that employers must pay double-time for work on designated annual holidays, a Christmas bonus based on the time of service of the employee, and 15 days of paid annual leave. The law prohibits compulsory overtime. The law states that domestic employees, such as maids and gardeners, are obligated to work on holidays if their employer makes this request, but they are entitled to double pay in these instances. The government did not adequately enforce these laws.

The Ministry of Labor is responsible for setting workplace safety standards, and the law establishes a tripartite committee to review the standards. The law requires employers to take steps to meet health and safety requirements in the workplace, including providing proper equipment and training and a violence-free environment. Employers who violate most labor laws could receive a default fine of no more than $57 for each violation. While the laws were appropriate for the main industries, a lack of compliance inspectors led to poor enforcement. These penalties were also insufficient to deter violations, and some companies reportedly found it more cost effective to pay the fines than to comply with the law. The law promotes occupational safety awareness, training, and worker participation in occupational health and safety matters.

The Ministry of Labor is responsible for enforcing the law. The government proved more effective in enforcing the minimum wage law in the formal sector than in the informal sector. Unions reported the ministry failed to enforce the law for subcontracted workers hired for public reconstruction contracts. The government provided its inspectors updated training in both occupational safety and labor standards. As of June the ministry conducted 13,315 inspections, in addition to 3,857 inspections to follow up with prior investigations, and had levied $777,000 in fines against businesses.
Allegations of corruption among labor inspectors continued. The Labor Ministry received complaints regarding failure to pay overtime, minimum wage violations, unpaid salaries, and cases of employers illegally withholding benefits (including social security and pension funds) from workers.

Reports of overtime and wage violations existed in several sectors. According to the Labor Ministry, employers in the agriculture sector did not generally grant annual bonuses, vacation days, or days of rest. Women in domestic service and the industrial manufacturing for export industry, particularly in the export-processing zones, faced exploitation, mistreatment, verbal abuse, threats, sexual harassment, and generally poor work conditions. Workers in the construction industry and domestic service reportedly fell subject to violations of wage, hour, and safety laws. According to ORMUSA, apparel companies violated women’s rights through occupational health violations and unpaid overtime. There were reports of occupational safety and health violations in other sectors, including reports that a very large percentage of buildings were out of compliance with safety standards set by the General Law on Risk Protection. The government proved ineffective in pursuing such violations.

In some cases the country’s high crime rate negatively affected acceptable conditions of work as well as workers’ psychological and physical health. Some workers, such as bus drivers, bill collectors, messengers, and teachers in high-risk areas, reported being subject to extortion and death threats.

As of July the Ministry of Labor reported 5,199 workplace accidents. These included 2,609 accidents in the services sector, 1,859 in the industrial sector, 620 in the commercial sector, and 111 in the agricultural sector. The ministry did not report any deaths from workplace-related accidents.

Workers may legally remove themselves from situations that endanger health or safety without jeopardy to their employment, but authorities lacked the ability to protect employees in this situation effectively.
TAB 3
EL SALVADOR 2017 HUMAN RIGHTS REPORT

EXECUTIVE SUMMARY

El Salvador is a constitutional multiparty republic. Municipal and legislative elections held in 2015 were generally free and fair, although results were delayed due to slow transmission, tabulation, and vote count dissemination. Free and fair presidential elections took place in 2014.

Civilian authorities failed at times to maintain effective control over security forces.

The most significant human rights issues included alleged unlawful killings of suspected gang members and others by security forces; forced disappearances by military personnel, which the government prosecuted; torture by security forces; harsh and life-threatening prison conditions; arbitrary arrest and detention; lack of government respect for judicial impartiality and independence; widespread government corruption; gang-member violence against women and girls as well as lesbian, gay, bisexual, transgender, and intersex individuals; and children engaged in the worst forms of child labor.

Impunity persisted despite government steps to dismiss and prosecute some officials in the security forces, the executive branch, and the justice system who committed abuses.

Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

During the year there were no verified reports that the government or its agents committed politically motivated killings. There were reports, however, of security force involvement in unlawful killings. As of August 31, the Office of the Human Rights Ombudsman (PDDH) announced that it was investigating 13 complaints against police and four against the armed forces for unlawful killings. As of September 7, the PDDH announced it had received at least 20 complaints of alleged unlawful killings committed by 40 security or military officials. According to the National Civil Police (PNC), as of October 6, state security forces killed 337 gang members during armed confrontations, compared with 603 in 2016. As of September 30, gang members had killed two police officers and one soldier during
armed confrontations and another 37 police and 25 members of the military in targeted assassinations. As of August, the Internal Affairs Unit of the PNC reported that 38 PNC officers faced charges of homicide: 17 for aggravated homicide, one for femicide, 17 for homicide, and three for attempted homicide.

On August 29, the Attorney General’s Office confirmed it was investigating four Special Reaction Force (FES) police officers who were arrested on August 24 following the August 22 publication by Factum magazine of allegations that FES officers were involved in the unlawful killing of three persons, two sexual assaults, and at least one act of extortion. On August 25, the officers were released because the 72-hour holding period had expired. They were put on administrative leave but returned to active duty on September 12.

On September 11, the PNC confirmed the arrest of nine police officers charged with aggravated homicide and concealment stemming from the alleged cover-up of the killing of five persons in Villas de Zaragoza in February 2016. Three of the accused were members of the Police Reaction Group (GRP), and police claimed at the time of the events that the deaths were justified homicides. As of October 13, five of the accused remained in custody, and one sub inspector was released on bail and was awaiting trial. On July 14, the Attorney General’s Office reported that it conducted a re-enactment of the shooting in conjunction with the PNC’s Internal Affairs Unit. Laboratory results were pending.

On September 22, five police officers were acquitted of aggravated homicide charges in the 2015 killing of a man at a farm in San Blas, San Jose Villanueva. The judge ruled that the prosecutors failed to prove which of the five officers was specifically responsible for firing the fatal shot and likewise failed to prove conspiracy. The presiding judge redacted the names of the accused, but on August 30, the Attorney General’s Office confirmed that all were members of the elite GRP. The acquittal took place a day after the son-in-law of the primary witness in the case was killed, which led the attorney general to offer to relocate the family, but the Witness Protection Program could provide the services only to four of the 12 family members. As of October, a police investigation by the PNC Internal Affairs Unit continued.

On August 15, the Attorney General’s Office reported that it was awaiting laboratory results on ballistics from weapons used by soldiers in the 2015 Los Pajales case, which involved the close-range killing of four unarmed gang members.
On July 14, the Attorney General’s Office reported that the Internal Affairs Unit was investigating the 2015 killing of four alleged gang members at the La Paz Farm in Cojutepeque, Cuscatlan. On October 11, the PNC submitted their findings to the Attorney General’s Office for evaluation.

On June 20, as a result of a two-year criminal investigation, four police officers, 10 soldiers, and two former members of the military were arrested for their participation in at least eight homicides as part of an alleged extermination group operating in San Miguel. The group was purportedly responsible for murder-for-hire and targeted killings of alleged gang members in San Miguel and was composed of civilians, some of whom were alleged rival gang members, and retired and active members of the military and police. The June detentions followed the arrest of five police officers and five civilians for their participation in the San Miguel extermination group in 2016. Funding for the extermination group reportedly came from citizens living abroad. As of October 13, a preliminary evidentiary hearing was pending.

As of October the Office of the Inspector General of the Ministry of Public Security and Justice had received five complaints of extrajudicial killings against police. On July 26, the Public Opinion Institute of the University of Central America (IUDOP) reported that, while six of 10 citizens believed that authorities should respect rule of law, 40 percent approved of the use of torture for dealing with gang members, 35 percent approved of extrajudicial executions, and 17 percent approved of social cleansing.

b. Disappearance

There were reports alleging that members of the armed forces have been involved in unlawful disappearances. In July 2016 the Constitutional Chamber of the Supreme Court and the criminal court in the municipality of Armenia, in the department of Sonsonate, ruled there was sufficient evidence to proceed with the case in which three men went missing after six soldiers arrested them in 2014 in Armenia. In November 2016, the trial chamber acquitted the defendants due to a lack of evidence that the accused forced or restrained the victims. Immediately after the acquittal, the PDDH began an investigation into the acquittal. On January 16, following an appeal by the NGOs Legal Studies Foundation and the Salvadoran Association for Human Rights, the Constitutional Chamber of the Supreme Court held that the Armenia case amounted to forced disappearance, and the PNC’s Central Investigations Division took ownership of the case. On April 20, following pressure from civil society, the Attorney General’s Office reopened the
case against the six soldiers. On May 15, the Sonsonate trial court convicted five soldiers of forced disappearance and sentenced them to eight years’ imprisonment. Defense attorneys for the convicted soldiers filed an appeal with the Appellate Court for the Western District. On August 15, the Supreme Court ordered the military to provide its report on the civilian deaths to the Attorney General’s Office, but as of October 30, it had not been sent.

On September 27, President Sanchez Ceren launched the National Commission for the Search of Adults Disappeared in the Context of the Armed Conflict to find persons who were disappeared during the civil war and reunite them with their families or return their remains. The commission is to be headed by three commissioners and housed in the Ministry of Foreign Affairs. Two of the commissioners are to be appointed by civil society and one by the president. The commission’s budget will not fall under the budget of the Ministry of Foreign Affairs, and it has not been earmarked from another part of the national budget. The ministry estimated that for its first year, the commission requires a budget of $250,000, which the commissioners will be responsible for raising.

As of August 30, the nongovernmental organization (NGO) Association for the Search for Missing Children (Pro-Busqueda) received 10 new complaints regarding children who disappeared during the 1980-92 civil war. Pro-Busqueda also reported that it was investigating 979 open cases, had solved 435 cases, and determined that, in 17 percent of solved cases, the child had died. According to Pro-Busqueda, between 20,000 to 30,000 children were adopted during the civil war, many of whom were forcibly disappeared.

As of August, according to the Office of the Inspector General of the Ministry of Public Security and Justice, one complaint of forced disappearance was filed against the PNC. As of September 7, the attorney general had opened investigations into 12 instances of forced disappearance during the 1980-92 civil war.

**c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment**

The law prohibits such practices, but there were multiple reports of violations. The PDDH received 29 complaints of torture or cruel, inhuman, or degrading treatment by the PNC, the armed forces, and other public officials. The PNC reported that, as of August, some 20 complaints had been filed against police officials for torture or cruel, inhuman, or degrading treatment. As of October the Ministry of Public

NGOs reported that public officials, including police, engaged in violence and discrimination against sexual minorities. Persons from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community stated that the agencies in charge of processing identification documents, the PNC, and the Attorney General’s Office harassed transgender and gay individuals when they applied for identification cards or reported cases of violence against LGBTI persons. The LGBTI community reported authorities harassed LGBTI persons by conducting strip searches and questioning their gender in a degrading manner. The government responded to these claims primarily through a PDDH report on hate crimes against the LGBTI community that publicized cases of violence and discrimination against sexual minorities and specifically mentioned three killings of transgender women in February, although their murders were tied to gang activity.

**Prison and Detention Center Conditions**

Prison and detention center conditions remained harsh and life threatening due to gross overcrowding, unhygienic conditions, and gang activities.

**Physical Conditions:** Overcrowding remained a serious threat to prisoners’ health and lives. As of June 30, the think tank Salvadoran Foundation for Economic and Social Development (FUSADES) reported 38,386 inmates were being held in facilities designed for 11,478 inmates. This is an increase in capacity from 9,732 inmates in 2016.

As of September 21, the prison population included 25,849 convicted inmates and 12,851 inmates in pretrial detention. Convicted inmates and pretrial detainees were sometimes held in the same prisons and cells. The Salvadoran Institute for Child Development (ISNA) also reported that, as of July, there were 1,155 convicted juveniles incarcerated in its facilities, 211 of whom were awaiting trial. Among those in ISNA facilities, 320 were incarcerated on homicide charges, 254 on extortion charges, 156 on drug-related charges, and 143 were incarcerated for belonging to a criminal association or gang. The ISNA reported that 4 percent of minors spent more than 72 hours in initial detention. As of July the ISNA reported that two adolescents had been killed in juvenile detention facilities, allegedly by fellow gang members.
In many facilities, provisions for sanitation, potable water, ventilation, temperature control, medical care, and lighting were inadequate. On July 3, the PDDH published a report on the so-called extraordinary measures implemented in prisons since April 2016, some of which allegedly led to abuse of the right to life and the right to health of inmates. The extraordinary measures affected 14,213 inmates housed in seven prisons: Izalco, Izalcon III, Quezaltepeque, Chalatenango, Ciudad Barrios, Gotera, and Zacatecoluca penitentiaries. These measures included preventing communication between inmate gang leaders and members outside of prison, suspending all private communication and contact with inmates’ families, limiting inmates’ access to lawyers, and detaining and isolating known gang leaders in higher security prisons. Inmates were also potentially restricted to their overcrowded prison cells for most hours of the day, allowing diseases to spread more easily. The PDDH report highlighted that tuberculosis cases increased by 400 percent in the prisons system after the implementation of the extraordinary measures. The Prisons Directorate reported that, as of August, there were 892 prisoners infected with tuberculosis, and 19 had died of the disease. The PDDH mediated 2,000 cases related to prison conditions and noted that in 2016 a total of 47 inmates died, some of them due to unspecified reasons.

On August 22, Vice Minister of Health Julio Robles Ticas announced the creation of an interinstitutional committee for combating infectious and contagious diseases inside prisons and police detention cells. This followed an August 18 statement by Security Minister Mauricio Ramirez Landaverde that there were tuberculosis outbreaks at the Izalco, La Esperanza (known as Mariona), Sonsonate, and San Vicente prisons, mostly due to overcrowding. In September the PNC reported that due to prison overcrowding, there were 5,527 detainees in small detention centers at police stations, which had a combined capacity of 2,102 persons. In pretrial detention, there was no separation of sick and healthy detainees. In May 2016 the Constitutional Chamber of the Supreme Court declared unconstitutional the systematic violation of basic human rights by prison overcrowding, citing the government for violating prisoners’ right to health, and ordered periodic visits by the Ministry of Health. The court ordered prison authorities to build new prisons and to remodel others to shelter inmates humanely and the judicial system to review the inmate rosters with the aim of reducing the number of prisoners.

Gang presence in prisons remained high. As of September 21, detention center facilities held 17,614 inmates who were current or former gang members, approximately 46 percent of the total prison population. Despite the extraordinary measures, prisoners conducted criminal activities from their cells, at times with the complicity of prison guards and officials. Smuggling of weapons, drugs, and other
contraband such as cell phones and cell phone SIM cards was a major problem in the prisons.

On May 29, Prisons Director Rodil Hernandez was arrested for the alleged mismanagement of two million dollars during the 2012-13 gang truce. Hernandez allegedly used funds from prison commissary shops to fund bonuses, overtime, and vacations; give loans to prison employees; and pay the salary of gang-truce mediator Raul Mijango, which was supposed to come from the Ministry of Defense. On August 29, Hernandez, among others, was acquitted on the grounds that the prosecution failed to prove individual responsibility for the alleged crimes. On October 5, the attorney general appealed.

As of September 21, prison authorities removed 11 guards from duty for carrying illegal objects. The Prisons Directorate reported that no data was collected on the exact number of guards sanctioned over the year for misconduct or complaints regarding human rights violations. As of August, the PDDH had received three complaints of human rights violations by prison personnel.

There was no information available regarding abuse of persons with disabilities in prisons, although the government’s National Council for Comprehensive Attention to Persons with Disabilities (CONAIPD) previously reported isolated incidents, including sexual abuse.

Administration: The PDDH has authority to investigate credible allegations of inhuman conditions. The Constitutional Chamber of the Supreme Court has authority over the protection of constitutional rights. Under the extraordinary measures implemented in April 2016 and renewed in February until April 2018, inmates in the affected prisons were under restrictive conditions and could not receive visitors, including religious observance visitors such as priests.

Independent Monitoring: The government permitted visits by independent human rights observers, NGOs, and the media, except to those prisons covered by the extraordinary measures. The PDDH continued to monitor all prisons. Church groups, the Institute for Human Rights at the University of Central America, LGBTI activists, and other groups visited prisons during the year. After the implementation of the extraordinary measures, which restricted monitoring of the prisons subject to the measures, the International Committee for the Red Cross suspended all prison visits until visitation was restored in the prisons subject to the extraordinary measures.
**Improvements:** In February prison Izalco II opened with the aim of relieving overcrowding in the prisons covered under the extraordinary measures. As of August a total of 2,017 inmates were housed in the new facility after being transferred from other prisons. On October 4, a new detention facility in Zacatecoluca was inaugurated with a capacity of 1,008 minimum-security general population inmates. On November 27, the new La Esperanza Detention Center opened in Ayutuxtepeque, in the department of San Salvador, housing 275 inmates with short prison terms transferred from other prisons. According to the Prisons Directorate, the facility was built to house 3,000 minimum security prisoners.

d. **Arbitrary Arrest or Detention**

Although the constitution prohibits arbitrary arrest and detention, there were numerous complaints that the PNC and military forces arbitrarily arrested and detained persons. As of August the PDDH had received 86 complaints of arbitrary detention by police, the military, or other government officials. NGOs reported that the PNC arbitrarily arrested and detained groups of persons on suspicion of gang affiliation. According to these NGOs, the accused were ostracized by their communities upon their return.

The law provides for the right of any person to challenge the lawfulness of his/her arrest or detention in court, and the government generally observed this provision.

**Role of the Police and Security Apparatus**

The PNC, overseen by the Ministry of Justice and Public Security, is responsible for maintaining public security, and the Ministry of Defense is responsible for maintaining national security. Although the constitution separates public security and military functions, it allows the president to use the armed forces “in exceptional circumstances” to maintain internal peace and public security “when all other measures have been exhausted.” In 2016 President Sanchez Ceren renewed the decree authorizing military involvement in police duties through the end of the 2017, a presidential order that has been in place since 1996.

The three quick-reaction military battalions created in 2015 to support PNC operations, and whose troops have arrest and detention authority, continued to operate. The military is responsible for securing international borders and conducting joint patrols with the PNC. On September 18, the government launched the Volcano Task Force, intended to temporarily expand the military’s presence in San Salvador by transferring 320 members of the armed forces already
assigned to support police functions to the capital city’s police precinct and installing military lookouts in multiple points throughout the city. Military vehicles, including tanks, were deployed throughout residential areas around San Salvador. There was an increase in security checkpoints and random searches of public buses.

There were reports of impunity involving the security forces during the year. Inadequate training, failure to implement the administrative police career law, arbitrary promotions, insufficient government funding, failure to enforce evidentiary rules effectively, and instances of corruption and other crimes limited the PNC’s effectiveness. The PDDH is authorized to investigate (but not prosecute) human rights abuses and refers all cases involving human rights abuses to the Attorney General’s Office.

On July 3, a PDDH report stated that the number of complaints against police and soldiers increased during the months of April and May 2016, immediately following the implementation of the extraordinary measures. Most of these allegations were for extralegal executions, threats, mistreatment, torture, illegal detention, and intimidation. According to the NGO Passionist Social Service Observatory (SSPAS), a Catholic organization that operates primarily as a human rights observer, the number of police and military personnel accused of homicide increased from 49 police officers and 10 soldiers in 2014 to 357 police officers and 72 military personnel in 2016. The IUDOP characterized the homicide events as police negligence. On July 26, the IUDOP reported that 88 percent of citizens did not report direct abuse by police officers. Reports of abuse and police misconduct were more often from residents of the metropolitan area of San Salvador and mostly from men and young persons. The attorney general reported that the number of police officers accused of homicide had increased over the previous three years. Between 2014 and 2016, more than 500 police officers were charged with homicide.

As of October, the Office of the Inspector General received 29 complaints of cruel, inhuman, or degrading treatment--199 for physical abuse, 100 for illegal searches, 11 for violence against women (including rape and sexual abuse), and five for extrajudicial killing. The Inspector General’s Office referred 18 of the cases to the Attorney General’s Office for possible criminal charges and nine to the Internal Affairs Unit of the PNC.

On August 31, the PDDH released its annual findings on the status of human rights, which stated that it received 363 complaints of human rights violations by
public officials, 331 of which were reportedly committed by the PNC and the military.

In response to an alleged rise in extrajudicial killings, in 2016 the PNC launched a newly organized internal investigative office, the Secretariat for Professional Responsibility. The body was composed of an Internal Affairs Unit to investigate criminal complaints against police officers, a Disciplinary Unit to investigate administrative violations, and a Control Unit to enforce internal affairs procedures and support investigations as required.

As of September 11, according to PNC director Howard Cotto, 559 members of the PNC had been arrested for crimes including membership in extermination groups. As of October, the Office of the Inspector General of the Ministry of Public Security and Justice reported that the disciplinary board had sanctioned 753 police officers, 136 of whom were dismissed. On May 5, the Minister of Defense reported that between 2010 and 2017, the army removed 660 soldiers from its ranks due to alleged ties to gang members.

The Inspector General and the Ministry of Defense Human Rights Office reported that most PNC officers, police academy cadets, and all military personnel had received human rights awareness training, including training by the Salvadoran Institute for the Development of Women, the Human Rights Institute of the University of Central America, and the Inter-American Institute of Human Rights.

Police officers, soldiers, and their families faced security threats as targets of gang homicides and kidnappings. As of October 30, a total of 39 police officers, 37 of whom were off duty, and 26 soldiers had been killed. Prisons Director Marco Tulio Lima announced that, as of October 12, three prison guards had been killed. An increased perception of danger to the police coincided with increased public support for police officers. According to a September Prensa Grafica poll, 56 percent of citizens had a positive opinion of the PNC. In February the IUDOP reported that support for the police had increased over the previous year, with 63 percent of the public agreeing that police were more effective compared with the previous year.

**Arrest Procedures and Treatment of Detainees**

The constitution requires a written warrant of arrest except in cases where an individual is caught in the act of committing a crime. Authorities apprehended
persons with warrants based on evidence and issued by a duly authorized official. Police generally informed detainees promptly of charges against them.

The law permits release on bail for detainees who are unlikely to flee or whose release would not impede the investigation of the case. The bail system functioned adequately in most cases. The courts generally enforced a ruling that interrogation without the presence of counsel is coercive and that evidence obtained in such a manner is inadmissible. As a result, PNC authorities typically delayed questioning until a public defender or an attorney arrived. Detainees normally had access to counsel of their choice or to an attorney provided by the state. The constitution permits the PNC to hold suspects for 72 hours before presenting them to court, after which the judge may order detention for an additional 72 hours to determine if an investigation is warranted. The law allows up to six months for investigation of serious crimes before requiring either a trial or dismissal of the case. In exceptionally complicated cases, the prosecutor may ask an appeals court to extend the deadline for three or six months, depending on the seriousness of the crime. Many cases continued beyond the legally prescribed period.

**Arbitrary Arrest:** As of August 31, the PDDH reported 86 complaints of arbitrary detention or illegal detention during the year, compared with 62 in all of 2016.

**Pretrial Detention:** Lengthy pretrial detention was a significant problem. As of June 30, 33 percent of the general prison population was in pretrial detention. Lengthy legal procedures, large numbers of detainees, judicial inefficiency, corruption, and staff shortages caused trial delays. Because it could take several years for a case to come to trial, some persons remained in pretrial detention longer than the maximum legal sentences for their alleged crimes. In such circumstances, detainees may request a Supreme Court review of their continued detention.

On January 9, two police officers detained Daniel Aleman for carrying one pound of marijuana. None of the 30 witnesses to the arrest saw the marijuana, and his defense attorney noted that the arrest was based solely on the accusations of the two police officers. On March 16, the PDDH determined that the police illegally detained Aleman by fraudulently placing illegal drugs on him in order to file charges against him. On May 16, the Ilopango Court of Instruction voided the drugs case against Aleman. He remained under investigation in a separate extortion case.

**e. Denial of Fair Public Trial**
Although the constitution provides for an independent judiciary, the government did not respect judicial independence and impartiality, and the judiciary was burdened by inefficiency and corruption. The Solicitor’s Office, responsible for public defenders, the Attorney General’s Office, and the PDDH suffered from insufficient resources.

While the government generally respected court orders, some agencies, such as the Ministry of Defense, repeatedly failed to cooperate with investigations by the Attorney General’s Office and judges. The Legislative Assembly also did not always comply with Supreme Court rulings. As of October 30, the Legislative Assembly had not complied with a 2015 ruling that it issue regulations to clarify certain sections of the Political Parties Law regarding campaign contributions.

Intimidation of judges, including Supreme Court members, continued to occur. Two legislators participated in demonstrations critical of judges, especially the Constitutional Chamber of the Supreme Court. Supreme Court justices increased their personal security as a result. On October 23, a member of the ruling Farabundo Marti National Liberation Front (FMLN) political party threatened to sue members of the Constitutional Chamber of the Supreme Court for perceived abuse of power. On August 17, the Council of Ministries, a part of the executive branch, issued a public statement against the Constitutional Chamber that declared the 2017 budget unconstitutional. On May 11, an estimated 300 persons marched to the Supreme Court to protest against the Constitutional Court following an injunction that ended the use of segregated lanes of the Metropolitan Area Integrated Transportation System of San Salvador (SITRAMSS). Unlike with most protests, police officers did not set up barricades to stop them from moving to the main gate of the court; demonstrators reached the main gate and damaged it. *El Mundo* newspaper noted that despite verbal threats against the justices during the protest and damage to public property, the PNC did not intervene.

Corruption in the judicial system contributed to a high level of impunity, undermining the rule of law and the public’s respect for the judiciary. As of July 31, the Supreme Court heard 148 cases against judges due to irregularities, 117 of which remained under review; removed six judges; suspended 19 others; and brought formal charges against 28 judges. Accusations against judges included collusion with criminal elements and sexual harassment.

In July 2016 the Constitutional Chamber of the Supreme Court struck down the 1993 Amnesty Law on the grounds that it violated citizens’ constitutional right to justice and the right to compensation for crimes against humanity and war crimes.
The law provided blanket protection against criminal prosecution and civil penalties for crimes committed during the country’s civil war (1980-92), and the court’s ruling held that the Legislative Assembly did not have authority to grant an absolute amnesty. On July 19, the Constitutional Chamber held a follow-up hearing on the progress made by different sectors of the government to comply with the recommendations made by the court, such as issuing a law to guarantee a democratic transition that respects human rights and interagency coordination between the executive and the attorney general to improve judicial accountability for gross violations of human rights committed during the civil war. As of October 30, the Legislative Assembly had not debated or passed legislation pertaining to reparations or reconciliation, and the executive had not granted sufficient funds to the attorney general to prosecute civil war cases.

On August 21, the Constitutional Chamber of the Supreme Court published its August 18 ruling against enforcing an arrest warrant for 13 former members of the military accused of the 1989 murder of six Jesuit priests, their housekeeper, and her daughter. The court noted that it had denied multiple extradition requests from Spain on the Jesuit case, and therefore it would not issue additional arrest warrants based on Spain’s Interpol Red Notice, as the arrests would not lead to extraditions. On April 6, the First Appellate Criminal Court of San Salvador upheld the 30-year sentence against former colonel Guillermo Alfredo Benavides Moreno for his role in the 1989 murders, and he was the sole individual in prison for the crimes. Lieutenant Yusshy Rene Mendoza Vallecillos was sentenced to 30 years for the murder of the priests’ housekeeper’s daughter in the original 1991 trial. Mendoza was not arrested along with Benavides and his whereabouts were unknown, although he was believed to be out of the country.

On June 2, the attorney general issued arrest warrants for three ex-guerrilla members of the People’s Revolutionary Army (ERP) allegedly responsible for the 1981 deaths of two foreign citizens--Lieutenant Colonel David H. Pickett and an aviation technician, Private First Class Earnest G. Dawson Jr.--killed in Lolotique, San Miguel, after their helicopter was shot down. The warrants followed the February 14 reopening by the Attorney General’s Office of the investigation into their killing after a petition from the right-leaning NGO Victims of Terrorism in El Salvador Alliance. Two of the guerrilla members, Ferman Hernandez Arevalo (alias Porfirio) and Ceveriano Fuentes (alias Aparicio), served time in prison but were released after the passage of the 1993 Amnesty Law. A third former guerilla member suspected of involvement in the killing, Santos Guevara Portillo (alias Dominguez), was never arrested. As of August 30, the three defendants had not been arrested.
In September 2016, in response to a petition by the victims, a judge issued an order to reopen the investigation into the 1981 El Mozote massacre, in which an estimated 800 persons were killed during the military’s Operation Rescue. On March 29-30, Judge Guzman held hearings to inform 20 accused former military officials of the charges against them. Two of the accused were deceased, and 12 of the remaining 18 attended the hearing. Eleven other defendants had died since the case was initiated in 1991 by Tutela Legal, a human rights defense organization formerly housed in the Institute for Human Rights at the University of Central America. The hearings marked the first time the defendants were summoned before a judicial body to face accusations for crimes committed during the massacre. On June 9, the prosecution called on 11 witnesses to provide testimony in the trial regarding events that occurred between December 11 and 13, 1981. Witness testimony continued into September and October. On October 19, former general Juan Rafael Bustillo, the accused intellectual author of the massacre, appeared before the court to hear the charges against him. The Ministry of Defense did not provide information requested by the presiding judge or prosecution and claimed that all records of Operation Rescue had been destroyed or never existed, including the names of the soldiers who participated in the operation and their commanding officers. David Morales, representative of the victims, asked the attorney general to investigate the steps taken by the Ministry of Defense that led to their conclusion that it had no information on Operation Rescue. On October 25, the Technical Secretariat stated that between 2013 and 2017, the state paid $1.8 million in restitution to survivors and the families of victims of the El Mozote massacre, of which 1,651 were identified.

Civil society advocates expressed concern that pregnant women were falsely accused and experienced wrongful incarceration in cases where the woman may have suffered a miscarriage or stillbirth but was wrongfully charged with homicide under the law banning abortion in all cases. On December 15, San Salvador’s Second Court of Judgment denied the appeal of Teodora del Carmen Vasquez and upheld her 30-year sentence for aggravated homicide over what she claimed was a stillbirth.

**Trial Procedures**

The law provides for the right to a fair and public trial, and an independent judiciary generally enforced this right, although some trial court judges were subject to political and economic influence. Although procedures call for juries to try certain crimes, including environmental pollution and certain misdemeanors,
judges decided most cases. By law juries hear only a narrow group of cases, such as environmental complaints, to which the law does not assign judges. In these cases, after the jury determines innocence or guilt, a panel of judges decides the sentence.

Defendants have the right to be present in court, question witnesses, and present witnesses and evidence. The constitution further provides for the presumption of innocence, the right to be informed promptly and in detail of charges, the right to a trial without undue delay, protection from self-incrimination, the right to communicate with an attorney of choice, the right to adequate time and facilities to prepare a defense, freedom from coercion, the right to confront adverse witnesses and present one’s own witnesses and evidence, the right to appeal, and government-provided legal counsel for the indigent. The judiciary introduced trials by video conference and other technology-based solutions to courtrooms in an effort to combat trial backlogs and improve trial procedures.

In criminal cases a judge may allow a private plaintiff to participate in trial proceedings (calling and cross-examining witnesses, providing evidence, etc.), assisting the prosecuting attorney in the trial procedure. Defendants have the right to free assistance of an interpreter if the defendant does not understand Spanish. Authorities did not always respect these legal rights and protections. Although a jury’s verdict is final, a judge’s verdict is subject to appeal. Trials are public unless a judge seals a case.

As of August 31, the PDDH had received 16 complaints of coercion and 68 complaints of intimidation by the PNC, the armed forces, and other public officials during criminal investigations or trial procedures.

The Ministry of Justice and Public Security’s Executive Technical Unit provided witness protection services to victims and witnesses. Some judges denied anonymity to witnesses at trial, and gang intimidation and violence against witnesses contributed to a climate of impunity from criminal prosecution. According to PNC director Howard Cotto, as of August 30, there were 55 individuals under witness protection.

Political Prisoners and Detainees

There were no reports of political prisoners or detainees.
Civil Judicial Procedures and Remedies

The law provides for access to the courts, enabling litigants to bring civil lawsuits seeking damages for, as well as cessation of, human rights violations. Domestic court orders generally were enforced. Most attorneys pursued criminal prosecution and later requested civil compensation.

f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence

The constitution prohibits such actions, and there were no reports that the government failed to respect these prohibitions.

On July 5, the president of FUSADES stated that according to experts, unknown persons had illegally wiretapped the foundation’s telephone lines.

In many neighborhoods, armed groups and gangs targeted certain persons, interfered with privacy, family, and home life, and created a climate of fear. Efforts by authorities to remedy these situations were generally ineffective.

Section 2. Respect for Civil Liberties, Including:

a. Freedom of Expression, Including for the Press

The constitution provides for freedom of expression, including for the press, and the government generally respected these rights. Some restrictions, however, occurred throughout the year. The law permits the executive branch to use the emergency broadcasting service to take over all broadcast and cable networks temporarily to televise political programming.

Press and Media Freedom: There continued to be allegations that the government retaliated against members of the press for criticizing its policies.

On June 30, news anchor Rafael Dominguez, a strong critic of the administration, warned that his Channel 8 morning show, Asi Estamos, was cancelled in response to government pressure on the channel for his broadcasts. Although the program was initially canceled, it was restarted on July 19 after pressure from journalist associations and civil society.
Violence and Harassment: After reporting on violence in the country, journalist contacts reported experiencing threats from persons believed to be government officials. On August 24, Factum magazine journalist Juan Martinez d’Aubuisson reported intimidation, possibly by police officers, due to an August 22 report, “An Inside Look at a Police Death Squad.” The report presented evidence that led to the arrest of four police officers linked with extrajudicial killings, sexual abuse, and extortion. On August 24, an anonymous Twitter account reportedly run by police officers called for the death of journalists from Factum and online El Faro magazine, similar to the death of Christian Poveda, a journalist killed in 2009 by gang members after a supposed betrayal of loyalty. On August 26, Factum magazine staff also reported that four individuals posing as PDDH officers visited their offices and asked about the whereabouts of a number of journalists. Factum staff contacted the journalists, who subsequently contacted the PDDH, and PDDH representatives confirmed that they had not sent anyone.

On August 30, the PDDH called on the attorney general to issue protective measures for Martinez and other Factum journalists. According to Factum journalist Cesar Castro Fagoaga, the PNC offered special police protection, but the journalists declined the protection, as it was being provided by police, and insisted on a thorough investigation. The Factum journalists were interviewed by the Attorney General’s Office in September and were told by the prosecutor that police had not been in touch with their office. On October 27, the Inter-American Commission on Human Rights ordered protective measures for the Factum journalists. According to Castro Fagoaga, as of November 22, government officials had not been in touch to coordinate the measures.

Censorship or Content Restrictions: Government advertising accounted for a significant portion of press advertising income, although exact data was not publicly available. Newspaper editors and radio directors occasionally discouraged journalists from reporting on topics the owners or publishers might not view favorably. According to the Salvadoran Journalists Association (APES), the media practiced self-censorship, especially in its reporting on gangs and narcotics trafficking.

Nongovernmental Impact: APES noted journalists reporting on gangs and narcotics trafficking were subject to threats and intimidation, resulting in self-censorship.

Internet Freedom
The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority. The International Telecommunication Union reported 29 percent of the population used the internet in 2016.

**Academic Freedom and Cultural Events**

There were no government restrictions on academic freedom or cultural events.

**b. Freedoms of Peaceful Assembly and Association**

The constitution provides for the freedoms of peaceful assembly and association, and the government generally respected these rights, although there were occasions where the government used intimidation tactics to discourage assembly.

On January 10, the PNC Disciplinary Tribunal dismissed five police officers for leading the Police Workers Movement (police union) protests. The case was initiated in January 2016, after more than 1,000 police officers and their families marched for better wages. This unprecedented police protest followed a wave of assassinations of police officers in 2015. The officers appealed the dismissal, and on April 30, an appeals chamber upheld the decision against four of the officers on the grounds that they violated a law prohibiting the police from striking and dismissed charges against the fifth police officer, who served as an administrative assistant.

**c. Freedom of Religion**

See the Department of State’s *International Religious Freedom Report* at [www.state.gov/religiousfreedomreport/](http://www.state.gov/religiousfreedomreport/).

**d. Freedom of Movement**

The constitution provides for freedom of internal movement, foreign travel, emigration, and repatriation. The government generally respected these rights, although in many areas the government could not provide freedom of movement due to criminal gang activity.

The government cooperated with the Office of the UN High Commissioner for Refugees (UNHCR) and other humanitarian organizations in providing protection
and assistance to internally displaced persons, refugees, returning refugees, asylum
seekers, stateless persons, and other persons of concern. The government,
however, could not facilitate services in many of the gang-controlled
neighborhoods most in need.

In-country Movement: The major gangs controlled their own territory. Gang
members did not allow persons living in another gang’s controlled area to enter
their territory, even when travelling via public transportation. Gangs forced
persons to present identification cards (containing their addresses) to determine
their residence. If gang members discovered that a person lived in a rival gang’s
territory, that person risked being killed, beaten, or not allowed to enter the
territory. Bus companies paid extortion fees to operate within gang territories,
often paying numerous fees for the different areas in which they operated. The
extortion costs were passed on to paying customers.

Internally Displaced Persons (IDPs)

There were no official government figures on IDPs. A December 2016 IUDOP
poll reported that 5 percent of citizens had changed their place of residence due to
crime, with 66 percent changing their place of residence once, 31 percent from two
to four times, and 3.2 percent five or more times. According to the poll, 40.3
percent stated they might migrate to another country in the following year. The
percentage of persons expressing a desire to migrate abroad was the highest in 10
years. The poll also reported that 17.2 percent of individuals had a family member
forced to migrate to another country due to threats or to some violent event in
2016. UNHCR estimated there were 280,000 internally displaced persons.
UNHCR reported the causes of internal displacement included abuse, extortion,
discrimination, and threats.

The NGO International Rescue Committee estimated that the number of IDPs
toted approximately 324,000, or 5.2 percent of the country’s population. On
April 4, however, a UNHCR representative reported that due to violence and
insecurity, statistics for IDPs may not be reliable.

Protection of Refugees

Access to Asylum: The law provides for the granting of asylum or refugee status,
including an established system for providing protection to refugees. As of August
25, the government had not granted refugee status to anyone. As of August, four
petitions had been submitted, with one resulting in denial and three still under consideration.

Section 3. Freedom to Participate in the Political Process

The constitution provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot and based on universal and equal suffrage.

Elections and Political Participation

Recent Elections: The most recent municipal and legislative elections occurred in 2015 with the final election results released by the Supreme Electoral Tribunal. The election report published by the Organization of American States electoral mission noted that, during the tabulation of the votes, “inconsistencies were discovered in a large number of records, due to erroneous data and information input by many voting centers.”

In 2015 the Constitutional Chamber of the Supreme Court ordered a vote-by-vote recount for the 24 legislators elected in the municipality of San Salvador, the country’s largest constituency. The results of the recount did not alter the election results.

In June 2016 the Constitutional Chamber of the Supreme Court declared as unconstitutional Article 195 of the electoral code, which prohibited police and soldiers from voting in polling stations where they provide security. On January 5, legislators reformed the electoral code and authorized soldiers and police officers to vote in the same place as they work so long as they are duly registered in the electoral roll of that neighborhood.

While the law prohibits public officials from campaigning in elections, this provision lacked consistent enforcement.

Participation of Women and Minorities: No laws limit participation of women and/or members of minorities in the political process, and they did participate.

Section 4. Corruption and Lack of Transparency in Government

The law provides criminal penalties for corruption by officials, but the government did not implement the law effectively. The NGO Social Initiative for Democracy
stated that officials, particularly in the judicial system, often engaged in corrupt practices with impunity.

**Corruption:** Autonomous government institutions initiated several investigations into corruption. As of August 23, the Probit Section of the Supreme Court was investigating 517 current and former public officials for evidence of illicit enrichment and submitted 15 cases to the Attorney General’s Office for possible criminal indictment. The increase from 72 investigations initiated in 2016 was due in part to a staffing surge. As of August 30, the Attorney General’s Office reported that investigations were in progress in 130 cases related to corruption, with 11 convictions during the year.

As of August 23, the Ethics Tribunal reported that it had received 375 complaints against 476 public officials. The tribunal sanctioned 33 public officials and forwarded six cases to the attorney general.

On June 27, Attorney General Douglas Melendez confirmed that he was conducting an investigation into FMLN leader and Vice Minister for Investment and Funding for Development Jose Luis Merino. Merino’s position as vice minister granted him immunity from prosecution.

On April 19, the Ministry of Foreign Affairs appointed Sigfrido Reyes as an ambassador, at the recommendation of the president, while he retained his position as president of the export promotion agency (PROESA). Reyes was under investigation for illicit enrichment, and the ambassadorial appointment provided Reyes, a senior FMLN politician, with legal immunity.

On June 6, the Attorney General’s Office began an asset forfeiture process against nine properties (valued at $627,000) of late former president Francisco Flores.

On February 4, the attorney general indicted 17 individuals in the corruption case against former president Antonio Saca (2004-09). A court froze additional assets belonging to suspects in the Saca case, including 50 properties and 60 vehicles. On August 21, the attorney general further charged Saca with bribery.

On November 28, former president Mauricio Funes and his son, Diego Funes Canas, were found guilty of illicit enrichment. Funes was ordered to pay restitution and was found ineligible to hold public office for a 10-year period. Funes and his children were granted political asylum in Nicaragua in September 2016.
On January 13, the First Criminal Chamber of El Salvador revoked bail for former attorney general Luis Martinez, businessman Enrique Rais, and five other suspects facing trial on corruption-related charges including fraud and bribery. On October 4, Luis Martinez was indicted on additional charges of coverup and procedural fraud. Police received an order to recapture Enrique Rais and five associates, all of whom disappeared after a court hearing on January 9.

Financial Disclosure: The illicit enrichment law requires appointed and elected officials to declare their assets to the Probity Section of the Supreme Court. The declarations are not available to the public unless requested by petition, and the law establishes fines for noncompliance that range from $11 to $571. Citizens groups petitioned the Probity Section to disclose 18 assets statements of public officers. The Probity Section had not complied due to a lack of response from banks. The full Supreme Court gave the Probity Section until August 29 to submit the requested information; as of November, the Probity Section had not submitted the information and repeated extension requests had been granted. In May 2016 the Supreme Court established three criteria for selecting investigable cases: the age of the case (i.e., proximity to the statute of limitations), the relevance of the position, and the seriousness and notoriety of the alleged illicit enrichment.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A variety of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Although government officials generally were cooperative and responsive to these groups, officials expressed reluctance to discuss certain issues, such as extrajudicial killings, with the PDDH.

Government Human Rights Bodies: The principal human rights investigative and monitoring body was the autonomous PDDH, whose head is nominated by the Legislative Assembly for a three-year term. The PDDH regularly issued reports and press releases on prominent human rights cases. The PDDH generally enjoyed government cooperation and was considered generally effective except on problems relating to criminal groups and gangs.

The PDDH maintained a constructive dialogue with the President’s Office. The government publicly acknowledged receipt of PDDH reports, although in some cases it did not take action on PDDH recommendations, which are nonbinding.
Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape of men or women, and the criminal code’s definition of rape may apply to spousal rape, at the judge’s discretion. The law requires the Attorney General’s Office to prosecute rape cases whether or not the victim presses charges, and the law does not permit the victim to withdraw the criminal charge. The penalty for rape is generally imprisonment for six to 10 years. Laws against rape were not effectively enforced.

The law prohibits domestic violence and generally provides for sentences ranging from one to three years in prison, although some forms of domestic violence carry higher penalties. The law also permits restraining orders against offenders. Laws against domestic violence remained poorly enforced, and violence against women, including domestic violence, remained a widespread and serious problem.

As of October the Office of the Inspector General reported five cases of alleged rape by police officers and six cases of sexual assault.

Sexual Harassment: The law prohibits sexual harassment and provides imprisonment of up to five years if the victim is an adult and up to eight years if the victim is a minor. Courts may impose fines in addition to a prison term in cases where the perpetrator maintains a position of trust or authority over the victim. The law also mandates that employers take measures against sexual harassment, violence against women, and other workplace harassment. The law requires employers to create and implement preventive programs to address violence against women, sexual abuse, and other psychosocial risks. The government, however, did not enforce sexual harassment laws effectively.

Coercion in Population Control: There were no reports of coerced abortion, involuntary sterilization, or other coercive population control methods. Estimates on maternal mortality and contraceptive prevalence are available at: www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/.

Discrimination: The constitution grants women and men the same legal rights, but women did not enjoy equal treatment. The law establishes sentences of one to three years in prison for public officials who deny a person’s civil rights based on
gender and six months to two years for employers who discriminate against women in the workplace, but employees generally did not report such violations due to fear of employer reprisals.

While the law prohibits discrimination based on gender, women suffered from cultural, economic, and societal discrimination. The law requires equal pay for equal work, but according to the 2016 *World Economic Forum Global Gender Gap Report*, the average wage paid to women for comparable work was 54 percent, down from 60 percent in 2015, of the compensation paid to men.

**Children**

**Birth Registration:** Children derive citizenship by birth within the country and from their parents. The law requires parents to register a child within 15 days of birth or pay a $2.85 fine. Failure to register resulted in denial of school enrollment.

**Education:** Education is free, universal, compulsory through the ninth grade, and nominally free through high school. Rural areas, however, frequently did not provide required education to all eligible students due to a lack of resources and because rural parents often withdrew their children from school by the sixth grade, requiring them to work.

**Child Abuse:** Child abuse remained a serious and widespread problem. For additional information, see Appendix C.

**Early and Forced Marriage:** The legal minimum age for marriage is 18. On August 17, legislators approved a ban on child marriage to prevent child abusers from using legal technicalities to avoid imprisonment.

**Sexual Exploitation of Children:** Child sex trafficking is prohibited by law. On March 29, the Legislative Assembly approved a reform to the penal code to increase prison sentences for convicted traffickers from four to eight years, to six to 10 years.

The minimum age for consensual sex is 18. The law classifies statutory rape as sexual relations with anyone under the age of 18 and includes penalties of four to 13 years’ imprisonment for violations.
The law prohibits paying anyone under the age of 18 for sexual services. The law prohibits participating in, facilitating, or purchasing materials containing child pornography and provides for prison sentences of up to 16 years for violations. Despite these provisions, sexual exploitation of children remained a problem.

**International Child Abductions:** The country is a party to the 1980 Hague Convention on the Civil Aspects of International Child Abduction. See the Department of State’s *Annual Report on International Parental Child Abduction* at [travel.state.gov/content/childabduction/en/legal/compliance.html](http://travel.state.gov/content/childabduction/en/legal/compliance.html).

**Anti-Semitism**

The Jewish community totaled approximately 150 persons. There were no known reports of anti-Semitic acts.

**Trafficking in Persons**

See the Department of State’s *Trafficking in Persons Report* at [www.state.gov/j/tip/rls/tiprpt/](http://www.state.gov/j/tip/rls/tiprpt/).

**Persons with Disabilities**

The law prohibits discrimination against persons with physical, sensory, intellectual, and mental disabilities. The National Council for Comprehensive Attention to Persons with Disability (CONAIPD), composed of representatives from multiple government entities, is the governmental agency responsible for protecting disability rights, but lacks enforcement power. According to CONAIPD, the government did not allocate sufficient resources to enforce prohibitions against discrimination effectively, particularly in education, employment, and transportation. The government did not effectively enforce legal requirements for access to buildings, information, and communications for persons with disabilities. Few access ramps or provisions for the mobility of persons with disabilities existed.

According to CONAIPD, there is no mechanism to verify compliance with the law requiring businesses and nongovernment agencies to hire one person with disabilities for every 25 hires. CONAIPD reported employers frequently fired persons who acquired disabilities and would not consider persons with disabilities for work for which they qualified. Further, some academic institutions would not accept children with disabilities due to a lack of facilities and resources. No formal
system existed for filing a discrimination complaint involving a disability with the government. The Ministry of Labor’s General Directorate for Labor Inspection imposed 403 fines on businesses between 2014 and 2017 for violations of the labor law that requires the hiring of persons with disabilities.

**Indigenous People**

According to the 2007 census, the most recent for which this data was available, 0.4 percent of citizens identified as indigenous. A 2014 constitutional amendment recognizes the rights of indigenous people, but no laws provide indigenous people rights to share in revenue from exploitation of natural resources on historically indigenous lands. The government did not demarcate any lands as belonging to indigenous communities. Because few possessed title to land, opportunities for bank loans and other forms of credit remained extremely limited.

**Acts of Violence, Discrimination, and Other Societal Abuses Based on Sexual Orientation and Gender Identity**

The law prohibits discrimination on the basis of sexual orientation and gender identity. On November 13, the Supreme Electoral Tribunal announced new guidelines to protect LGBTI persons from discrimination at election polls. Under the guidelines, individuals cannot be denied the right to vote because the photo on their identification card does not match their physical appearance or gender expression.

On August 30, the attorney general filed charges against eight Mara Salvatrucha (MS-13) gang members for the aggravated homicides of three transgender persons. The in-depth police investigation by a specialized unit produced credible evidence that the victims had been involved in gang-related extortion activities. On February 18, two of the victims arrived at a party in San Luis Talpa, La Paz Department, when perpetrators fired shots from a vehicle. Authorities reported that the gangs killed a third transgender victim on February 21 in Cuyultitan, in La Paz, in retaliation for her participation in the killings of the first two victims. In March the PNC assigned its High Visibility Crimes Unit to investigate the homicides of the three transgender women, and the Secretary for Social Inclusion met with activists to hear their concerns about LGBTI hate crimes. While the crimes themselves were later determined to be gang related, the government and the PDDH issued statements against hate crimes in response to concerns expressed immediately after the crimes by the LGBTI community.
A March 21 hearing before the Inter-American Commission on Human Rights focused on anti-LGBTI violence and hate crimes. One NGO told commissioners that at least 600 persons had experienced hate crimes based on their sexual orientation or gender identity since 2004. As of August 31, the PDDH had received six complaints for crimes against LGBTI persons.

NGOs reported that public officials, including police, engaged in violence and discrimination against LGBTI persons. Members of the LGBTI community stated that PNC and Attorney General’s Office personnel ridiculed them when they applied for identification cards or reported cases of violence against LGBTI persons. The NGO Association for Communication and Training of Transgender Women with HIV in El Salvador (COMCAVIS Trans) reported that, as of September, a total of 28 LGBTI persons were attacked or killed because of their sexual orientation.

**HIV and AIDS Social Stigma**

Although the law prohibits discrimination on the basis of HIV/AIDS status, Entre Amigos, an LGBTI nongovernmental organization, reported that discrimination due to HIV was widespread. As of August 31, the PDDH reported one case of discrimination against persons with HIV or AIDS. The Ministry of Labor reported one case of discrimination against an HIV-positive employee based on the illness in 2016.

**Section 7. Worker Rights**

**a. Freedom of Association and the Right to Collective Bargaining**

The law provides the right of most workers to form and join independent unions, to strike, and to bargain collectively. The law also prohibits antiunion discrimination, although it does not require reinstatement of workers fired for union activity. Several restrictions limit these rights. Military personnel, national police, judges, and high-level public officers may not form or join unions. Workers who are representatives of the employer or in “positions of trust” also may not serve on the union’s board of directors. The law does not define the term “positions of trust.” The labor code does not cover public-sector workers and municipal workers, whose wages and terms of employment are regulated by the 1961 Civil Service Law.
Unions must meet complex requirements to register legally and to have the right to bargain collectively, including having a minimum membership of 35 workers. If the Ministry of Labor denies a union’s legal registration, the law prohibits any attempt by the union to organize for up to six months following the denial. Collective bargaining is obligatory only if the union represents the majority of workers.

While workers have the right to strike, the law contains cumbersome and complex registration procedures for conducting a legal strike. The law does not recognize the right to strike for public and municipal employees or for workers in essential services, which include those services where disruption would jeopardize or endanger life, security, health, or normal conditions of existence for some or all of the population. The law does not specify which services meet this definition, and courts therefore apply this provision on a case-by-case basis. The law places several other restrictions on the right to strike, including the requirement that 30 percent of all workers in an enterprise must support a strike for it to be legal and that 51 percent must support the strike before all workers are bound by the decision to strike. In addition, unions may strike only to obtain or modify a collective bargaining agreement or to protect the common professional interests of the workers. They must also engage in negotiation, mediation, and arbitration processes before striking, although many groups often skipped or went through these steps quickly. The law prohibits workers from appealing a government decision declaring a strike illegal.

In lieu of requiring employers to reinstate illegally dismissed workers, the law requires employers to pay them the equivalent of 30 days of their basic salary for each year of service completed, plus the corresponding proportion for any partial year. This compensation must never be fewer than 15 days of basic salary. The law specifies 30 reasons for which an employer can legally terminate a worker’s contract without triggering any additional responsibilities on the part of the employer. Such reasons include consistent negligence by an employee, leaking of private company information, or committing immoral acts while on duty. Short of terminating workers, an employer may also legally suspend workers in a variety of situations, including for reasons of economic downturn or market conditions. As of August, the Ministry of Labor had received 3,225 complaints of violations of the labor code, including 229 instances of failure to pay the minimum wage.

The government did not effectively enforce the laws on freedom of association and the right to collective bargaining in all cases. Resources to conduct inspections remained inadequate, and remedies remained ineffective. Penalties for employers
who disrupt the right of a union to exist by directly or indirectly firing workers with the goal or effect of ensuring the union no longer met the minimum number of members ranged from 10 to 50 times the monthly minimum salary. These were paid to the government’s general fund, not to the fired employee. The penalty for employers who interfere with the right to strike was between $3,000 and $15,000, based on the state-mandated minimum salary of $300 for the commercial and industrial sectors. Such penalties remained insufficient to deter violations. The Ministry of Labor acknowledged it lacked sufficient resources, such as vehicles, fuel, and computers, to enforce the law fully. Judicial procedures were subject to lengthy delays and appeals. According to union representatives, the government inconsistently enforced labor rights for public workers, maquila/textile workers, food manufacturing workers, subcontracted workers in the construction industry, security guards, informal sector workers, and migrant workers. As of September the Ministry of Labor had received two claims of violations to the freedom of association.

As of July the Ministry of Labor had overseen the mediation of 3,728 disputes between employers and individual employees or employee collectives. Mediation is required before an alleged labor law violation can be adjudicated in court. While 41 of the mediated disputes resulted in the reinstatement of the aggrieved employee and the payment of a fine by the employer, no agreement was reached in 1,786 disputes, many of which continued on to court. Although not required by law, the ministry continued to request that some employers rehire fired workers, basing its requests on International Labor Organization (ILO) Committee on Freedom of Association. The ministry did not perform inspections in the informal sector. According to a FUSADES report, 72.4 percent of the economically active population worked in the informal economy. According to the 2015 census, 42 percent of workers in urban areas worked in the informal sector. The ministry does not hold jurisdiction over public employees, as most fall under the civil service law.

Workers faced problems exercising their rights to freedom of association and collective bargaining, including, according to allegations by some unions, government influence on union activities and antiunion discrimination on the part of employers. Unions functioned independently from the government and political parties, although many generally were aligned with the Nationalist Republican Alliance (ARENA), the FMLN, or other political parties.

There were reports of antiunion discrimination, including threats against labor union members, dismissals of workers attempting to unionize, and blacklisting.
According to union leader contacts, the administration blacklisted public-sector employees who they believed were close with the opposition. Workers at times engaged in strikes regardless of whether the strikes met legal requirements. The ILO Conference Committee on the Application of Standards discussed the country for the third year in a row over the nonfunctioning of the tripartite Higher Labor Council and, in 2015 and 2016, a variety of other issues affecting freedom of association.

b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced or compulsory labor. The government generally did not effectively enforce such laws. Resources to conduct inspections remained inadequate. The labor code did not specify a fine for forced labor violations. The code’s default fine of $57 per violation applied. This penalty was generally not sufficient to deter violations. The lack of sufficient resources for inspectors reduced their ability to enforce the law fully. The Ministry of Labor did not report on incidents of forced labor; however, gangs subjected children to forced labor in illicit activities, including selling or transporting drugs (see section 7.c.).

Also see the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits the employment of children under the age of 14, allowing children between the ages of 14 and 18 to engage in light work if the work does not damage the child’s health or development or interfere with compulsory education. The law prohibits children under the age of 16 from working more than six hours per day and 34 hours per week; those under the age of 18 are prohibited from working at night or in occupations considered hazardous. The Ministry of Labor maintained a list of the types of work considered hazardous and prohibited for children, to include repairing heavy machinery, mining, handling weapons, fishing and harvesting mollusks, and working at heights above five feet while doing construction, erecting antennas, or working on billboards. Children who are 16 and older may engage in light work on coffee and sugar plantations and in the fishing industry so long as it does not harm their health or interfere with their education.

The Ministry of Labor maintains responsibility for enforcing child labor laws but did so with limited effectiveness. Child labor remained a serious and widespread
problem. The law specifies a default fine of no more than $60 for each violation of most labor laws, including child labor laws; such penalties were insufficient to act as a deterrent. The ministry’s labor inspectors focused almost exclusively on the formal sector. As of September, the ministry reported conducting 596 inspections related to child labor, during which inspectors reported seven incidents of child labor and one incident of an adolescent working without a permit. The ministry estimated that, as of September, there were 140,700 children and adolescents working, of which, 91,257 children were employed in “dangerous work.” No information on any investigations or prosecutions by the government was available. The ministry lacked adequate resources for effective enforcement of child labor laws in the agricultural sector, especially in coffee and sugarcane production, or in the large, informal sector.

There were reports of children under the age of 16 engaging in the worst forms of child labor, including in coffee and sugarcane cultivation, fishing, mollusk shucking, and fireworks production. As of November there were two incidents of minors injured or killed due to the explosion of a clandestine fireworks factory, most recently on March 23 in San Rafael Cedros, in the department of Cuscatlan, which injured a 14-year-old child. Children were subjected to other worst forms of child labor, including commercial sexual exploitation (see section 6, Children) and recruitment into illegal gangs to perform illicit activities related to the arms and drug trades, including committing homicide. Children were engaged in child labor, including domestic work, the production of cereal grains, and the production of baked goods. Orphans and children from poor families frequently worked as street vendors and general laborers in small businesses.

Also see the Department of Labor’s *Findings on the Worst Forms of Child Labor* at [www.dol.gov/ilab/reports/child-labor/findings/](http://www.dol.gov/ilab/reports/child-labor/findings/).

d. Discrimination with Respect to Employment and Occupation

The constitution, labor laws, and state regulations prohibit discrimination regarding race, color, sex, religion, political opinion, national extraction (except in cases determined to protect local workers), social origin, gender, disability, language, or HIV-positive status. The government did not effectively enforce those laws and regulations. Sexual orientation and gender identity are not included in the constitution or labor law, although the PDDH and the Ministry of Labor actively sought to protect workers against discrimination on those grounds.
Discrimination in employment and occupation occurred with respect to gender, disability, and sexual orientation and/or gender identity (see sections 6 and 7.e.). According to the Ministry of Labor, migrant workers have the same rights as citizens, but the ministry did not enforce them.

e. Acceptable Conditions of Work

There is no national minimum wage; the minimum wage is determined by sector. In January a major minimum wage increase went into effect that included increases of nearly 40 percent for apparel assembly workers and more than 100 percent for workers in coffee and sugar harvesting. After the increase, the minimum daily wage was $10 for retail, service, and industrial employees; $9.84 for apparel assembly workers; and $3.94 for agricultural workers. The government reported that the poverty income level was $179.67 per month in urban areas and $126.97 per month in rural areas.

The law sets a maximum normal workweek of 44 hours, limited to no more than six days and to no more than eight hours per day, but allows overtime, which is to be paid at a rate of double the usual hourly wage. The law mandates that full-time employees receive pay for an eight-hour day of rest in addition to the 44-hour normal workweek. The law provides that employers must pay double-time for work on designated annual holidays, a Christmas bonus based on the time of service of the employee, and 15 days of paid annual leave. The law prohibits compulsory overtime. The law states that domestic employees, such as maids and gardeners, are obligated to work on holidays if their employer makes this request, but they are entitled to double pay in these instances. The government did not adequately enforce these laws.

The Ministry of Labor is responsible for setting workplace safety standards, and the law establishes a tripartite committee to review the standards. The law requires employers to take steps to meet health and safety requirements in the workplace, including providing proper equipment and training and a violence-free environment. Employers who violate most labor laws could receive a default fine of no more than $57 for each violation. For serious infractions, employers could be fined up to an amount equivalent to 28 minimum monthly wage salaries. While the laws were appropriate for the main industries, a lack of compliance inspectors led to poor enforcement. These penalties were also insufficient to deter violations, and some companies reportedly found it more cost effective to pay the fines than to comply with the law. The law promotes occupational safety awareness, training, and worker participation in occupational health and safety matters.
As of August 30, the Attorney General’s Office reported 818 complaints against employers for not paying pension quotas to the pension administration companies and that it filed judicial charges against 124 employers. The courts dismissed charges in 63 cases and suggested alternative solutions in 55 cases.

The Ministry of Labor is responsible for enforcing the law. The government proved more effective in enforcing the minimum wage law in the formal sector than in the informal sector. Unions reported that the ministry failed to enforce the law for subcontracted workers hired for public reconstruction contracts. The government provided its inspectors updated training in both occupational safety and labor standards. As of September, the ministry conducted 20,134 inspections, of which 22 percent were inspections to follow-up with prior investigations. As of August, the ministry’s inspectors had levied $1.34 million dollars in fines against businesses for violations of the labor law, although this did not account for fines for withholding fees, child labor, and forced labor. Most fines were levied against businesses in the services and commercial sectors.

 Allegations of corruption among labor inspectors continued. The ministry received complaints regarding failure to pay overtime, minimum wage violations, unpaid salaries, and cases of employers illegally withholding benefits (including social security and pension funds) from workers.

Reports of overtime and wage violations existed in several sectors. According to the ministry, employers in the agriculture sector did not generally grant annual bonuses, vacation days, or days of rest. Women in domestic service and the industrial manufacturing for export industry, particularly in the export processing zones, faced exploitation, mistreatment, verbal abuse, threats, sexual harassment, and generally poor work conditions. Workers in the construction industry and domestic service reportedly fell subject to violations of wage, hour, and safety laws. According to the Organization for Salvadoran Women for Peace (ORMUSA), apparel companies violated women’s rights through occupational health violations and unpaid overtime. There were reports of occupational safety and health violations in other sectors, including reports that a very large percentage of buildings were out of compliance with safety standards set by the General Law on Risk Protection. The government proved ineffective in pursuing such violations.

In June the labor union SITRAFOS complained that the Solidary Fund for Health (FOSALUD) was sending health workers to violent areas, despite warnings about
such places. According to SITRAFOS representatives, the lives of health workers were at risk in several areas where they were threatened by gang members. The union noted staff was being sent to dangerous places without police protection.

In some cases the country’s high crime rate negatively affected acceptable conditions of work as well as workers’ psychological and physical health. Some workers, such as bus drivers, bill collectors, messengers, and teachers in high-risk areas, reported being subject to extortion and death threats.

As of June, the Ministry of Labor reported 3,938 workplace accidents. The sectors registering the highest levels of incidents included: 2,032 accidents in the services sector, 1,320 in the industrial sector, 241 in the government sector, and 37 in the agricultural sector. The ministry did not report any deaths from workplace-related accidents.

Workers can legally remove themselves from situations that endanger health or safety without jeopardy to their employment, but authorities lacked the ability to protect employees in this situation effectively.
EL SALVADOR 2016 HUMAN RIGHTS REPORT

Note: This report was updated 4/12/17; see Appendix F: Errata for more information.

EXECUTIVE SUMMARY

El Salvador is a constitutional multiparty republic. Municipal and legislative elections held in March 2015 were generally free and fair. Election results were delayed, however, due to problems with the transmission, tabulation, and public dissemination of the vote count under the management of the Supreme Electoral Tribunal. Free and fair presidential elections took place in 2014.

Civilian authorities failed at times to maintain effective control over security forces.

The principal human rights problems stemmed from widespread extortion and other crime in poor communities throughout the country. They included widespread corruption; weak rule of law, which contributed to high levels of impunity and government abuse, including unlawful killings by security forces, discrimination, and delay and lack of compliance with court rulings; and violence against women and girls (including by gangs), gender discrimination, and commercial sexual exploitation of women and children. According to a 2016 CID Gallup poll, more than one in five families claim to have been victims of violent crimes.

Other human rights problems included harsh and potentially life-threatening prison conditions; lengthy pretrial detention; restrictions on freedom of speech and press; trafficking in persons; migrant smuggling, including of unaccompanied children; and discrimination against persons with disabilities and persons with HIV/AIDS. There was also widespread discrimination and some violence against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons.

Impunity persisted despite government steps to dismiss and prosecute some officials in the security forces, the executive branch, and the justice system who committed abuses.

Section 1. Respect for the Integrity of the Person, Including Freedom from:
a. Arbitrary Deprivation of Life and other Unlawful or Politically Motivated Killings

During the year there were no verified reports that the government or its agents committed politically motivated killings. There were reports, however, of security force involvement in unlawful killings. As of October the attorney general was investigating 53 possible cases of extrajudicial killings. One took place in 2013, none in 2014, 11 in 2015, and 41 in 2016. The Attorney General’s Office also announced the formation of a Special Group Against Impunity, dedicated to investigating this type of crime. As of March the Office of the Human Rights Ombudsman (PDDH) had received 12 complaints of alleged unlawful killings committed by security, military, and other public officials and found substantial evidence in two cases. In September the PDDH stated that it was aware of approximately 50 cases involving potential extrajudicial killings. From January to July, the Office of the Inspector General of the National Civilian Police (PNC) reported that 12 PNC officers faced charges of homicide. All but one of the alleged homicides were committed while the accused officers were on duty.

On April 25, the PDDH found indications that the PNC and the armed forces had committed extrajudicial killings during the March 2015 San Blas case (involving the killing of seven alleged gang members and one other person) and the August 2015 Pajales case (which involved the close-range killing of four unarmed gang members). The PDDH criticized the PNC and the armed forces for issuing a press release portraying the killings as the product of clashes with gang members. The PDDH also noted weak internal controls in the PNC and the armed forces and regretted the lack of interagency collaboration in the investigations. On July 9, the attorney general ordered the arrest of seven police officers accused of committing extrajudicial killings in the San Blas case on charges of homicide and obstruction of justice. Seven officers were charged in the Pajales case, although there was no confirmation arrests were made.

On July 9, the Attorney General’s Office ordered the arrest of five police officers and five civilians for their participation in at least eight homicides as part of an alleged extermination group operating in San Miguel; on July 13, a judge ordered preventive detention of the accused. Eleven additional defendants fled from justice, according to the Attorney General’s Office. Funding for the extermination group reportedly came from Salvadorans living abroad.

The nongovernmental organization (NGO) Cristosal compared PNC data that showed 366 armed confrontations through July 2016, during which 350 suspected
gang members died. A total of 359 suspected gang members were killed in 676 armed confrontations in 2015, and 83 were killed in 256 confrontations in 2014. The mortality rate of suspected gang members in confrontations with police during the first six months of the year was 109 percent higher (i.e., more than double) that the 2015 mortality rate, which was itself 41 percent higher than in 2014. On October 4, the digital newspaper *El Faro* cited a Brazilian expert who analyzed PNC data and concluded that the data demonstrated a pattern of abuse of lethal force by police authorities.

As of August, the Office of the Inspector General of the Ministry of Public Security and Justice had received two complaints of extrajudicial killings against police members and two complaints for violations to the right of life.

**b. Disappearance**

There were no reports of politically motivated disappearances, abductions, or kidnappings. As of September, the NGO Association for the Search for Missing Children (Pro-Busqueda) received five new complaints regarding children who disappeared during the 1980-92 civil war. Pro-Busqueda reported in August that it was investigating 960 open cases, had solved 425 cases, and determined that in 15 percent of solved cases the child had died.

According to the PNC inspector general, eight complaints of forced disappearances were filed against the PNC between January and August.

**c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment**

The law prohibits such practices, but there were multiple reports of violations. The PDDH received 21 complaints of torture or cruel, inhuman, or degrading treatment by the PNC, armed forces, and other public officials.

As of August, the Office of the Inspector General reported 31 complaints against police officers for alleged cruel treatment. The NGOs Foundation of Studies for the Application of the Law, and Passionist Social Service, as well as other civil society institutions reported that poor male youths were sometimes targeted by the PNC and armed forces because they fit the stereotype of gang members. Other credible sources indicated that youths suspected to have knowledge of gang activity were mistreated by law enforcement personnel.
NGOs reported that public officials, including police, engaged in violence and discrimination against sexual minorities. Persons from the LGBTI community stated that the agencies in charge of processing identification documents, the PNC, and the Attorney General’s Office harassed transgender and gay individuals when they applied for identification cards or reported cases of violence against LGBTI persons. The LGBTI community reported authorities harassed LGBTI persons by conducting strip searches and questioning their gender in a degrading manner. The government responded to these abuses primarily through PDDH reports that publicized specific cases of violence and discrimination against sexual minorities.

Prison and Detention Center Conditions

Prison and detention center conditions remained harsh and life threatening due to gross overcrowding, unhygienic conditions, and gang activities.

Physical Conditions: Overcrowding remained a serious threat to prisoners’ health and lives. As of August 15, the prison directorate reported 34,938 inmates were being held in correctional facilities with a designed capacity of 10,035 inmates. As of July 11, the minister of security noted that his office had moved 1,600 inmates from pretrial detention into the regular prison system. The Salvadoran Foundation for Economic and Social Development (FUSADES) estimated that, as of June 30, prison overcrowding was 346 percent. The prison population included 24,675 inmates with convictions and 10,263 inmates in pretrial detention. In many facilities, provisions for sanitation, potable water, ventilation, temperature control, medical care, and lighting were inadequate. On November 14, the PDDH published a report on deteriorating prison conditions, observed during fact-finding missions between April and July. The report highlights worsening conditions since the April implementation of extraordinary measures, including decreased access to medical care while infectious diseases increased, lack of sanitation facilities for the number of inmates, inmates sleeping on the floor without blankets, and inmates lacking space to sleep because of extreme overcrowding.

Men and women had separate accommodations within the prisons. A separate women’s prison in Ilopango was generally clean and allowed inmates to move freely within and inmates’ children under the age of five to stay with their mothers.

Due to prison overcrowding, police authorities held some pretrial detainees in small detention centers at police stations, which had a combined capacity of 2,102 persons. FUSADES reported in February that authorities held approximately 83 percent of these pretrial detainees in detention centers longer than the 72 hours...
legally permitted before presenting them to a court, some for up to two years. Similarly, due to the lack of holding cells, authorities often held pretrial detainees in regular prisons with violent criminals.

On March 16, the Legislative Assembly approved temporary provisions to allow parole for inmates considered low-level threats and with prison sentences of less than eight years (291 inmates).

On May 27, the Constitutional Chamber of the Supreme Court declared unconstitutional the systematic violation of basic human rights by prison overcrowding, citing the government for violating prisoners’ right to health, and ordered periodic visits by the Ministry of Health. The court ordered prison authorities to build new prisons and to remodel others to shelter inmates humanely and the judicial system to review the inmate rosters with an aim of reducing the number of prisoners. Authorities closed one prison during the year, and another was under construction.

In November 2015 the Public Opinion Institute of the University of Central America (IUDOP-UCA) released the findings of its 2009-15 study on the penitentiary and prison system. The report estimated that 9 percent of the prison population was ill, including with highly communicable diseases such as tuberculosis. In August the General Directorate of Prisons (DGCP) began addressing tuberculosis within the prison system by creating mobile tuberculosis treatment teams and separate holding cells for infected inmates.

Prisoners conducted criminal activities from their cells, at times with the complicity of prison guards. Smuggling of weapons, drugs, and other contraband such as cell phones and cell-phone SIM cards was a major problem in the prisons. On April 1, the Legislative Assembly unanimously approved “extraordinary security measures” to prevent gang members from orchestrating crimes from within the prison system. These measures included preventing communication between inmate gang leaders and their members outside prison, suspending all private communication and contact with their families and limiting access to their lawyers, and detaining and isolating known gang leaders in higher security prisons. The measures also subjected the inmates in prisons designated for convicted gang members to isolation and restriction to their cells for 24 hours per day. According to the PDDH, prison authorities modified some of the measures in July and August and allowed prisoners up to one hour outside of their cells. The extraordinary measures affected 13,162 inmates housed in seven prisons: Izalco, Quezaltepeque, Chalatenango, Ciudad Barrios, Gotera, and Zacatecoluca penitentiaries, as well as
one sector of Ilopango penitentiary. In response, approximately 200 relatives of imprisoned gang members organized a march on June 29 to demand the government reinstate family visits and file a complaint with the PDDH. On November 18, the government launched additional extraordinary measures in response to an increase in homicides of police officers and soldiers by gang members. These measures included moving gang members considered responsible for attacks against police officers to higher-security prisons and increasing their isolation.

Gang activities in prisons and juvenile holding facilities remained a serious problem. As of August 15, detention center facilities held 16,215 inmates who were current or former gang members. On October 22, the Prison Directorate ordered 235 inmates moved to different prisons in an effort to break up gang “cliques” within prisons. As of May, the Salvadoran Institute for Child Development (ISNA) reported that two adolescents died in juvenile detention facilities. ISNA also reported that there were 418 juveniles convicted and 230 juveniles awaiting trial.

According to news reports, 25 prisoners were killed within prisons between January and August, including 11 prisoners killed in the Gotera Penitentiary by fellow inmates. As of August, the Prison Directorate had reported only 11 homicides within prisons.

As of September 6, prison authorities removed two guards from duty for carrying illegal objects and sanctioned 29 guards for misconduct. Prison authorities received 17 complaints of human rights violations allegedly committed by prison personnel.

There was no information available regarding abuse of persons with disabilities in prisons, although the government’s National Council for Comprehensive Attention to Persons with Disability (CONAIPD) previously reported isolated incidents, including sexual abuse.

**Administration:** The IUDOP-UCA report noted that, between 2009 and 2015, parole board staffing decreased by 48 percent. In 2015 the prison system had 69 technical employees (including attorneys, sociologists, social workers, and psychologists) to provide services to more than 31,000 inmates. The PDDH has authority to investigate credible allegations of inhuman conditions. The Constitutional Chamber of the Supreme Court has authority regarding the protection of constitutional rights.
Independent Monitoring: The government permitted prison-monitoring visits by independent human rights observers, NGOs, and the media, except to those prisons covered by the extraordinary measures. The PDDH continued to monitor all prisons. Church groups, the Central American University’s Human Rights Institute, LGBTI activists, and other groups visited prisons during the year. After the implementation of the extraordinary measures, which restricted monitoring of the prisons subject to the measures, the International Committee for the Red Cross suspended all prison visits until visitation was restored in the prisons subject to the extraordinary measures.

d. Arbitrary Arrest or Detention

Although the constitution prohibits arbitrary arrest and detention, there were numerous complaints that the PNC and military forces arbitrarily arrested and detained persons. As of August, the Office of the Inspector General had received 45 complaints against police officers for alleged violations of freedom of movement. NGOs reported that the PNC had arbitrarily arrested and detained groups of persons on suspicion of gang affiliation. According to these NGOs, the accused were ostracized by their communities upon their return, even when they were not affiliated with gangs.

Role of the Police and Security Apparatus

The PNC, overseen by the Ministry of Justice and Public Security, is responsible for maintaining public security, and the Ministry of Defense has responsibility for maintaining national security. Although the constitution separates public security and military functions, it allows the president to use the armed forces “in exceptional circumstances” to maintain internal peace and public security “when all other measures have been exhausted.” President Sanchez Ceren renewed the decree authorizing military involvement in police duties through the end of the year.

The three quick reaction military battalions that were created in 2015 to support PNC operations and whose troops have arrest and detention authority continued to operate. The military is responsible for securing the international border and conducting joint patrols with the PNC.

On April 20, the government announced the launch of the Fast Reaction Force (FERES), a joint operation consisting of two 200-officer police units supported by
250 Special Forces military soldiers. Battalion soldiers are legally able under citizen’s arrest authority to detain persons they believe have committed criminal acts.

In response to an alleged rise in extrajudicial killings, the PNC in January launched a newly organized internal investigative office, the Secretariat for Professional Responsibility. The body is composed of a Complaints Office, a Disciplinary Office, and the Inspector General’s Office.

From January to August, the Inspector General’s Office received 492 complaints of human rights violations--31 for inhuman and cruel treatment, 181 for physical abuse, 117 for personal security, 40 for violence against women (including rape and sexual abuse), 15 for failure to provide access to justice, two for extrajudicial killing, and two for deprivation of life. The Inspector General’s Office referred three of the cases to the Attorney General’s Office for possible criminal charges.

In June the PDDH released its annual findings on the status of human rights. The report stated that, between June 2015 and May 2016, the PDDH received 1,883 complaints of human rights violations, 1,284 of which were reportedly committed by the PNC and the military.

Inadequate training, lack of enforcement of the administrative police career law, arbitrary promotions, insufficient government funding, failure to enforce evidentiary rules effectively, and instances of corruption and criminality limited the PNC’s effectiveness. The PDDH has the authority to investigate (but not prosecute) human rights abuses and refers all cases it deems to involve human rights abuse to the Attorney General’s Office.

In May PNC director Howard Cotto stated that since January 80 police officers had been arrested for illicit activities, such as extortion, theft, and murder for hire. In June the Inspector General’s Office reported that it sanctioned 781 officers in response to complaints filed during the year and in prior years. These sanctions included 84 arrests and 165 officers suspended without pay. As of July 18, the Attorney General’s Office reported that it had filed charges against 587 police officers and 14 judges for unspecified crimes. The office also reported that it successfully convicted 15 police officers for criminal activities.

The Inspector General’s Office and the Ministry of Defense Human Rights Office reported most PNC officers, police academy cadets, and all military personnel had received human rights awareness training, including training by the Salvadoran
Institute for the Development of Women, the Human Rights Institute of the University of Central America, and the Inter-American Institute of Human Rights. The Inspector General’s Office reported that 633 police officers received human rights training in the past year. The Ministry of Defense Human Rights Office reported that 6,097 soldiers received human rights training during the year.

On May 29, the PNC revised its guidelines on the use of force to improve accountability of police personnel. The guidelines specifically outline situations that permit the use of force, proportionality of force for various confrontational situations, and internal investigation procedures for alleged misconduct.

Arrest Procedures and Treatment of Detainees

The constitution requires a written warrant of arrest except in cases where an individual is in the act of committing a crime. Authorities apprehended persons with warrants based on evidence and issued by a duly authorized official. Police generally informed detainees promptly of charges against them.

The law permits release on bail for detainees who are unlikely to flee or whose release would not impede the investigation of the case. The bail system functioned adequately in most cases. The courts generally enforced a ruling that interrogation without the presence of counsel is coercive and that evidence obtained in such a manner is inadmissible. As a result, PNC authorities typically delayed questioning until a public defender or an attorney arrived. Detainees normally had access to counsel of their choice or to an attorney provided by the state. The constitution permits the PNC to hold suspects for 72 hours before presenting them to court, after which the judge may order detention for an additional 72 hours to determine if an investigation is warranted. The law allows up to six months for investigation of serious crimes before requiring either a trial or dismissal of the case. In exceptionally complicated cases, the prosecutor may ask an appeals court to extend the deadline for three or six months, depending on the seriousness of the crime. Many cases continued beyond the legally prescribed period.

Arbitrary Arrest: As of November 8, the PDDH reported 62 complaints of arbitrary detention or illegal detention during the year.

Pretrial Detention: Lengthy pretrial detention was a significant problem. As of June 30, 29 percent of the general prison population was in pretrial detention. Lengthy legal procedures, large numbers of detainees, judicial inefficiency, corruption, and staff shortages caused trial delays. Because it could take several
years for a case to come to trial, some persons remained in pretrial detention longer than the maximum legal sentences for their alleged crimes. In such circumstances, detainees may request a Supreme Court review of their continued detention.

**Detainee’s Ability to Challenge Lawfulness of Detention before a Court:** The constitution grants detainees the right to a prompt judicial determination on the legality of their detention, and persons arrested or detained may obtain prompt release and compensation if found to have been unlawfully detained. In some cases persons were not promptly released and/or did not receive compensation for unlawful detention.

### e. Denial of Fair Public Trial

Although the constitution provides for an independent judiciary, the judiciary was burdened by inefficiency and corruption, and the Solicitor’s Office (responsible for public defenders) of the Attorney General’s Office and the PDDH suffered from insufficient resources. As of July 18, the Attorney General’s Office reported that it had initiated 14,162 cases and obtained 3,268 convictions.

As of August, the Office of the Inspector General of the Ministry of Public Security and Justice reported 15 cases of violations of access to justice committed by police officers, and one police officer was accused of obstructing due process.

On July 13, the Constitutional Chamber of the Supreme Court struck down the 1993 Amnesty Law on the grounds that it violated citizens’ constitutional right of access to justice and the right to compensation for crimes against humanity and war crimes. The law provided blanket protection against criminal prosecution and civil penalties for crimes committed during the country’s civil war (1980-92), and the court’s ruling held that the Legislative Assembly did not have authority to grant an absolute amnesty. Nevertheless, the court held that the law continues to be enforced for those crimes committed during the civil war years that do not constitute serious human rights abuses. The ruling declaring the Amnesty Law unconstitutional empowered parties to request judges to reopen cases related to civil war era crimes and for individuals to petition the attorney general to open new cases.

On August 25, the Supreme Court denied the extradition to Spain of former colonel Guillermo Benavides for the 1989 murder of four Jesuit priests. The court ordered Benavides to remain in prison to await a hearing before the Fourth Instruction Court of San Salvador to determine whether he would be held...
criminally responsible for the murders as a result of the Amnesty Law ruling. On September 30, in response to a petition by the victims, a judge issued an order to reopen the investigation into the 1981 El Mozote massacre, in which an estimated 800 persons were killed. On October 17, the Human Rights Institute at the University of Central America filed five complaints with the Attorney General’s Office on behalf of victims of torture, forced disappearances, and murder from 1975 to 1989, allegedly by agents of the state. On October 20, Armando Duran filed a complaint against former Farabundo Marti Liberation Front (FMLN) commanders, including the sitting president, Salvador Sanchez Ceren, for their alleged participation in a kidnapping in 1987. On November 15, the Constitutional Court ordered a lower court judge to determine how to investigate and prosecute the 1982 “El Calabozo” massacre, in which approximately 200 persons were killed.

Substantial corruption in the judicial system contributed to a high level of impunity, undermining the rule of law and the public’s respect for the judiciary. Between January 1 and June 30, the Supreme Court heard 201 cases against judges due to irregularities, removed four judges, suspended 10 others, and brought formal charges against 63 judges.

The Legislative Assembly did not always comply with Supreme Court rulings. As of September 8, the Legislative Assembly had not complied with a ruling from the Supreme Court’s Constitutional Chamber that mandated the Legislative Assembly renominate magistrates on the Court of Accounts (a transparency oversight body) by July 29 because those nominated by the legislature had political party affiliations in contravention of legal standards. On September 6, the Constitutional Chamber of the Supreme Court admitted a complaint against the Legislative Assembly for failing to nominate members to the National Judicial Council after a delay of more than a year. The council is responsible for selecting judicial candidates.

Between January and June 20, the Ministry of Justice and Public Security’s Executive Technical Unit (UTE), which provides witness protection services, provided protection to 682 victims, 821 witnesses, and 457 victim/witnesses. The unit also provided household protection for 55 persons. In 2015 the unit provided protection to 4,218 victims and witnesses. Some judges denied anonymity to witnesses at trial, and gang intimidation and violence against witnesses contributed to a climate of impunity from criminal prosecution.
Trial Procedures

The law provides for the right to a fair public trial, and an independent judiciary generally enforced this right, although some trial court judges were subject to political and economic influence. Although procedures called for juries to try certain crimes, including environmental pollution and certain misdemeanors, judges decided most cases. By law juries hear only a narrow group of cases, such as environmental complaints, to which the law does not assign to judges. After the jury’s determination of innocence or guilt, a panel of judges decides the sentence in such cases.

Defendants have the right to be present in court, question witnesses, and present witnesses and evidence. The constitution further provides for the presumption of innocence, the right to be informed promptly and in detail of charges, the right to a trial without undue delay, protection from self-incrimination, the right to communicate with an attorney of choice, the right to adequate time and facilities to prepare a defense, freedom from coercion, the right to confront adverse witnesses and present one’s own witnesses and evidence, the right to appeal, access for defendants and their attorneys to government-held evidence relevant to their cases, and government-provided legal counsel for the indigent. In criminal cases a judge may allow a private plaintiff to participate in trial proceedings (calling and cross-examining witnesses, providing evidence, etc.), assisting the prosecuting attorney in the trial procedure. Defendants have the right to free interpretation as necessary from the moment charged through the appeals process if the defendant does not understand Spanish. Authorities did not always respect these legal rights and protections. Although a jury’s verdict is final, a judge’s verdict is subject to appeal. Trials are public unless a judge seals a case. The law extends these rights to all citizens.

Political Prisoners and Detainees

There were no reports of political prisoners or detainees.

Civil Judicial Procedures and Remedies

The law provides for access to the courts, enabling litigants to bring civil lawsuits seeking damages for, as well as cessation of, human rights violations. Domestic court orders generally were enforced. Most attorneys pursued criminal prosecution and later requested civil compensation.
f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence

The constitution prohibits such actions, and there were no reports that the government failed to respect these prohibitions.

In many neighborhoods, armed groups and gangs targeted certain persons, interfered with privacy, family, and home life, and created a climate of fear that the authorities were not capable of restoring to normal.

Section 2. Respect for Civil Liberties, Including:

a. Freedom of Speech and Press

The constitution provides for freedom of speech and press, and the government generally respected these rights. Some restrictions, however, occurred throughout the year. The law permits the executive branch to use the emergency broadcasting service to take over all broadcast and cable networks temporarily to televise political programming.

Freedom of Speech: The constitution provides that all persons may freely express and disseminate their thoughts and that the exercise of this right is not subject to government censorship. Nevertheless, there were allegations that the government retaliated against individuals for criticizing government policy.

Credible sources indicated that the director of a transparency NGO, whose board of directors was composed of government officials, was removed from his position because he publicly criticized the government for what he viewed as “excessive and discretionary use” of classified information and because he demanded the government disclose “politically sensitive” information, such as financial data related to former president Funes’ trips.

Violence and Harassment: On February 16, police arrested four suspects, including the communications director for the San Salvador mayor’s office, in connection with a 2015 cyberattack against the website of the newspaper *La Prensa Grafica*.

On August 9, Minister of Defense Munguia Payes held a press conference, accompanied by other armed forces high commanders, to criticize “irresponsible” reporting by *La Prensa Grafica* following an article that cited irregularities in the
Ministry of Defense’s account of lost firearms. On August 15, the vice president of the local chapter of the Inter-American Press Association alleged that the press conference was an attempt by Munguia Payes to intimidate the press and prevent media scrutiny of the Ministry of Defense. Munguia Payes was also accused of attempting to intimidate legislators when he attended a December 6 plenary session in the Legislative Assembly on lifting the immunity of a general accused of arms trafficking with three uniformed military officers; legislators ultimately lifted the immunity for General Jose Atilio Benitez.

ARENA Legislator Ricardo Velasquez forcefully grabbed a camera operator in an effort to move him from a Legislative Assembly entrance while verbally threatening the media on September 29, 2016. The legislator also filed a complaint against the camera operator’s company for obstructing freedom of transit, which the Salvadoran Journalist Association (ANEP) labeled an “abuse of power” by the legislator.

On November 29, La Prensa Grafica journalist Cristian Melendez denounced threats that he received via Twitter from an account named “Sociedad Civil,” suggesting that people “kill him” or “break his fingers if you see him on the street.” He believed he received the threats in retaliation for his article alleging corruption involving San Salvador Mayor Nayib Bukele. La Prensa Grafica had also published reports linking Bukele to a trolling case and cyberattacks against the newspaper.

Censorship or Content Restrictions: Government advertising accounted for a significant portion of press advertising income, although exact data was not publicly available. Newspaper editors and radio directors occasionally discouraged journalists from reporting on topics the owners or publishers might not view favorably. According to the Salvadoran Association of Journalists (APES), the media practiced self-censorship, especially in its reporting on gangs and narcotics trafficking.

In May the government censored a commercial advertisement that depicted various ways of living--including gay relationships, religious options, and public breastfeeding--and contained the tagline, “good is bad.”

Journalist contacts reported experiencing threats from persons they believed to be government officials after reporting on the topic of violence in the country. They said these experiences diminished journalists’ willingness to report on the security situation.
In December 2015 the PNC chief of police investigations, Joaquin Hernandez, filed a complaint against *El Diario de Hoy* newspaper after it published maps depicting areas that were controlled by gangs, citing law classifying gangs as terrorist organizations and charging the editor with advocating terrorism and inciting crimes, violations punishable by up to four years in prison. While the charges were not prosecuted, free press advocates cited the incident as an attempt to compel self-censorship by journalists.

**Nongovernmental Impact:** APES noted journalists reporting on gangs and narcotics trafficking were subject to threats and intimidation, which led to self-censorship.

**Internet Freedom**

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority. Internet access was available in public places throughout the country. The International Telecommunication Union reported 27 percent of the population used the internet during the year.

**Academic Freedom and Cultural Events**

After the July 9 Constitutional Chamber of the Supreme Court decision declaring alternate legislators unconstitutional, Constitutional Chamber judges faced increased difficulty in conducting outreach programs due to FMLN-organized protests. On August 13, protesters blocked Justice Florentin Melendez from reaching a venue to speak about constitutional rights to rural communities. As a result, on August 19, Justice Melendez announced that the Constitutional Chamber had decided to suspend its academic outreach program, “Know Your Constitution.” On December 5, Melendez reported that constitutional justices had received death threats from protesters, whose signs included slogans such as, “death to the four constitutional judges.” On December 8, the Attorney General stated that he was investigating the death threats against constitutional justices.

**b. Freedom of Peaceful Assembly and Association**

The constitution provides for the freedoms of assembly and association, and the government generally respected these rights, although there were occasions where
the government used intimidation tactics to discourage assembly. On June 29, well-known LGBTI activist Bessy Rios was the single demonstrator in front of the President’s Office, protesting a proposed increase in electricity prices, when the riot police arrested her, leaving bruises and scrapes on her body.

c. Freedom of Religion

See the Department of State’s *International Religious Freedom Report* at [www.state.gov/religiousfreedomreport/](http://www.state.gov/religiousfreedomreport/).

d. Freedom of Movement, Internally Displaced Persons, Protection of Refugees and Stateless Persons

The constitution provides for freedom of internal movement, foreign travel, emigration, and repatriation. The government generally respected these rights, although in many areas the government could not provide freedom of movement for any persons, due to the strength of criminal gang activity.

The government cooperated with the Office of the UN High Commissioner for Refugees (UNHCR) and other humanitarian organizations in providing protection and assistance to internally displaced persons, refugees, returning refugees, asylum seekers, stateless persons, and other persons of concern, but it was unable to facilitate services in many of the ungoverned neighborhoods most in need.

In-country Movement: Each gang had its own controlled territory. Gang members did not allow persons living in another gang’s controlled area to enter their territory, even when travelling in public transportation. Gangs forced persons to present identification cards (that contain their addresses) to determine where they lived. If gang members discovered that a person lived in a rival gang’s territory, that person might be killed, beaten, or not allowed to enter the territory. Bus companies paid extortion fees to operate within gang territories, often paying numerous fees for the different areas in which they operated. The extortion costs were passed on to paying customers.

Internally Displaced Persons

According to the most recent poll conducted in December 2014 by IUDOP-UCA, 4.6 percent of surveyed citizens reported being internally displaced due to violence and the threat of violence and 8 percent reported having tried to migrate to another country for the same reasons. In 2015 the NGO International Rescue Committee
estimated that the number of displaced individuals was approximately 324,000, or 5.2 percent of the country’s population.

In August the Civil Society Roundtable against Forced Displacement recorded cases of 623 displaced persons between August 2014 and December 2015 and an additional 396 displacements through August 2016; it determined that at least 86 percent of the displacements resulted from gang activity. Because these were documented cases from a group of NGOs with limited reach, actual displacement was likely much higher. Ministry of Education data showed that approximately 3,000 students dropped out of public schools in 2015 explicitly because of gang threats. Separate ministry data demonstrated that 15,511 students dropped out of all levels of public and private schools in 2015 because of crime and another 32,637 students left because they changed residence. NGOs suggested that changes in residence were often the result of forced displacement because of gang activity.

**Protection of Refugees**

Access to Asylum: The law provides for the granting of asylum or refugee status, and the government has established a system for providing protection to refugees. As of June 20, the government had granted refugee status to 10 individuals.

**Section 3. Freedom to Participate in the Political Process**

The constitution provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot and based on universal and equal suffrage.

**Elections and Political Participation**

Recent Elections: The most recent municipal and legislative elections were held on March 1, 2015. The release of final election results by the Supreme Electoral Tribunal (TSE) electoral authorities was delayed until March 27, 2015, due to problems with the transmission, tabulation, and public dissemination of the vote count. International and domestic electoral observers participated in the election and counting process. The election report published by the Organization of American States electoral mission noted that, while the votes were being tabulated, “inconsistencies were discovered in a large number of records, due to erroneous data and information input by many voting centers.”
In April 2015 the Constitutional Chamber of the Supreme Court ordered a vote-by-vote recount for the 24 legislators elected in the municipality of San Salvador, the country’s largest constituency. The results of the recount did not alter any of the election results.

During the elections, as in the 2014 presidential elections, the Nationalist Republican Alliance (ARENA) and the FMLN political parties accused each other of fraud, including reports of double voting and voter intimidation.

On June 22, the Constitutional Chamber of the Supreme Court declared unconstitutional Article 195 of the electoral code, which prohibited police and soldiers from voting in polling stations where they provide security.

The law prohibits public officials from campaigning in elections, although this provision was not always enforced.

Participation of Women and Minorities: In 2013 the Legislative Assembly approved a law stipulating 30 percent of all candidates in municipal, legislative, and city council elections must be women. The law took effect during the March 2015 municipal and Legislative Assembly elections. There were 18 women in the 84-member Legislative Assembly, five women on the 15-member Supreme Court, and three women in the 13-member cabinet.

On October 18, newspapers reported that the TSE had taken action to advise a political party that its recent elections did not comply with the minimum quota and that it may need to substitute a woman for a man to comply with the law.

No members of the Supreme Court, the legislature, or other government entities identified themselves as members of an ethnic minority or indigenous community, and there were no political party positions or legislative seats designated for ethnic minorities.

Section 4. Corruption and Lack of Transparency in Government

The law provides criminal penalties for corruption by officials, but the government did not implement the law effectively. The NGO Social Initiative for Democracy stated that officials, particularly in the judicial system, often engaged in corrupt practices with impunity.
Corruption: Autonomous government institutions initiated several investigations into corruption. In late 2015 the Probity Section of the Supreme Court began, for the first time, to investigate seriously allegations of illicit enrichment of public officials. The Supreme Court reported that, as of July 22, the Probity Section investigated 72 current and former public officials for evidence of illicit enrichment and submitted five cases to the Attorney General’s Office for possible criminal investigation. As of July 18, the Attorney General’s Office reported investigating 93 cases related to corruption, resulting in seven convictions.

Attorney General Douglas Melendez, elected by the legislature in January, initiated criminal investigations of several public officials for corruption during the year. On June 6, the police arrested Apopa mayor Elias Hernandez on gang-related charges of illicit association, making threats, and aggravated homicide. On August 17, the Attorney General’s Office executed search warrants on seven properties related to former president Mauricio Funes (2009-14) and opened a criminal corruption case against him. The government of Nicaragua granted Funes asylum on September 2. On August 22, police arrested former attorney general Luis Martinez and businessperson Enrique Rais on charges related to corruption. On October 30, former President Antonio “Tony” Saca (2004-09) was arrested on corruption-related charges, including embezzlement and money laundering, stemming from an alleged conspiracy to divert $18 million in government funds to private accounts. On November 5, a judge denied his bail.

Financial Disclosure: The illicit enrichment law requires appointed and elected officials to declare their assets to the Probity Section of the Supreme Court. The declarations are not available to the public, and the law does not establish sanctions for noncompliance. On May 12, the Supreme Court established three criteria for selecting which cases to investigate: the age of the case (i.e., proximity to the statute of limitations), the relevance of the position, and the seriousness and notoriety of the alleged illicit enrichment.

Public Access to Information: The law provides for the right of access to government information, but authorities did not always effectively implement the law. The law establishes mechanisms to appeal denials of information and report noncompliance with other aspects of the law. As of July, the Institute for Access to Public Information had formally received 1,001 cases, 81 percent of which had been resolved. The law gives a narrow list of exceptions that outline the grounds for nondisclosure and provide for a reasonably short timeline for the relevant authority to respond, no processing fees, and administrative sanctions for noncompliance.
Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Violations of Human Rights

A variety of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Although government officials generally were cooperative and responsive to these groups, officials at times were reluctant to discuss certain issues, such as extrajudicial killings and the PDDH. The government required domestic and international NGOs to register, and some domestic NGOs reported that the government made the registration process unnecessarily difficult.

On January 28, the PNC launched the Secretariat for Professional Responsibility, which internally investigates all allegations of police misconduct.

Government Human Rights Bodies: The principal human rights investigative and monitoring body is the autonomous PDDH, whose head is nominated by the Legislative Assembly for a three-year term. The PDDH regularly issued reports and press releases on prominent human rights cases. The PDDH generally enjoyed government cooperation and was considered generally effective, except in areas controlled by criminal groups and gangs.

The PDDH maintained a constructive dialogue with the President’s Office. The government publicly acknowledged receipt of PDDH reports, although in some cases it did not take action on PDDH recommendations, which are nonbinding.

On September 7, the deputy ombudsman stated the PDDH had inadequate resources to carry out the majority of its investigations.

The tenure of the ombudsman expired on August 8, by which time the Legislative Assembly was required to elect a new ombudsman. On September 22, the Legislative Assembly selected Raquel Caballero de Guevara as the new ombudswoman for a term of three years.

On October 26, anticipating the 25th anniversary of the peace accords, the PDDH created a consultative committee to define the role of the PDDH in the coming years. The committee was composed of civil society members representing legal, religious, environmental, economic, political, and health perspectives.
Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape, and the criminal code’s definition of rape may apply to spousal rape, at the judge’s discretion. The law requires the Attorney General’s Office to prosecute rape cases whether or not the victim presses charges, and the law does not permit the victim to withdraw the criminal charge. Cases may be dropped for lack of evidence if the victim refuses to provide it. The penalty for rape is generally six to 10 years’ imprisonment, but the law provides for a maximum sentence of 20 years for raping certain classes of victims, including children and persons with disabilities.

Incidents of rape continued to be underreported for several reasons, including societal and cultural pressures on victims, fear of reprisal, ineffective and unsupportive responses by authorities to victims, fear of publicity, and a perception among victims that cases were unlikely to be prosecuted. Laws against rape were not effectively enforced.

Rape and other sexual crimes against women were widespread. On February 26, the PDDH criticized the Ministry of Justice and Public Security’s UTE general director Mauricio Rodriquez, for failing to provide adequate security to seven female witnesses and victims of sex trafficking, one of whom was sexually assaulted by a security guard in a shelter supervised by the UTE. Although the victim filed a complaint, the security guard was not sanctioned or removed.

The Attorney General’s Office reported that, as of July 18, 658 women had been victims of sexual-related crimes and 63 defendants had been convicted for sexual-related crimes against women. As of March 9, the Salvadoran Institute for the Development of Women (ISDEMU) reported 385 cases of rape against women.

ISDEMU provided health and psychological assistance to women who were victims of sexual abuse, domestic violence, mistreatment, sexual harassment, labor harassment, trafficking in persons, commercial sexual exploitation, or alien smuggling.

Violence against women, including domestic violence, was a widespread and serious problem. A large portion of the population considered domestic violence socially acceptable; as with rape, its incidence was underreported. The law prohibits domestic violence and generally provides for sentences ranging from one
to three years in prison, although some forms of domestic violence carry higher penalties. The law also permits restraining orders against offenders. Laws against domestic violence were not well enforced, and cases were not effectively prosecuted. The law prohibits mediation in domestic violence disputes.

Between January and July 2016, ISDEMU reported 21 cases of femicide, 458 cases of physical abuse, 385 cases of sexual violence, and 2,259 cases of psychological abuse. ISDEMU reported 3,070 cases of domestic violence against women during the same period. In June ISDEMU issued its 2015 annual report on violence against women and reported that 230 died due to violence in the first six months of 2015, compared with 294 during the same period in 2014 and 217 in 2013.

ISDEMU coordinated with the judicial and executive branches and civil society groups to conduct public awareness campaigns against domestic violence and sexual abuse. The PDDH, the Attorney General’s Office, the Supreme Court, the Public Defender’s Office, and the PNC collaborated with NGOs and other organizations to combat violence against women through education, increased enforcement of the law, and programs for victims. The Secretariat of Social Inclusion, through ISDEMU, defined policies, programs, and projects on domestic violence and continued to maintain one shared telephone hotline and two separate shelters for victims of domestic abuse and child victims of commercial sexual exploitation. The government’s efforts to combat domestic violence were minimally effective.

Women’s rights NGOs claimed that many violent crimes against women occurred within the context of gang structures, where women were “corralled” and “disposed of at the whims of male gang members.”

On March 3, women’s rights activist for the NGO Hablame de Respeto (“Speak to me about respect”) Aida Pineda was found dead, shot 11 times in front of her house in Milagrosa, San Miguel. Colleagues of Pineda contended that her killing was a femicide and that she was targeted for being a “powerful woman” who challenged the control of the Barrio 18 gang’s repressive behavior toward women.

As of August, the Office of the Inspector General reported 40 cases of alleged violations of police officers against women due to their gender.

In an effort to sensitize the judicial system to gender-based violent crimes, the Legislative Assembly approved the creation of specialized courts for violence
against women. The San Salvador courts began operations on June 1, while the San Miguel and Santa Ana courts were scheduled to start in 2017.

Sexual Harassment: The law prohibits sexual harassment and provides imprisonment of up to five years if the victim is an adult and up to eight years if the victim is a minor. Courts may impose fines in addition to a prison term in cases where the perpetrator is in a position of trust or authority over the victim. The law also mandates that employers take measures to avoid sexual harassment, violence against women, and other workplace harassment problems. The law requires employers to create and implement preventive programs to address violence against women, sexual abuse, and other psychosocial risks. The government, however, did not enforce sexual harassment laws effectively. Since underreporting by victims of sexual harassment appeared to be widespread, it was difficult to estimate the extent of the problem.

Reproductive Rights: Couples and individuals generally have the right to decide the number, spacing, and timing of having children; manage their reproductive health; and have access to the information and means to do so, free from discrimination, coercion, or violence. Access to reproductive health services outside of the capital city San Salvador, however, was limited.

Civil society advocates expressed concern that the country’s complete abortion ban had led to the wrongful incarceration of women who suffered severe pregnancy complications, including miscarriages. Between 1999 and 2011, 17 women (referred to as “Las 17”) were charged for having an abortion and convicted of homicide following obstetric emergencies and were sentenced to up to 40 years in prison. A petition was filed with the Inter-American Commission on Human Rights that highlighted violations of due process and of women’s rights. Amnesty International and the UN Development Program claimed the women had miscarriages, while the Legal Medicine Institute argued that the women committed infanticide through abortion. In December 2014 one of “Las 17,” Mirna Isabel Rodriguez, “Mima,” was released after serving her prison sentence before her pardon could be finalized. On May 20, San Salvador’s Third Tribunal Sentencing Court ruled there was not enough evidence to prove charges against a second member of the group, Maria Teresa Rivera, for aggravated homicide after having a miscarriage in 2011. On October 24, an appellate court did not admit a case against a third member, Santos Elizabeth Gamez Herrera. The Legislative Assembly was reviewing the remaining 14 cases. During the year the NGO Colectiva Feminista reported that two more women presented their cases, which included similarities with those of the “Las 17” women.
**Discrimination**: The constitution grants women and men the same legal rights but women did not enjoy equal treatment. The law establishes sentences of one to three years in prison for public officials who deny a person’s civil rights based on gender and six months to two years for employers who discriminate against women in the workplace, but employees generally did not report such violations due to fear of employer reprisals.

Although pregnancy testing as a condition for employment is illegal, some businesses allegedly required female job applicants to present pregnancy test results, and some businesses illegally fired pregnant workers.

The law prohibits discrimination based on gender; nevertheless, women suffered from cultural, economic, and societal discrimination. The law requires equal pay for equal work, but according to the 2015 World Economic Forum Global Gender Gap Report, the average wage paid to women for comparable work was 60 percent of compensation paid to men. Men often received priority in job placement and promotions, and women did not receive equal treatment in traditionally male-dominated sectors, such as agriculture and business. Training was generally available for women only in low- and middle-wage occupations where women already held most positions, such as teaching, nursing, apparel assembly, home industry, and small business.

**Children**

**Birth Registration**: Children derive citizenship by birth within the country and from one’s parents. The law requires parents to register a child within 15 days of birth or pay a $2.85 fine. While firm statistics were unavailable, many births were not registered. Failure to register resulted in denial of school enrollment.

**Education**: Education is free, universal, and compulsory through the ninth grade and nominally free through high school. Rural areas, however, frequently did not provide required education to all eligible students due to a lack of resources and because rural parents often withdrew their children from school by the sixth grade to allow them to work.

**Child Abuse**: Child abuse was a serious and widespread problem. Incidents of abuse continued to be underreported for a number of reasons, including societal and cultural pressures on victims, fear of reprisal against victims, ineffective and unsupportive responses by authorities toward victims, fear of publicity, and a
perception among victims that cases were unlikely to be prosecuted. During the year an appellate judge issued a report noting serious deficiencies in technical criteria for determining whether minors are victims of child abuse.

The Salvadoran Institute for the Comprehensive Development of Children and Adolescents (ISNA), an autonomous government entity, defined policies, programs, and projects on child abuse; maintained a shelter for child victims of abuse and female child victims of commercial sexual exploitation; and conducted a violence awareness campaign to combat child abuse. From January to May, ISNA reported providing psychological assistance to 131 children for physical and psychological abuse and 134 for sexual violence.

**Early and Forced Marriage:** The legal minimum age for marriage is 18, although the law authorizes marriage from the age of 14 if both the boy and girl have reached puberty, if the girl is pregnant, or if the couple has a child.

**Sexual Exploitation of Children:** Sexual exploitation of children, including girls and boys in prostitution, remained a problem. Child sex trafficking is prohibited by law, which prescribes penalties of 10 to 14 years’ imprisonment for trafficking crimes. An offense committed against a child is treated as an aggravating circumstance, and the penalty increases by one-third, but the government did not effectively enforce these laws.

The minimum age for consensual sex is 18. The law classifies statutory rape as sexual relations with anyone under the age of 18 and includes penalties of four to 13 years’ imprisonment.

The law prohibits paying anyone under the age of 18 for sexual services. The Secretariat of Social Inclusion, through ISDEMU, continued to maintain one shared telephone hotline for child victims of commercial sexual exploitation and victims of domestic abuse. The law prohibits participating in, facilitating, or purchasing materials containing child pornography and provides for prison sentences of up to 16 years for violations.

**Displaced Children:** Surveys indicated the primary motivations for migration were family reunification, a lack of economic and educational opportunity in the country, and fear of violence.

**International Child Abductions:** The country is a party to the 1980 Hague Convention on the Civil Aspects of International Child Abduction. See the
Anti-Semitism

The Jewish community totaled approximately 150 persons. There were no known reports of anti-Semitic acts.

Trafficking in Persons

See the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

Persons with Disabilities

The law prohibits discrimination against persons with physical, sensory, intellectual, and mental disabilities in employment, education, air travel and other transportation, access to health care, and the provision of other state services. The National Council for Comprehensive Attention to Persons with Disability (CONAIPD), composed of representatives from multiple government entities, is the government agency responsible for protecting disability rights, but it lacked enforcement power. According to CONAIPD, the government did not allocate sufficient resources to enforce prohibitions against discrimination effectively, particularly in education, employment, and transportation. The government did not effectively enforce legal requirements for access to buildings, information, and communications for persons with disabilities. There were almost no access ramps or provisions for the mobility of persons with disabilities. Children with disabilities generally attended primary school, but attendance at higher levels was more dependent on their parents’ financial resources.

According to CONAIPD, only 5 percent of businesses and nongovernment agencies fulfilled the legal requirement of hiring one person with disabilities for every 25 hires. There was no information available regarding abuse in educational or mental health facilities, although CONAIPD previously reported isolated incidents, including sexual abuse, in those facilities.

CONAIPD reported employers frequently fired persons who acquired disabilities and would not consider persons with disabilities for work for which they qualified. Some schools would not accept children with disabilities due to a lack of facilities.
and resources. There was no formal system for filing a discrimination complaint involving a disability with the government.

Due to their use of sign language, several young deaf individuals were confused with gang members (who also used signs to communicate) by police officers and soldiers and suffered mistreatment.

On May 25, CONAIPD and the Cooperative Transport Association Ciudad Delgado launched 10 bus units with platform access for persons with disabilities.

Several public and private organizations, including the Telethon Foundation for Disabled Rehabilitation and the National Institute for Comprehensive Rehabilitation (ISRI), promoted the rights of persons with disabilities. The Rehabilitation Foundation, in cooperation with ISRI, continued to operate a treatment center for persons with disabilities. CONAIPD reported that the government provided minimal funding for ISRI.

**Indigenous People**

A 2014 constitutional amendment recognizes the rights of indigenous people, but no laws provide indigenous people rights to share in revenue from exploitation of natural resources on historically indigenous lands. The government did not demarcate any lands as belonging to indigenous communities. Because few possessed title to land, opportunities for bank loans and other forms of credit were extremely limited.

During the year the municipalities of Conchagua and Santo Domingo de Guzman, which have relatively higher populations of Nahuat speakers, approved regulations to improve the living conditions for women, persons with disabilities, and older indigenous individuals in the towns and made reference to their historic lands.

**Acts of Violence, Discrimination, and Other Societal Abuses Based on Sexual Orientation and Gender Identity**

Although the law prohibits discrimination on the basis of sexual orientation and gender identity, discrimination against LGBTI persons was widespread, including in employment and access to health care. In May the PDDH conducted a survey of transgender individuals and reported that 52 percent had suffered death threats or violence, of which 23.7 percent had reported the incidents.
NGOs reported that public officials, including police, engaged in violence and discrimination against LGBTI persons. Members of the LGBTI community stated that PNC and Attorney General’s Office personnel ridiculed them when they applied for identification cards or reported cases of violence against LGBTI persons. The NGO Space for Lesbian Women for Diversity claimed that, as of November, the Attorney General’s Office had not prosecuted any cases of killings and other violent acts or of possible human rights violations committed by public officials against LGBTI persons. The Secretariat for Social Inclusion reported that 11 LGBTI persons were killed during the year because of their sexual orientation. The PDDH reported that since 2009 a total of 18 LGBTI persons were killed because of their sexual orientation.

Wilber Leonel Flores Lopez, a former soldier, was charged with attempted murder of a transgender individual on April 9. Flores was arrested on August 23. On August 26, an initial hearing was held in the First Court of Peace of Santa Ana, where the testimony of the victim, medical reports, and other forensic evidence were analyzed. The judge, however, did not order prison detention for Flores. The trial was pending, and prosecutors appealed the judge’s decision not to jail Flores.

On May 30, the newspaper La Prensa Grafica reported that police had uncovered the body of a transgender woman who had been beaten and strangled to death. An autopsy report by the Forensic Science Institute showed that the victim’s body was mutilated and showed indications that the victim was sexually violated. The PNC did not declare a motive for the killing. LGBTI NGOs alleged the victim was targeted due to her transgender identity and that authorities refused to investigate the crime from that angle.

On August 10, the Attorney General’s Office pressed assault charges against five officers involved in the assault in January 2015 of Alex Pena, a transgender man and municipal police officer. On October 6, police officers Melvin Neftali, Hernandez Alvarado, and Francisco Balmore Hernandez were convicted and sentenced to four years in prison for assault. The other officers were acquitted. On October 6, the government reported on the convictions using Pena’s female birth name.

**HIV and AIDS Social Stigma**

Although the law prohibits discrimination on the basis of HIV/AIDS status, Entre Amigos, a LGBTI NGO, reported that discrimination due to HIV was widespread. Lack of public information and medical resources, fear of reprisal, fear of
ostracism, and mild penalties incommensurate with the seriousness of the discrimination remained problems in confronting discrimination against persons with HIV/AIDS or in assisting persons suffering from HIV/AIDS. As of June 30, the PDDH reported four cases of discrimination against persons with HIV or AIDS. As of October, the Ministry of Labor had reported one case of discrimination against an HIV-positive employee based on the illness.

Section 7. Worker Rights

a. Freedom of Association and the Right to Collective Bargaining

The law provides the right of most workers to form and join independent unions, to strike, and to bargain collectively. The law also prohibits antiunion discrimination, although it does not require reinstatement of workers fired for union activity. Several restrictions limit these rights. Military personnel, national police, judges, and high-level public officers may not form or join unions. Workers who are representatives of the employer or in “positions of trust” also may not serve on the union’s board of directors. The law does not define the term “positions of trust.” The labor code does not cover public sector workers and municipal workers, whose wages and terms of employment are regulated by the 1961 civil service law. The constitution guarantees the formation of associations by employees but prohibits police, military, and certain judicial sector employees from forming either a union or a formal association.

Unions must meet complex requirements to register legally and to have the right to bargain collectively, including a minimum membership of 35 workers. If the Ministry of Labor denies a union’s legal registration, the law prohibits any attempt by the union to organize for up to six months following the denial. Collective bargaining is obligatory only if the union represents the majority of workers.

While workers have the right to strike, the law contains cumbersome and complex registration procedures for conducting a legal strike. The law does not recognize the right to strike for public and municipal employees or for workers in essential services, which include those services where disruption would jeopardize or endanger life, security, health, or normal conditions of existence for some or all of the population. The law does not specify which services meet this definition, and courts therefore apply this provision on a case-by-case basis. The law places several other restrictions on the right to strike, including the requirement that 30 percent of all workers in an enterprise must support a strike for it to be legal and that 51 percent must support the strike before all workers are bound by the decision.
to strike. In addition, unions may strike only to obtain or modify a collective bargaining agreement or to protect the common professional interests of the workers. They must also engage in negotiation, mediation, and arbitration processes before striking, although many groups often skipped or went through these steps quickly. The law prohibits workers from appealing a government decision declaring a strike illegal.

The Labor Court ruled 10 strikes illegal. These rulings covered the strikes of the following unions: the Social Security Institute strike in May, the Bloom Hospital strike in July, the Nurses’ Union strike in November, the Health Labor Union strike in November, and the Ministry of Economy strike in November. They also covered the strikes of the Bloom, San Bartlo, Zacamil, Nueva Guadalupe, Sensuntepeque, La Union, Jiquilisco, Usulutan, Ciudad Barrios, and Sonsonate hospitals, which, during a national labor reduction, demanded enforcement of a salary step increase as provided by law. No arrests were made during the strikes. During the hospital strikes, there were reports of intervention by activists and one legislator of the governing party.

In lieu of requiring employers to reinstate illegally dismissed workers, the law requires employers to pay them the equivalent of 30 days of their basic salary for each year of service completed, plus the corresponding proportion for any partial year. This compensation must never be less than 15 days of basic salary. The law specifies 30 reasons for which an employer can legally terminate a worker’s contract without triggering any additional responsibilities on the part of the employer. Such reasons include consistent negligence by an employee, leaking of private company information, or committing immoral acts while on duty. Short of terminating workers, an employer may also legally suspend workers in a variety of situations, including for reasons of economic downturn or market conditions. As of June, the Ministry of Labor had encountered 339 cases of unpaid salary in the course of 11,065 inspections of employers.

The government did not effectively enforce the laws on freedom of association and the right to collective bargaining in all cases. Resources to conduct inspections were inadequate, and remedies remained ineffective. Penalties for employers who disrupt the right of a union to exist by directly or indirectly firing workers with the goal or effect of ensuring the union no longer met the minimum number of members ranged from 10 to 28 times the monthly minimum salary. The maximum penalty for employers who interfere with the right to strike was $114. Such penalties were generally not sufficient to deter violations. The Ministry of Labor acknowledged it lacked sufficient resources, such as vehicles, fuel, and computers,
to enforce the law fully. Judicial procedures were subject to lengthy delays and appeals. According to union representatives, the government did not consistently enforce labor rights for public workers, maquila/textile workers, subcontracted workers in the construction industry, security guards, informal sector workers, and migrant workers. As of June, the Ministry of Labor had received five claims of violation of the freedom of association.

As of June, the Ministry of Labor imposed 181 fines on businesses and individuals for workplace violations. The ministry received 3,325 complaints of illegal firing and ordered 115 workers to be returned to work. Although not required by law, the ministry continued to request that some employers rehire fired workers, basing its requests on International Labor Organization (ILO) Administrative Court rulings. The ministry did not perform inspections in the informal sector. News reports indicated that 66 percent of the economically active population worked in the informal economy. According to the 2015 census, 42 percent of all workers in urban areas worked in the informal sector. The ministry does not have jurisdiction over public employees, most of whom are under the civil service law.

Workers faced problems exercising their rights to freedom of association and collective bargaining, including, according to allegations by some unions, government influence on union activities and antiunion discrimination on the part of employers. Unions were independent of the government and political parties, although many generally were aligned with ARENA, the FMLN, or other political parties.

There were reports of antiunion discrimination, including threats against labor union members, dismissals of workers attempting to unionize, and blacklisting. Workers at times engaged in strikes regardless of whether the strikes met legal requirements.

b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced or compulsory labor. The government generally did not effectively enforce such laws. Resources to conduct inspections were inadequate. The labor code allows penalties for violations of up to 28 times the minimum monthly wage, which was generally not sufficient to deter violations. The lack of sufficient resources for inspectors reduced their ability to enforce the law fully. There were no reports of forced labor, according to the Ministry of Labor. Gangs subjected children to forced labor in illicit activities, including selling or transporting drugs (see section 7.c.).
Also see the Department of State’s *Trafficking in Persons Report* at www.state.gov/j/tip/rls/tiprpt/.

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits the employment of children under the age of 14. The law allows children between the ages of 14 and 18 to engage in light work if the work does not damage the child’s health or development or interfere with compulsory education. The law prohibits children under the age of 16 from working more than six hours per day and 34 hours per week; those under the age of 18 are prohibited from working at night or in occupations considered hazardous. The Ministry of Labor maintained a list of the types of work considered hazardous and prohibited for children, which include repairing heavy machinery; mining; handling weapons; fishing and harvesting mollusks; and working at heights above five feet while doing construction, erecting antennas, and working on billboards. Children who are 16 and older may engage in light work on coffee and sugar plantations and in the fishing industry so long as it does not harm their health or interfere with their education.

The Ministry of Labor is responsible for enforcing child labor laws but did so with limited effectiveness. The law specifies a default fine of no more than $60 for each violation of most labor laws, including child labor laws; such penalties were insufficient to act as a deterrent. The ministry’s labor inspectors focused almost exclusively on the formal sector. As of June, the ministry reported that it had conducted 511 inspections related to child labor during which inspectors reported two incidents of child labor and three incidents of adolescents working without permits. There was no information on any investigations or prosecutions by the government. The ministry lacked adequate resources for effective enforcement of child labor laws in the agricultural sector, especially in coffee and sugarcane production, or in the large informal sector.

The government continued to participate in an ILO project to provide educational opportunities to children while offering livelihood alternatives for their families. Through this project the Ministry of Education promoted child labor awareness and encouraged school attendance, including operating after-school programs in 2,000 schools during the year. The ILO project concluded in March. During the year the ministry developed a permanent work plan for child labor verification aimed at eliminating the worst forms of child labor and creating a culture of compliance and respect for the law among employers.
Child labor remained a serious and widespread problem. According to the 2015 Permanent Household Survey published in 2016, there were approximately 140,700 child workers (between the ages of five and 17). The worst forms of child labor occurred in coffee and sugarcane cultivation, fishing, mollusk shucking, and fireworks production. In order to survive, orphans and children from poor families frequently worked as street vendors and general laborers in small businesses. Children also worked as domestic servants and endured long work hours and abuse by employers. Children were subjected to commercial sexual exploitation (see section 6, Children) and were recruited into illegal gangs to perform illicit activities related to the arms and drug trades, including committing homicide.

Also see the Department of Labor’s Findings on the Worst Forms of Child Labor at www.dol.gov/ilab/reports/child-labor/findings/.

d. Discrimination with Respect to Employment and Occupation

The constitution, labor law, and regulations prohibit discrimination regarding race, color, sex, religion, political opinion, national extraction (except in cases determined to protect local workers), social origin, gender, disability, language, or HIV-positive status. The government did not effectively enforce those laws and regulations. Sexual orientation and gender identity are not included in the constitution, although the PDDH and Ministry of Labor actively sought to protect workers against discrimination on those grounds.

Discrimination in employment and occupation occurred with respect to gender, disability, and sexual orientation and/or gender identity (see sections 6 and 7.e.). According to the Ministry of Labor, migrant workers have the same rights as citizens, but the ministry did not enforce them.

e. Acceptable Conditions of Work

There is no national minimum wage; the minimum wage is determined by sector. According to the Ministry of Labor, the minimum daily wage was $8.39 for retail and service employees, $8.22 for industrial laborers, and $7.03 for apparel assembly workers. The agricultural minimum wage was $3.94 per day. The government reported that the poverty income level was $179.67 per month in urban areas and $126.97 in rural areas.
The law sets a maximum normal workweek of 44 hours, limited to no more than six days and to no more than eight hours per day, but allows overtime if a bonus is paid. The law mandates that full-time employees receive pay for an eight-hour day of rest in addition to the 44-hour normal workweek. The law provides that employers must pay double-time for work on designated annual holidays, a Christmas bonus based on the time of service of the employee, and 15 days of paid annual leave. The law prohibits compulsory overtime. The law states that domestic employees are obligated to work on holidays if their employer makes this request, but they are entitled to double pay in these instances. The government did not adequately enforce these laws.

The Ministry of Labor is responsible for setting workplace safety standards, and the law establishes a tripartite committee to review the standards. The law requires all employers to take steps to ensure that the health and safety of employees are not at risk in the workplace. To provide for the health and safety of workers, the law requires employers to take preventive safety measures, including providing proper equipment and training and a violence-free environment. Employers who violate most labor laws can receive a default fine of no more than $57 for each violation. For serious infractions employers can be fined up to an amount equivalent to 28 minimum monthly wage salaries. These penalties were insufficient to deter violations, and some companies reportedly found it more cost effective to pay the fines rather than comply with the law. The law promotes occupational safety awareness, training, and worker participation in occupational health and safety matters.

As of July 18, the Attorney General’s Office reported that it had received 379 complaints against employers for not paying pension quotas to the pension administration companies and that it filed judicial charges against 82 employers. The judiciary dismissed charges in 48 cases and suggested alternative solutions in 46 cases.

The Ministry of Labor is responsible for enforcing the law. The government was more effective in enforcing the minimum wage law in the formal sector than in the informal sector. Unions reported that the ministry failed to enforce the law for subcontracted workers hired for public reconstruction contracts. The government provided its inspectors updated training in both occupational safety and labor standards. As of June, the ministry’s 183 inspectors had conducted 11,065 inspections. Allegations of corruption among labor inspectors continued.
The ministry received complaints regarding failure to pay overtime, minimum wage violations, unpaid salaries, and cases of employers illegally withholding benefits (including social security and pension funds) from workers.

There were reports of overtime and wage violations in several sectors. According to the ministry, employers in the agriculture sector did not generally grant annual bonuses, vacation days, or days of rest. Women in domestic service and the industrial manufacturing sector for export industry, particularly in the export processing zones, faced exploitation, mistreatment, verbal abuse, threats, sexual harassment, and generally poor work conditions. Workers in the construction industry and domestic service were reportedly subject to violations of wage, hour, and safety laws. There were also reports of occupational safety and health violations in other sectors. The government was ineffective in pursuing such violations.

In some cases the country’s high crime rate negatively affected acceptable conditions of work as well as workers’ psychological and physical health. Some workers, such as bus drivers, bill collectors, messengers, and teachers in high-risk areas, reported being subject to extortion and death threats.

As of June, the Ministry of Labor reported 4,189 workplace accidents. The sectors registering the highest levels of incidents were the following: 1,822 accidents in the services sector, 1,435 in the industry sector, 484 in the commerce sector, 315 in the government sector, 67 in the municipal sector, 47 in the agricultural sector, and 19 in autonomous entities. The ministry did not report any deaths from workplace-related accidents.

Workers can legally remove themselves from situations that endanger health or safety without jeopardy to their employment, but authorities lacked the ability to protect employees in this situation effectively.
TAB 5
Gender-based Violence, HIV, and Key Populations in Latin America and the Caribbean:
El Salvador Country Report

APRIL 2018
Gender-based Violence, HIV, and Key Populations in Latin America and the Caribbean: El Salvador Country Report

APRIL 2018

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# Acronyms and Abbreviations

<table>
<thead>
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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ASPIDH Arcoíris</td>
<td>Solidarity Association to Promote Human Development</td>
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<td>COMCAVIS-TRANS</td>
<td>Association for Communication and Training Trans Women</td>
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<td>Diké LGBTI+</td>
<td>Association Diké of Transgender and LGBTI+ People</td>
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<td>Entre Amigos</td>
<td>Association Between Friends</td>
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<td>Flor de Piedra</td>
<td>Stone Flower Women’s Association</td>
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<td>FSW</td>
<td>Female sex worker</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>KP</td>
<td>Key population</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, gay, bisexual, transgender, or intersex</td>
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<tr>
<td>LINKAGES</td>
<td>Linkages across the Continuum of HIV Services for Key Populations Affected by HIV</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<td>Orquídeas del Mar</td>
<td>Orchids of the Sea Women’s Movement</td>
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<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>REDLACTRANS</td>
<td>Latin American and Caribbean Network of Transgender People</td>
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<td>RedTraSex</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable development goal</td>
</tr>
<tr>
<td>TGW</td>
<td>Transgender women</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
</tr>
</tbody>
</table>
1 Background and Rationale

Female sex workers (FSWs), men who have sex with men (MSM), and transgender women (TGW), collectively called key populations (KPs) most at risk for HIV, are among the groups most highly affected by the HIV epidemic globally.1-3 In El Salvador, the HIV epidemic is mainly concentrated among KPs. While the HIV prevalence among the adult population (15–49 years old) in El Salvador is estimated at around 0.8 percent, the prevalence is much higher among KP groups: 16.2 percent among transgender women, 10 percent among MSM, and 3.1 percent among FSWs.4

While biological and behavioral factors contribute to their vulnerability to HIV, members of KPs around the world also face violence (see Box 1 for use of term “violence” vs. “gender-based violence”), which poses serious barriers to their ability to access high-quality health care and other essential services. While it is known that these groups face high levels of violence,10-18 including murder (see Box 2), until recently, data on the relationship between violence and HIV among FSWs, MSM, and transgender women have been limited. A growing body of research is now identifying forms of violence against KPs, and the association between violence and HIV risks such as multiple sex partners; coerced sex; substance use; unprotected sex; poor access to health services; and mental health issues such as suicidal behavior, depression, and social isolation.11,19-29 In addition to increased HIV risk, violence is a barrier to enrollment in and adherence to

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Box 1. Violence vs. gender-based violence (GBV)
The term GBV refers to “any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or women, boy or girl (e.g., MSM and FSWs).” GBV is generally assumed to be directed at cisgender women and girls; however, when the definition is expanded to include KP members of all genders, the root cause of much of the violence against KPs is revealed. For example, violence is often directed at MSM and transgender women because they are perceived as departing from norms that dictate gender expression and sexual behavior for men.6,7 Additionally, most violence against FSWs is a result of norms regarding both occupation and “acceptable” sexual behavior for women. Because the violence faced by FSWs, MSM, and transgender women is caused by rigid gender norms, it can be considered a form of GBV. However, the term “GBV” does not always resonate with all individuals who experience violence. This report uses the term “violence” to refer to all forms of GBV (emotional, physical, sexual, economic, and other human rights violations) experienced by KPs.

Box 2. Murders of KP members in El Salvador
While the precise number of KP members murdered in El Salvador varies by source and is likely to be underreported, the Association for Communication and Training Trans Women (COMCAVIS-TRANS) recorded seven murders of gay men and 102 murders of transgender people between 2014 and 20168 and the Latin American and Caribbean Network of Female Sex Workers (RedTraSex) recorded 27 murders of FSWs from September 2013 to October 2015.9

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1 For the purpose of this report, we use the term men who have sex or MSM to be inclusive of men who report having sex with men whether they self-identify as gay or not.

2 Cisgender refers to people whose gender identity corresponds with their sex assigned at birth.
Evidence also demonstrates that violence from health care providers keeps FSWs, MSM, and transgender clients from accessing HIV-related services, and peer educators identified violence as their biggest barrier in HIV outreach.

Violence is a major barrier to KP members’ access to HIV-related services, and it must be addressed to improve their HIV-related outcomes and overall well-being. Violence faced by FSWs, MSM, and transgender women demands attention from those with a public commitment to gender equality and human rights as well as those concerned with health inequities such as HIV burden. Broadening our understanding of gender can also help build coalitions among groups working to increase gender equality; improve human rights; and address HIV prevention, care, and treatment because these groups often share a common concern about violence.

While we know the experience of violence among FSWs, MSM, and transgender women is common, data are limited regarding: where violence occurs, who perpetrates it, what its consequences are, and what KP members do after they experience violence (including whether and to whom they disclose and which services they access), and what KP perspectives are related to how HIV programs can prevent and respond to violence. Understanding these factors is central to developing HIV policies and programs that are more effective and responsive to the needs of KPs, an initiative that is necessary for controlling the HIV epidemic and realizing KPs’ human rights. Thus, this study sought to generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women and to inform HIV service delivery policies and programming in Latin America and the Caribbean. This study also aimed to build the capacity of KP members to conduct and translate research to support their own advocacy and programming efforts. This report presents findings and recommendations specific to El Salvador, and it is one in a series of country reports on violence, KPs, and HIV in Latin America and the Caribbean.

2 Partners

This study had two key partners in El Salvador. The first partner was the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, a five-year cooperative agreement supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) and implemented by FHI 360. The HIV, Health, and Development group in the United Nations Development Programme (UNDP), which addresses the interactions between governance, human rights, and health responses, was the second partner. Additionally, LINKAGES and UNDP worked with local civil society partners that provide services to KPs — Solidarity Association to Promote Human Development (ASPIDH Arcoíris), COMCAVIS-TRANS, Association Diké of Transgender and LGBTI+ People (Diké LGBTI+), Association Between Friends (Entre Amigos), Stone Flower Women’s
Association (Flor de Piedra), and Orchids of the Sea Women’s Movement (Orquídeas del Mar) — to recruit peer data collectors, assist peer data collectors in recruiting participants, and provide private spaces for peer data collectors to conduct the interviews.

Regional and national advisory groups — which included civil society organizations, United Nations agencies, USAID, government representatives, and the study team — were formed to facilitate collaboration with regional and national actors and ensure that they could function as key partners for translating study results into action. The regional technical advisory group guided the technical content of the research, and the national working group interpreted and prioritized results, identified strategies to disseminate the results, and identified actions to translate the results into policy and programming. Boxes 3 and 4 list participants in each group.

### Box 3. Regional technical advisory group members
- Caribbean Sex Work Coalition
- Caribbean Vulnerable Communities Coalition
- Center for Integral Orientation and Investigation
- Coalition Advocating for Inclusion of Sexual Orientation
- Groundations Grenada
- RedTraSex
- Latin American and Caribbean Network of Transgender People (REDLACTRANS)
- LINKAGES
- Social Action Mission
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- UNDP

### Box 4. National working group members
- ASPIDH Arcoíris / REDLACTRANS
- Central American Social Integration Secretariat/Central American Network of People Living with HIV
- Entre Amigos
- Ministry of Health
- Office of the Attorney General of the Republic
- Office of the Ombudsman for Human Rights
- Social Inclusion Secretariat
- Orquídeas del Mar/RedTraSex
- Plan International
- UNAIDS
- UNDP

### 3 Study Goals

This study had five goals:

1. Generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women
2. Explore the connections between violence, HIV risk, and KP members’ service-seeking behaviors
3. Inform GBV service delivery programming, including the design and evaluation of interventions to prevent and respond to violence experienced by KPs
4. Empower KPs to conduct and interpret research
5. Strengthen partnerships among various stakeholders to promote a comprehensive response to violence among KPs
4 Methods

This study built on the highly participatory methodology and lessons learned from *The Right(s) Evidence: Sex Work, Violence and HIV in Asia*,\(^{16}\) a multicountry qualitative study conducted by UNDP, the United Nations Population Fund, the Asia Pacific Network of Sex Workers, and Sampada Grameen Mahila Sanstha. *The Right(s) Evidence* study collected evidence of female, male, and transgender sex workers’ experiences of violence; the factors that increased or decreased their vulnerability to violence; and the ways that violence relates to risk of HIV transmission. Adapting the guiding principles from *The Right(s) Evidence* study (see Figure 1), this study collected data from FSWs, MSM, and transgender women in San Salvador, El Salvador; Port of Spain, Trinidad and Tobago; Bridgetown, Barbados; and Ouanaminthe, Jacmel, and Port Au Prince, Haiti between May and September 2016. FSWs, MSM, and transgender women were included as study populations because each group faces significant risk of violence and because HIV services for these groups are often provided together through integrated services for KPs in Latin America and the Caribbean. Two criteria were used to identify study locations in Latin America and the Caribbean: (1) the presence of local KP networks and (2) interest in addressing violence among KP groups from the government, civil society, United Nations, and USAID headquarters and country missions. The selection of study locations was independent of where LINKAGES was implementing programs.
In line with the guiding principles, KP members were actively engaged throughout the research process through the regional technical advisory group and the national working group, including designing the study and data collection tools, selecting study sites, recruiting participants, conducting interviews, and interpreting and prioritizing study results. For example, FSW representatives in the regional technical advisory group said they did not want to ask about experiences of violence perpetrated by a partner or occurring before the age of 18 because their focus was reporting and addressing violence in occupational and institutional spaces. On the other hand, transgender women and MSM representatives felt that these contexts were important to include in interviews. The direct involvement of KPs was crucial for achieving the study goal of empowering KPs to conduct research but also essential for increasing the quality and reliability of the data, ensuring that the study was responsive to KPs interests and needs, and ensuring that KP groups are involved in the development of evidence-based violence and HIV prevention and response policies and programs.

In El Salvador, qualitative, in-depth interviews were conducted with 15 FSWs, 20 MSM, and 15 transgender women based on previous research on the number of interviews necessary to reach qualitative data saturation (i.e., the point at which no new information or themes are observed in the data collected). More MSM were included in response to the regional technical advisory group’s recommendation to capture the variation among this socioeconomically diverse group, including those who did and did not engage in sex work. Due to the high representation of transgender women in sex work and difficulties in recruiting
transgender women who had not engaged in sex work, the regional technical advisory group did not indicate a need to capture the variation between transgender women who did and did not engage in sex work.

All in-depth interviews were conducted by peer data collectors recruited from local civil society partners and supervised by the local researcher. All data collectors were self-identified members of one of the study populations and demonstrated organization skills, the ability to follow study procedures, strong interpersonal communication skills, and the willingness to obtain a research ethics training certificate. Data collectors were trained in qualitative research, interviewing skills, study procedures, and research ethics, and were supervised by local researchers. Study participants were recruited by peer data collectors directly from civil society organizations’ offices, where FSWs, MSM, and transgender women in San Salvador obtain services. All participants were 18 years of age or older and were either: (1) cisgender women who reported engaging in sex work; (2) cisgender men who reported having sex with other men; or (3) transgender women who either self-identified as transgender or, in responding to a two-question participant eligibility questionnaire, noted that they were assigned male sex at birth and now identified as women. Individuals currently being detained by the police or awaiting trial were not eligible for participation. Members of KPs who worked on HIV-related interventions or conducted peer outreach activities with KPs were also excluded from the study, as they were likely to be more informed and empowered than other members of their group.

Semi-structured interview guides were used to conduct interviews. Based on discussions with the regional technical advisory group the following contexts where violence was potentially perpetrated were covered in the interviews: (1) health care, (2) sex work, (3) from police, (4) from the judicial or prison systems, (5) on the street or in other public spaces, (6) from intimate partners (MSM and transgender women only), (7) in other state institutions, (8) before the age of 18 (MSM and transgender women only), and in (9) economic, (10) religious, (11) educational, and (12) other workplace settings. In El Salvador, the national working group expanded violence from police to include violence from the national police, metropolitan police, and military. The interview guide included closed-ended questions to identify the types and frequency of violence experienced by participants in each of the 12 contexts. Participants who reported experiencing violence were then asked in-depth qualitative questions about that experience. Additional qualitative questions explored participants’ experiences with health services and organizations promoting human rights and prevention of violence. The study guides were informed by existing research on violence experienced by FSWs, MSM, and transgender women and developed in conjunction with the study’s regional technical advisory group and member organizations of the LINKAGES Advisory Board. The guides were reviewed by and piloted with individuals from the Global Forum on MSM and HIV, the Global Network of Sex Work Projects, the Innovative Response Globally for Trans Women and HIV, and KP members in each country. After the pilot, the guides were further revised to improve clarity and relevance of the questions, accuracy of the translation, and flow of the questions.

Experiences of violence were sorted into five types: emotional, physical, sexual, economic, and other human rights violations. These are collectively referred to as violence in this report. The
types of violence, including examples, can be found in Box 5. These types and examples of violence draw from global guidance on addressing violence faced by KPs.41, 42

Interview data were organized, coded, and analyzed with QSR NVivo qualitative data analysis software program.43 A codebook, including deductive codes generated from the data collection instruments and inductive codes emerging from the data, was developed and transcripts were coded jointly by the research team until intercoder reliability was achieved. After that, intercoder reliability was assessed periodically. Memos summarizing themes, including supporting quotes, were created and analyzed to address the research questions. Responses to closed-ended questions were entered with EpiData data entry software44 with double data entry for accuracy, exported to STATA,45 and analyzed descriptively by country and KP group to produce means and frequencies of responses to demographic questions and questions on participants’ experiences of violence. Additional descriptive analyses aggregated participants’ responses on experiences in each context and by type of violence to produce overall counts by context and by type.

Interpretation meetings — including peer data collectors, study participants, and representatives from the national working group — were held to review the data, ensure accuracy in the interpretation, prioritize results, and discuss dissemination plans including the optimal format for presentation.

The study received ethical approval from both the FHI 360 Protection of Human Subjects Committee and the El Salvador National Ethics Committee on Health Research. All participants provided oral informed consent before the interview and all interviews were audio recorded and transcribed in Spanish, then translated into English for analysis. The audio recordings and

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**Box 5. Types of violence41, 42**

**Emotional**: Psychological and verbal abuse; humiliation; threats of physical or sexual violence or any other harm to an individual or those they care about, including threatening to take custody of an individual’s children; coercion; controlling behaviors; calling names; verbal insults; confining someone or isolating him/her from friends/family; repeated shouting; intimidating words/gestures; destroying possessions; blaming; isolating; bullying

**Physical**: Hitting; pushing; kicking; choking; spitting; pinching; punching; poking, slapping; biting; shaking; pulling hair; throwing objects; dragging someone; beating someone up; deliberately burning someone; using a weapon; kidnapping; holding against will; physically restraining; depriving of sleep by force; forcing someone to consume drugs or alcohol; police subjecting someone to invasive body searches/forcing someone to strip; poisoning; killing

**Sexual**: Rape; gang rape; physically forcing, coercing, psychologically intimidating or socially or economically pressuring someone to engage in any sexual activity against their will (undesired touching, oral, anal, or vaginal penetration with penis or with an object); refusal to wear a condom; genital cutting/mutilation

**Economic**: Use of money or resources to control an individual; blackmailing; refusing someone’s right to work; taking earnings; refusing to pay money that is earned/due, including clients refusing to pay; withholding resources as punishment

**Other human rights violations**: Denying or refusing food or other basic necessities; police arbitrarily stopping, detaining, or incarcerating people in police stations, detention centers, and rehabilitation centers without due process; arresting or threatening to arrest people for carrying condoms; taking condoms away; refusing or denying health care or other services; subjecting someone to coercive health procedures such as forced STI and HIV testing, sterilization, abortions; early or forced marriage
interview transcripts were identified by archival numbers and were not linked to participant names or identifying information.

To protect the privacy and confidentiality of participants, all interviews were conducted in a private space. Identifying information was collected by study staff only to schedule interviews and invite participants to data interpretation and dissemination events. Identifying information was not written on documents that contained any information about the study and it was kept separate from interview transcripts, notes, and audio recordings; held in strictest confidence; and destroyed after data interpretation and dissemination. All study staff were trained in research ethics and study procedures to ensure the confidentiality of study participants.

5 Results

A total of 50 individuals (15 FSWs, 20 MSM, 15 TGW) participated in the El Salvador study site. The mean age of each group was similar overall (overall mean age of 34.2 years), although higher among FSWs (40.1 years). Overall, less than a quarter of participants reported having paid employment other than sex work; this proportion was highest among transgender women with one-third of transgender women reporting having paid employment (see Table 1) such as hair stylist, make-up artist, dancer, and domestic worker.

Table 1. Participant demographics

<table>
<thead>
<tr>
<th></th>
<th>FSW (n=15) % or mean</th>
<th>MSM (n=20) % or mean</th>
<th>TGW (n=15) % or mean</th>
<th>All KP Groups (n=50) % or mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>40.1</td>
<td>32.3</td>
<td>31.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Highest education level$^{[11]}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>6.7</td>
<td>0.0</td>
<td>0.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Primary</td>
<td>80.0</td>
<td>15.0</td>
<td>40.0</td>
<td>42.0</td>
</tr>
<tr>
<td>Secondary</td>
<td>6.7</td>
<td>55.0</td>
<td>53.3</td>
<td>40.0</td>
</tr>
<tr>
<td>University or technical</td>
<td>6.7</td>
<td>30.0</td>
<td>6.7</td>
<td>16.0</td>
</tr>
<tr>
<td>Has paid employment</td>
<td>6.7</td>
<td>10.0</td>
<td>33.3</td>
<td>16.0</td>
</tr>
</tbody>
</table>

Qualitative study results provide insight into individual experiences, including why individuals think, feel, and believe what they do; the results presented here cannot be used to generalize to each population. All numbers presented refer specifically to those individuals in the study. Across all study populations, the most common types of violence reported in closed-ended questions were those perpetrated before the age of 18, by the police (national and metropolitan) and military, and on the street or in other public spaces; over 95 percent of participants reported violence in these contexts. Further, over half of the participants

$^{[11]}$ The percentages in the highest level of education add up to slightly more than 100 due to rounding.
experienced all five types of violence. The number and percentage of participants who reported experiencing violence in response to closed-ended questions can be found in Table 2, while a synthesis of their responses to qualitative questions can be found in the text after Table 2. Both closed-ended and qualitative responses are presented by context. The data in Table 2 (closed-ended responses) and the data in the text (qualitative responses) do not necessarily match. In fact, in most contexts, many participants did not report experiencing violence in response to open-ended questions (e.g., “Can you tell me about any violence you have experienced in a health care setting?”) but did report experiencing violence in response to closed-ended questions about specific types of violence (e.g., Did any experiences in a health care setting include gossiping about you to other staff or patients?).

Table 2. Percentage of participants in El Salvador reporting violence across contexts in response to closed-ended questions (n = the number of people who responded to the question)

<table>
<thead>
<tr>
<th>Context</th>
<th>All KP Groups</th>
<th>FSW</th>
<th>MSM</th>
<th>TGW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Before 18</td>
<td>97</td>
<td>34</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>National police, metropolitan police, and military</td>
<td>96</td>
<td>49</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td>Street/public spaces</td>
<td>96</td>
<td>49</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td>Health care</td>
<td>94</td>
<td>48</td>
<td>100</td>
<td>85</td>
</tr>
<tr>
<td>Sex work</td>
<td>94</td>
<td>34</td>
<td>100</td>
<td>71</td>
</tr>
<tr>
<td>Judicial</td>
<td>91</td>
<td>19</td>
<td>80</td>
<td>57</td>
</tr>
<tr>
<td>Partner</td>
<td>91</td>
<td>19</td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Religious</td>
<td>90</td>
<td>48</td>
<td>93</td>
<td>85</td>
</tr>
<tr>
<td>Education</td>
<td>84</td>
<td>44</td>
<td>58</td>
<td>89</td>
</tr>
<tr>
<td>Economic</td>
<td>83</td>
<td>47</td>
<td>100</td>
<td>68</td>
</tr>
<tr>
<td>Other work</td>
<td>78</td>
<td>45</td>
<td>69</td>
<td>80</td>
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<tr>
<td>Other state institutions</td>
<td>50</td>
<td>42</td>
<td>55</td>
<td>37</td>
</tr>
<tr>
<td>Any context</td>
<td>100</td>
<td>50</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Key: 0-19% | 20-39% | 40-59% | 60-79% | 80-100%
5.1 BEFORE THE AGE OF 18

Thirty-six participants (5/15 FSWs, 19/20 MSM, 12/15 TGW) reported experiencing violence before the age of 18. Questions about experiences before the age of 18 were not included in the interview guide for FSW participants, as recommended by the regional technical advisory group; however, five FSWs spontaneously disclosed experiences that took place before they were 18 years old. Emotional violence was the most commonly reported type of violence (9 MSM, 8 TGW) experienced before age 18, including from their families, friends, classmates, neighbors, or other people in their communities. Emotional violence included being insulted, humiliated, isolated, or made to feel inferior or worthless, either by their families or by their peers, neighbors, or others in the community. Fourteen participants (5 FSWs, 8 MSM, 1 TGW) experienced sexual violence. Most sexual violence was perpetrated by male family members, although other men in the community were also perpetrators. Rape, almost always perpetrated by family members, was nearly universally reported by those experiencing violence before the age of 18, (5 FSWs, 7 MSM, 1 TGW); two MSM also reported other types of sexual harassment. Thirteen participants (2 FSWs, 6 MSM, 5 TGW) experienced other human rights violations, such as being kicked out of their homes before the age of 18 and being forced to see psychologists or other doctors due to their sexuality or gender identity. Physical violence before the age of 18 was reported by approximately one-fifth of participants (2 FSWs, 4 MSM, 5 TGW) and included being hit or kicked and was typically perpetrated by male family members or groups of male peers. No participants reported experiencing economic violence before the age of 18.

“Another situation...is the violence that you suffer from when you start working in sex work, possibly even from before. I mean, I’m going to tell you something really heavy. I was raped by my own stepfather, which is something you just don’t tell anybody, because you often feel humiliated...I remember that I told my mom and she didn’t believe me and at that time my older sister had already been raped by the same person, which I didn’t know. Afterwards, I told my grandmother that I didn’t want to live with them. That’s why I grew up in an orphanage, at the [orphanage name] in Santa Ana. That’s where I was raised for four years. So, what I just told you is honestly very heavy stuff."

FSW participant

“My mom would say ‘the effeminate people,’ because that was the word that people used before. ‘If I had an effeminate son,’ she would say, ‘I would put him into the army so that they would make him a man. I would hit him, I would tie him to a tree, I would kick him out. I would never want a son like that.’ So then when I was little, I used to hear all those comments that my mom said. And so for that reason I had to leave my house without them noticing... It was because of that that I had to leave home, because I felt that when they realized it well they were going to kick me out, and to avoid that I ran away.”

Transgender woman participant

5.2 NATIONAL POLICE, METROPOLITAN POLICE, AND MILITARY

In El Salvador, same sex relations are not criminalized, and discrimination based on sexual orientation and gender identity is prohibited in the public sector, including public health services. In addition, in 2015, the penal code of El Salvador was reformed to include hate crimes. However, antidiscrimination laws have not been effectively enforced. Similarly,
sex work is not criminalized in El Salvador, but inducing, facilitating, promoting, or incentivizing sex work is illegal.49

Experiences of violence from the national police, metropolitan police, and military were nearly universal: 47 participants (14/15 FSWs, 18/20 MSM, and 15/15 TGW) reported experiencing violence from police and armed forces members. The most common types of violence perpetrated by police (national and metropolitan) were other human rights violations (12 FSWs, 14 MSM, 8 TGW), including being stopped, searched, or asked for identification documents which often resulted in harassment, public humiliation, theft, and in some cases, physical violence or arrest. Other human rights violations included police refusing to help participants because of their occupation, sexuality, or gender identity and arrest on trumped-up charges — both of which commonly resulted in additional violence within a police facility or unlawful detainment. Emotional violence was also common (7 FSWs, 11 MSM, 7 TGW) and included verbal harassment and threats of physical or sexual violence. Economic violence (5 FSWs, 6 MSM, 6 TGW) included police demanding money or robbing participants. Physical violence (4 FSWs, 6 MSM, 5 TGW) included being hit, punched, kicked, or attacked with police batons or stones or participants reporting they were forced to leave public spaces against their will. Finally, sexual violence (5 FSWs, 2 MSM, 5 TGW) included rape or police demanding sexual favors in return for participants avoiding arrest.

“A patrol car pulled up beside me and they asked me what I was doing so late. ‘Ah, I’m going home.’ I was waiting for a taxi. It wasn’t so violent at that time as it is now. The violence had only just started. The police came and they told me to get in (to the patrol car). I went with them, trusting them, because they were the police, so I got in. They took me to [a municipality of San Salvador]. All three had sex with me. Some used condoms, others didn’t, and well, we just had sex. But at that time you could say... they didn’t force me. But what was I going to do in a place alone, with three police officers? And they had free sex you could say, and they didn’t pay me. They just dropped me off at my house afterwards... The police abuse their authority. I have had clients that are police and they have told me that they do it, and I have seen it for myself, that just because they have a uniform they want to have sex with you, without your consent. Well in this case they were forcing me to have sex with them and one of them even robbed me.”

FSW participant

“When we would go to [a gay bar], I was dressed as a woman with several friends, we would look for taxis early in the morning by the gas station... So anyways, we would be looking for taxis, and most of the time a police officer would stop us and look through our purses and they would always rob our cell-phones or our money. It was very common. Common, common, common. I knew that every Sunday for me meant getting my phone stolen.”

MSM participant

“I have endured many experiences, I have had many experiences with soldiers. With the metropolitan police as well... A long time ago, well, maybe not so long ago, I used to sell vegetables at the market. I was working and the metropolitan police would start to call me “fag, asslicker, gay,” harsh words, in places full of people. I felt humiliated because I mean, it’s obvious that you would feel bad. The metropolitan police, all of a sudden if I walked past they would start to laugh at me with their colleagues, “hey, she’s calling you, she’s calling you,” “no I don’t like that sh*t,” those were the kind of harsh words that they used. The truth is that I felt that the metropolitan police were discriminating against me.”

Transgender woman participant
5.3 STREET/PUBLIC SPACES

Violence on the street or in other public spaces was also nearly universal among all study populations with 47 participants (14/15 FSWs, 19/20 MSM and 14/15 TGW) reporting experiences of violence in these settings. Emotional violence was the most common type of violence experienced in the street (13 FSWs, 19 MSM, 14 TGW) followed by physical violence (6 FSWs, 7 MSM and 8 TGW). A small number of participants reported economic (2 FSWs, 3 MSM, 2 TGW) and sexual violence (2 FSWs). The most common type of emotional violence was verbal discrimination, being called names, and receiving other insults. FSWs also reported being called dirty or disease-carrying (n=5) and being gossiped about or “outed” as sex workers (n=5). Six MSM and four transgender women reported being mocked or humiliated (MSM when they dressed as women), and four MSM and four transgender women reported being threatened with physical and/or sexual violence. Most emotional violence was perpetrated by male strangers on the street; FSWs also reported police (n=5) and women (n=5) as perpetrators while MSM reported members of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community as perpetrators of emotional violence (n=3). Physical violence was the next most common type of violence experienced on the street and was most commonly experienced by transgender women. FSWs most commonly reported experiencing violence in the form of being grabbed and hit and being spit on, while MSM said they were beaten, hit, shoved, or attacked, and transgender women reported being punched or beaten. Three MSM and five transgender women also reported having food or water thrown on them. Typically, this came from male strangers on the street. Experiences of economic violence differed among study populations. For FSWs, it came in the form of extortion or blackmail from gangs, police, and criminals while MSM reported economic violence from sex partners or potential sex partners and transgender women reported that they were prevented from working, had money or goods stolen from them, or were asked or extorted for money by gangs. Two FSWs reported sexual violence in the form of unwanted sexual grabbing or touching in public spaces.
Forty-one participants (15/15 FSWs, 13/20 MSM, 13/15 TGW) reported experiencing violence in a health care setting. The most common type of violence for all groups was emotional violence. This included being insulted by health care providers, experiencing a delay in services, and being treated with disdain. Less commonly, participants reported being talked about by health care staff, having their needs disregarded, and being scolded. Several FSWs (n=6), some transgender women (n=4), and one MSM reported other human rights violations. A few participants from each group experienced physical violence; one FSW reported sexual violence. Only nine participants reported they had not had negative experiences, most (n=6) without further elaboration.

5.4 HEALTH CARE

“Sometimes it’s the housewives who walk past with their husbands. And they...the man turns around to look at us and the women hits them on the head and says, ‘Damn, you like those dirty women, you dirty man’...and you think damn! These women...they continue to contribute to inequality. In their opinion, sex work is not work. They see it as something dirty, yeah, and it’s their husbands, often it’s their husbands who come and look for us, their husbands. Yes, comments like that, or when a teenager walks passed with his mother and turns around and looks at us, ‘Oh, those dirty women, you...’ and they call us ‘AIDS carriers,’ they say lots of things that are violent if you listen to them. Maybe it’s not physical violence but it is psychological violence, and in the end it affects us.”

FSW participant

“Just in the bus, there are comments that maybe because of the shirt I’m wearing, but they are making indirect comments, they say ‘there goes the gay parade’ or ‘I wish they would kill them.’ Really awful comments, against the community. Not directly against me. They’re kind of indirect. Or they say, ‘there go the gays,’ or maybe ‘they should die.’ Really aggressive comments...Once they said something and I would have liked to have responded to them, they deserved it, but I was afraid, that there would be more violence...Yes, they were saying that gay people should die. So I said to myself if I look back, then it can give them a reason to get fired up, and I don’t know if they are carrying a Taser, a gun...and I didn’t know because I didn’t even see them...So I bit my tongue and I couldn’t do anything...it was a bad moment, it was a bit of discrimination that I experienced there.”

MSM participant
5.5 SEX WORK

Of the participants reporting that they had ever engaged in sex work — whether they were FSW, MSM, or TGW (15/15 FSWs, 6/20 MSM, 12/15 TGW) — 28 reported experiences of violence from clients during sex work (13 FSWs, 4 MSM, 11 TGW). Violence perpetrated by colleagues was also commonly reported by FSWs and transgender women. FSWs also reported experiencing violence from people they worked for (such as pimps or brothel owners); this was uncommon among both MSM and transgender women. Physical, economic, emotional, and sexual violence from clients were reported by all study groups with FSWs commonly experiencing all types of violence, and transgender women experiencing more physical abuse than the other groups. Most participants reported experiencing emotional violence (11 FSWs, 3 MSM, 6 TGW) which included being called names, receiving derogatory comments, and receiving threats of physical or sexual violence. Physical violence was also commonly reported (9 FSWs, 2 MSM, 11 TGW). This included being hit; being threatened or attacked with guns, knives, rocks, or bottles; confinement; being abandoned; thrown from moving vehicles; losing body parts; and forced to do drugs. Sexual violence was reported by nearly half of participants who engaged in sex work (10 FSWs, 2 MSM, 4 TGW) and included being raped, being forced to engage in any sex act against their will, and being forced to have sex without a condom. Sexual violence often occurred after the sex worker and client agreed to have sex. Finally, economic violence (10 FSWs, 3 MSM, 8 TGW) was common, and this included clients refusing to pay for services, wanting to pay less than agreed up, or demanding additional services or extra time. Triggers
for violence most commonly included disagreements over payment or a client’s intoxication. For transgender women, violence often happened when clients found out they were not cisgender women.

“**Yes, there always is from them. There is a lot of discrimination but, it’s like, in the long run we have maybe, adapted and gotten used to it... not used to it but we have adapted to it yeah, because I mean... I need money right and even if 'Mr. So and so’ says... ...that we are prostitutes and we’re worth nothing, we keep doing it. We don’t care. ‘You’ll pay this much right. Ten? Fifteen dollars?’ And we have to put up with them, we have to put up with them saying ‘you whore, you’re worth nothing here.’ But our needs have made us do this... and we have needs. They often steal our money sometimes.”**

FSW participant

“It was bad, I had to throw myself from a car, because the guy forced me in, because he thought he had taken a biological woman with him...So, when we were driving, he realized that I am a trans woman...and, yeah, he told me he was going to take me somewhere to kill me.”

Transgender woman participant

### 5.6 Judicial and Prison Systems

Of the 17 participants who had interacted with the judicial or prison systems, 13 (5/5 FSWs, 7/9 MSM, 1/3 TGW) reported experiencing violence. Across all groups, human rights abuses were the most commonly experienced type of violence, with nine participants (4 FSWs, 5 MSM) reporting experiences such as not being allowed to attend their own trial, being denied water, being searched in a degrading manner, or having their children taken from them. Five participants (1 FSW, 3 MSM, 1 TGW) reported experiencing emotional violence, including being insulted and gossiped about by lawyers, judges, prison guards, and others. Two participants (1 FSW, 1 MSM) reported sexual abuse in the judicial and prison systems, and one MSM experienced physical violence.

### 5.7 Partners

Thirty-six participants (6/15 FSWs, 17/20 MSM, 13/15 TGW) reported experiencing violence from a partner. Questions about experiences of violence from partners were not included in the interview guide for FSW participants, as recommended by the regional technical advisory group; however, six FSWs spontaneously disclosed their experiences of violence from partners when asked other questions. Emotional violence was the most common type reported by those who experienced violence from partners (5 FSWs, 16 MSM, 9 TGW). This included partners insulting them or making them feel inferior, making negative comments about their appearance, and scolding. Further, 13 participants (10 MSM, 3 TGW) described partners who monitored or controlled them, including looking through their phones or social media and watching them or controlling who they saw, who they spoke to, where they went, how they dressed, or how they spent their money. Less common forms of emotional violence included receiving threats from partners (4 MSM, 1 TGW) or being cyberbullied (2 MSM). Among FSWs, half of those who reported violence from partners (3/6 FSWs) reported that the fathers of their children abandoned them and their children and half reported that their ex-partners tried to
take their children from them. In two of the three cases, the fathers gained custody of the children because they revealed that the mothers were FSWs and thus they were perceived as bad mothers. They also exposed the FSWs’ profession to their children.

Of the 19 cases of physical violence committed by partners (2 FSWs, 10 MSM, 7 TGW), 11 participants (1 FSW, 6 MSM, 4 TGW) reported they were physically assaulted by a partner due to jealousy: their partners thought participants were interested in someone else or cheating on them and, in some cases, participants had questioned their partners’ fidelity. Further, nine participants (1 FSW, 4 MSM, 4 TGW) reported they were physically assaulted by their partners for reasons other than jealousy. The physical assaults included grabbing, scratching, hitting (including with objects), punching, choking, stabbing, throwing coffee at someone, and ripping someone’s clothes off.

Sexual (2 FSWs, 1 TGW) and economic (2 FSWs, 1 TGW) violence from partners were the least common types of violence reported by those who experienced violence from partners. Of the three cases of sexual violence committed by partners, two FSWs and one transgender woman reported being raped by their ex-partners. Economic violence included FSWs reporting that the fathers of their children stopped providing economic support to their children.
Participant: “When my children’s father and I separated, ehhh, I went to the public prosecutor’s office... The truth is that we had a number of hearings and I almost always had the higher ground. But then in the end, my profession as a sex worker was found out and so they denied my rights and he gained custody of the children. The children stayed with him because I was a sex worker.”

Interviewer: What were the consequences for you?
Participant: “Losing my children was hard for me. The truth is that children are always very important, the best thing ever, right? And since then, I can only visit them once a week. But the saddest thing about it was that he (the father) made the children think that because I was a sex worker, ‘a prostitute,’ he said, that I couldn’t go and see them. Until, finally, they... started to see me as inferior and so I stopped going to see them.”

FSW participant

“I was also abused by the father of my eldest son (cries)... I lived with him for 10 years.... 20 years, since I was 14. I don’t know, but he would say hurtful things and yes, he would hit me really hard. He would even tell me that I wasn’t worth anything, that I was garbage. And there are times, I don’t know if it’s depression, because there are times when I feel like I’m not worth anything, that I’m not good for anything. Once, I got to the point of taking pills. Not long ago I almost cut my veins. But as God is good, he told me... “think of the boy” because my boy is 13 years old. “Think of the boy because he’s the only one who will bury you.” In the end, I only hurt myself here on my finger. And my boy! This is why I say my son gives me strength.”

FSW participant

Participant: “And the situation turned so difficult that not only did he start to want me to boycott the people who might be able to get physically or sentimentally close to me, but he also watched me. What’s more I think he even bugged my phone line. Back then it was only the landline, there weren’t any cellphones. But he did watch me, and he told me, “right now you’re doing such thing, right now you’re going to such place. You went out, where are you going? Are you going to come back from this place?” That’s to say, he proved to me that he was watching me, of course it was someone who was inside the military, a high-ranking officer who could easily keep watch over me or had the power to have me watched. It was very traumatic.”

Interviewer: What do you think were the consequences for you?
Participant: “Ay! I would cry, surprisingly, which I had never done, and I asked God to get him away from me. Since I didn’t know back then, I asked for his death, yes. That’s to say, I never thought that I could have that power. To come and think that you’re capable of hating a person because they hurt you so much, because they scare you, because they don’t let you breathe, don’t let you sleep. That was very traumatizing.”

MSM participant

“Many, many years ago, I had a partner that abuses me, mistreated me and took advantage of me [...]. Because I was engaging in sex work, I stayed up all night working in the bars, right? [...] So then at the time when I went to bed he wanted to have intercourse with me and since I’m telling you, I was tired... so I would tell him no. “No, look, I’m tired, I want to rest, I want to sleep.” So then, what he did several times was he hit me, because I didn’t want to have sex with him. Then he would hit me and of course after he hit me, then he had sex with me. So, then he abused me and raped me at the same time, because it was by force that he had sex with me. [...] It was traumatizing to see that maybe the person... because you, of course you’re with your partner you’re supposed to get along, live together, and everything. And it’s traumatizing to see that the person that maybe I trusted most, who I told my problems to, from whom I desired protection, was the person who abused me, treated me badly.”

Transgender woman participant
5.8 RELIGIOUS SETTINGS

Forty-one participants reported violence in religious settings (13/15 FSWs, 17/20 MSM, 11/15 TGW). The most common types of experiences included emotional violence in the form of discrimination and exclusion from religious leaders or other religious community members; this was experienced by approximately one-third of the participants (5 FSWs, 6 MSM, 5 TGW). Less common were discriminatory comments from members of local churches in other settings that were not churches (2 FSWs, 3 MSM, 4 TGW) and being forced or encouraged to change their occupation, sexual orientation, or gender identity by members of the religious community or, more rarely, by religious leaders themselves (1 FSW, 6 MSM, 1 TGW). Other experiences included being made the target of sermons and/or discriminatory comments during religious services when they attended church (n=4), being made to feel unwelcome when attending church (n=4), and coercive sexual encounters with members of religious communities (n=2). The remaining nine participants (2 FSWs, 3 MSM, 4 TGW) did not report any experiences of violence in religious settings and provided no further explanation.

5.9 EDUCATION SETTINGS

Thirty-three participants (8/15 FSWs, 16/20 MSM, 9/15 TGW) reported experiencing violence in education settings. Notably, all FSWs and MSM and most transgender women reported emotional violence (8 FSWs, 16 MSM, 8 TGW). Being called names and being insulted or made fun of by classmates due to their perceived masculinity and or sexual orientation was the most common form of emotional violence (12 MSM, 6 TGW) followed by experiences of the same perpetrated by school staff (7 MSM, 3 TGW). Some participants reported that their perceived masculinity or sexual orientation resulted in being excluded from group activities by peers (2 FSWs, 2 MSM, 1 TGW) and being threatened with physical violence by classmates or school staff (1 MSM, 1 TGW). Six FSWs reported that their children were bullied or discriminated against by classmates, students’ parents, teachers, and school staff because of their occupation. Other types of emotional violence included having their parents’ occupation or their own sexual orientation outed in an education setting (2 FSWs, 2 MSM) or being forced to do things they did not want to by classmates and teachers in an education setting (3 MSM, 1 TGW). Six participants reported physical violence (5 MSM, 1 TGW) perpetrated by classmates due to perceived femininity and or sexual orientation; six participants (3 MSM, 3 TGW) also reported human rights violations in the form of being barred from attending school, suspended, expelled, or threatened with the above by school staff when they presented a feminine gender expression (e.g., long nails, hair, make-up) or participated in activities seen as feminine. Finally, two participants reported sexual harassment from classmates (2 MSM). Experiences of violence affected participants’ academic performance and trajectory, including not wanting to go to school, skipping school, dropping out of school, being unable to focus on school work, and getting bad grades.
5.10 ECONOMIC SETTINGS

Thirty-one participants (15/15 FSWs, 7/20 MSM, 9/15 TGW) described experiences of violence in economic settings. Notably, all FSWs reported an experience of violence in this setting compared to about one-third of MSM and about two-thirds of transgender women. Most commonly, these experiences included economic violence such as difficulty accessing financial services such as getting loans or opening savings accounts (9 FSWs, 5 TGW) or unfair economic practices such as being charged more for food or goods, being paid less, being paid late, or having to pay higher rent (5 FSWs, 4 MSM, 1 TGW). Less commonly reported economic violence included being denied a job because of their sexual orientation or gender identity (5 MSM, 2 TGW); having economically unsupportive or exploitative partners (4 FSWs); financial exploitation or bribery related to sex work (3 FSWs, 1 TGW); economic exploitation by gang members (1 FSW, 1 TGW); and other experiences with the health care system reported by FSWs, such as not being able to get health insurance or paying more for private and nondiscriminatory health care.

5.11 OTHER STATE INSTITUTIONS

Twenty-one participants (6/15 FSWs, 6/20 MSM, 9/14 TGW) reported experiencing violence in this setting, including emotional violence or human rights violations while getting an identification card, problems with child custody, issues getting a passport or visa, and limited or no access to legal or social services. The most common form experienced by FSWs was issues with child custody (4 FSWs), and by far the biggest issue for transgender women was getting identification cards (9 TGW). For example, when transgender women went to get their unique identity documents, they often received stigmatizing comments about their physical appearance or were made to alter their physical appearance to get their documents, including taking off their makeup and jewelry and pulling back or cutting their long hair.

5.12 SHARING EXPERIENCES AND SEEKING SERVICES

For each context in which violence occurred, participants were asked whether they shared an experience of violence and whether they sought any services, such as health care, counseling, legal support, and police services, after the experience. Many participants shared an experience of violence — often with a trusted friend or family member; however, few participants sought services. Among the few who did seek services, services sought included counseling (e.g., psychologist, support groups), legal assistance, filing a report with the police, and health care (e.g., treatment of injuries).
Thirteen participants (2 FSWs, 6 MSM, 5 TGW) reported they had been asked about experiences of violence by a health care provider, and 12 participants (4 FSWs, 6 MSM, 2 TGW) reported they had shared their experiences — in some cases spontaneously — with health care providers. Participants who shared reported they did so because they wanted advice (1 MSM, 1 TGW), they trusted the provider (1 MSM, 1 TGW), the provider was friendly (1 MSM, 1 TGW). Other reasons, cited by one person each included that they wanted support (1 FSW), they thought the provider had the necessary skills (1 MSM), and the provider asked (1 MSM).

Although only 13 participants had been asked about violence by a health care provider and 35 participants (12 FSWs, 12 MSM, 11 TGW) reported that they wanted health care providers to ask about these experiences. The most common reasons participants cited were to receive help or guidance, both physical and psychosocial, (6 FSWs, 4 MSM, 5 TGW) and to improve health care providers’ understanding of their experiences (4 FSWs, 4 TGW).

Desire for services to address violence was common among participants. The most commonly requested service was counseling and psychological support services to deal with experiences of violence (2 FSWs, 9 MSM, 4 TGW). Participants described wanting help and support from health care providers who accept and respect them. Improving health care through educating health care providers and promoting respect and eliminating discrimination was mentioned by all groups but particularly important for FSWs (7 FSWs, 4 MSM, 3 TGW). The next most commonly requested service was legal assistance (4 FSWs, 3 MSM, 2 TGW). Two described thinking that the police could help them address violence and one asked for help to ensure the police do not discriminate against transgender women. Six participants (3 FSWs, 1 MSM, 2 TGW) described wanting help with employment issues. Most common was a request for help getting a job or providing financial assistance. Finally, 18 participants (8 TGW, 7 MSM, 3 FSWs) reported not wanting any services. Most participants offered few details.

“Well, I’ve always said what’s the point in filing a complaint? Because these days, if you file a complaint against the police they’ll threaten you, they’ll take you from your home, they’ll kill you. Because that’s what’s happening these days. You can’t say anything, because they’ll take you out and kill you, for real.”

FSW participant

“If the police and the military themselves had done this, then who could I go to? For me it was like: ‘Who are you going to tell? Who are you going to ask for help from? How am I going to tell somebody that they attacked me?’ Like I was going to say, ‘Hey look, can you work it out so that you sentence yourselves and put yourselves in jail?’”

MSM participant
5.13 IMPACT OF VIOLENCE

Participants were asked to share how their experiences of violence had affected them. Forty-four participants (13/15 FSWs, 17/20 MSM, 14/15 TGW) described some negative impact on their emotional, mental, or physical health because of their experiences of violence. Three others (2 MSM, 1 TGW) explained that they did not want to share the impact of violence on their emotional or mental health or referred to the other information that they had shared previously in the interview to explain that there were clear impacts on their health.

Of the 44 participants who reported negative impacts, common types of impacts included feeling fearful, distrustful, or isolated (3 FSWs, 6 MSM, 4 TGW); feeling humiliated or worthless (5 FSWs, 1 MSM, 1 TGW); broad negative impacts (1 FSW, 3 TGW); and depression and/or suicidal ideation (1 MSM, 2 TGW). Some participants (2 FSWs, 5 MSM, 3 TGW) described how their experiences of violence had negatively affected their relationships with other people, specifically with intimate partners, colleagues, and neighbors, and broadly how they relate with community members on the street and/or via social media. Nearly one-third of participants (6 FSWs, 4 MSM, 3 TGW) attributed the negative impacts to experiences of emotional violence in the form of verbal insults, physical threats, and dirty looks.
5.14 HIV RISK

Perception that HIV risk was increased due to violence was low overall with 30 participants reporting they were not at risk for HIV infection even while all said they experienced at least one form of violence (4 FSWs, 17 MSM, 9 TGW). Notably, the majority of MSM thought they were not at risk for HIV infection whereas FSWs perceived higher risk. While some participants did not give a reason for why they did not feel at risk of HIV (2 FSWs, 2 MSM, 7 TGW), others explained that they were not at risk because they protect themselves, often by using condoms (1 FSW, 8 MSM, 2 TGW), had never been raped (5 MSM), or had no risky contact with people living with HIV, such as contact with their semen or blood (4 MSM).

Eighteen participants felt their experiences of violence had put them at risk for HIV (10 FSWs, 3 MSM, 5 TGW) while two were unsure (1 FSW, 1 TGW). Common reasons for feeling at risk included risk or actual experience of sexual violence that resulted in unprotected sex (5 FSWs, 1 MSM, 4 TGW); seemingly unescapable HIV risks during sex, particularly experiencing rape as a sex worker (3 FSWs, 1 TGW); experiences of violence led to risky sex (2 MSM). Three participants (all FSWs) did not provide reasons why they felt at risk for HIV infection.

5.15 COUNTERING VIOLENCE: POSITIVE EXPERIENCES AND COPING MECHANISMS

Despite experiencing high rates of violence, many participants shared positive experiences. Twenty-nine participants (10 FSWs, 13 MSM, 6 TGW) described at least one positive experience or positive aspect of their lives. The remaining 19 participants (4 FSWs, 9 MSM, 6 TGW) stated

“Mostly on the streets, when I’m walking, around unfortunately... Actually no, not unfortunately, because I am very proud of being gay, but on the streets when people see you with a bit of a ‘swagger’ when you walk and right away people label you as gay, and they curse at you, until you don’t want to hear it anymore. Honestly, most of the time people are unfamiliar with the topic, and they don’t know the background of a gay person, unless they have a gay relative. The emotional damage that they can cause a person is tremendous. When they say these kinds of things to you, it might make you laugh, but on the inside, and at home there are emotionally troubling times where you might say ‘Damn, I can’t believe what they said to me in front of everyone.’ And so, whether you like it or not, society and the population itself do us harm.”

MSM participant

“I have sought ways to avoid feeling traumatized, psychologically. Because I feel scared to go out, scared to speak, scared to answer calls, scared to go on social media, even scared in my dreams sometimes, because I used to have nightmares. I still have nightmares now, scary nightmares and I was up feeling scared and that’s why sometimes, I’ve tried to think positively, ‘one day, God first, and one day this will all go away and none of that will ever happen again,’ and these are things that you just have to overcome sometimes, because life goes on.”

Transgender woman participant

“If I need to, for example, to go to the doctor or a consultation or something and because of my fear they are going to discriminate against me or they won’t attend to me, I think it is better not to go, so I don’t do anything about it.”

Transgender woman participant
that they did not have another positive experience to share. The most commonly reported positive experience was having supportive relationships with family members; other positive experiences included those related to their work (either sex work or other employment) \((n=4)\), having good or supportive relationships with a romantic partner \((n=2)\), and finding self-acceptance or building self-esteem or resolve \((n=3)\).

Thirty-nine participants \((12 \text{ FSWs, } 17 \text{ MSM, } 10 \text{ TGW})\) reporting having a place where they felt safe. Notably, a higher proportion of MSM reported having a place where they felt safe compared to the other population groups. Among those who described feeling safe, many \((7 \text{ FSWs, } 11 \text{ MSM, } 6 \text{ TGW})\) described feeling safe with members of their family and when at home \((\text{either alone or with family members})\); several others \((2 \text{ FSWs, } 4 \text{ MSM, } 3 \text{ TGW})\) reported feeling safe when they were at civil society organizations or “associations” that were a source of support and acceptance. The remaining 11 participants \((4 \text{ FSWs, } 2 \text{ MSM, } 5 \text{ TGW})\) stated there was no place that they felt safe.

Participants described several ways to address violence; the most common ways of coping were to ignore violence \((3 \text{ FSWs, } 10 \text{ MSM, } 12 \text{ TGW})\), try to move on \((5 \text{ FSWs, } 4 \text{ MSM, } 2 \text{ TGW})\), or to avoid situations where violence was likely to occur \((3 \text{ FSWs, } 5 \text{ MSM, } 2 \text{ TGW})\). Other coping mechanisms included filing complaints, finding outlets such as therapy or hobbies, or getting support from civil society organizations \((1 \text{ FSW, } 4 \text{ MSM, } 3 \text{ TGW})\); turning to God, prayer, or religion \((2 \text{ FSWs, } 2 \text{ MSM, } 2 \text{ TGW})\); and being patient, tolerant, or mature \((3 \text{ MSM, } 2 \text{ TGW})\). Four MSM reported that they tried to use their experiences to better themselves. Three MSM reported verbally confronting perpetrators of violence; no one from other participant groups reported confronting perpetrators.
5.16 PARTICIPANT PERSPECTIVES ON ENDING VIOLENCE

Participants were asked what should be done to stop violence against their KP communities. Responses included changes at the societal, legal/policy, organizational, interpersonal, and individual levels. At the societal level, participants recommended raising the general population’s awareness of KP issues to end or reduce violence. Of these, education and sensitization activities as well as mass media campaigns were highlighted.

Most participants also identified the need for public policy changes including legally recognizing transgender people’s gender identities, including on their ID cards; changing laws and work codes to recognize sex work as work; enacting civil rights and antidiscrimination laws; and repealing discriminatory laws to ensure that KP members can exercise their rights to use a bathroom, study, work, get married, and adopt children. Further, participants reported that laws should be enacted or enforced to criminalize and penalize physical, sexual, and verbal violence against KP members.

At the organizational level, participants reported that health care services need to improve through sensitization and training health care providers and enacting rules to ensure that KP
patients receive quality care. Similarly, national police, metropolitan police, and others involved in the judicial system (e.g., prosecutors, judges) need sensitization on KP issues and attention to ensure they and other institutions (government, education, and religious organizations) treat KP members in a respectful and nondiscriminatory way and provide them with quality services.

At the interpersonal level, participants reported that their communities should address intracommunity violence and promote unity, respect, and support amongst their respective communities to end or reduce violence. Finally, at the individual level, participants believe that an individual’s actions can end violence by working within the legal system, including following the law and filing reports against perpetrators of violence, and being respectful and “respectable.” Some saw being respectful as including downplaying their sexuality.

“Well it would be better if those people, since they are working in those positions... they should attend to patients correctly. Especially when it comes to people like me, gay or other people. They could treat patients better and not judge them. Yes, it would be good if they took us into account and got guidance from some organizations. If not, remove those people and replace them with others who can treat you better. And that way you can feel good, more comfortable and, well, feel their kindness.”

MSM participant

“There should be a law for us, a law for identity, that recognizes us by our gender expression, by our psychological sex, so that this can open doors for us in the jobs market as well as in the educational space. An identity law would open so many doors for us.”

Transgender woman participant

“The same way there are laws in place that protect women it should be that if people beat up a transgender woman they can report it and they can put men in prison.”

Transgender woman participant

“I would like for the police to pay more attention to you and to help you the way they should, just like with any other person, treat you the same. That they should help you like they are supposed to. Same goes for health, that they should help you, not discriminate against you, not single you out for who you are. They should treat you like a regular person, normal, just like everyone else who is waiting there at the clinic.”

Transgender woman participant

6 Summary and Discussion

FSWs, MSM, and transgender women face violence throughout their lives from diverse actors and in all settings. Violence is committed both by those who they are closest to, such as family and intimate partners, and those who are obligated to provide them with protection and equal treatment, such as uniformed officers, health care providers, educators, and state institutions tasked with foundational services such as providing identification. While the type of violence and severity of that violence varies by context, KP members describe serious overall impacts on mental and physical health as well as their relationships, their economic stability, and ability to
move freely. Many respondents talked about contemplating suicide and several others referenced KP community members who had already been lost to violence (see Box 2 for number of murders of KP members recorded by civil society organizations).

This study shows that those who experience violence do sometimes share that experience with others, most often family members and friends, but very rarely seek services when violence occurs. When violence occurs in some contexts — such as under age 18, in an education setting, and from an intimate partner — it’s unlikely that people will even disclose what has occurred to them. The need to prevent violence and increase support to victims of violence is clear, but this can only occur if they disclose that violence and feel safe seeking help.

From an HIV programming perspective, it is relevant to note that some individuals may not seek services because they do not see a connection between violence and HIV risk. Significant investment has been made in programs to talk with KP members about how to protect themselves from HIV or seek out care and treatment. Far less has been done, however, to educate them on the connection between violence and HIV risk, their legal rights, and available resources for preventing or responding to violence. Global and national statistics demonstrate that members of KPs in El Salvador face an elevated risk of HIV infection, and we know that violence (including but not limited to sexual violence) is linked to HIV risk, yet participants generally viewed their risk of HIV as low and saw only direct sexual forms of violence — such as being forced to have sex without a condom — as contributing to their risk. Other, more indirect, risks of HIV and impediments to accessing HIV prevention and care were described by almost all interviewees, but were rarely linked in participants’ minds to HIV-related outcomes (see Box 6 for study limitations). These included relationships with health care providers, educators, and religious communities marked by discrimination, stigma, and concerns over confidentiality; limited ability to report violence and receive services from police; potential harms to self-efficacy resulting from repeated experiences of violence; and risks of violence from merely occupying public spaces, which physically obstructs KPs from reaching services. The collective impact of violence across the lives of KP members results in an

---

**Box 6. Study limitations**

This study did not specifically explore how violence affects HIV prevention efforts, testing uptake, access to care, and adherence to treatment, important considerations for improving KP’s health. FSW representatives in the Regional Technical Advisory Group stated they wanted to focus on violence in occupational and institutional spaces and did not want to ask about intimate partner violence or violence before the age of 18. Although this omission limits the data on FSWs, it is also a strength as it demonstrates the study’s commitment to be responsive to the stated needs of KP communities. Further, FSW participants were provided a space to talk about intimate partner violence and violence before the age of 18 when asked about “other types” of violence. For example, 5/15 FSWs disclosed violence before age 18 and 6/15 FSWs disclosed intimate partner violence in response to other questions. Study participants were selected through existing KP-focused community organizations. This convenience sample could have resulted in participants who were more likely to have access to services and other resources compared to those KP members who were not connected to community organizations. Finally, consistent with the intention of this qualitative research, the results are not necessarily generalizable to broader population groups in El Salvador given the convenience sample and number of participants.
environment that impedes their ability to seek help, hampers the development of relationships, and limits the honest sharing of information with those such as health care providers and others who could help prevent and address HIV infection.

While levels of violence are extremely high and few people are seeking help, many study participants did describe strategies for resilience and individual service providers, KP networks, or institutions who were providing much-needed support. KP members also offered many ideas for preventing violence and responding to violence appropriately, including working with health care providers so that they can ask about violence and respond in a way that supports instead of shames victims, training police to limit the violence they perpetrate and allow them to serve KP victims, legal and policy changes for more protection and recognition of FSWs, MSM, and transgender women, and changing attitudes of the general public toward KP members. Finally, there was a clear cry for more psychological support for victims of violence.

Based on national working group insights, experiences from programs in other settings, and global guidance on violence and KPs (see Box 7), key recommendations for preventing and responding to violence against KPs in El Salvador are to:

- Educate KP members on their rights, on what violence is, on the link between violence and HIV, and on violence response services that are available
- Explicitly discuss gender norms (including those related to sexual orientation and gender identity) and rights of KPs in community, educational, religious settings
- Integrate and co-locate HIV and violence screening and response services
- Train individuals and institutions that already work with victims of intimate partner violence, which usually target cisgender women in the general population, so that they can also support KP victims
- Train health care providers and psychosocial support providers to ensure they understand who KPs are, their specific vulnerabilities to violence and HIV, how to detect and respond appropriately to violence, including providing or referring to PEP in cases of sexual violence

### Box 7. Relevant global guidance on violence and KPs

#### 2030 Agenda for Sustainable Development

In 2015, the United Nations General Assembly adopted a new Global Agenda for Sustainable Development consisting of 17 sustainable development goals (SDGs), two of which refer to the elimination of discrimination and violence: SDG 5 “achieve gender equality and empower all women and girls” and SDG 16 “promote just, peaceful, and inclusive societies.” Both address challenges for 2030 from a human rights and gender equality perspective.

#### World Health Organization Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations

“Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice.”

#### PEPFAR 3.0 Human Rights Action Agenda

“Success in our Human Rights Action Agenda is defined as: 1) expanded access to nondiscriminatory HIV prevention, treatment and care for all people, including LGBT persons; 2) increased civil society capacity to advocate for and create enabling environments; and 3) increased gender equality in HIV services and decreased GBV.”
• Create a mechanism to report and monitor the quality of health services
• Sensitize the national police, metropolitan police, and military on violence, HIV, and human rights protections in national-level policies so they understand that violence against KPs increases HIV risk and they are violating the human rights of KP members when they mistreat or refuse to help them
• Set up crisis response systems to allow for immediate on-the-ground assistance, for example, a team of peer educators and paralegals that can mobilize trained service providers who offer health, psychosocial, and legal services

In El Salvador, where levels of violence are generally high, it can be difficult for decision-makers and others to remember that those who are most marginalized — such as FSWs, MSM, and transgender women — require specific intervention and support. However, it will be impossible to effectively respond to HIV in El Salvador without addressing the violence they experience. Furthermore, any effort to strengthen the ability of police, health care providers, or other service providers to detect and respond to violence will not only benefit KP members but also other victims of violence whom they serve.

All nations have an obligation to protect the human rights of all its citizens. Through coordinated interventions that address both HIV and violence against KPs, El Salvador has the opportunity to improve both KPs’ overall well-being and the national burden of HIV while respecting each Salvadoran’s humanity and helping each reach his or her fullest potential.

“My final comment would be that above all we need to be recognized as human beings. We are women that pay the Municipal Council taxes, we pay for our homes, we pay for our telephone, we pay for our water, we pay for our electricity, we pay taxes, even for a pound of salt and I think that the same taxes I pay, a Municipal Council employee or a cafeteria worker or a civil servant pays the same. I think that we are all equal. I don’t feel that I am better or worse than any other person.”

FSW participant
7 References


36. Chakrapani V, Newman PA, Shunmugam M, Dubrow R. Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India. AIDS Care. 2011;23(12):1687-94.


TAB 6
Ms Oraa visited a friendly clinic which provides a wide range of services including comprehensive health care, HIV and other sexually transmitted infections diagnosis, treatment and care for female sex workers, that serve nearly 3000 people.

Ms Oraa met with community-based organization “Between Friends”/“Entre Amigos”, which organizes recreational activities, uses face-to-face approaches and offers combination prevention options for key pop.
Ms Oraa met with UN representatives to know how UNAIDS and its cosponsors are supporting the HIV response in El Salvador.

Update

**Promoting HIV prevention among young people in El Salvador**

16 August 2017

16 August 2017

UNAIDS Regional Goodwill Ambassador for Latin America and the Caribbean and CNN Anchor [Alejandra Oraa](en/aboutunaids/unaidsambassadors/alejandraoraa) visited El Salvador from 9 to 11 August to raise awareness about strengthening HIV prevention efforts for adolescents and young people.

In El Salvador, there is a growing concern about the increase in new HIV infections reported since 2011 among adolescents aged between 15 and 19 years. Young people are not receiving the information they need to protect themselves from HIV: only 36.5% of young people aged 15–24 years know how to prevent HIV transmission.

During her visit, Ms Oraa met with youth leaders in order to analyse gaps in access by adolescents and young people to sexual and reproductive health and HIV-related services and comprehensive sexuality education. Young people stressed the need to urgently accelerate efforts to provide youth with the tools they need to make informed decisions to protect their health, rights and dignity.

Young people also talked about the initiatives in place to contribute to the HIV response from their perspective. For example, to improve access to information and education on HIV and sexual and reproductive health, the National Network of Positive Youth, in coordination with UNAIDS, the United Nations Population Fund and the National Youth Institute, organizes outreach awareness initiatives in public places and schools. Between Friends (Entre Amigos), a community-based organization, uses face-to-face approaches and offers combination prevention options for key populations, including young men who have sex with men and young transgender people.

In El Salvador, Ms Oraa leveraged her social media power to launch a new online survey to assess young people’s knowledge about HIV prevention and transmission. The findings of that United Nations Children’s Fund and UNAIDS joint initiative will be used to inform national public policies and strategies to prevent and reduce new HIV infections among young people.

Quotes

“No one can tell a father or a mother to talk or not to talk about sex with their children; this is their decision. However, a state should guarantee comprehensive sexuality education. If the state prepares a child to go out into the world knowing maths and literature, spelling and science, why not prepare..."
Part of the conversation: “...it is not about teaching them to have sexual relationships, it is a matter of explaining what it implies, what are the risks and the consequences.”

Alejandra Oraa UNAIDS Regional Goodwill Ambassador for Latin America and the Caribbean and CNN Anchor

“To end the AIDS epidemic by 2030, we cannot fail our young people and we cannot leave any of them behind. It is urgent to remove all barriers that limit their access to sexual and reproductive health and HIV services.”

Celina Miranda UNAIDS Country Director, El Salvador
COVID-19 impacting HIV testing in most countries


13 October 2020
TAB 7
Human Rights of Women Living with HIV in the Americas
The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response.

The Inter-American Commission of Women (CIM) is the main hemispheric policy forum for the promotion of women’s rights and gender equality. Created in 1928 - in recognition of the importance of women’s social inclusion to democratic strengthening and human development in the Americas – CIM was the first inter-governmental organization established to promote women’s human rights and gender equality.

The Organization of American States (OAS) brings together the nations of the Western hemisphere to promote democracy, strengthen human rights, foster peace, security and cooperation and advance common interests. The origins of the Organization date back to 1890 when nations of the region formed the Pan American Union to forge closer hemispheric relations. This union later evolved into the OAS and in 1948, 21 nations signed its governing charter. Since then, the OAS has expanded to include the nations of the English-speaking Caribbean and Canada, and today all of the independent nations of North, Central and South America and the Caribbean make up its 35 member states.

Human Rights of Women Living with HIV in the Americas
Author: Dinys Luciano
Co-author: Martín Negrete
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The opinions expressed are those of the authors and do not necessarily reflect the opinion of the OAS or the CIM.
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### Abbreviations and acronyms

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<th>Acronym</th>
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<td>lamivudine</td>
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<tr>
<td>ANICP+VIDA</td>
<td>Asociación Nicaragüense de Personas Positivas Luchando por la Vida [Nicaragua Association of HIV-Positive Persons Fighting for Life]</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<td>ARVs</td>
<td>Antiretrovirals</td>
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<tr>
<td>ATV/r</td>
<td>Ritonavir-boosted atazanavir</td>
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<td>AWID</td>
<td>Association for Women’s Rights in Development</td>
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<td>AZT</td>
<td>Zidovudine</td>
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<td>Centro de Atención Profesional para Personas con SIDA [Center for Professional Care of Persons with AIDS]</td>
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<td>CCM</td>
<td>Country coordinating mechanism</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CENEP-CONICET</td>
<td>Centro de Estudios de Población [Center for Population Studies]-Consejo Nacional de Investigaciones Científicas y Técnicas [National Scientific and Technical Research Council]</td>
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<tr>
<td>CENSIDA</td>
<td>Centro Nacional para la Prevención y Control del VIH-SIDA [National Center for the Prevention and Control of HIV/AIDS]</td>
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<td>CIM/OAS</td>
<td>Inter-American Commission of Women/Organization of American States</td>
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<td>Centro Nacional de Equidad de Género y Salud Reproductiva [National Center for Gender Equality and Reproductive Health]</td>
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<td>CONADEH</td>
<td>Comisionado Nacional de Derechos Humanos [National Commission on Human Rights]</td>
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<td>Consejo Nacional para la Prevención y Control del VIH/SIDA [National Council for the Prevention and Control of HIV/AIDS]</td>
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<td>EFV</td>
<td>Efavirenz</td>
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<td>ENADIS</td>
<td>Encuesta Nacional sobre Discriminación en Mexico [National Survey on Discrimination in Mexico]</td>
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<td>FEIM</td>
<td>Fundación para Estudio e Investigación de la Mujer [Foundation for the Study and Investigation of Women]</td>
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<td>FELC-C</td>
<td>Fuerza Especial de Lucha Contra el Crimen [Special Crime-Fighting Forces] (a section of the Bolivian National Police)</td>
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<td>FTC</td>
<td>Emtricitabine</td>
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<td>GAO</td>
<td>Grupo de Autoayuda de Occidente [Self-Help Group of the West]</td>
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<td>Acronym</td>
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<td>GARPR</td>
<td>Global AIDS Response Progress Reporting</td>
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<td>GIPA</td>
<td>Greater involvement of people living with HIV/AIDS</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IACHR</td>
<td>Inter-American Commission on Human Rights</td>
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<td>ICW</td>
<td>International Community of Women Living with HIV/AIDS</td>
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<td>IEC</td>
<td>Information, education, and communication</td>
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<td>IESSDAH</td>
<td>Instituto de Estudios en Salud, Sexualidad, y Desarrollo Humano [Institute for Health, Sexuality, and Human Development Studies]</td>
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<tr>
<td>ILO</td>
<td>International Labor Organization</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>LAC</td>
<td>Latin America and the Caribbean</td>
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<td>LPV/r</td>
<td>Lopinavir/ritonavir</td>
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<td>MEXFAM</td>
<td>Fundación Mexicana para la Planeación Familiar [Mexican Foundation for Family Planning]</td>
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<td>MLCM</td>
<td>Movimiento Latinoamericano y del Caribe de Mujeres Positivas [Latin American and Caribbean Positive Women's Movement]</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NASA</td>
<td>National AIDS Spending Assessment</td>
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<td>NNRTI</td>
<td>Non-nucleoside reverse transcriptase inhibitor</td>
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<td>NRTI</td>
<td>Nucleoside reverse transcriptase inhibitor</td>
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<td>NVP</td>
<td>Nevirapine</td>
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<tr>
<td>OAS</td>
<td>Organization of American States</td>
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<tr>
<td>PAHO/WHO</td>
<td>Pan American Health Organization/World Health Organization</td>
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<td>PENSIDA</td>
<td>Plan Estratégico Nacional de Respuesta al VIH y Sida [National Strategic HIV/ AIDS Response Plan]</td>
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<td>PI</td>
<td>Protease inhibitor</td>
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<td>PI/r</td>
<td>Ritonavir-boosted protease inhibitor</td>
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<td>PLHIV</td>
<td>Persons living with HIV</td>
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<tr>
<td>PLWHA</td>
<td>Persons living with HIV/AIDS</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<td>PPM</td>
<td>Postpartum morbidity</td>
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<td>PROMSEX</td>
<td>Center for the Promotion and Defense of Sexual and Reproductive Rights</td>
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<td>REDLACTTRANS</td>
<td>Latin America and Caribbean Network of Trans Persons</td>
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<td>RedTraSex</td>
<td>Network of Women Sex Workers from Latin America and the Caribbean</td>
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<td>Acronym</td>
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<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
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<td>TDF</td>
<td>Tenofovir</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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</table>
3. Status of the rights of women living with HIV: progress and challenge

3.1 Right to life

The States guarantee this right to the extent that they respond to the needs of all of the diverse women living with HIV, eliminate discrimination, and create an atmosphere favorable to the exercise of rights. This right also entails access to the services and resources necessary for prolonging an active, healthy life, as well as respect for the dignity and integrity of the bodies of women living with HIV.

- Access to treatment: Significant progress has been made in Latin America and the Caribbean in access to antiretroviral therapy (ART). It was estimated that in the year 2013, around 71% of individuals with HIV knew their HIV status, 56% of patients who fulfilled the criteria for treatment were receiving antiretroviral therapy, and in 77% of the individuals in treatment, the viral load had become undetectable. Furthermore, 35% of new diagnoses had a first CD4 count of <200 cells/mm$^3$\textsuperscript{36}, and around 71% of patients undergoing ART received a first-line treatment.

\textsuperscript{36} Advanced HIV (disease) infection case reporting is defined as the identification of persons with advanced HIV (only including those in clinical stages 3 or 4, or with a CD4 count of <150 cells/mm$^3$). AIDS case reporting is defined as the identification and registration of patients when they are first found to be in clinical stage 4 or to have a CD4 count of <200 cells/mm$^3$. Source: Vigilancia de la infección por el VIH basada en la notificación de casos: recomendaciones para mejorar y fortalecer los sistemas de vigilancia del VIH [Case-reporting-based HIV surveillance: recommendations for improving and strengthening HIV surveillance systems]. Washington, D.C.: PAHO, 2012.
regimen, a second-line regimen, and 5%, a third-line regimen. This indicates that around 29% of patients had already experienced treatment failure. Despite this progress, several countries have identified the challenges in providing treatment to a larger number of persons with HIV than currently have access thereto.

Furthermore, the failure to provide treatment and follow-up care is a frequent problem in some countries. In Peru (2009) the national rate of vertical transmission was calculated in a cohort of children born exposed to HIV in 2007 as a point estimate of 9.1%, although it was noted that approximately 50% of the babies born that year did not continue with follow-up monitoring and their serological status could not be determined. In Lima and Callao, on average more than 35% of pregnant HIV-positive women and newborns are not monitored.

The studies of stigma and discrimination against persons living with HIV reveal differences in access to ARVs, with lower percentages found for transgender women in Honduras (72.7%) and the three populations analyzed in Ecuador: men (65.7%), women (63.2%), and transgender women (60.7%).

37 According to WHO recommendations, first-line treatment should consist of 1 NNRTI + 2 NRTIs, one of which should be zidovudine (AZT) or tenofovir (TDF). The different countries should introduce measures to reduce (and eventually eliminate) the use of stavudine in first-line regimens due to the recognized toxicity thereof. Second-line treatment should consist of a ritonavir-boosted protease inhibitor (PI/r) + 2 NRTIs, one of which should be zidovudine (AZT) or tenofovir (TDF), depending on what was administered in the first-line regimen. Ritonavir-boosted atazanavir (ATV/r) and lopinavir/ritonavir (LPV/r) are the preferred PIs. While the current options have made advancements possible with ART, there has been a considerable cost in terms of side effects. PLHIV and health service providers both call for phasing in less toxic antiretrovirals while maintaining simplified fixed-dose combinations. According to the evidence available, the initial ART should contain an NNRTI (NVP or EFV) combined with two NRTIs, one of which must be 3TC or FTC and the other AZT or TDF. The countries are advised to choose a second-line regimen for patients for whom first-line ART has failed. Source: WHO, Antiretroviral therapy for HIV infection in adults and adolescents. Recommendations for a public health approach. 2010 revision. Geneva 2010. http://apps.who.int/iris/bitstream/10665/44379/1/9789241599764_eng.pdf


41 Legend applicable to all data tables from the studies on stigma and discrimination: M=Men, W=Women, T=Transgender women
### Table 2: Current use of and access to ART in stigma and discrimination studies in six Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th>Use of and access to ART</th>
<th>Bolivia 2011 (N= 420) %</th>
<th>Mexico 2008 (N= 931) %</th>
<th>Honduras 2014 (N= 720) %</th>
<th>El Salvador 2010 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently taking ARVs</td>
<td>H 55,3 M 43,5</td>
<td>H 83,9 M 90,1 T 85,7</td>
<td>H 89,9 M 93,3 T 90,9</td>
<td>H 88,4 M 87,5 T 82,8</td>
<td>H 74,8 M 77,9 T 60,7</td>
<td>H 71,2 M 67,6 T ND</td>
</tr>
<tr>
<td>Has access to ARVs</td>
<td>ND</td>
<td>ND 97,9 M 98,4 T 98,6</td>
<td>88 H 90,7 M 72,7</td>
<td>96,6 H 97 M 100</td>
<td>65,7 H 63,2 M 60,7</td>
<td>90,5 H 88,4 M ND</td>
</tr>
</tbody>
</table>

Source: Studies of stigma and discrimination against persons living with HIV

- **Killings of transgender persons**: Gender-identity-associated discrimination also endangers the lives and safety of transgender persons, as they are victims of violence and physical and sexual hate crimes. Around 80% of the killings of transgender persons reported globally occurred in Latin America. The perpetrators of these crimes are not usually brought to justice. The impunity that allows violations of the rights of activists and other transgender women to occur is not only caused by the overall climate of impunity that exists in several Latin American countries, but rather, to a large extent results from transphobia.

- **Killings of sex workers**: In the past few years, RedTraSex member organizations have registered the murders of female sex workers. For example, in Honduras 16 killings were noted; in El Salvador, 27; in Bolivia, 9; and in Chile, 16. The cases compiled and the information provided by national organizations of sex workers in 13 countries of the region suggest that sex workers as such are murdered for the following reasons: i) they have refused to work or to continue working for a pimp; ii) they have refused to pay “fees” to mafias, gangs, or law enforcement forces in order to be able to work; iii) they have made official complaints against certain powerful sectors seeking to benefit from their sex work; iv) simply because they are sex workers who suffer stigma and discrimination; and v) because they work in completely unsafe areas known as “zonas liberadas”

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or “no man’s lands,” which are areas without a police presence. The level of impunity of these crimes is high because rarely does the justice system identify the perpetrators and many of the investigations are left unfinished.45

**Access to condoms for adolescents and young people:** Condoms have been proven to effectively prevent HIV transmission in men and women if used correctly in every act of intercourse, and the female condom is the only method for preventing HIV and other STIs that is controlled by the woman. However, legal, cultural, and social barriers restrict access to male and female condoms, particularly in the adolescent and youth populations, and above all, for women. The legal age for purchasing male condoms varies by country, with policies that allow open access at any age in Brazil, Costa Rica, Ecuador, El Salvador, and Guatemala; at 10 years of age in Honduras, Mexico, Nicaragua, and Paraguay; at 12 years in Bolivia and Colombia; at 13 years in Uruguay; and at 14 years in Argentina, Chile, and Venezuela. In the legal frameworks of most of these countries, the legal age for purchasing condoms is generally the same as the age of sexual consent or older, except for in Argentina, where the age of sexual consent is 13 years and contraception may be purchased without parent or guardian permission from 14 years of age. In Chile, the legal age for purchasing condoms is 14 years and the age of sexual consent for homosexual relationships is 18 years.46

**HIV and armed conflict:** There is very little documentation on the effects of the high levels of social violence and armed conflict on women’s vulnerability to HIV. A study conducted in Colombia from 2002 to 2008 found that the HIV epidemic tended to spread in regions where heterosexual contact was the predominant mode of HIV transmission and where the armed conflict was more intense. Equally, this study emphasized that it should be kept in mind that extreme rates of underdiagnosis could be hiding behind the data on departments that seem to have high rates of armed violence and a low incidence of HIV and AIDS.47

Furthermore, in disaster situations, people living with HIV may be affected by interruptions in the supply of ARVs, which could cause them to develop resistance to the medications. Food scarcity

46 UNFPA (2015). Análisis de la legislación y políticas que afectan el acceso de las y los jóvenes a la salud sexual y reproductiva en América Latina y el Caribe. Versión preliminar [Analysis of the legislation and policies that affect youth access to sexual and reproductive health in Latin America and the Caribbean. Preliminary version].
in emergency situations also has grave implications for some individuals living with HIV, since malnutrition can accelerate the progress of the infection. 48

3.2 Right to non-discrimination and equality before the law

The guarantee of this right entails the prevention of discriminatory acts, the protection of persons living with HIV, and their integration into public policies on development. HIV-related stigma and discrimination persist as major obstacles to furthering an effective HIV response in the region, and they have a bearing on multiple facets of life for persons living with HIV. 49

In the 2011 GARPR reports, 29 Latin American and Caribbean countries reported that stigma and discrimination were addressed in their national HIV plans, and 12 stated that they had programs in place to target them. 50 It is not known whether these plans and programs specifically address the gender aspects of stigma and discrimination.

Table 3: Countries that reported they have included stigma and discrimination against persons with HIV in their national HIV plans and that have specific programs (GARPR, 2011)

<table>
<thead>
<tr>
<th>Stigma and discrimination included in national HIV plan</th>
<th>Have programs on stigma and discrimination against persons with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua and Barbuda, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and the Bolivarian Republic of Venezuela.</td>
<td>Argentina, Belice, Brasil, Colombia, Ecuador, El Salvador, Guatemala, Guyana, Mexico, Nicaragua, Perú y Surinam. Argentina, Beliz, Brazil, Colombia, Ecuador, El Salvador, Guatemala, Guyana, Mexico, Nicaragua, Peru, and Suriname.</td>
</tr>
</tbody>
</table>

Source: UNAIDS. AIDSINFO

The existence of programs or actions to reduce stigma and discrimination does not automatically transform institutional and social practices. Studies on stigma and discrimination in Latin America reveal high levels of social exclusion, with differences among men, women, and transgender women. The percentage of individuals who state that they have been excluded from social activities ranges from 31.4% of transgender women in Mexico to 6% of women in Ecuador and Honduras. The percentage of women who state that they have experienced some kind of discrimination reaches 40.7% in El Salvador, 17.1% in the Dominican Republic, 55% in Paraguay, and 4% in Guatemala.

The percentage of women who state that they have been excluded from family activities ranges from 20.3% (Nicaragua) to 3% (Guatemala), and the percentage of transgender women, from 28.5% (Paraguay) to 11.1% (Nicaragua). The percentage of women who report that they have been excluded from religious activities was 3.5% in Mexico, 5.8% in Honduras, 3.7% in the Dominican Republic, and 5.5% in Paraguay.

Between 65.7% of women in the Dominican Republic and 20.4% in Guatemala reported that they have been the subject of gossip, while 100% of transgender women in Paraguay and 77.8% in Nicaragua did so. The percentage of women who reported experiencing discrimination from other persons with HIV was 14.3% in Nicaragua, 6.7% in Mexico, 6.5% in the Dominican Republic, and 9.5% in Paraguay. For transgender women, the percentages were 29.6% in Nicaragua, 20.7% in Mexico, 39.3% in Ecuador, and 14.2% in Paraguay.

**Table 4:** Experiences of discrimination in stigma and discrimination studies in eight Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
</tr>
<tr>
<td>Exclusion from social activities</td>
<td>15,1 14,5 22,2</td>
<td>11,3 12,5 31,4</td>
<td>8,4 6,7 ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
</tr>
<tr>
<td>Some form of discrimination</td>
<td>ND ND ND ND ND</td>
<td>ND ND ND ND</td>
<td>ND ND ND</td>
<td>4,1 4,3 ND</td>
<td>23,2 40,7 34,5</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
</tr>
<tr>
<td>Exclusion from family activities</td>
<td>14,9 20,3 11,1</td>
<td>8,6 8,7 21,4</td>
<td>4,1 5,4 ND</td>
<td>4,2 3,1 ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>9,7 13,1 ND</td>
</tr>
<tr>
<td>Exclusion from religious or worship activities</td>
<td>ND ND ND</td>
<td>2,1 3,5 9,3</td>
<td>5,4 5,8 ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>3,3 2,9 ND</td>
<td>ND ND ND</td>
<td>3,2 5,5 ND</td>
</tr>
<tr>
<td>Subject of gossip</td>
<td>43,1 46,7 77,8</td>
<td>62,8 53,8 94,3</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>58,6 65,7 ND</td>
<td>ND ND ND</td>
</tr>
<tr>
<td>Discrimination by other persons with HIV</td>
<td>11 14,3 29,6</td>
<td>14,4 6,7 20,7</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>ND ND ND</td>
<td>81 9,5 14,2</td>
</tr>
</tbody>
</table>

Source: Studies of stigma and discrimination against persons living with HIV
Discriminatory practices have also been noted in dental and sexual and reproductive health services. In stigma and discrimination studies in five countries in Latin America, the percentage of individuals who stated that they had been denied a health service over the past 12 months due to their HIV status, including dental care, ranges from 8.8% in Mexico to 13.8% in Paraguay for men and from 10.2% in Mexico to 20% in Paraguay for women; for transgender women, the percentages were 37.9% in Mexico and 39.3% in Ecuador, the two countries with information available on this group. The percentage of women who reported that they had been denied family planning services in the past 12 months due to their HIV status was 4.2% in Mexico, 3.3% in Guatemala, 6% in Ecuador, and 2.7% in the Dominican Republic. In the 12 months prior to the study, 3.8% in Mexico, 1.3% in Guatemala, and 1.8% in the Dominican Republic had been refused sexual and reproductive health services because of their HIV status.

**Table 5:** Experiences of discrimination in dental and sexual and reproductive health services in stigma and discrimination studies in eight Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th>Discriminatory practices</th>
<th>Mexico 2008 (N=931) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 12 months was refused some health service, including dental care, due to HIV status</td>
<td>8.8</td>
<td>10.2</td>
<td>37.9</td>
<td>12</td>
<td>13.8</td>
</tr>
<tr>
<td>In the past 12 months was refused family planning services due to HIV status</td>
<td>1</td>
<td>4.2</td>
<td>0.7</td>
<td>2.1</td>
<td>2.7</td>
</tr>
<tr>
<td>In the past 12 months was refused sexual and reproductive health services due to HIV status</td>
<td>0.4</td>
<td>3.8</td>
<td>1.4</td>
<td>2.1</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Source: Studies of stigma and discrimination against persons living with HIV

Other sources have documented the discrimination in health services against women living with HIV. The *Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica* [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica] found that 41% of the women interviewed in Mexico, 35% in Nicaragua, 54% in Honduras, and 46% in El Salvador reported having noted a discriminatory attitude on the part of the healthcare staff. The following situations illustrate these attitudes: the staff are reproachful or "rub in" the fact that the women have the disease; the women are blamed for getting pregnant or for transmitting the virus vertically before they even knew they had it; their identity is tied up with the disease (i.e. being “AIDS”); and they are fired without justification, among others.
Likewise, the interviewees reported that they are sometimes refused medical/surgical procedures (e.g., they were not given gynecological check-ups; a spine surgery was not performed; staff did not want to attend a delivery). They further reported other practices through which medical personnel exclude women because of their HIV status, such as forcing them to be seen last or speaking to them from the office door. The most extreme expression of discrimination is the involuntary sterilization of women living with HIV, which was reported in the four countries studied.

Likewise, in Peru, a study revealed the unequal treatment given by health professionals to persons living with HIV, with approximately 5% of the interviewees indicating that they had been refused some type of family planning or reproductive health service and more than 25% reporting that they had never been offered any such services. More than a quarter of the participants stated that they had been treated differently from the other patients. Similar situations were reported in 2013 by a significant portion of the 386 women with HIV from the 18 Latin American countries in which ICW Latina has a presence who participated in the Monitoring of Sexual and Reproductive Health Services for Women with HIV, which found that in terms of treatment and average office wait times, 34% of these women were seen in less than one hour and 27% in less than two hours, while 38% had to wait more than two hours. The latter group reports discrimination because they have to wait much longer to be seen than other women requesting sexual and reproductive health services do.

In the case of sex workers, stigma plays an important role in health services use patterns. In a 2013 study conducted by RedTraSex with the participation of 1,006 female sex workers, the interviewees reported that they have to see doctors far from where they live in order to prevent being found out as sex workers in their neighborhoods or homes, or use health services far from where they work so that the providers will not know what type of work they do. The purpose of these service-seeking strategies is to avoid potential situations in which they would be discriminated against by people close to them and/or by healthcare providers. Thirty-three percent reported that they did not want to go to the hospital or use health services because they did not want to have to give explanations about their work; one-third reported having experienced discrimination and violence at the hospital, including hostility on the part of the administrative staff, or that they had to change hospitals or services; and 13% stated that they had been directly refused services. Sometimes, it is


52 IESSDAH (2012). “... and I realized that AIDS is not a synonym for death.” Diagnóstico del acceso a servicios y programas de prevención de salud sexual y reproductiva por parte de las personas viviendo con VIH [Evaluation of access to services and sexual and reproductive health prevention programs for persons living with HIV].

not strictly speaking the health professionals who discriminate or obstruct access, but rather the context of persecution and the stigma of sex work that do so. 54

The organizations of female sex workers in the countries included in the study reported that most female sex workers never file complaints when their rights are not respected. The main reason why is fear, followed by a lack of trust in the process, discrimination by those who register the complaint, and threats and a lack of knowledge about the legal process. Among other reasons cited was the fear that their families would find out about their “double lives.” This makes it clear that, for female sex workers, the act of keeping their economic activity a secret constitutes a vulnerability factor that also perpetuates the impunity of the crimes committed against them. Women who have taken legal action describe it as “a bitter experience,” in which they experienced “mistreatment and abuse by the police,” stating that it was “very hard, since the doors close on us when they find out that we are sex workers.” Furthermore, women who have been defendants in these proceedings report other types of violations of their rights. Examples of specific cases include the complaints received in countries like Bolivia and Colombia: “The police hit me and put me in a jail with fellow prisoners and crazies who stole everything from me even my shoes and one of them raped me and the police turned a blind eye […] after the guy raped me I got an STD and the police didn’t do anything” (Nancy, sex worker in Colombia).

In Bolivia, in October 2014, a police operation in underground brothels and bars ended up detaining 20 sex workers in FLEC-C cells for the alleged crime of endangering public health. “The girls were verbally assaulted by law enforcement officers and others were physically assaulted: when it was time to be transferred many of us were asked to present our health credentials, but the documents were not shown to the health authorities, which caused lots of problems for the sex workers because however much we insisted that we had the health credentials, they accused us just the same.”

In the case of transgender women, many countries do not issue identity documents that accurately reflect gender identity as opposed to biological sex. This situation can hamper access to employment, to medical care, to the possibility of traveling outside the country, and to participation in the various spheres in which citizenship is exercised. Transgender persons also encounter discrimination from their families, communities or ethnic groups, police officers, and organized crime. 55 Other barriers to medical treatment that they face include being mistreated and discriminated against by professionals and staff members at healthcare facilities; the lack of customized, comprehensive care; and professionals’ limited technical capacities for treating individuals while taking into account

their sexual diversity. A study on the sexual, reproductive, and mental healthcare needs, barriers, and demands in the transgender, lesbian, and gay population in Peru found that the vast majority of the interviewees call for fair and respectful treatment and for their particular needs to be addressed, and that they prefer to be seen in healthcare facilities where they are guaranteed to be treated well, warmly, and without discrimination rather than in facilities that may be fully outfitted in terms of equipment, infrastructure, and medications but cannot guarantee good treatment and non-discrimination. 

In Brazil, there are few interventions designed to reduce the stigma associated with HIV, and they are carried out at the community level through HIV-prevention projects. 

According to the 2011 and 2014 GARPR reports, in Latin America and the Caribbean, 14 countries prohibit sex work, 20 have laws that protect young people, and four have laws that protect injection drug users.

Table 6: Legal framework for key populations in Latin America and the Caribbean according to 2011 and 2014 GARPR reports

<table>
<thead>
<tr>
<th>18 countries that report they have laws that protect persons deprived of liberty (GARPR 2011)</th>
<th>14 countries where sex work is illegal (GARPR 2014)</th>
<th>20 countries that report they have laws that protect young people (GARPR 2011)</th>
<th>4 countries that report they have laws that protect injection drug users (GARPR 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bahamas, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Dominican Republic, Venezuela, Panama, and Uruguay.</td>
<td>Antigua and Barbuda, The Bahamas, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.</td>
<td>Antigua and Barbuda, Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Jamaica, Nicaragua, Peru, Dominican Republic, Venezuela, Saint Lucia, and Uruguay.</td>
<td>Colombia, Ecuador, Guatemala, and Uruguay</td>
</tr>
</tbody>
</table>

There are significant information gaps on certain populations that to some extent result from the stigma and social exclusion that render these populations invisible in first- and second-generation epidemiological surveillance studies. For example, most Latin American countries have an indigenous population, and the absence of studies showing the factors, including gender  

57 ZUCCHI, Eliana Miura; PAIVA, Vera Silvia Facciolla; FRANCA JUNIOR, Ivan (2013).
factors, that impact the dynamics of the HIV epidemic in those communities and the conditions of indigenous women living with HIV, accurately reflects the social marginalization in which they live their lives and the limited progress that has been made towards addressing ethnicity-related issues. Equally worrisome is the lack of information on HIV in female drug users, women deprived of liberty, migrant women, and women with disabilities, among other groups.

### 3.3 Right to the highest attainable standard of health

Access to sufficient, quality healthcare and to living conditions that ensure physical and mental well-being are key aspects for guaranteeing the right to health.

**Health insurance and coverage:** Women living with HIV have to face significant barriers in order to reach a satisfactory state of physical and mental health, including limited access to health insurance. A study conducted in Argentina found that 70% of HIV-positive women had no health coverage beyond the government system. Only 23% had publicly funded health insurance through their own employment or through their spouse or a family member (known as obras sociales), and a small percentage belonged to an emergency service or had private coverage. A study on adherence to treatment in Colombian women with HIV found that the principle barriers thereto are structural, created by the current healthcare system based on the insurance market. Women find that their rights to timely and continuous treatment, to confidentiality, to non-discrimination, and to comprehensive care with a gender-based approach, are violated, and this affects their adherence to the treatment. In some countries, the high prices of medications for preventing and treating associated opportunistic infections constitute one of the challenges in HIV care and treatment.

The RedTraSex regional study (2014) found that the public health system offered by the State, which in many countries is totally or partially free of charge, covers almost eight out of every 10 individuals surveyed. Ten percent have publicly funded health insurance (obra social), social security, or union-
based insurance; eight percent pay out of pocket to see their personal physicians, and three percent use pre-paid private medical plans. In some cases, women prefer to pay for services and/or go to private clinics in order to ensure that they are treated well, in keeping with the patient-as-consumer paradigm; in others, they are forced to pay for private care in order to avoid situations of hostility and stigma. Furthermore, the reasons why sex workers undergo health tests are influenced by whether or not such tests are mandatory; 32% of sex workers state that they have had a health consultation in the past year “because they had to undergo tests for their health card or due to another legal regulation” and a similar percentage states that they did so “because at work they were forced to take a test.” These percentages are much higher in countries with regulations that mandate testing.

The healthcare systems in Latin America and the Caribbean suffer from systemic problems that limit the coverage of services for the general population as well for specific groups such as, for example, women living with HIV. PAHO/WHO (2014) has suggested that this lack of adequate coverage and universal access has a considerable social cost, with catastrophic effects on the most vulnerable population groups; this is especially notable in persons living with HIV. When access to comprehensive services is not guaranteed, women living with HIV incur higher costs and lose a significant portion of their incomes while their key rights, such as the right to the highest attainable state of health, to life, or to work, among others, are violated. At the same time, this situation creates a vicious cycle that links HIV infection with poverty among HIV-positive women. It should be noted that 30% of the region’s population does not have access to healthcare due to financial reasons and 21% cannot even seek treatment due to geographical barriers.

With regard to access to healthcare services and treatment, the ICW Latina study Resultados de aplicación de la herramienta de monitoreo de servicios de salud sexual y reproductiva en mujeres con VIH [Results of applying the monitoring tool on sexual and reproductive health services for women with HIV] (2013) revealed that there are countries in which women living with HIV have to pay to access treatment. Barriers to access were identified, and were associated with the distance to health facilities, the wait times of more than two hours to be seen, and the discrimination the women face in the services. Ninety-three percent of the interviewees stated that they had access to antiretrovirals. Their most common issues were with the time they have to put in to their care and how they are treated by the healthcare professionals when they are seen. Moreover, the service is

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limited to the prescription of medication and does not include any exploration of possible adverse reactions or other associated pathologies.\textsuperscript{64}

In addition, although mental health problems in women living with HIV are a significant issue that affects their overall well-being and that can make it difficult for them to comply with specific medical and pharmacological treatments, they are hardly addressed.\textsuperscript{65}

**Access to HIV testing:** In order to expand access to treatment, it is necessary to facilitate access to HIV testing and to counseling. In 17 countries, the percentage of women between 15 and 49 years of age who had taken an HIV test in the 12 months prior to the survey ranges from 2\% in Bolivia to 47\% in Chile. For men in the same age group, the range was from 2\% in Bolivia to 51\% in Ecuador. In six of the 17 countries, five or more percentage points more women than men took the test: Peru (38.9\% vs. 5.3\%), Chile (47\% vs. 22.4\%), Brazil (17.6\% vs. 10.7\%), Haiti (20.6\% vs. 13.4\%), and Cuba (19.8\% vs. 13.7\%). Substantially increasing the demand for HIV testing in key vulnerable populations of the region is essential, and this increase must be accompanied by steady improvements in quality in, for example, the organization of services, the strength and comprehensiveness of surveillance systems, and the adequacy of infrastructure and the available human, material, and financial resources.\textsuperscript{66} Barriers to HIV testing access lead to a build-up of late diagnoses.

In stigma and discrimination studies in seven countries, the percentage of individuals who reported that they had been tested without having given their consent ranges from 5.3\% (Guatemala) to 13.4\% (El Salvador) for women and from 2.9\% (Mexico) to 14.2\% (Paraguay) for transgender persons. Between 19.7\% (El Salvador) and 37.5\% (Mexico) of women stated that they had not received counseling, as did between 21.4\% (Mexico) and 37.9\% (El Salvador) of transgender persons.


RedTraSex has indicated that the existence of testing without consent, forced testing, and the failure to keep test results confidential is reported by sex workers in almost all countries. A high percentage of the women surveyed were forced to take a test because they were sex workers: 37.3% of the total sample and 60.1% (a very high percentage) of those in the Andean region. We can thus see how a right is arbitrarily transformed into an obligation. In terms of pre- and post-testing care: seven of every 10

Table 7: Persons who report that they were forced to take an HIV test or were given the test without providing their consent or receiving counseling in stigma and discrimination studies in seven Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th>HIV testing</th>
<th>Mexico 2008 (N= 931) %</th>
<th>Honduras 2014 (N= 720) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>El Salvador 2010 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>My decision to take the test was:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was forced to take the test</td>
<td>2,9</td>
<td>4,5</td>
<td>2,9</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>2,3</td>
</tr>
<tr>
<td>The test was performed without my consent</td>
<td>8,8</td>
<td>10,9</td>
<td>2,9</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>5</td>
</tr>
<tr>
<td>I did not receive counseling</td>
<td>41,3</td>
<td>37,5</td>
<td>21,4</td>
<td>25,3</td>
<td>23,8</td>
<td>0</td>
<td>23,1</td>
</tr>
</tbody>
</table>

Source: Studies of stigma and discrimination against persons living with HIV
female sex workers surveyed who had at some point taken an HIV test received some type of orientation or counseling before the test. Somewhat over a quarter of them never received this type of pre-test guidance, while approximately a third of the women surveyed who took an HIV test did not receive any guidance or counseling whatsoever when they were given the results (whether negative or positive).  

UNAIDS and the WHO (2012) have suggested that national policies and practices should be reviewed to eliminate all non-voluntary tests, and that testing should not be compulsory or mandatory for anyone, not even for members of groups at higher risk of HIV infection and of other vulnerable populations, such as pregnant women, people who inject drugs and their sexual partners, men who have sex with men, sex workers, prisoners, migrants, refugees and internally displaced persons, and transgender people. The five key components of testing and counseling programs are: consent, confidentiality, counseling, correct test results, and connection/linkage to prevention, care, and treatment.

Some comprehensive healthcare initiatives have been developed in LAC for women living with HIV, for example, Mexico City’s Condesa Clinic, which offers treatment to highly vulnerable women, including: detection and treatment of HIV, human papilloma virus, and other STIs, support for the detection of breast cancer through Inmujeres D.F. [Women's Institute of the Federal District] and uterine cervical cancer, emergency contraception, legal termination of pregnancy, and pregnancy monitoring and management. The clinic has an inter-agency panel on affirmative actions for women with HIV that facilitates the implementation of a care model incorporating referrals and counter-referrals. This model promotes access to programs for self-employment, housing, domestic violence assistance, and rural populations, among others. In addition, there is a food assistance program for all women at the clinic.

3.4. Right to a life free from violence

Measures targeted at the following are required in order to guarantee this right in the context of HIV: preventing and responding to the many forms of violence against women, ensuring access to justice, creating a policy environment to protect the rights of women with HIV in all their diversity and eliminate institutional violence, including violence exercised or tolerated by the State. In Latin
America and the Caribbean, all 32 countries have laws that punish sexual and physical violence, and of those, only seven countries (Antigua and Barbuda, Barbados, Brazil, Honduras, Jamaica, Nicaragua, and Peru) explicitly include women with HIV in their policies and/or plans on violence against women.  

Several studies have been conducted in the region on violence against women living with HIV, transgender people, and sex workers. These studies reveal the systemic, persistent nature of violence in all its forms and in the multiple spheres of these women's lives.

At the same time, the studies on stigma and discrimination against people living with HIV make it possible to compare the different forms of violence in population subgroups in the countries where the data was disaggregated by sex and gender identity. Transgender persons experienced higher levels of aggression and/or verbal threats than did women in all seven countries except for El Salvador (6.9% of transgender persons vs. 17.4% of women), with the percentages for transgender people ranging from 57% in Paraguay to 72.1% in Mexico, and for women, from 9.9% in Guatemala to 32% in Nicaragua and Ecuador.

The percentage of women who reported having experienced threats or physical harassment ranged from 9.5% in Paraguay to 22% in Nicaragua, and of transgender women, from 3.4% in El Salvador to 42.8% in Paraguay. The percentage of women who reported physical assault ranged from 4.3% in El Salvador to 23.1% in Nicaragua, and of transgender women, from 3.4% in El Salvador to 42.8% in Paraguay.

The percentage of women who stated that their partner had manipulated or put psychological pressure on them ranged from 9.2% (Guatemala) to 19% in Nicaragua and Paraguay, while the percentage of transgender women ranged from 11% in Mexico to 18% in Nicaragua.

73 Bianco, Mabel and Mariño, Andrea (2010). Dos caras de la misma realidad: Violencia hacia las mujeres y VIH/sida en Argentina, Brasil, Chile y Uruguay [Two sides of the same coin: Violence against women and HIV/AIDS in Argentina, Brazil, Chile, and Uruguay]. FEIM [Foundation for the Study and Investigation of Women]. Argentina.
The percentage of women who stated that they had been rejected sexually on account of their HIV status was 6.7% in Guatemala, 9.5% in Paraguay, 11% in Nicaragua, Ecuador, and the Dominican Republic, and 15% in Mexico; among transgender women, the percentages were 11.1% in Nicaragua, 14.2% in Paraguay, 20.7% in Mexico, and 39.3% in Ecuador.

### Table 8: Experiences of various forms of psychological, physical, and sexual violence in stigma and discrimination studies in seven Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Nicaragua 2013 (N= 801) %</th>
<th>Mexico 2008 (N= 931) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>El Salvador 2010 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
</tr>
<tr>
<td>Verbal abuse/threats</td>
<td>26.5 31.8 66.7</td>
<td>28.4 26.9 72.1</td>
<td>10 9.9 ND</td>
<td>7.3 17.4 6.9</td>
<td>26.5 30.5 ND</td>
<td>24.3 28.8 ND</td>
<td>25.2 25.3 57.1</td>
</tr>
<tr>
<td>Physical harassment/threats</td>
<td>17 22 37</td>
<td>15.2 10.9 51.4</td>
<td>ND ND ND</td>
<td>4.2 7.5 3.4</td>
<td>17.1 17.5 ND</td>
<td>12.1 15.1 ND</td>
<td>11.3 9.5 42.8</td>
</tr>
<tr>
<td>Physical assault</td>
<td>15.8 23.1 25.9</td>
<td>13.6 16 38.6</td>
<td>2.3 4.3 ND</td>
<td>2.3 4.6 3.4</td>
<td>ND ND ND</td>
<td>9.1 11.8 ND</td>
<td>7.3 8.7 42.8</td>
</tr>
<tr>
<td>Psychological pressure/manipulation by spouse or sexual partner in which HIV status is used against you</td>
<td>11.3 19.6 18.5</td>
<td>9.2 11.9 11.4</td>
<td>6.5 9.2 ND</td>
<td>ND ND ND</td>
<td>13.3 13 ND</td>
<td>8 11.6 ND</td>
<td>18.6 19 14.2</td>
</tr>
<tr>
<td>Sexual rejection on account of HIV status</td>
<td>17 15.9 11.1</td>
<td>21.5 15.4 20.7</td>
<td>8.1 6.7 ND</td>
<td>ND ND ND</td>
<td>12 11.1 39.3</td>
<td>15.6 11.2 ND</td>
<td>19.5 9.5 14.2</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

The RedTraSex regional study (2014) found that 18% of the individuals surveyed stated that they had gone to the doctor or to health services in the past year because they had been victims of blows or violence. Twenty-seven percent of sex workers in Central America and the Caribbean—10% more than in the region overall—stated that they had done so for the same reason, which motivated RedTraSex to draw up the Guía de Buenas Prácticas para el Personal del Sistema de Salud [Guide to Good Practices for Healthcare Personnel](RedTraSex, 2015). The lack of legislation regulating sex work in some countries creates a framework within which, backed by unconstitutional administrative regulations, law enforcement officers pursue, arbitrarily arrest, extort, and threaten sex workers, and even break into and close off their homes.

The International HIV/AIDS Alliance and the WHO have noted that since sex work is illegal and/or stigmatized in many countries, sex workers are often marginalized, which puts them at greater
risk of suffering violence: they may work alone, in unfamiliar areas without police protection; they may be unable to develop supportive networks that could help them avoid dangerous clients or settings; and they may seek out the protection of gangs or other groups operating outside the law, leading to further risk of exploitation and abuse. Likewise, sex workers may come up against barriers, such as a lack of awareness of their rights or limitations in recognizing the various forms of violence exercised against them, that decrease their likelihood of reporting violence, which in turn limits their ability to prevent future acts of violence.  

It should be stressed that women fearing violence are less able to protect themselves from HIV infection since they have less power to negotiate safe sex or refuse unwanted sex, they do not get tested for HIV, and they fail to seek treatment after infection. In the Dominican Republic, the study Nuevas evidencias del vínculo entre violencia contra la mujer y VIH [New evidence of the linkages between violence against women and HIV] (2011) found that the experience of violence at an early age is directly associated with risky behaviors, including substance use to cope with abuse, mental illnesses due to abuse, riskier social networks, and an increased probability of engaging in unprotected sex. Furthermore, women with less education have less information on HIV-prevention methods and also feel less empowered to refuse sex, in comparison with their more educated peers.

3.5. Right to not be subjected to cruel, inhuman, or degrading treatment

The guarantees for the exercise of this right include the criminalization of acts of torture as well as the investigation, prevention, and punishment thereof. In Latin America and the Caribbean, many key populations face barriers to accessing information, prevention, and treatment resources, are refused services, and suffer hostility and other forms of discrimination in various spheres of their lives.

Coercive or forced sterilization: This has been one of the violations of women’s rights that has most generated interest in and mobilized the region. Forced sterilization entails the violation of a number of internationally protected rights, including the right to physical and mental integrity.
and the right to live free from cruel, inhuman, or degrading treatment: Article 5 of the American Convention on Human Rights, Article 7 of the International Covenant on Civil and Political Rights, Article 16 (1) of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Article 6 of the Inter-American Convention to Prevent and Punish Torture. The Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica] found that of a total of 337 women interviewed, 20 in Mexico, seven in Nicaragua, six in Honduras, and 10 in El Salvador reported having been pressured or forced to be sterilized; these cases range from insistence and intimidation to forced sterilization.79 In 2015, a judgment was handed down in a case brought in El Salvador for constitutional relief against the forced sterilization of women living with HIV on the grounds that their rights had been violated.80

Among the individuals interviewed in stigma and discrimination studies in seven Latin American countries, the percentage of women who reported having felt coerced by a health professional on some occasion to undergo sterilization was 26.1% in Colombia, 50% in Mexico, 20.6% in Guatemala, 14.4% in El Salvador, 11.1% in Ecuador, and 19.8% in the Dominican Republic. These percentages are higher for women than for men in all countries except Ecuador, where 13.6% of men, two percentage points more than the 11.1% of women, had this experience.

Forced or coercive sterilizations

“The nurses made me sign. They asked me more than three times and threatened that if I didn’t, they wouldn’t do the cesarean. Due to the pressure I had no other choice but to sign.” - Salvadoran, 19 years old, separated, 1 child.

“They forced me to accept sterilization, saying that if I didn’t they wouldn’t help me get milk for my children.” - Salvadoran, 35 years old, married, 3 children.

“During the C-section and while she was under the effects of the anesthesia they forced her to be sterilized so she wouldn’t have any more children. She did not sign her consent. When she was in recovery from the anesthesia she saw that her finger was stained with ink.”

- Mexican, 27 years old, domestic partnership, 2 years.

“She had a problem with her abdomen, but instead of operating to relieve her pain they sterilized her without her consent.”

- Salvadoran, 39 years old, married, 2 children.


80 AIDSMAP. http://www.aidsmap.com/org/7983/page/1868839/
Criminalization of HIV transmission: In the 2014 GARPR reports, The Bahamas, Bolivia, Colombia, Honduras, Nicaragua, Saint Lucia, Panama, and the Dominican Republic reported that they had laws criminalizing the transmission of HIV. This situation contravenes international regulations that establish that neither criminal nor health legislation should include specific crimes against the deliberate and intentional transmission of HIV, since the epidemic is spread through transmission in the case of undiagnosed infection and not by persons who know they are HIV-positive; furthermore, in many countries, criminalization puts women at risk of imprisonment and of losing custody of their children, among other dangers. A prime example of this took place in Bolivia, where a 25-year-old female sex worker and mother of two children who worked in Sucre and Potosí was sentenced to house arrest for having continued to work after being diagnosed HIV-positive, despite the fact that she used condoms. The Departmental Health Services reported her and, through the Chuquisaca Departmental Court of Justice, under the authority of Judge Ximena Mendizábal, imposed a precautionary measure against her, in the consideration that she was a danger to public health. The judge decided that she was guilty of a crime against public health, that she had to undergo medical treatment, and that she had to appear at the Office of the Prosecutor General every two weeks in order to sign the record book. In the ruling, the judge also ordered that she be put under house arrest with a police escort. This situation clearly violates the right to confidentiality of the woman diagnosed with HIV and, furthermore, is a clear example of discrimination.

Violation of confidentiality: Several international instruments establish that the unauthorized public or private disclosure of an individual’s HIV diagnosis is a violation of their rights. Although progress has

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Table 9: Cases of health professional coercion for sterilization in stigma and discrimination studies in seven Latin American countries (2008-2014)

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Colombia</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
<td>M W T</td>
</tr>
<tr>
<td>Mexico</td>
<td>3.3 26.1 1.6</td>
<td>24.4 50 8.6</td>
<td>1.9 17.6 ND</td>
<td>11.8 20.6 ND</td>
<td>2 14.4 ND</td>
<td>13.6 11.1 ND</td>
</tr>
<tr>
<td>Honduras</td>
<td>20.6 ND</td>
<td>14.4 ND</td>
<td>13.6 11.1 ND</td>
<td>2.5 19.8 ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>Guatemala</td>
<td>11.8 20.6 ND</td>
<td>2 14.4 ND</td>
<td>13.6 11.1 ND</td>
<td>2.5 19.8 ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>El Salvador</td>
<td>3,3 26.1 1.6</td>
<td>24.4 50 8.6</td>
<td>1.9 17.6 ND</td>
<td>11.8 20.6 ND</td>
<td>2 14.4 ND</td>
<td>13.6 11.1 ND</td>
</tr>
<tr>
<td>Ecuador</td>
<td>20.6 ND</td>
<td>14.4 ND</td>
<td>13.6 11.1 ND</td>
<td>2.5 19.8 ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>11.8 20.6 ND</td>
<td>2 14.4 ND</td>
<td>13.6 11.1 ND</td>
<td>2.5 19.8 ND</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

82 Network of Women Sex Workers from Latin America and the Caribbean. Information sent by email on July 14, 2015.
been made on this right in some countries, the laws of other countries have prohibited adolescents from privately accessing public services, thereby depriving them of their right to confidentiality.\textsuperscript{83} In Chile, although the law on HIV stipulates confidentiality, almost half of the women interviewed in the study \textit{Violaciones de los derechos de las mujeres VIH positivas en establecimientos de salud chilenos} [Violations of the rights of HIV-positive women in Chilean health facilities] reported that this right had been violated in the healthcare context. These violations included cases in which "HIV-positive" was written in giant letters, and often highlighted or in red ink, on the covers of their medical charts, as well as cases in which the health providers’ name tags identified them as HIV-care professionals and the hospital signs identified the department in question as an HIV-treatment ward.\textsuperscript{84} EThe \textit{Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en Mesoamérica} [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica] found that in Mexico, one-third of the women interviewed felt that the confidentiality of their diagnosis had not been respected, as did one-third of the women interviewed in Nicaragua. In Honduras, 26% of women, and in El Salvador, 36% of women felt that the confidentiality of their diagnosis was not respected.\textsuperscript{85}

**Threats to physical integrity and violence:** In the REDLACTRANS study “Impunity and violence against transgender women human rights defenders in Latin America,” around 80% of the transgender activists interviewed reported having been subjected to violence or threats to their physical integrity, allegedly from State actors. One factor impeding progress in the criminal investigation and prosecution of cases is the fact that the violence that transgender women experience on a daily basis inhibits them from filing complaints about abuses perpetrated against them, thereby creating a culture of silence.\textsuperscript{86}

For sex workers, the lack of clear regulations on sex work encourages a breach of legitimacy in which State institutions are able to institute repressive practices, and at the same time results in a lack of control over the conditions in which sex work is performed. The fact that it is impossible to give a statement or report an incident to the justice system as a sex worker—given that sex work is not formally recognized as an occupation—is also detrimental to the existence of reliable, complete, and official records on situations of violence and cruel treatment. According to a study conducted in Costa Rica, almost 30% of sex workers reported that the police demand bribes or payments and that the police also commit sexual

violence against them in exchange for not arresting them for not having a work permit or health card. In the Dominican Republic, 95% of sex workers reported that violence had been inflicted upon them by law enforcement officers or agents of justice. Of these, 95% indicated that this violence was verbal or psychological, while 60% reported physical violence and 35%, sexual violence. 87

3.6 Right to education

Guaranteeing the exercise of this right entails eliminating economic, cultural, geographical, and social barriers to education, including the barriers associated with HIV status. HIV is also a consequence of inadequate education in women, since a lack of information about transmission and about their sexual rights limits their ability to protect themselves from the virus. Stigma and discrimination studies in five countries show that a significant portion of the interviewees, around 13% of both women and men in the Dominican Republic, had not attended school. A higher percentage of women than men was illiterate, 23.9% vs. 15.2% in Honduras, 12% vs. 3% in Mexico, and 4% vs. 0.8% in Paraguay. The percentage of women who had finished primary school ranged from 35.4% in Ecuador to 51.4% in the Dominican Republic. For men, the figures ranged from 15.4% in Paraguay to 58% in Honduras and the Dominican Republic.

Table 10: Educational level of women and men interviewed in stigma and discrimination studies in five Latin American countries (2008-2014)

<table>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>W</td>
<td>M</td>
<td>W</td>
<td>M</td>
</tr>
<tr>
<td>None</td>
<td>13</td>
<td>12,4</td>
<td>15,2</td>
<td>23,9</td>
<td>SD</td>
</tr>
<tr>
<td>Primary school</td>
<td>58,8</td>
<td>51,4</td>
<td>58</td>
<td>50</td>
<td>15,5</td>
</tr>
<tr>
<td>Secondary school</td>
<td>23,5</td>
<td>29,2</td>
<td>24,6</td>
<td>23,9</td>
<td>55,6</td>
</tr>
<tr>
<td>University</td>
<td>4,7</td>
<td>6,7</td>
<td>2,2</td>
<td>2,2</td>
<td>26,9</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

87 RedTraSex (2015). Violación de los derechos humanos a las mujeres trabajadoras sexuales en catorce países de las Américas [Violation of the human rights of female sex workers in fourteen countries of the Americas].
The studies on stigma and discrimination in four countries also explored exclusionary practices in the educational sphere and found that in Guatemala, in the previous 12 months, 9% of the men interviewed and 12% of the women reported that they had been rejected or expelled from, or prevented from attending, some educational institution due to their HIV status. Also in Guatemala, 14.6% of men and 19% of women indicated that in the past 12 months their children had been rejected or expelled from, or prevented from attending, some institution.

**Table 11:** Discriminatory practices in the educational sphere in studies of stigma and discrimination in four Latin American countries (2008-2011)

<table>
<thead>
<tr>
<th>Practices</th>
<th>Mexico 2008 (N=931) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 12 months you have been rejected or expelled from, or prevented from attending, some educational institution due to your HIV status.</td>
<td>0,4 1,6 0,7</td>
<td>9,2 12,2 ND</td>
<td>0,7 0,6 ND</td>
<td>3,1 2,4 ND</td>
</tr>
<tr>
<td>In the past 12 months, your children have been rejected or expelled from, or prevented from attending, some educational institution due to your HIV status.</td>
<td>0,6 1,9 0</td>
<td>14,6 19 ND</td>
<td>2,9 2,3 ND</td>
<td>1,6 2,2 ND</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

It should be emphasized that in the RedTraSex study (2014), most of the women sex workers interviewed had completed or attended some primary school, almost 20% did not finish primary school, and 8% had never attended school at all, while 18% managed to complete secondary school and almost one of every 10 interviewees had started higher-level studies, while one of every ten is still a student.88 Furthermore, most transgender people in Latin America have not completed their basic education, which goes against the guarantee of universal primary education.89

### 3.7 Right to work

Guaranteeing this right entails eliminating barriers to access associated with HIV status, job security, social security, and fair pay. The studies of stigma and discrimination conducted in six countries of the region reveal high levels of unemployment. At the time of the survey, 58.2% of women with

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HIV in the Dominican Republic, 35.7% in Guatemala, 67.1% in Honduras, 46.1% in Ecuador, 45.8% in Mexico, and 45% in Paraguay were unemployed. For men with HIV, the unemployment rates were as follows: 27.6% in the Dominican Republic, 16.1% in Guatemala, 52.7% in Honduras, 29.4% in Ecuador, 21.7% in Mexico, and 15% in Paraguay. The percentage of women with HIV who were unemployed was double or more than the percentage of men in four of the countries analyzed: the Dominican Republic, Guatemala, Mexico, and Paraguay.

**Table 12: Employment status of the participants in stigma and discrimination studies in six Latin American countries**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>M W</td>
<td>M W</td>
<td>M W</td>
<td>M W</td>
<td>M W</td>
<td>M W</td>
</tr>
<tr>
<td>Full time</td>
<td>23.3 12.4</td>
<td>44.7 21.4</td>
<td>22.5 11.9</td>
<td>27.3 17.9</td>
<td>31.3 18.3</td>
<td>31 12</td>
</tr>
<tr>
<td>Unemployed</td>
<td>27.6 58.2</td>
<td>16.1 35.7</td>
<td>52.7 67.1</td>
<td>29.4 46.1</td>
<td>21.7 45.8</td>
<td>15 45</td>
</tr>
<tr>
<td>Other</td>
<td>49.1 29.4</td>
<td>39.2 42.9</td>
<td>24.8 21</td>
<td>43.3 36</td>
<td>47 35.9</td>
<td>54 43</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

The stigma and discrimination studies also document the experiences of job loss and rejection and discrimination in the occupational sphere. The percentage of women interviewed who reported that they had lost their jobs at least once in the 12 months prior to the survey was 24.5% in Colombia, 26.5% in Mexico, 18.7% in Guatemala, 19.3% in Ecuador, 17.3% in the Dominican Republic, and 9.5% in Paraguay; for transgender women, the percentages were 68% in Colombia and 21.3% in Mexico.

The percentage of women who reported having been rejected from a job in the past 12 months due to their HIV status was 6.6% in Mexico, 1.1% in Guatemala, 6.2% in Ecuador, and 10% in the Dominican Republic; for transgender women, the percentages were 3.9% in Mexico and 39.3% in Ecuador. Likewise, the percentage of women who indicated that in the past 12 months the characteristics or nature of their job had been changed, or that they had been refused promotion due to their HIV status, was 15.7% in Mexico, 16.7% in Ecuador, and 12.3% in the Dominican Republic.
Table 13: Job loss and rejection and negative changes in employment due to HIV status in stigma and discrimination studies in six Latin American countries (2008-2011)

<table>
<thead>
<tr>
<th>Experiences of discrimination in the employment sphere</th>
<th>Colombia (N=1000) %</th>
<th>Mexico 2008 (N=931) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job loss at least once in the past 12 months</td>
<td>19,6</td>
<td>24,5</td>
<td>68</td>
<td>19,8</td>
<td>26,5</td>
<td>21,3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16,2</td>
<td>18,7</td>
<td>ND</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,8</td>
<td>ND</td>
<td>17,1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17,3</td>
<td>ND</td>
<td>14,6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Job rejection due to HIV status at least once in the past 12 months</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>5,4</td>
<td>6,6</td>
<td>3,9</td>
</tr>
<tr>
<td>In the past 12 months, the nature/characteristics of your job have changed or you have been denied a promotion due to your HIV status.</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>10,3</td>
<td>15,7</td>
<td>6,3</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

Violations of the right to work of persons living with HIV have been documented in several meetings on HIV and human rights. Specifically, in El Salvador, the Office of the Ombudsman recognized that dismissal on the grounds of HIV status is a common practice that also reflects the weakness of existing legal frameworks and enforcement mechanisms. The study Nuestras historias, nuestras palabras [Our stories, our words], of the Movimiento Latinoamericano de Mujeres Positivas [Latin American Positive Women’s Movement] (2012), found that all 57 of the women interviewed reported post-diagnosis changes in their financial situation associated with treatment and care expenses, and that the cost of transportation relative to their schedules, routines, and temporary interruption in their jobs was a deciding factor in whether or not they would continue treatment. Added to these costs were the expenses for purchasing medicine to treat opportunistic infections and high-quality food. Women who had financial support from their families and inner circles did not report changes in their financial situations. Many of the women with HIV who were interviewed had been forced to leave their jobs or were fired. Most of the interviewees left their jobs or were fired and did not seek another job because they feared rejection, stigmatization, or discrimination. In the study

3.8 **Right to social protection and an adequate standard of living**

The social protection of women with HIV in all of their diversity is a fundamental mechanism for fulfilling their economic and social rights. In particular, social protection should ensure a sufficient level of welfare to sustain living standards that are considered basic for a person’s development, while also facilitating access to social services and promoting decent work. It is necessary to take into account employment policies and sectoral policies on education, health, and housing, since they are essential components for understanding challenges to social protection access and the “welfare gaps” between different population groups. It is also imperative to consider a society’s capacity for generating income through the labor market to sustain its members as well as the governments’ capacities for providing sustenance and protection to those who lack or have insufficient income, which is the case for many women living with HIV. A significant number of women with HIV fall into the category of dependents, since although they are in the productive age bracket, they do not participate in the labor market, or they do so in a precarious manner and with low incomes. Given the high levels of social exclusion they experience, women living with HIV do not necessarily benefit from the initiatives aimed at increasing social protection coverage, namely: retirement benefits, pensions, and other income transfers to older adults, monetary transfers to families with children, access to health insurance and services, and finally, worker protection (insurance against illness and unemployment, together with labor rights policies like severance pay, overtime, leave periods, etc.).

The studies on stigma and discrimination only partially reveal the lack of social protection experienced by persons living with HIV, and especially by women. The percentage of interviewees who experienced food shortages for one to two days, three to four days, or five or more days, was around 35% for men and 46% for women in the Dominican Republic, and 12.3% for men and 21.6% for women in Honduras.

---


Table 14: Food shortage rates among the population interviewed in stigma and discrimination studies in two Latin American countries

<table>
<thead>
<tr>
<th>Food shortage</th>
<th>Dominican Republic (2009) %</th>
<th>Honduras (2014) %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>W</td>
</tr>
<tr>
<td>None</td>
<td>64,6</td>
<td>53,9</td>
</tr>
<tr>
<td>1 to 2 days</td>
<td>9,1</td>
<td>10,8</td>
</tr>
<tr>
<td>3 to 4 days</td>
<td>12,8</td>
<td>15,3</td>
</tr>
<tr>
<td>5 or more days</td>
<td>13,6</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

The stigma and discrimination studies also show the barriers to accessing a permanent place of residence and the inability to rent housing. The percentage of women who stated that they had been forced to change their place of residence or had been unable to rent housing in the past 12 months was 17% in Mexico, 12.9% in Guatemala, 10.5% in Ecuador, 22.5% in the Dominican Republic, and 27.7% in Paraguay. Among transgender women, the percentages were 19.3% in Mexico and 42.8% in Paraguay. The percentages of men and women were similar in Mexico, Guatemala, and Ecuador.

Table 15: Barriers to housing access in stigma and discrimination studies in five Latin American countries

<table>
<thead>
<tr>
<th>In the past 12 months how often have you been forced to change your place of residence or been unable to rent a place to stay?</th>
<th>Mexico 2008 (N= 931) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>W</td>
<td>T</td>
<td>M</td>
<td>W</td>
</tr>
<tr>
<td>In the past 12 months how often have you been forced to change your place of residence or been unable to rent a place to stay?</td>
<td>18,4</td>
<td>17</td>
<td>19,3</td>
<td>13,8</td>
<td>12,9</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV
Slightly more than half of the individuals interviewed in the Caracterización de las mujeres recién diagnosticadas con VIH en Argentina [Characterization of women recently diagnosed with HIV in Argentina] study live in overcrowded homes: 22% in critically overcrowded homes (that is to say, three or more persons per room) and an additional 30% in moderately overcrowded homes (that is to say, an average of 2 to 3 persons per room). In Guatemala, 33.7% of men and 42.5% of women living with HIV do not have their own homes. In the transgender population, the principal obstacle to gaining access to housing, land, or credit is that it is impossible for them to prove financial solvency, since as a rule they are not formally employed. According to the National Survey on Discrimination in Mexico (ENADIS 2010), three of every ten individuals in Mexico are unwilling to let persons with HIV live in their homes.

### 3.9 Right to form a family

In order for this right to be guaranteed, there must be legal frameworks in place, in addition to the services and protection measures necessary for the comprehensive development of women living with HIV and their children. With the progress that has been made in access to treatment, more HIV-positive women are deciding to get pregnant and have children; however, many of them do not receive information about their reproductive options. Some health service providers do not believe that people with HIV can or should have children. Pregnant HIV-positive women should receive all standard prenatal care services, including screening and treatment for STIs as well as nutritional counseling and monitoring. Prenatal care should also include the appropriate ART for the situation.

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95 Stigma and Discrimination Index. Guatemala.
96 REDLACTRANS (2014).
Furthermore, the fact of having HIV does not constitute a limitation for raising and caring for one’s children, since people may not be deprived of these rights because they have HIV. HIV-positive mothers have the right to legal custody of their children. Likewise, they have the right to appoint their desired guardian if they are unable to take responsibility, as well as to have due institutional protection to that end.

The stigma and discrimination studies show that a significant percentage of women living with HIV are mothers: 90% of the women interviewed in the Dominican Republic, 87% in Colombia and Paraguay, 85% in Mexico, 84% in Guatemala, and 67% in Ecuador. In other words, between seven and nine of every ten women interviewed are mothers. The percentage of HIV-positive men who have children is 24.6% in Colombia, 17.7% in Mexico, 51% in Guatemala, 59.7% in Ecuador, 68.7% in the Dominican Republic, and 45.4% in Paraguay, which is between two and seven of every ten men interviewed. The percentage of HIV-positive women who have children with HIV is 28.7% in Colombia, 7.2% in Guatemala, 10.5% in Ecuador, and 58% in the Dominican Republic while for men, the percentages are 10.4% in Colombia, 6.8% in Guatemala, 13.2% in Ecuador, and 56.7% in the Dominican Republic.

The percentage of women living with HIV who report having received counseling on their reproductive choices varies from 14.2% in Mexico to 54.9% in Honduras, and the percentage of men ranges from 15.3% in Mexico to 50.3% in Ecuador.

The percentage of women living with HIV who report having been advised on some occasion by a health professional to not have children was 42.2% in Colombia, 30.7% in Honduras, 35.6% in Guatemala, 33.2% in El Salvador, 32.6% in Ecuador, and 29.6% in the Dominican Republic. Except for in Ecuador, the percentage of women who reported this was higher than the percentage of men who did so, and in Colombia, Honduras, El Salvador, and the Dominican Republic, it was two to three times higher.

Of the women interviewed, 8% in Colombia, 36.5% in Mexico, 25.5% in El Salvador, 6.6% in Ecuador, and 21% in the Dominican Republic stated that they had been forced to use certain contraceptives as a condition for receiving antiretroviral therapy.

The percentage of women who reported having received information on healthy pregnancy and maternity as part of the prevention of mother-to-child transmission (PMTCT) program was 88.3% in Colombia, 93% in Mexico, and 39.6% in Paraguay.
Table 16: Situations related to reproductive rights and the right to form a family in stigma and discrimination studies in eight Latin American countries (2008-2014)

<table>
<thead>
<tr>
<th></th>
<th>Colombia (N=1000) %</th>
<th>Mexico 2008 (N= 931) %</th>
<th>Honduras 2014 (N= 720) %</th>
<th>Guatemala 2011 (N=500) %</th>
<th>El Salvador 2010 (N=500) %</th>
<th>Ecuador 2010 (N=497) %</th>
<th>Dominican Republic 2009 (N=1000) %</th>
<th>Paraguay 2010 (N=256) %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24,6</td>
<td>31</td>
<td>17,7</td>
<td>85,3</td>
<td>3,6</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>% of children who are HIV+</td>
<td>10,4</td>
<td>28,7</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>% that received counseling on reproductive options</td>
<td>30,7</td>
<td>59,4</td>
<td>6,3</td>
<td>15,3</td>
<td>14,2</td>
<td>0</td>
<td>45,1</td>
<td>64,9</td>
</tr>
<tr>
<td>On some occasion was advised by a health professional to not have children</td>
<td>14,7</td>
<td>42,2</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>15,1</td>
<td>30,7</td>
</tr>
<tr>
<td>Access to antiretroviral therapy is conditional upon use of certain contraceptives</td>
<td>ND</td>
<td>8</td>
<td>ND</td>
<td>9,4</td>
<td>36,5</td>
<td>2,9</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>Was given information on healthy pregnancy and maternity as part of a PMTCT program</td>
<td>ND</td>
<td>88,3</td>
<td>ND</td>
<td>ND</td>
<td>93</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>

Source: Studies on stigma and discrimination against persons living with HIV

In the stigma and discrimination studies that were analyzed, the percentage of women who reported having been pressured by a health professional to have an abortion ranged from 1% to 3% in Colombia, Bolivia, Nicaragua, Mexico, and Honduras to 59% in Guatemala.

Less than 10% of women in Bolivia and Mexico, between 11% and 20% in Colombia, Nicaragua, and Paraguay, and 42% in Guatemala reported having been forced to choose a specific method of giving birth.

Less than 15% in Colombia, Bolivia, Nicaragua, Mexico, and Paraguay, and 18.4% in Honduras and 40.4% in Guatemala, had been pressured on how to feed their babies.
Complete avoidance of breastfeeding is efficacious in preventing mother-to-child transmission of HIV, but this intervention has significant associated morbidity (e.g., diarrheal morbidity if formula is prepared without clean water). If breastfeeding is initiated, two interventions are efficacious in preventing transmission: i) exclusive breastfeeding during the first few months of life; and ii) extended antiretroviral prophylaxis to the infant (nevirapine alone or nevarapine with zidovudine). However, the countries do not offer counseling on the baby feeding options that would enable women with HIV to choose the most suitable method for their circumstances in accordance with PAHO/WHO recommendations.

On the other hand, elective cesarean section is an efficacious intervention for the prevention of mother-to-child transmission among HIV-1-infected women not taking ARVs or taking only zidovudine. The risk of postpartum morbidity (PPM) with elective cesarean section is higher than the risk associated with vaginal delivery but lower than with non-elective cesarean section. More advanced maternal HIV-1 disease stage and concomitant medical conditions (e.g., diabetes) are independent risk factors for PPM. More evidence is required in order to clarify the risk of mother-to-child transmission according to mode of delivery among HIV-1-infected women with low viral loads (low either because the woman’s HIV-1 disease is not advanced, or because her HIV-1 disease is well-controlled with ARVs).

The medical coverage of pregnant women living with HIV varies significantly in 15 countries in Latin America and the Caribbean, ranging from less than 30% of women covered in Guatemala (22%) and Venezuela (28%); between 30% and 50% in El Salvador and Honduras (47%), The Bahamas (45%), and Paraguay (48%); between 51% and 80% in Bolivia (66%), Belize (63%), Jamaica (60%), Mexico (75%), Peru (70%), and Trinidad and Tobago (80%); to more than 80% in Ecuador (95%), Haiti (93%), and Panama (93%).

Table 18: Medical coverage of pregnant HIV-positive women receiving ART to prevent mother-to-child transmission (2013)

<table>
<thead>
<tr>
<th>Countries</th>
<th>Estimated percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bahamas</td>
<td>45</td>
</tr>
<tr>
<td>Belize</td>
<td>63</td>
</tr>
<tr>
<td>Bolivia</td>
<td>66</td>
</tr>
<tr>
<td>Ecuador</td>
<td>95</td>
</tr>
<tr>
<td>El Salvador</td>
<td>47</td>
</tr>
<tr>
<td>Guatemala</td>
<td>22</td>
</tr>
<tr>
<td>Haiti</td>
<td>93</td>
</tr>
<tr>
<td>Honduras</td>
<td>47</td>
</tr>
<tr>
<td>Jamaica</td>
<td>60</td>
</tr>
<tr>
<td>Mexico</td>
<td>75</td>
</tr>
<tr>
<td>Panama</td>
<td>93</td>
</tr>
<tr>
<td>Paraguay</td>
<td>48</td>
</tr>
<tr>
<td>Peru</td>
<td>70</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>80</td>
</tr>
<tr>
<td>Venezuela</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: UNAIDS Spectrum Estimates

It should be noted that HIV transmission rates during pregnancy, birth, or breastfeeding range from 15% to 45% in the absence of any interventions, and can be reduced to levels below 5% with effective interventions. Moreover, the region’s policies on adoption by HIV-positive individuals are very restrictive, particularly in Honduras, where the law expressly prohibits it. Likewise, policies that give HIV-positive individuals access to assisted reproduction services and counseling for the

prevention of transmission in serodiscordant couples or from the mother to her child are not included in national legislations.\textsuperscript{108}

\textbf{3.10 Right to information}

The guarantees of access to information, health services and resources, education, and work, economic empowerment, and the mechanisms of social participation are key factors in HIV prevention.

\textbf{Access to comprehensive sex education for adolescents and young people:} Seventeen Latin American countries have comprehensive sex education laws, plans, or programs managed by various agencies. The majority of these (8) are run by the educational system or by the education, health, and/or other sectors.\textsuperscript{109} Among the persistent obstacles to effectively preventing HIV in adolescents and young people are the failure to distribute condoms in schools, insufficient access to sexual and reproductive health services and the failure to integrate them with HIV services and to adapt them to the needs of young people, and the high rates of sexual violence committed against girls, teenagers, and young women. Furthermore, the ability of some young people to access essential services is restricted due to the lack of confidentiality and to violations of their right to privacy. Inadequate access to comprehensive sex education negatively impacts efforts to protect girls, adolescents, and young women from HIV and other STIs.

\textbf{Access to information in health services:} In the Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica [Technical-legal study of violations of the reproductive rights of women with HIV in four countries of Mesoamerica], 56% of participants reported having received information on preventing mother-to-child transmission, 43% on safe pregnancy with minimal risks for the mother, her partner, and their baby, 36% on pregnancy while reducing the risk of partner transmission, and 21% on safe conception: treatments like prevention, prophylaxis prior to exposure, insemination, and antiretrovirals.\textsuperscript{110}

\textbf{Knowledge of HIV, forms of transmission, and condom use in young and adult women:} In 10 Latin American countries, an average of 40% of women 15 to 24 years of age had knowledge of HIV and how to prevent it, with extremes of 14.8% of these women in Panama and 89% in Argentina. In six of the 10 countries analyzed, fewer than 40% of women possessed such knowledge.

\textsuperscript{109} UNFPA, 2015.
\textsuperscript{110} Avalos Capín J, Balance Promoción para el Desarrollo y Juventud A.C. [Balance Promotion for Development and Youth, Non-Profit Organization], 2013
Examining the information contributed by young women in 14 countries reveals that in only four of them (El Salvador, Chile, Brazil, and Uruguay) did 50% or more women in both subgroups (15-19 years old and 20-24 years old) report having used a condom in their most recent act of sexual intercourse. In Haiti, 56.7% of women aged 14 to 20 years old reported having used a condom in their most recent act of sexual intercourse.

**Graph 2:** Percentage of women 15-24 years of age with comprehensive knowledge of HIV (2007-2011)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panama (2011)</td>
<td>148</td>
</tr>
<tr>
<td>Mexico (2007)</td>
<td>18</td>
</tr>
<tr>
<td>Costa Rica (2011)</td>
<td>21.1</td>
</tr>
<tr>
<td>Guatemala (2011)</td>
<td>21.8</td>
</tr>
<tr>
<td>Bolivia (2013)</td>
<td>22.4</td>
</tr>
<tr>
<td>Colombia (2011)</td>
<td>24.1</td>
</tr>
<tr>
<td>Ecuador (2007)</td>
<td>27</td>
</tr>
<tr>
<td>El Salvador (2011)</td>
<td>27.3</td>
</tr>
<tr>
<td>Honduras (2013)</td>
<td>33.1</td>
</tr>
<tr>
<td><strong>Average 18 countries</strong></td>
<td><strong>333</strong></td>
</tr>
<tr>
<td>Peru (2011, 2009)</td>
<td>33.57</td>
</tr>
<tr>
<td>Haiti (2013)</td>
<td>34.6</td>
</tr>
<tr>
<td>Dominican Republic (2013)</td>
<td>40.8</td>
</tr>
<tr>
<td>Brasil (2013)</td>
<td>49.6</td>
</tr>
<tr>
<td>Uruguay (2011)</td>
<td>49.8</td>
</tr>
<tr>
<td>Chile (2012)</td>
<td>57</td>
</tr>
<tr>
<td>Cuba (2013)</td>
<td>59.9</td>
</tr>
<tr>
<td>Nicaragua (2007)</td>
<td>65.8</td>
</tr>
<tr>
<td>Argentina (2007)</td>
<td>81</td>
</tr>
<tr>
<td><strong>Average 18 countries</strong></td>
<td><strong>89</strong></td>
</tr>
</tbody>
</table>

Fuente: UNAIDS, Treatment 2015

**Graph 3:** Percentage of young women that used a condom during their last sexual relation (2009-2013)

- **Women 15-19**
- **Women 20-24**
Comparing the percentages across all countries of men and women from 15 to 19 years of age who used a condom in their most recent act of sexual intercourse, we see that in eight of the 10 countries analyzed, more men than women (by differences of more than 20 percentage points) did so.

**Graph 4:** Percentage of men and women from 15 to 19 years of age that used a condom during their last sexual relation (2009-2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uruguay (2009)</td>
<td>71.4</td>
<td>77.8</td>
</tr>
<tr>
<td>Chile (2011)</td>
<td>66.67</td>
<td>73.53</td>
</tr>
<tr>
<td>Brasil (2013)</td>
<td>65.8</td>
<td>82.6</td>
</tr>
<tr>
<td>Costa Rica (2011)</td>
<td>48</td>
<td>69.01</td>
</tr>
<tr>
<td>Haiti (2013)</td>
<td>41.9</td>
<td>58</td>
</tr>
<tr>
<td>Honduras (2013)</td>
<td>38.9</td>
<td>72.6</td>
</tr>
<tr>
<td>Dominican Republic (2013)</td>
<td>19.9</td>
<td>46.8</td>
</tr>
<tr>
<td>Panama (2011,2009)</td>
<td>19.7</td>
<td>73.4</td>
</tr>
<tr>
<td>Guatemala (2009,2011)</td>
<td>13</td>
<td>78.8</td>
</tr>
</tbody>
</table>

Condom use in the most recent sexual encounter is also low among women with multiple sexual partners, at an average of 33% in 19 countries, or one of every three, with the rates in Bolivia, Ecuador, El Salvador, and Peru coming in below this average.

**Graph 5:** Percentage of women with multiple sexual partners that used a condom during their last sexual relation (2003-2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paraguay (2009)</td>
<td>5.1</td>
<td>12</td>
</tr>
<tr>
<td>Bolivia (2003)</td>
<td>8</td>
<td>122</td>
</tr>
<tr>
<td>Panama (2011)</td>
<td>122</td>
<td>186</td>
</tr>
<tr>
<td>Ecuador (2011)</td>
<td>16.28</td>
<td>246</td>
</tr>
<tr>
<td>Nicaragua (2009)</td>
<td>18.6</td>
<td>322</td>
</tr>
<tr>
<td>El Salvador (2011)</td>
<td>21</td>
<td>33.1</td>
</tr>
<tr>
<td>Guatemala (2011)</td>
<td>246</td>
<td>33.7%</td>
</tr>
<tr>
<td>Peru (2009)</td>
<td>322</td>
<td>33.7%</td>
</tr>
<tr>
<td>Honduras (2013)</td>
<td>33.1</td>
<td>34.9</td>
</tr>
<tr>
<td>Average 19 countries</td>
<td>33.7%</td>
<td>34.9</td>
</tr>
<tr>
<td>Colombia (2013)</td>
<td>33.7</td>
<td>34.9</td>
</tr>
<tr>
<td>Dominican Republic (2013)</td>
<td>34.9</td>
<td>34.9</td>
</tr>
<tr>
<td>Costa Rica (2011)</td>
<td>39.76</td>
<td>40</td>
</tr>
<tr>
<td>Cuba (2013)</td>
<td>40</td>
<td>43.2</td>
</tr>
<tr>
<td>Haiti (2013)</td>
<td>43.2</td>
<td>44</td>
</tr>
<tr>
<td>Argentina (2007)</td>
<td>44</td>
<td>51.52</td>
</tr>
<tr>
<td>Chile (2011)</td>
<td>51.52</td>
<td>57</td>
</tr>
<tr>
<td>Brasil (2013)</td>
<td>53.1</td>
<td>65</td>
</tr>
<tr>
<td>Mexico (2013)</td>
<td>57</td>
<td>65</td>
</tr>
<tr>
<td>Uruguay (2009)</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>
In 11 countries, an average of 86% of transgender sex workers had used a condom in their most recent act of sexual intercourse, with only Mexico and Peru having rates below this average.

### 3.11 Right to participation

In order to guarantee this right for all of the diverse women living with HIV, it is necessary to further their capacities to freely assemble without facing discrimination, to participate in decision-making mechanisms with regard to HIV, gender equality, and development, and to participate in all social and political bodies, while providing resources to ensure that they are adequately involved therein.

The study Participation of women and transgenders in Global Fund Processes in Latin America and the Caribbean (2010) found that 13 of 15 country coordinating mechanisms (CCMs) include an HIV-positive woman among their members, but only in one of these mechanisms does she specifically represent women living with HIV; in the other 12 CCMs, the women represent the broader sector of all persons living with HIV, not just HIV-positive women. This has made it more difficult for women with HIV to position their specific needs, since the issues prioritized by the broader group tend to focus on access to ART. The effective participation of women and transgender persons in the
CCMs is also affected by issues of legitimacy and accountability, since election processes are not necessarily democratic and the sectors they represent may be limited to an organization rather than a broad population group.  

In the RedTraSex study (2014), 40% of the women surveyed stated that they participated in some organization or network of sex workers. The women sex workers surveyed in the Southern Cone are those who most participate in organizations of sex workers (47%). The countries with the highest percentages of surveyed individuals who participate in some organization or network of sex workers are Paraguay (73%), the Dominican Republic (66%), and Panama (65%), and those with the lowest percentages are Uruguay (8%) and Colombia (12%).

Barriers to participation for young Latin American and Caribbean women living with HIV include their limited knowledge of their rights, their burden of unpaid domestic labor, the high levels of stigma and discrimination against young women in general and HIV-positive women in particular, the lack of opportunities for them to develop leadership abilities, social norms and laws that restrict their autonomy in the public and private spheres, the limited opportunities for addressing the varied situations faced by young HIV-positive women in all of their diversity, the violence to which they are subjected in their communities, families, and various public spaces, and the prevailing perceptions in the development of public policies and programs that tend to see young women as objects of intervention rather than protagonists of change.  

UNAIDS (2012) has identified some challenges to the participation of civil society organizations and networks in the HIV context that similarly affect organizations of women living with HIV:

- **Token representation in processes**: representatives do not have the power to negotiate or speak in a meaningful way;
- **Cherry picking**: certain civil society representatives are invited to participate because they are easy to work with while more controversial ones, who may raise challenging viewpoints, are excluded;
- **Inauthentic representation**: civil society representatives do not have sufficient legitimacy to represent a specific or general community group or nongovernmental organization;

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• **Inauthentic processes of consultation**: where civil society input is not carried into decision-making processes;

• **Inadequate support and resources, in particular a lack of funds**: civil society representatives cannot participate in processes authentically because they lack human or financial resources, information, or preparation time;

• **Limited capacity in terms of skill sets**: civil society representatives do not have the ability to access information and actively participate on a long-term basis in, for example, meetings and consultations.¹¹³

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TAB 8
HIV and AIDS in Latin America the Caribbean regional overview

Caribbean (2019)

330,000 people living with HIV
1.1% adult HIV prevalence (ages 15-49)
13,000 new HIV infections
6,900 AIDS-related deaths
63% adults on antiretroviral treatment*
44% children on antiretroviral treatment*

*All adults/children living with HIV
Source: UNAIDS Data 2020

Latin America (2019)

2.1m people living with HIV
0.4% adult HIV prevalence (ages 15-49)
120,000 new HIV infections
37,000 AIDS-related deaths
61% adults on antiretroviral treatment*
46% children on antiretroviral treatment*

*All adults/children living with HIV
Source: UNAIDS Data 2020

KEY POINTS

• Impressive progress has been made in Latin America in increasing the number of people who know their HIV status and receive treatment.

• Latin America has shown strong commitment to funding its HIV response, yet many services for high-risk groups are being funded by donors.

• The Caribbean has the second highest HIV prevalence after sub-Saharan Africa.

• The percentage of people in the Caribbean with suppressed viral loads is well below the global average.

• Of the Caribbean countries, 11 out of 16 rely heavily on external funding.

• Barriers to progress include violence and stigma towards key affected populations and
those living with HIV in Latin America and the Caribbean.

Explore this page to find out more about the people most affected by HIV in Latin America and Caribbean, testing and counselling, prevention programmes, antiretroviral treatment availability, barriers to the response, funding and the future of HIV in Latin America and Caribbean.

An estimated 2.4 million people were living with HIV in Latin America and the Caribbean in 2019 (2.1 million in Latin America and 330,000 in the Caribbean). This equates to an HIV prevalence of 0.4% in Latin America and 1.1% in the Caribbean. In the same year, there were 120,000 new infections in Latin America and 13,000 in the Caribbean, and 43,900 people died from AIDS-related illnesses (37,000 in Latin America and 6,900 in the Caribbean).1

Antiretroviral treatment (ART) coverage has been relatively high and AIDS-related deaths relatively low in Latin America for many years. However, little progress has been made on slowing the rate of new infections in the last decade, which overall have fallen by just 1% between 2007 and 2017, and new infections among young people within key populations are on the rise. However, AIDS-related deaths over the same period have fallen by 12%.2

In 2019, 77% of people living with HIV in Latin America were aware of their HIV status. Of those who were aware, 78% were accessing antiretroviral treatment (ART). Of those on treatment, 88% were virally suppressed. 3

There has been moderate progress made on both prevention and treatment in the Caribbean. The annual number of new HIV infections among adults in the Caribbean declined by 18% between 2010 and 2017, and deaths from AIDS-related illness fell by 23%. In this part of the region, there was a large gap in awareness of HIV status at the start of the HIV testing and treatment cascade.4

In 2019, 77% of people living with HIV in the Caribbean were aware of their HIV status. Of those who were aware, 81% were accessing antiretroviral treatment (ART). Of those on treatment, 80% were virally suppressed.5

Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries - Cuba, Dominican Republic, Haiti and Jamaica - while 87% of deaths from AIDS-related illness occurred in the Dominican Republic, Haiti and Jamaica. Haiti alone accounts for nearly half of annual new HIV infections and AIDS-related deaths.6
Despite its small population size, the Caribbean has a high HIV prevalence globally at 1.1% (West and Central Africa stands at 1.4% and the highest prevalence global is in East and Southern Africa at 6.7%).

Latin America and the Caribbean has a concentrated epidemic, which means HIV prevalence is low among the general population but among certain groups such as men who have sex with men and transgender women, prevalence is particularly high. Young people are also disproportionately affected by HIV in the region.

In 2017, gay men and other men who have sex with men accounted for 41% of HIV infections in Latin America, and key populations and their sexual partners represented more than three quarters of new infections overall. In the Caribbean, gay men and other men who have sex with men accounted for nearly a quarter of new infections in 2017. In total, key populations and their sexual partners represented two thirds of new infections.

Brazil has played a key leadership role in the reinvigoration of HIV prevention in Latin America. However, the election of Jair Bolsonaro of the Social Liberal Party (PSL) as president in October 2018 could significantly reverse the progress made on HIV in Brazil and possibly the wider region, as well as deny human rights for many vulnerable populations. Bolsonaro has described himself as a ‘proud homophobe’ and is opposed to state-funded treatment for people living with HIV. Many in Brazil’s LGBTI community say they experienced an increase in violence and threats during the election campaign and there were record numbers of murders of LGBTI Brazilians between 2016 and 2018.
Populations most affected by HIV in Latin America and the Caribbean

Men who have sex with men (MSM)

Men who have sex with men (sometimes referred to as MSM) are the group most affected by HIV in Latin America and the Caribbean.

In the Caribbean, HIV prevalence among gay men and other men who have sex with men is particularly high in Trinidad and Tobago (32%), Bahamas (25%) and Haiti (13%). The lowest prevalence percentages are still high at 5% in Guyana and around 6% in Suriname and Cuba.11

In Latin America, HIV prevalence among this population is lowest in Guatemala and El Salvador at around 7%. Most other countries have prevalence ranging between 11% and 17%, although Bolivia, Mexico and Paraguay all report prevalence above 20% (25%, 21% and 21%, respectively).12

There are many reasons for high levels of HIV transmission among this group. In 2014, only 51% of men who have sex with men were reported to have access to HIV services, a level that has remained unchanged for several years.13 Moreover, access to HIV testing among men who have sex with men varies enormously from country to country, ranging from 5% to 70%.14

Homophobia and the ‘machismo’ (or aggressively masculine) culture are common throughout the region and sex between men is highly stigmatised. Large numbers of men who have sex with men also have sex with women, forming a ‘bridge’ population.15 16

As one civil society worker explains, men who have sex with men are often hesitant to reveal how they became infected with HIV. Many are mistakenly classified as heterosexual:
Unless he’s a total queen, a man will always be [counted as] heterosexual. Plus, people don’t want to be recognised [as homosexual].

- Ruben Mayorga, civil society worker, Guatemala City 17

Transgender people

Transgender women are highly affected by HIV in Latin America and the Caribbean. HIV prevalence among this group is thought to be 49 times higher than among the general population.18

In countries where data is collected on this key population, transgender women experience have some of the highest HIV prevalence. In Latin America, recorded prevalence is lowest in El Salvador at 7.4% and highest in Ecuador at 35%. It is over 20% in Colombia, Costa Rica, Guatemala, Panama and Paraguay. In the Caribbean, data on transgender people is scarce, with only Guyana and Cuba reporting HIV prevalence, which stands at 8% and 20%, respectively.19

Research has shown that between 44% and 70% of transgender women have felt the need to leave, or were thrown out of their homes.20 One study from Mexico indicated that 11% of transgender women living with HIV were excluded from family activities.21

Transgender people in the region have fewer educational and social opportunities, often resorting to sex work for an income.22 Country-level data collected between 2011 and 2015 also shows much higher HIV prevalence among transgender women sex workers compared to other sex workers.23 Transgender people also face high rates of violence. According to the Observatory of Murdered Trans People, 2,016 transgender people were reported as murdered between 2008 and 2015 across the world, 1,573 (78%) of them were in Latin America and the Caribbean.24 The highest number of these murders occurred in Brazil, where 938 were reported.25

Such high levels of stigma and violence remain significant barriers to transgender people accessing HIV services.

Sex workers

HIV also disproportionately affects sex workers, although there are variations between country situations and genders. In Latin America, around 1% of sex workers in Chile, Colombia, Costa Rica, Guatemala, Paraguay, Peru and Uruguay were living with HIV in 2017, compared to around 5% in Bolivia, Brazil and Panama. In the Caribbean, where reported, prevalence ranges from between 2% in Jamaica to 6% in Guyana.26

Male and transgender sex workers tend to be more affected by HIV than cis-female sex workers. For example, 69% of male sex workers in Suriname were estimated to be living with HIV in 2014, compared to 4% of female sex workers.27

Testing coverage among sex workers is higher among female sex workers (ranging from 39% to 98%) than male sex workers (ranging from 17% to 70%). Condom use during last transactional sex ranges
from 57% in Belize to greater than 95% in Panama and Antigua and Barbuda.28

Across the region, particularly in the Caribbean, sex workers experience a range of human rights violations and social injustices, including the denial of access to healthcare, poor working conditions, violence and harassment by law enforcement. Sex workers are also frequently marginalised by social and religious institutions and subject to discrimination. For these reasons, many people who engage in sex work do so covertly.

One study of female sex workers in Argentina reported that 24.1% had experienced sexual abuse; 34.7% reported rejection; 21.9% reported having been beaten; while 45.4% reported having been arrested because of their sex work activity. Higher levels of inconsistent condom use were also reported among those who experienced sexual abuse, rejection and police detention.29

All these factors act as significant barriers to sex workers accessing effective HIV prevention and treatment services.

People who inject drugs (PWID)

An estimated 1.9 million people inject drugs Latin America and the Caribbean. A wide-ranging evidence review, published in 2017, found 51% of people who inject drugs (sometimes referred to as PWID) are aged 25 and under, a higher proportion than any other region in the world.30

Reliable HIV-related data on people who inject drugs is extremely limited. The 2017 evidence review mentioned above estimates prevalence at 35.7% in Latin America and 13.5% in the Caribbean. However, this is based on the only data available, which came from just five Latin American countries, and one Caribbean territory (Puerto Rico).31 The only country reporting prevalence among people who inject drugs to UNAIDS in 2017 was Mexico, which estimated it to be 2.5%.32

This lack of data affects the planning and development of effective, targeted responses for people who inject drugs.

UNAIDS estimates that 2% of all new HIV infections in Latin America and 1% in the Caribbean were the result of unsafe injecting practices in 2017,33 levels that are disproportionately high, considering only 0.5% of people in Latin America and 0.4% in the Caribbean are thought to inject drugs.34

In Puerto Rico, where poor access to sterile injecting material has been identified as a significant contributor to the HIV epidemic, 51% of people who died while living with HIV between 1981 and 2013 acquired the infection via unsafe injection practices.35

Young people

Young people in Latin America and the Caribbean, especially those who are from key populations, are disproportionately at risk of HIV infection. One factor contributing to this are the barriers to accessing prevention services.

In many countries minors require parental or guardian consent to test for HIV. In Mexico and Panama, adolescents have to be accompanied by a parent, a legal guardian or another state-recognised person in order to receive their test results. In Paraguay, health staff can request authorisation to conduct an HIV test in the absence of parents or guardians.

However, a few countries in the Caribbean have developed policies allowing minors to access HIV
testing without parental consent, either allowing it at any age (such as in Guyana) or above the age of 14 (as in Trinidad and Tobago).36

In the Caribbean, the cultural norm of young women (aged 15-24) having sexual relationships with older men increases their risk of HIV infection. In Haiti, for example, HIV prevalence among young women is more than double that among young men.37 Between 9% and 24% of young women in the region reported having sex with a man at least 10 years older than themselves within the last 12 months. Other risk factors, such as multiple sexual partners and inconsistent condom use, compound the risk of age mixing in these countries.38

In Latin America, high prevalence among gay and other men who have sex with men results in young men being significantly more likely to be living with HIV than young women.39
HIV testing and counselling (HTC) in Latin America and the Caribbean

In 2017, 77% of people living with HIV in Latin America and 73% of people living with HIV in the Caribbean were aware of their status.40

Different approaches to testing are being taken in the region to increase the number of people who are aware of their status. Around a third (62%) of LAC countries that offer testing services within flexible hours, are generally provided by civil society organisations (CSOs).41

HIV self-tests are available in the Bahamas, Brazil, El Salvador, Jamaica, Peru, and Trinidad and Tobago. However, as of 2017, most governments were yet to document their use, provide them at subsidised cost, or use this method to expand testing to people from key populations, whose need is significantly greater due to the concentrated nature of the epidemic.42

An exception is Brazil, which introduced self-testing kits in 2015. These kits were made available free of charge from pharmacies, medication distribution centres, health services and government health programmes, as well as through the mail. The oral self-testing kits feature clear instructions and a telephone helpline.43

Just under two-thirds of countries in the region (68%) offer testing in community centres. Argentina, Dominica, Guatemala, Jamaica, Mexico and Paraguay allow HIV testing to be done by trained individuals who are not health professionals.44

Late HIV diagnosis is a serious issue in Latin America and the Caribbean. In at least half the countries in the region, one in three people had a CD4 count under 200 when tested for the first time.45 46

Barriers to testing are numerous. For example, in the majority of the countries, testing centres are concentrated in large cities, creating problems for people living in non-urban communities. Although 92% of countries provide sensitivity training for healthworkers involved in HIV screening for key populations, civil society organisations in 12 countries that participated in national consultations on HIV prevention reported a lack of sensitivity among these professionals. Furthermore, many countries do not collect data on testing for transgender women or female sex workers, which obstructs initiatives to increase testing among these key populations.47

HIV prevention programmes in Latin America and the Caribbean

In 2017, there were 100,000 new infections in Latin America and 15,000 in the Caribbean.48 Brazil, which has 35% of the total population of people living with HIV in Latin America and 47% of new infections in 2017, has been at the forefront of renewed HIV prevention efforts in Latin America.49 However, the election of President Bolsonaro of the far-right PSL party in October 2018 has the potential to reverse progress.

In the Caribbean, renewed commitment to combination prevention that is tailored to key populations is needed to accelerate reductions in new HIV infections.50
Condom availability and use

Although limited in scope, the latest available data from Latin America and the Caribbean indicates that condom use varies widely.

Men engaging in sex with a non-regular partner are more likely than women to use condoms. The lowest rates of condom use at last high-risk sex among women range from 20% in Barbados and Guatemala to 76% in Cuba. Among men, the lowest reported rates are in Barbados (42%) and Chile (49%), and highest in Cuba (80%) and Colombia (71%).51

In the Caribbean, levels of condom use among young people (aged 15-24 years) who are having sex with non-regular partners ranged from 67% in Belize to 79% in Jamaica among young men and 49% in the Dominican Republic to 57% in Jamaica among young women.52

The regional median for condom use among men who have sex with men in their most recent sexual encounter is 63%; among female sex workers 80%; and among transgender women 88%.53

All countries provide free condoms to key populations and young people but levels are often inadequate. Only one third procure condoms using domestic resources. It is essential to increase the availability, access, affordability and use of condoms (and compatible lubricants) among key populations through targeted distribution schemes.54

HIV awareness, education and approach to sex education

Most countries in the Caribbean provide comprehensive sexuality education (CSE) in primary and secondary schools, which includes topics beyond the reproductive system to include HIV, sexually transmitted infections, sexuality, gender identity and gender equality.

Knowledge about HIV among young people (aged 15-24 years) in the Caribbean is highest in Cuba where 76% of young women and 80% of young men are aware of HIV and how to prevent it. In the rest of the Caribbean, it is much lower at around 40 to 50%.55

An exception to this is Haiti, where CSE is not available. As a result, just 37% of 15 to 24-year-olds in Haiti have good knowledge about HIV prevention.56 In Latin America, implementation of CSE has slowed down in most countries due to a lack of agency within education ministries. Some countries, such as Brazil and Chile, are moving youth-friendly CSE services into schools. Venezuela has one of the highest teenage pregnancy rates in Latin America yet comprehensive sexuality education in schools is not mandatory.57

As a result, in most Latin American countries, only around 30% of young people are aware of HIV and how to prevent it, with the exception of Peru where 75% of young women are aware of HIV prevention.58

Preventing mother-to-child transmission (PMTCT)

Mother-to-child transmission of HIV in Latin America stood at 11.4% in 2017, down from 16.2% in 2010. This largely reflects the strength of programmes in Brazil and Mexico - two countries that are home to 62% of people living with HIV in the region. Almost 75% of pregnant women living with HIV in 2017 received antiretrovirals to prevent vertical transmission of HIV and protect their own health. In addition, almost half (46%) the infants exposed to HIV received early infant diagnosis, a crucial
Seven countries and island states in the Caribbean have been validated as having eliminated mother-to-child transmission of HIV: Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands, Cuba, Montserrat, and Saint Kitts and Nevis. The rate of mother-to-child transmission (including breastfeeding) in the Caribbean in 2017 was 13.3%. This is significantly lower than the 18.7% rate in 2010. PMTCT treatment coverage was 75% in 2017, and almost half (48%) of HIV-exposed infants received an early infant diagnosis before eight weeks of age.60

As a result, new HIV infections among children (aged 0-14 years) have declined across Latin America and the Caribbean, down from an estimated 4,700 in 2010 to 3,500 in 2017. Progress was greatest in the Caribbean, where new infections among children fell from an estimated 2,300 in 2010, to 1100 in 2017.61 62
However some countries continue to lag behind. PMTCT coverage is 21% in Guatemala, and 49% in Mexico.\textsuperscript{63} Difficulties in reaching those belonging to key affected populations, such as indigenous people, sex workers and young women, contribute to these low coverage rates.\textsuperscript{64}

Pre-exposure prophylaxis (PrEP)

Brazil is the only country in Latin America where pre-exposure prophylaxis (PrEP) is available through the public sector. The country’s Ministry of Health aims to provide PrEP to more than 50,000 sex workers, gay men and other men who have sex with men, and transgender people between 2018 and 2023. In Chile, Costa Rica, Guatemala, Mexico and Uruguay, PrEP can be obtained through private healthcare providers, the internet or research projects.\textsuperscript{65}

The Bahamas and Barbados were the only Caribbean countries providing PrEP through the public health system in 2018, although PrEP is available through private providers in the Dominican Republic, Jamaica and Suriname. It is not yet available in Cuba, Dominica or Haiti.\textsuperscript{66}

Harm reduction

Access to harm reduction programmes across Latin America and the Caribbean is extremely limited. Only eight countries provide needle and syringe programmes (NSPs): Argentina, Brazil, Colombia, Dominican Republic, Mexico, Paraguay, Puerto Rico and Uruguay. In some cases, coverage of NSP services is believed to have declined due to the reduction in the number of people who inject drugs, such as in Argentina, Brazil and Uruguay.\textsuperscript{67}

In 2016, the proportion of people using sterile injecting equipment the last time they injected drugs stood at 54% in Brazil, 71% in Mexico and 92% in Paraguay. No other countries in the region reported
official data on this or any other indicator relating to drug use, further highlighting the severe lack of information about this key population.68

The close of Global Fund support has had a big impact on NSP provision in Mexico. NGOs in Tijuana and Cd. Juarez report that distribution of needles and syringes per person who injects drugs fell by between 60% and 90%.69

As of 2016, opioid substitution therapy (OST) services were only available in Argentina, Brazil, Colombia, Mexico and Puerto Rico.70

**Antiretroviral treatment availability in Latin America and the Caribbean**

Access to antiretroviral treatment (ART) across Latin America and the Caribbean is uneven and far behind many other regions. Treatment coverage was 61% of all people living with HIV in Latin America in 2017 and 57% in the Caribbean.71 72

By 2017, 45% of countries in the region had adopted a ‘treat all’ policy whereby anyone testing positive for HIV is offered treatment, regardless of the level of viral progression.73 However, coverage varies hugely between countries: from 36% in Bolivia to 67% in Peru (in Latin America) and from 31% in Belize to 66% in Cuba (in the Caribbean).74 75

The success of treatment also varies, indicated by differing levels of viral suppression among people living with HIV. Viral suppression is achieved when the level of HIV in someone’s blood is so low the virus becomes undetectable, meaning they will not be able to transmit HIV on to others and should be in good health. Data is limited, although UNAIDS reports overall viral suppression to be 52% in Latin America and 40% in the Caribbean. Again, suppression varies widely between countries. In Latin America it ranges from 21% of people on treatment in Panama to 59% in Brazil. In the Caribbean it ranges from 17% of people on treatment in Jamaica to 43% in Cuba, Dominican Republic and Suriname.76

In 2018, a study into adherence to ART in Latin America and the Caribbean found the average adherence rate to be 70% (it is estimated that to achieve viral suppression an adherence rate of 95% is needed). Factors that contribute to poorer levels of adherence include substance misuse, stigma, depressive symptoms and high pill burden.77

Key populations and young people often face barriers to accessing treatment. For example, research from Puerto Rico found that people who inject drugs constitute the highest percentage of people living with HIV who did not have access to treatment (between 41% and 53%). This was despite the fact they had the highest retention rate once they initiated treatment.78

A study among 13 to 17-year-olds living with HIV in Peru found most barriers to adherence centred on a lack of family or caregiver support, a history of declining health due to previous poor adherence, side effects from ART, and misinformation about treatment.79

**Drug resistance**

HIV-transmitted drug resistance (HIVTDR) remains at a moderate level in Latin America and the Caribbean at 7.7%. However, a wide-ranging evidence review published in 2016 found it to be
Civil society’s role and HIV in Latin America and the Caribbean

There is a strong presence of civil society organisations (CSOs) and community-led networks in Latin America and the Caribbean, with civil society instrumental in both the region’s HIV response and human rights activism, particularly in Latin America. For example, Latin America is now recognised as a major leader in the global LGBTI movement.

This victory is much more than just the legal challenge and constitutional reforms. It is a rallying cry for the LGBT community and our allies to stand up and be counted! This represents the first moment in the history of the English speaking Caribbean that we have become truly visible and in a populist and meaningful manner. Yes, there was pushback but we are pushing forward in ways never seen before. This is the Rosa Parks moment for LGBT people of the Caribbean and we shall NEVER sit in the back of the bus again.

- LGBT activist Jason Jones after winning a legal case against the government of Trinidad and Tobago, challenging the legality of a law prohibiting same-sex relationships.

In 2016, Cívicos reported that civil society in Latin America and the Caribbean is coming under increasing pressure. According to the report, much of the danger for civil society results from webs of corruption that mesh the interests of politicians and other public officials with those of large private
entities and, in some cases, organised crime.82

HIV and tuberculosis (TB) in Latin America and the Caribbean

While tuberculosis (TB) is far less of a severe public health issue than in parts of Africa and Asia, it remains a significant problem in some countries in the region, and particularly affects people living with HIV.

Although some countries are now moving towards eliminating TB, eight are still experiencing significant TB epidemics. In 2016, more than half of people newly infected with HIV were concentrated in four countries: Brazil, Peru, Mexico and Haiti. Among those newly infected with TB in the region, 13% were living with HIV.83 In 2015, around 6,000 people living with HIV died from TB.84

Health system weaknesses continue to undermine TB diagnoses in the region. In the Americas, according to PAHO/WHO data, 50,000 people with tuberculosis were not diagnosed in 2015. Early detection and effective treatment are essential to prevent TB-related deaths, especially among people living with HIV.85

Inadequate linkages to care after diagnosis, poor follow-up, failure to reach the people most at risk of disease - particularly marginalised populations, including people who use drugs, prisoners and migrant workers - and poor treatment outcomes contribute to the lack of progress.86

Barriers to the HIV response in Latin America and the Caribbean

Legal, cultural and socio-economic barriers

Discrimination against key populations and HIV-related stigma continue to proliferate through many societies in the region, and discriminatory practices are widespread in health and other social services.

Key populations and women living with HIV are subject to practices such as forced sterilisation and denial of health services. Discriminatory and punitive laws and policies further limit access to services.87

Some Latin American countries have passed national drug policy reforms in recent years, shifting away from a punitive approach. Despite this progress, across the region large numbers of people who use drugs are still imprisoned. Around one in five prisoners in the region are detained due to drug-related offences and their numbers have been rising.88

Latin America offers a contradictory narrative when it comes to men who have sex with men, and LGBTI people. Some countries have made significant progress in recognising LGBTI rights. For example, Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico and Uruguay allow marriage or civil unions between people of the same sex.89

However, the region has the highest rate of violence against LGBTI people in the world. Transgender people, in particular, face very high levels of transphobia. Furthermore, the arbitrary detention of transgender women, including torture and inhumane treatment, is not investigated and prosecuted. Transphobia is reported to be widespread among police forces in Guatemala and Honduras.90
Discriminatory laws against sex between men exist in the majority of Caribbean countries. While seldom enforced, existing legislation has the impact of institutionalising discrimination against men who have sex with men.91 However, in 2018 a legal case against the government of Trinidad and Tobago challenging the legality of a law prohibiting same-sex relationships suggests things might be changing. Although the government has appealed the decision, the move forward is seen as a significant step for LGBTI rights in the Caribbean.92

The region’s culture of ‘machismo’ and gender inequality drives all forms of gender-based violence and gender inequality. Cis-boys and men are expected to be manly and have an exaggerated masculine pride. Cis-women are expected to be submissive to their husbands. People who do not fit into these accepted norms of masculine and feminine behaviours face stigma, rejection, discrimination, harassment and violence.

Intimate partner violence is a major issue in a number of countries. In Colombia and Nicaragua, more than one in three women reported being physically or sexually assaulted by a partner in the previous 12 months, compared with around one in six women in Dominican Republic and Haiti, one in seven in Cuba and one in 10 women in Guatemala, Mexico and Peru.93

The majority of countries in Latin America and the Caribbean have no restrictions on entry, stay and residence for people living with HIV. Nicaragua and Paraguay have restrictions on the permanent stay of people living with HIV who have been in the country longer than three months. In both countries, resident permits are withdrawn in the case of a positive HIV test. 94

| Social protection for people affected by HIV |

HIV can push people and families into poverty by reducing household capacity and increasing medical costs. In response to this, some countries in Latin America have introduced social protection measures to mitigate against the negative impacts suffered by those affected by HIV.95

In Uruguay, the 'Social Card' is a social protection programme aimed primarily at transgender women. Cardholders receive US $30 a month to buy food and cleaning products. The initiative reaches 1,000 people, the majority of whom belong to the transgender community.96

### Structural and resource barriers

The cost of antiretroviral medicines (ARVs) remain an issue. Many countries in the region are classified as middle-income, and do not benefit from access to the price reductions available to low-income countries. In Venezuela, the economic crisis makes it difficult to procure and distribute medical commodities, including for HIV testing and treatment. Shortages of antiretroviral medicines, opportunistic infection treatment and condoms are common.97 98

Stock-outs of ARVs are another major structural obstacle. While efforts have been made to decrease the likelihood of this happening, 10 countries reported at least one stock-out in the previous 12 months when an analysis took place in 2012.99

In the Caribbean, efforts to reach men and boys, and particularly gay men and other men who have
sex with men, are constrained by health services insufficiently tailored to their needs and limited community-based services.100 101

Stigma and discrimination

Many people remain ignorant and fearful of HIV and AIDS, and myths about HIV and how it's transmitted persist. UNAIDS reports that in several Latin American countries, at least one third of people said they would not buy vegetables from a person who is living with HIV. Discrimination towards people living with HIV by healthcare workers is common to varying degrees. In Paraguay, 17% of people living with HIV said they had been denied healthcare services because of their HIV status within the last 12 months, and 20% said that healthcare professionals had revealed their HIV status to others without consent. In Nicaragua, discrimination was less frequent, reported at 4% and 8% respectively.102 103

Larger numbers of people in the Caribbean stigmatise and discriminate in similar ways. For example, in Jamaica, 71% of people said they would not buy vegetables from a vendor who is living with HIV, as did 58% of people in Haiti and 49% of people in Dominican Republic.104

A number of Caribbean countries are showing progress in addressing the stigma and discrimination experienced by key populations. A regional transgender advocacy coalition works on issues relating to human rights, social justice and HIV. In Cuba reports are encouraging: less than 1% of gay men and other men who have sex with men and about 2% of female sex workers said they had avoided taking an HIV test in the previous 12 months due to stigma and discrimination.105

[His family] fed him in the same plate ever, and like that, he had his own cup, glass, fork, knife, spoon, you get the idea, he was isolated by his own family. His razors where always trashed, and his tooth brush too, also, no one was ever taking care of his pills... One week before he died, in the middle of a discussion because of having AIDS he was thrown out of his house by his older sister... he died alone.

- Lover of an HIV-positive man in Honduras 106

Data issues

A lack of data is a major issue in the region. Data is particularly lacking on people who inject drugs and transgender people, as well as on a number of key indicators such as treatment adherence and viral suppression.
Funding for HIV in Latin America and the Caribbean

The total funding available for the HIV response has nearly doubled over the last decade, with more than 95% coming from domestic resources. Between 2006 and 2017 domestic resources increased by 189%, and international resources decreased by 11.6%. It is estimated that an additional US$ 293 million, a 9.3% increase, is needed to reach the 2020 funding target.107 108

Funding for the Caribbean’s HIV response in particular has been declining since 2012, mostly because international support has been gradually withdrawn. In 2017, the United States President’s Emergency Plan for AIDS Relief provided 57% of all HIV resources in the Caribbean and the Global Fund to Fight AIDS, Tuberculosis and Malaria provided 8%.109 110

In 2017, approximately US$ 315 million was available for HIV programmes in the Caribbean, half of what is needed to reach the UNAIDS 90-90-90 targets by 2020. Domestic funding for prevention programmes is also low.111 112

In Haiti, which has the largest epidemic in the region, the HIV response is more than 90% externally funded and reliant on external support. 113 114

The future of HIV in Latin America and the Caribbean

While some countries in Latin America and the Caribbean have made significant progress, particularly in terms of treatment availability, it has been patchy. Even where treatment is available, a number of cultural and legal barriers prevent many groups from accessing the services they need. For example, homophobic crimes, which need to be addressed by laws and policies that protect the rights of all people.

Prevention programming needs to focus on key populations and although regional prevention targets have been endorsed by country stakeholders, and by prominent civil society organisations, financial investment in prevention is lacking.115 116

Brazil has played a major part in advancing Latin America’s HIV response and improving rights for LGBTI people and other marginalised communities. The success of the far-right is seen as a severe threat to progress in Brazil, with unwelcome consequences for Latin America as a whole.

In the Caribbean, early diagnosis and linking to care, retention in treatment and adherence need special attention. In addition, focusing on the knowledge and service access gaps facing young people and key populations is necessary.117 118

In both sub-regions, implementing sensitisation programmes that target national uniformed personnel, aimed at reducing stigma and discrimination towards key affected populations and people living with HIV, are needed in order to reduce hate crimes and improve access to HIV, health and other essential services.

There is also a pressing need for better quality data on a number of key populations and for national strategic information systems to be strengthened to make sure that progress is effectively monitored.119
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Last full review:
23 November 2018
Next full review:
TAB 9
Transgender people, HIV and AIDS

KEY POINTS:

- Transgender people are 49 times more at risk of living with HIV compared to the general population.
- Transgender people often face social and legal exclusion, economic vulnerability, and are at an increased risk of experiencing violence. Disempowerment and low self-esteem make transgender women, in particular, less likely or less able, to negotiate condom use.
- HIV-related stigma and transphobia create barriers to the access of HIV testing and treatment services by transgender people.
- More targeted prevention approaches are needed in combination with increased welfare and employment opportunities to address the specific needs of transgender people.

Explore this page to find out more about why transgender people are at risk of HIV, HIV prevention for transgender people and successful prevention programmes, access to HIV testing and antiretroviral treatment, barriers to HIV treatment and the way forward.

Transgender people are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population.1 Globally, it is estimated that around 19% of transgender women are living with HIV.2 Data from Latin America and the Caribbean show that HIV prevalence is much higher among transgender women sex workers than among non-transgender male and female sex workers.3

There are an estimated 25 million transgender people living around the world.4 The term transgender refers to people whose gender identity and expression are different to social expectations of their
biological sex at birth. They may see themselves as male, female, gender non-conformist, or one of a spectrum other genders. Transgender people have diverse sexual orientation and behaviours.

Generally, HIV prevalence among transgender women (people who are assigned male at birth but identify as being women) is higher than transgender men (people who are assigned female at birth but identify as being men). However, very little is known about transgender men and their vulnerability to HIV.

**What puts transgender people at risk of HIV?**

**Social, economic and legal exclusion**

Across the world transgender people experience high levels of stigma, discrimination, gender-based violence and abuse, marginalisation and social exclusion. This makes them less likely or able to access services, damages their health and wellbeing, and puts them at higher risk of HIV.

Overlapping social, cultural, legal and economic factors contribute to pushing transgender people to society’s margins. Transgender people are more likely to have dropped out of education, had to move away from family and friends, and faced workplace discrimination, limiting their educational and economic opportunities. They can encounter problems accessing basic goods and services and even public spaces. These challenges are exacerbated by a lack of legal recognition of their gender and the absence of anti-discrimination laws that explicitly include transgender people. According to UNAIDS 17 out of 117 reporting countries had laws that criminalised transgender people.

**Sex work**

Social exclusion, economic vulnerability and a lack of employment opportunities means that sex work is often the most viable form of income available to transgender people, and a high proportion of transgender people engage in sex work. For example, the proportion of transgender people who sell sex is estimated to be up to 90% in India, 84% in Malaysia, 81% in Indonesia, 47% in El Salvador and 36% in Cambodia.

HIV prevalence among transgender sex workers is as high as 32% in Ecuador and Panama compared to just 0.4% and 0.6% respectively among the general population. A 2008 systematic review showed that global HIV prevalence among transgender people who engaged in sex work was 27%, compared to 15% among transgender people who did not sell sex.

Data suggests that HIV prevalence is up to nine times higher for transgender sex workers compared to non-transgender female sex workers.

Knowledge and reported use of condoms is generally low among transgender sex workers. In Asia and the Pacific, only 50% of transgender sex workers are aware of HIV and HIV testing, and only 50% reported using condoms consistently with clients and casual partners.

In addition, the high costs associated with transition healthcare can put extra pressure on transgender people to make money. Sex workers sometimes get paid more for unprotected sex, and often feel under pressure not to use a condom, which makes them highly vulnerable to HIV.
High-risk sex

There are high rates of unprotected anal sex among transgender women, which carries a high risk of HIV transmission. Several factors contribute to this. Stigma and discrimination, leading to low self-esteem and disempowerment, can make it harder for transgender people to insist on condom use.14

In many settings, condom use is often controlled by the insertive sexual partner, so many transgender women who have sex with men can feel unable to instigate condom use. Gender-changing hormones, which some transgender women use, can lead to erectile dysfunction, increasing the likelihood of taking the receptive role during sex.16

There are other social factors that make transgender people more likely to engage in high-risk sex. Studies have shown that some transgender people who want to affirm their gender identity through sex, or who fear rejection from sexual partners can be more likely to agree to unprotected sex.17 The stress of social isolation may also lead to a much higher rate of drug and alcohol use among transgender people that can affect their judgement of risk and make them less likely to use condoms.

Injecting hormones

It is common for transgender people to obtain injectable hormones, the most common form of gender enhancement, and carry out the injecting themselves. Without counselling on safe injecting practices, people going through this process may be very vulnerable to HIV transmission because of the risk of sharing needles with others.18

HIV prevention for transgender people

Transgender people can have very diverse HIV prevention needs. Targeted prevention approaches that respond to the specific needs of individuals are essential to reducing HIV infections. In addition, prevention initiatives that empower transgender people and enable them to take the lead in meeting the needs of their own community are the most effective.19

Sexual health care for transgender people is often inadequate, with many policy makers and service providers failing to address the needs of transgender women as a population distinct from men who have sex with men.20 Only 39% of countries in 2014 had specific programmes targeting transgender people in their national HIV strategies.21
India is one country where HIV services have been successfully targeted at transgender people - reaching an estimated 83% of the transgender population. They have also made marked steps in officially recognising transgender people, also called Hijras, as a third gender. This means that local authorities need to ensure that they have health and social programmes that meet the needs of Hijras and has given them the right to vote.22

Providing welfare, employment initiatives and housing can help address the factors that make transgender people more likely to engage in high-risk sex.23 Services for other needs should also be provided, such as mental health counselling and support for a sex change operation.

More broadly, policies that affect the lives of transgender people should be gender affirming, aiming to support transgender people to live congruent with their gender identity. Health workers, particularly primary care providers, need sufficient training to understand and respond to the complex health and rights needs of transgender people.

Successful HIV prevention programmes for transgender people

Case Study: Community-led services in Thailand

In 2015, the LINKAGES project which works with transgender women as well as men who have sex with men in four high-prevalence provinces of Thailand, introduced a number of innovative approaches to improve HIV testing, care and treatment services.

A social network recruitment process means community-based project workers conduct structured outreach focused on individuals at highest risk. Clients are offered monetary incentives to act as peer mobilisers and asked to recruit and refer their friends and sexual
partners for rapid HIV testing at community-led drop-in HIV service centres.

People who test positive are provided with point-of-care CD4 testing and referred for immediate treatment initiation, with ongoing support and follow-up. People who test negative but are at high risk of infection can access free pre-exposure prophylaxis, and are contacted regularly for repeat HIV testing.

A mobile data-collection platform, eCascade, links outreach activities to community-based HIV testing and clinics providing ART. This platform means referrals can be tracked across services in real time, allowing programme staff to respond to client drop-out, adapt outreach approaches to target efforts where they are needed, and follow-up with clients via SMS messaging.

Programme data from the first nine months of implementation in the city of Chiang Mai shows:

- significantly higher rates of HIV testing uptake (77%) compared with traditional group-based outreach (31%)
- higher uptake of HIV test (94%) compared to those reached with traditional “hot-spot” recruitment (54%)
- among clients who tested positive for HIV, those reached via social network recruitment were more likely to initiate ART (77% compared with 38%).

Case study: Community empowerment helps HIV prevention services reach thousands of transgender people in India

In India, national HIV prevalence is 0.31%, whereas HIV prevalence among the transgender community is estimated to be 8.2%. A range of social, economic and legal factors contribute to the increased risk of HIV faced by transgender people who are marginalised and often lack access to health and other basic services.

The Pehchan project works with transgender people across 18 Indian states to increase their access to health, social and legal services. Pehchan incorporates true community involvement at all programme stages and works with community-based organisations (CBOs) to empower individuals through gender-affirming activities.

Pehchan undertakes three types of activities:
- improving organisational and technical capacity of CBOs working with transgender communities
- supporting CBO’s in providing community-based HIV prevention and linking people to medical care and treatment
- creating a supportive environment for transgender communities by facilitating access to wider social, legal and health services.

The programme, which began in October 2010, has helped 200 CBOs to provide tailored HIV services to transgender communities. By August 2015 the programme had reached more than 433,000 people, 60% of whom had never been reached by HIV prevention services before.
By involving transgender people at every level, the programme succeeded in targeting these hard to reach communities. Transgender people were recruited as staff across the organisation, the communities were engaged in technical areas alongside experts and a community advisory board was set up to provide ongoing feedback.26

Case study: Linking transgender people to tailored health and human rights services, El Salvador

El Salvador is estimated to have over 2,000 transgender people – more than a quarter of whom live in the capital city, San Salvador.27 They are one of the country’s most stigmatised groups, and are regularly subject to human rights violations, including hate crimes.28 Nearly half of the transgender women in San Salvador report that their main income is from selling sex, and HIV prevalence among transgender women in the city is estimated at 16.2% compared to less than 1% among the general population.29

In 2014, El Salvador’s Ministry of Health partnered with NGO, Plan International, to reduce the rate of new HIV infections among transgender people and other key affected populations. Three comprehensive prevention community centres were established. Run by peers, the centres provide basic HIV prevention and healthcare services tailored to the specific needs of transgender people. These include general medical and mental health services, HIV testing and counselling (HTC), as well as information on correct and consistent condom and lubricant use. In addition, mobile teams provide HTC in areas with high numbers of transgender people.30

About one quarter of San Salvador’s transgender population - were reached with a basic HIV prevention package during the first six months of 2015. VICTS have also strengthened the efforts of transgender women in San Salvador to claim recognition as a group distinct from men who have sex with men.31

Access to HIV testing and antiretroviral treatment for transgender people

Generally, data on transgender access to HIV treatment and testing services is scarce. One study of people living with HIV in the United States of America (USA) found that only 59% of transgender participants, compared to 82% of those with a birth-assigned gender, were accessing antiretroviral treatment (ART).32

HIV-related stigma creates barriers to getting tested for many transgender people. In a study in the USA, 73% of transgender women who tested HIV-positive had been unaware of their status.33

As with access to HIV prevention advice, transgender people may delay seeking testing and treatment due to transphobia and insensitivity among healthcare professionals.34
Yes I tested and was not of the best as the person who pricked me urged me to change my life, as I being like I am is immoral, she said.

- Transgender person, South Africa 35

Depression and isolation are often associated with poor adherence to HIV treatment. A lack of supportive relationships can affect important aspects of living healthily with HIV, such as remembering to take medication. One study found that transgender people living with HIV were less likely to report adherence to treatment of above 90% compared to patients who weren’t transgender.36 The study found that many transgender people found it difficult to take regular medication alongside other treatments such as hormone therapy.

HELP US HELP OTHERS

Avert.org is helping to prevent the spread of HIV and improve sexual health by giving people trusted, up-to-date information.

We provide all this for FREE, but it takes time and money to keep Avert.org going.

Can you support us and protect our future?

Every contribution helps, no matter how small.

PLEASE DONATE NOW

Barriers to HIV prevention for transgender people

Social exclusion

Transgender people will often experience social exclusion and marginalisation in the society that they live and, critically, from family and friends. In Latin America, between 44% and 70% of transgender woman were either thrown out, or felt the need to leave their homes. In the Philippines, paternal rejection during transitioning of transgender women is reported to be as high as 40%.37

This exclusion can affect people's self-esteem and self-worth, contributing to depression, anxiety, substance abuse and self-harm.38 In a national study of transgender people in the USA, 41% of participants reported attempting suicide, compared with 1.6% of the general population. A national Australian study found that 56% of transgender people had been diagnosed with depression at some point in their lives, four times the rate for the general population. The study found that 38% had been
diagnosed with anxiety, around 50% higher than the background rate.\textsuperscript{39}

Lack of social safety nets also make transgender people particularly vulnerable to economic instability and homelessness. A survey from the USA found that unemployment rates for transgender people were twice the national average.\textsuperscript{40}

General isolation and social exclusion affect access to treatment. Transgender people can be afraid to get tested if they don’t have a strong support network to help them cope:

\begin{quote}
No, I won’t test. Who will take care of me when I test positive? I have no-one.
\end{quote}

- Transgender person, South Africa \textsuperscript{41}

Lack of recognition of gender identity

Many countries do not legally recognise the gender of transgender people, meaning they often lack official identification, passports and travel rights, welfare entitlements and the right to marry.\textsuperscript{42} They may also find it difficult to access education and employment. For transgender women facing criminal prosecution, incarceration with male inmates can also put them at risk of sexual assault.\textsuperscript{43}

Healthcare system discrimination

Barriers to accessing ART among HIV-positive transgender people are well-documented.\textsuperscript{44} \textsuperscript{45}

Discrimination from healthcare providers, a lack of knowledge about transgender needs and the refusal of many national health systems or health insurance providers to cover their care all contribute to situations where it is difficult for transgender people to receive adequate treatment. This can also encourage discrimination within healthcare services, making it hard to access sexual health services.

\begin{quote}
Nine out of ten trans people do not consult doctors even in case of serious illness, because of the mistreatment they know they will face in health services.
\end{quote}

- Campaigner in Venezuela \textsuperscript{46}

Transgender peoples’ access to health care is further complicated by the fact that their experiences have been classified as a mental disorder, meaning they must accept this stigmatised diagnosis when accessing health services. The World Health Organization (WHO) has proposed that references to transgender people in their health diagnosis literature be placed in a chapter called ‘conditions relating to sexual health’ and removed from the list of mental disorders. This has been welcomed by
the global transgender community, clinicians and researchers. 47

Punitive laws

According to UNAIDS 17 out of 117 reporting countries had laws that criminalised transgender people.48 A further 19 countries and territories criminalised and/or prosecuted crossdressing.49 Such punitive measures hinder transgender people’s ability to access information about HIV risk and prevention.

The criminalisation of same-sex sexual activity, which as of May 2016 was still in place in 73 countries, can also affect transgender people. For example, if a transgender woman is legally recognised as a man because she was assigned male at birth, sex with a birth-assigned man would be illegal. She may risk prosecution if she discusses her own sexual history with a healthcare professional.50

Laws such as these can legitimise acts of stigma, discrimination and violence against individuals.51 This can put transgender people at a greater risk of sexual abuse and violence, and HIV infection.52

In some cases, police shut down organisations that provide HIV prevention services on the basis that these services aid illicit activity such as sex work.53 In addition, most countries do not have laws that will criminalise acts of discrimination towards transgender people.

Violence and transphobia

Violence towards transgender people is widespread and has been increasingly reported.54 Between 2009 and 2016 there were 2,115 documented killings of transgender people worldwide.55 The actual number is likely to be even greater.

Nearly 80% of all killings of transgender people took place in Latin America. In one local transgender community-based organisation in Honduras, Colectivo Unidad Color Rosa, six out of seven members were murdered.56

Many transgender people feel unable to approach law enforcement about the issue. Between 2005 and 2012 in Colombia, 60 transgender women were murdered, and not one person was imprisoned as a result.57 This is compounded by the fact that in many places members of the police often perpetrate violence against this community.

Altogether I have been shot nine times. There are witnesses but they are also afraid to make a statement. I myself have witnessed many other police attacks but I’m also afraid to report them. This is what the police call “social cleansing”. According to them, it’s because there are lots of complaints against transgender women doing sex work.
Non-lethal violence against transgender people is also widespread. A national study in the USA found that 35% of five to 18 year olds who identified as transgender experienced physical violence, and 12% were victims of sexual violence. In the same study, 7% of transgender adults had been physically assaulted at work, and 6% sexually assaulted.

The way forward

There is a critical lack of data and limited funding for, and research about, transgender people and what drives their vulnerability to HIV.

More effort is needed by researchers, governments and NGOs to collaborate to find ways to combat HIV among transgender communities – particularly in places where their legal rights are not respected. Initiatives should be developed in partnership with transgender communities, and should link health with advocacy, social justice, and human rights.

It is vital that transgender people around the world are informed about safer sex and how to protect themselves from HIV, however, until their rights are protected by law and respected by society they will continue to be vulnerable to HIV. Interventions that have focused exclusively on sexual health have not achieved expected results as they failed to address the social exclusion that leads to high-risk behaviours.

As well as protection by law, transgender people need better access to housing, employment and education if they are not to be driven towards high-risk behaviour. They must be able to access transgender-specific healthcare services and sexual health information, free from fear of criminalisation and discrimination.

Photo credit: Photo by Gates Foundation/CC BY-NC-ND 2.0. Photos are used for illustrative purposes. They do not imply any health status or behaviour on the part of the people in the photo.

Tools and resources:

'HIV and young transgender people: a technical brief' [pdf]

'Transgender people and HIV - policy brief' [pdf]

13. WHO (2011) 'Prevention and treatment of HIV and other STIs among men who have sex with men and transgender people'
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TAB 10
EL SALVADOR, GUATEMALA, HONDURAS, PANAMA, BELIZE, AND COSTA RICA

IntraHealth International began working in Central America in 1993, partnering with communities to improve health care for women and children. Since 2006, IntraHealth has worked in partnership with the US Agency for International Development (USAID) to strengthen the region’s HIV prevention and treatment efforts.

Central America’s HIV epidemic is currently concentrated in key populations, such as men who have sex with men, transgender women, and sex workers. Widespread unfamiliarity with HIV, stigma, limited access to health care, and migration all make the region vulnerable to a growing epidemic.

Our interventions focus on training and equipping health workers to deliver high-quality HIV care, reducing stigma toward key populations and people living with or at risk for HIV, and improving adherence to antiretroviral treatment (ART) among those living with the virus.

IntraHealth has worked closely with governments, nongovernmental organizations, and civil society in Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Panama to improve the quality of life of people living with HIV and other vulnerable populations. We follow the recommendations of UNAIDS and PEPFAR to provide technical assistance under the Fast Track approach to achieve the 90-90-90 goals.
**HIV Care and Treatment Project (2018-Present)**
The HIV Care and Treatment Project supports health facilities, partners, and community-level organizations that work with key populations to set, prioritize, and reach their objectives to sustain interventions and address barriers to treatment adherence. In collaboration with ministries of health, social security institutes, and National AIDS Programs in each country, IntraHealth works to address HIV-related policies, set priorities, and provide services. The project addresses stigma and discrimination as well as gender-based violence while identifying and treating common HIV comorbidities, including tuberculosis.

**Central America CapacityPlus Project (2011–2018)**
The Central America CapacityPlus Project (CAMPLUS) works with local, national, and regional health facilities to ensure key populations and people living with HIV receive a full range of HIV services. The project is also helping communities improve HIV services and discourage discrimination against people at risk for or living with HIV.

CAMPLUS worked with 100 hospitals, 37 HIV clinics, and 65 health centers to assess and improve staff HIV knowledge and skills using IntraHealth’s Optimizing Performance and Quality (OPQ) approach. The OPQ teams identified over 300 performance standards in 18 service areas and pinpointed gaps in staff performance. With IntraHealth’s support, health facilities trained 10,480 health workers in biosafety, stigma and discrimination prevention, HIV counseling and testing, human rights, nutrition, conflict resolution, and assertive communication.

The project helped develop 44 local multisector networks to improve access to and quality of HIV care by introducing a multisector Continuum of Care for HIV model. The networks ensure clients who have HIV or are members of key populations receive a full range of HIV prevention, referral, and treatment services, including HIV testing, antiretroviral treatment, and social services. The networks also strive to reduce stigma and discrimination against these clients.

CAMPLUS helped HIV care units in hospitals and other facilities provide HIV testing, care, and treatment services, and improve adherence to ART among HIV-positive clients. More than 35,000 people living with HIV received attention, medical care, or laboratory tests from care units supported by the project. These care units reported a 74% ART adherence rate compared to 56% in units not supported by the project.

To achieve these results, the project trained and supported adherence promoters in 30 hospitals in Guatemala, Honduras, and Panama to provide counseling to HIV clients and strengthen adherence; it also trained and supported community liaisons who conduct home visits to clients who drop out of treatment. More than 4,000 people at risk of dropping out of treatment were retained and more than 2,750 people who had dropped out of treatment were recovered.

The project also used mobile technology to promote adherence. It worked with HIV clinics in Guatemala, El Salvador, and Panama to send text messages to remind HIV clients of their scheduled appointments and to take their medication. Nearly 5,500 clients received messages on a proactive and continuous basis. In a randomized control study in Guatemala, clients receiving the text messages had a higher percentage of adherence than those not receiving the messages.

Using IntraHealth’s Learning for Performance methodology, the project also empowered trainers at universities, nursing schools, and ministries of health to quickly and cost-effectively teach health workers and students new skills and prepare them to perform on the job. CAMPLUS revised HIV curricula for 22 universities, medical schools, and nursing schools throughout the region.

**Past projects and funders**
- Central America Capacity Project, 2009-2013 (USAID)
- Capacity Project, 2006-2009 (USAID)
- PRIME and PRIME II, 1993-2004 (USAID)

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TAB 11
A social systems analysis of implementation of El Salvador’s national HIV combination prevention: a research agenda for evaluating Global Health Initiatives

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Abstract

Background

Global Health Initiatives (GHI)s have been instrumental in the rapid acceleration of HIV prevention, treatment access, and availability of care and support services for people living with HIV (PLH) in low and middle income countries (LMIC). These efforts have increasingly used combination prevention approaches that include biomedical, behavioral, social and structural interventions to reduce HIV incidence. However, little research has evaluated their implementation. We report results of qualitative research to examine the implementation of a national HIV combination prevention strategy in El Salvador funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Methods

We conducted in-depth interviews with principal recipients of the funding, members of the Country Coordinating Mechanism (CCM) and front line peer outreach workers and their clients. We analyzed the data using a dynamic systems framework.

Results

El Salvador’s national HIV combination prevention strategy had three main goals: 1) to decrease the sexual risk behaviors of men who have sex with men (MSM), commercial sex workers (CSW) and transgender women (TW); 2) to increase HIV testing rates among members of these populations and the proportion of PLH who know their status; and 3) to improve linkage to HIV treatment and adherence to antiretroviral therapy (ART). Intervention components to achieve these goals included peer outreach, community prevention centers and specialized STI/HIV clinics, and new adherence and retention protocols for PLH.

In each intervention component, we identified several factors which reinforced or diminished intervention efforts. Factors that negatively affected all intervention activities were an increase in violence in El Salvador during implementation of the strategy, resistance to decentralization, and budget constraints. Factors that affected peer outreach and sexual risk reduction were the human resource capacity of grassroots organizations and conflicts of the national HIV strategy with other organizational missions.

Conclusions

Overall, the national strategy improved access to HIV prevention and care through efforts to improve capacity building of grass roots organizations, reduced stigma, and improved coordination among organizations. However, failure to respond to environmental and organizational factors limited the intervention’s potential impact.

Background

Global Health Initiatives (GHI)s such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the President’s Emergency Plan for AIDS Relief (PEPFAR), and the World Health Organization (WHO) among others, have been instrumental in the rapid acceleration of HIV prevention programs, HIV treatment access, and availability of care and support services for people living with HIV (PLH) in low and middle income
countries (LMIC) [1, 2]. These efforts have increasingly used combination prevention approaches that include biomedical, behavioral, social and structural interventions to reduce HIV incidence. For example, most GHIs include behavioral interventions to promote condom use and HIV testing for early detection of HIV, linkage services to treat PLH and prevent onward transmission to their sexual partners, advocacy to promote the rights of sexual and gender minorities, integration of reproductive health and HIV services to prevent mother to child transmission, and integration of TB and HIV services [2, 3]. Early efforts were implemented in an emergency fashion and while many lessons have been learned through the examination of these efforts, state-of-the-art monitoring, evaluation, and research methodologies were not fully integrated or systematically performed [1, 4]. Recently, GHIs have called for more systematic evaluation using an implementation science framework to improve the development and effectiveness of their programs. Implementation science frameworks are particularly useful for understanding combination prevention interventions implemented at regional and national levels which require coordination of previously separated sectors of health systems and involvement of non-governmental and community-based health systems and social services. This paper presents results of qualitative research to examine the implementation of a national HIV combination prevention strategy in El Salvador, funded by the Global Fund.

Implementation science is commonly understood as the study of methods and strategies to promote the uptake of interventions that have proven effective into routine practice with the aim of improving health [5]. Therefore, implementation science examines what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable. For GHIs to be scalable and sustainable, it is important to understand factors that may facilitate or impede effective collaboration among the many sectors and contexts involved in these initiatives, such as grassroots organizations that advocate for vulnerable and stigmatized populations, individual HIV clinics and the Ministry of Health [6, 7]. In this study, we analyzed El Salvador’s national HIV combination prevention strategy using Van Olmen’s Health Systems Dynamic framework which includes the influence of the sociopolitical context, characteristics of the targeted population, leadership and governance, and resources and service delivery [6].

Implementation research on Global Fund and PEPFAR strategies has revealed that, in the early years of GHIs, disease-specific funding mechanisms have created barriers and disincentives to strengthening LMIC’s national health systems [4, 8, 9, 10, 11, 12, 13] Funds were allocated with the intention of overcoming weaknesses in national health systems by establishing separate clinics that were better resourced than the national systems. In these clinics, medical staff received higher salaries, leading to a further weakening of existing health structures as medical personnel left the national systems to work in GHI clinics. Recent Global Fund efforts have attempted to align funding initiatives with national health priorities and systems [4, 14, 15], yet misalignment of activities and aims persist. A recent mixed methods study analyzing the budget allocations and expenditures in human resources for health in 27 countries that had received Global Fund monies found that there were several missed opportunities for health systems strengthening. Countries used salary top-ups, performance incentives, extra compensation and contracting of part-time workers to pay health workers using Global Fund monies. Training was in-service and disease specific. Most importantly, funding support was not coordinated with national strategic plans leading to major problems in sustainability of efforts [4].

The research conducted to date highlights that implementation of GHI programs and other interventions must be understood as occurring within a complex network of influences including the national health care system, organizational culture within particular health care centers, non-governmental organizations, and the larger political and cultural context. A dynamic systems framework can be used to understand the forces within the complex systems that affect intervention implementation, outcomes and sustainability [16,17,18,19,20,21,22]. Within this framework, researchers build models to understand the interactions among actors and actions, and how interventions in turn may affect and be affected by these interactions [16,17,18,19,20,21,22]. Models can be developed through mathematical modeling [23], and participatory or collaborative analyses with stakeholders [18, 24,25,26]. Another approach is to use a mixed-method, ethnographic case study design to provide detailed descriptions of the contextual factors and processes that appear to interact and make a difference in a particular real world setting and then to test the model resulting from this process in the same or different settings [16, 27].
Systems act as a functional whole composed of a set of components working together in ways that may not be apparent from the functioning of individual components [21, 23]. System level interventions require understanding systems’ components and dynamics so that we can plan and anticipate the consequences how changes in one component will affect other components with the aim of identifying leverage points that can facilitate systems level change [18, 21, 23]. For example, changes in one system component may create “feedback loops,” that reinforce an intervention’s positive effects (i.e., “reinforcing feedback loops”), or negative feedback loops that “turn off” one process when another is activated (i.e., “balancing feedback loops”), thus maintaining the status quo [23]. An example of a balancing (negative feedback loop) might be increases in sexual risk behaviors among MSM following repeated negative tests, while an example reinforcing (positive) feedback loop might include TW’s increased use of an STI clinic that has the reputation of providing trans-sensitive care.

This paper reports on results of qualitative research to examine the implementation of a national HIV combination prevention strategy in El Salvador. In March 2014, El Salvador began implementing their national strategy which included three components: 1) targeted outreach and HIV testing among populations with highest prevalence of HIV including men who have sex with men (MSM), transwomen (TW) and commercial sex workers (CSW); 2) efforts to increase linkage into HIV medical care and improve adherence; and 3) integrated social services to address the psychosocial needs of PLH. The plan differed from prior efforts in its emphasis on primary prevention, inclusion of NGOs that worked with and were led by members of the vulnerable groups targeted by the strategy, and efforts to increase coordination and decentralization. The Ministry of Health of El Salvador and Plan International, an international non-governmental organization (NGO) that engaged local NGOs to staff community outreach centers, were the principal recipients of Global Fund Monies. A country coordinating mechanism (CCM), which included the Ministry of Health, Plan International, participating NGOs and members of the affected population, monitored and governed the national strategy.

Component 1, targeted outreach, included setting up community centers that were staffed by members of the targeted populations. Outreach used a “stages of change” approach in which intervention messages were tailored to individual’s level of readiness to change their risk behavior (e.g. use condoms, take an HIV test) [28]. Component 2 included specialized clinics (VICITS) in which staff were trained to provide HIV and other STI testing in a non-stigmatizing environment. Component 3 involved the development of new protocols within HIV clinics for increasing retention in HIV care and ART adherence among PLH. Finally, the plan intended to provide for the psychosocial needs of target populations including mental health and substance use treatment, and legal advocacy for cases of human rights violations.

The main goals of the national strategy were to: 1) decrease the sexual risk behaviors of MSM, CSW and TW; 2) increase testing rates among members of these populations to increase the number of PLH who know their status; and 3) to improve linkage to HIV treatment and adherence to ART.

Methods

To examine the implementation of the strategy and the potential direct and recursive influences on the application of intervention components we conducted in-depth interviews with program staff at different decision making and implementation levels between September 2014 and October 2015. First, we interviewed the members of the CCM (n = 20) including members of Plan International and the Ministry of Health, NGOs that served TW, CSW, and MSM. All members of the NGOs were also members of the populations they served. We asked participants about barriers and facilitators to initiation of the strategy, how organizations were selected to run the community outreach centers, the roles of the CCM, decision making within the strategy, and elements of the strategy that were working or not working as well as hoped. Next, we interviewed members of 4 VICITS clinics in 4 geographically separate districts (Central, East, West and Coastal) (n = 20). Participants included the variety of personnel who staffed the VICITS clinics including nurses, physicians, lab technicians, administrators and health promoters. Interview questions covered the nature and quality of collaborations between the VICITS clinics and community outreach centers and HIV clinics, challenges in working with TW, CSW and MSM, sensitivity training, and what they felt worked well and didn’t work well in their roles in the strategy. We also conducted interviews with personnel at HIV clinics located in four hospitals in geographically distinct regions of
the country (n = 20). Again, participants included the variety of personnel employed in the HIV clinics including physicians, nurses, pharmacists, psychologists, social workers and health promoters. Interview questions were similar to those asked of personnel at VICITS clinics and included the nature and quality of collaborations, new strategies to increase treatment retention and ART adherence, and challenges in implementing the new strategy. Finally, we interviewed supervisors and outreach workers (n = 18) from 9 different community outreach centers serving in equal numbers CSW, TW and MSM. Interview topics covered included their strategies to reaching their population, challenges they encountered in their work, reactions of the target population to their outreach, and their collaborations with VICITS and HIV clinics. Interview guides are included in the Additional file 1.

Analysis

All interviews were transcribed verbatim and coded collaboratively in Spanish by five members of the research team (the Principal Investigator of the project, a US based medical student researcher, the site project director who is a licensed clinical psychologist, and two research assistants with degrees in public health). The team collaboratively developed a coding tree that captured key themes in the interviews including barriers to implementation of the plan, new strategies, the quality and degree of coordination among organizations, parts of the national plan that they felt worked well and didn’t work well, and decision making in the processes for the plan as a whole and locally.

After interviews were coded, the team analyzed data in order to build a health systems dynamic framework. First we identified characteristics of the plan including the key actors in implementing the plan. These included administrators who were part of the organizations that were the primary recipients of Global Fund monies (i.e. Plan International and the Ministry of Health), the funder (Global Fund), members of the Country Coordinating Mechanism (e.g. members of NGOs that served and represented members of the target populations), directors of NGOs that were selected to form community outreach centers in different municipalities, supervisors and outreach workers of community outreach centers, VICITS clinic health personnel, HIV clinic health personnel and members of the target population. We then identified the key settings where the strategy took place. These included community outreach centers, community venues where MSM, TW and CSW could be found and engaged in outreach, VICITS clinics and HIV clinics. We then identified the goals of the national strategy and particular intervention activities (peer outreach, VICITS clinics, patient tracking and ART counseling) that aimed to change the socks in the desired directions. Once we identified the actors, goals and intervention components, we coded for key sociocultural factors that affected implementation of the strategy including stigma, the context of community violence, and the organization of health care in the country. We also identified how these produced positive and negative feedback loops to each of the intervention strategies. This model was developed and refined in an iterative process with members of the research team.

Results

Figure 1 shows the goals of El Salvador’s national HIV combination prevention intervention, namely: 1) to decrease sexual risk behaviors of MSM, CSW and TW; 2) to increase HIV testing rates among members of these populations and the proportion of PLH who know their status; and 3) to improve linkage to HIV treatment and adherence to ART. Intervention components included the main actions mandated by the national strategy. Thus, the strategy involved four prevention components, two involving primary prevention and two involving secondary prevention among PLH. Component 1—to achieve the goals of increasing HIV testing and reducing sexual risk—involves the establishment of community outreach centers in seven departments (government regions) to serve the needs of particular target populations. Community outreach centers were formed by already-established non-governmental organizations which were led by members of the target populations and served the populations in question. Community outreach centers coordinated outreach activities among their staff and also had newly created physical spaces that served as drop-in centers for clients. Each community outreach center was funded to support at least two outreach workers and one supervisor. Outreach workers were tasked with visiting sites where members of the target population could be found, and providing them with a series of five prevention interventions framed by the stages of change described in the transtheoretical model. These included helping clients identify their HIV risk, distributing condoms and demonstrating their proper use,
and encouraging them to take an HIV test. Goal 2 involved both the community outreach centers and the additional intervention component of establishing STI clinics (known by the Spanish acronym VICITS), which were located in primary care settings and were exclusively for the use of MSM, CW and TW. Community center outreach workers set up appointments for clients to attend VICITS clinics where they received HIV and STI testing. VICITS clinics also linked newly diagnosed PLH to care, which, together with HIV clinics, contributed to achieving the goal of increasing linkage to care an adherence to ART (Goal 3). In addition to HIV and VICITS clinics, interventions related to Goal 3 implemented in HIV clinics included a new outreach protocol to find patients who had dropped out of care and adherence education and monitoring to improve ART adherence. In all cases, decentralization and coordination of efforts were planned among community outreach centers, VICITS and HIV clinics to achieve all goals.

**Fig. 1**

Systems analysis of Global Fund Combination Prevention Intervention in El Salvador

[Full size image](#)
member of Plan International, community outreach centers, VICITS and HIV clinics would all work together to achieve these goals and communicate and coordinate in order to link and retain PLH in care.

Participant, Plan International: Everything about service and treatment, attention and care of people living with HIV is going to be a component that is really connected with the workings of the ART clinics. They are going to give use lists of people who aren’t adherent. They are going to give their addresses and [community outreach centers] are going to look for these people so that they go back to being adherent. This is going to be a job that is going to be very coordinated with MINSAL. So yes, they are definitely our partners, they aren’t just our counterparts I will repeat, but our natural partners in the work.

While consistent with the plans outlined in the National Strategy, this ideal was rarely achieved in practice. Barriers to coordination and decentralization were caused by a number of factors, including professional territoriality, mistrust of medical professionals and rigidity of the aims that were more or less prominent in different goals and intervention strategies described below.

**Overarching barriers to the national HIV strategy: Violence and cell phone networks**

While El Salvador has had among the highest rates of homicide and gang-related violence for decades, homicide rates increased dramatically in 2014 with the change in government. Between the years of 2014 and 2016, El Salvador was dubbed the “murder capital of the world” with an average of one homicide per hour, a murder rate 22 times of that of the US, most of which was attributed to gang violence [29]. This increase in violence coincided with the implementation of the national strategy and this project. The violence was not anticipated by the Global Fund and affected every one of the three strategy goals (reducing sexual risk, increasing HIV testing and linkage to care, and increasing adherence to ART and HIV medical treatment). Outreach workers complained that the problem of violence in completing work had been underestimated and offered practical solutions, such as offering money for transportation or project owned vehicles.

Community outreach worker: We work at night…without any stipend, only $5 that we have for a taxi…to go from the community outreach centers to the business and from the business to a boarding house because we aren’t allowed to stay in the community outreach centers. The rest comes from my pocket, from my salary and so that is another of the limitations. So…this puts us at risk that they assault us, that they beat us, or even that they kill us going to places where they don’t know us, don’t even know what we’re doing there….. So this is big risk that the Plan International and the Global Fund shouldn’t put us in.

Violence affected whether PLH or those needing an HIV or STI test or follow-up care were able to make appointments as many had to travel through rival gang territories in order to reach VICITS or HIV clinics. Violence also caused many PLH or vulnerable populations to relocate, change phone numbers or otherwise hide when faced with threats from gang members. This also affected follow-up to look for PLH who may have missed appointments.

HIV Medical Provider: There are places in the country, it has to be said, that you can’t go to. You can’t access them because of the danger. In fact, our teams have been threatened many times, so while this social problem isn’t solved, this also affects adherence. There are patients who have to flee because of threats, so they abandon treatment. We try to find them, they have moved obviously, because of threats they change their phone numbers….. We can’t find them…. I am very pragmatic about these things. Are we going to have adherence with this strategy, are we going to get better, are we going to meet the goals that they want? Never, because it doesn’t depend on the service provider, or the patient, there is third factor, an external factor that the Plan, the Ministry of Health, us at a local level, the patient, or it seems, the central government cannot resolve.

Another problem that was mentioned by all providers, including community center outreach workers and health providers at VICITS and HIV clinics, was not having project-dedicated cell phones to reach clients. As is the
case in many low and middle-income countries, many people who never had access to telephone service now do through cellular service. The vast majority of participants did not have access to a land line and only owned cellular phones. This presented a considerable barrier to providers, as many organizations prohibit the use of land line phones to call cellular phones due to the great costs associated with this type of call in El Salvador. In order to contact their clients or patients to find out why they have missed appointments, for example, many peer outreach workers and health care providers described using their own cell phones which constituted a significant, unreimbursed out-of-pocket expense for them.

**Activities in support of goals 1 and 2: Implementation of community outreach centers, outreach to vulnerable populations**

Various positive and negative feedback loops were identified as affecting the the success of intervention activities in reaching Goals 1 and 2.

**Selection and training of organizations to be community outreach centers**

**Positive feedback loop: Capacity building and prioritization of grass-roots organizations**

Organizations that were selected to run community centers were those that were made up of members of the targeted population. These non-governmental organizations were often grass-roots, run by volunteers with an activist orientation. As such, they often did not have much administrative or financial experience or capacity. Plan International, the principal recipient of the Global Fund monies, expressed that it was important to them that sub-recipients be members of the target populations and that part of their goal was to increase the human resource capacity of the organizations so that they could not only run the community centers as part of the national strategy but also solicit funds and implement projects on their own.

Member, Plan International: The criterion to select organizations was, number one, their experience in HIV work, and specifically, with the populations that we were going to target. Many large institutions sent us letters of intent, but many of these large institutions with lots of prestige didn’t have experience in HIV, and were eventually going to subcontract to the organizations that had the experience and many times they [the larger organizations] stayed with the administrative part and that wasn’t an objective of this grant, but rather to work directly with the institutions although they are small organizations.

Much work was done in the first year of the project to increase the capacity of smaller, grass-roots organizations to administer the large amounts of money that were provided through the Global Fund. This often included providing assistance to become legally recognized as an NGO, accounting and administrative assistance, and even help with computer skills and reporting requirements.

Member Country Coordinating Mechanism: There are administrative weaknesses in some NGOs....They don’t have administrative personnel..., an accountant or administrator. They are only activists, and when I say only activists, I don’t mean to disparage them. They know a lot about executing [interventions], but about administrative, normative and legal aspects, they don’t know anything. Another of the weaknesses or aspects that were weighed was also that some sub-recipients didn’t have adequate infrastructure...There was a specific rubric to plan how to help them even to rent an infrastructure that would permit the development of the functions if they were selected to be sub-recipients.

This technical assistance and capacity building acted as a positive feedback loop by increasing the sustainability of organizations, which in turn reinforced their abilities to provide services to their clients over time (P3, Fig. 1). Organizations that were selected felt that they had benefited from the process, as they were, for the first time, able to rent adequate space to meet the needs of the populations they were serving and pay their volunteers for their work. They also felt that being part of the national HIV combination prevention strategy gave them a
respect that improved their ability to advocate for the rights of their populations with government officials, police and others (P1, Fig. 1).

Member, Community Coordinating Mechanism: Organizationally, the project has come to strengthen our ability to have employees, not just volunteers…. It has been very gratifying to be able to have a bigger space. Also, it has been a strength to have the community outreach centers working as before there didn’t exist anything like that for the population and you have a weight and a renown within the population. Before we could go, for example, to the mayor and he never received us, but now saying that there is a community outreach center that works for this and that through such and such an organization, you can go anywhere so this has opened many doors.

Balancing feedback loop: Mission drift

Some organizations feared that the demands of the funders would take them away from their principal activities as advocates for their populations. This is a potential balancing feedback loop labeled “mission drift” (B2, Fig. 1). As described in the introduction of this paper, the narrowing of organizational mission to the disease-specific dictates of GHIs has been observed in many parts of the world lending credibility to the NGO leader’s fears expressed below.

CCM member: Maybe they don’t see us so much in prevention, because for us, the prevention of HIV is like a transverse axis of everything that [we do]…. Maybe that was a criterion for why they didn’t select us in the end, right, but all the same, we’re not going to be sorry now, ha ha….Because if we had won the proposal… if I know anything it’s that the monkey dances for money. With money you can do a lot, but it’s another big package [HIV prevention] apart from what we have. We have many of our own missions, and we have to keep doing it. We can’t stop, because the nature of our organization from the beginning was to empower women.

The participant above was one of the founders of an organization that has advocated for sex work to be considered work like any other. This orientation has put them in disaccord with many GHIs, including PEPFAR, which periodically restricts funding for HIV prevention to groups that they feel promote prostitution rather than helping women leave sex work. These restrictions have served as barriers to community empowerment-based intervention for sex workers globally and represent the competing missions and goals of narrowly focused GHIs as opposed to the broader agendas of many NGOs [30].

Balancing feedback loop: Reporting burden

In spite of the increased capacity building, members of Plan International and the NGOs staffing the community outreach centers felt that the reporting demands of the Global Fund were burdensome (B3, Fig. 1). Some of the reporting may have been in order to collect accurate information for monitoring and evaluation. However, some of it appeared to be to make sure that funds were used as they should be in order to prevent misuse which came as a result of GF monies previously being misspent.

Coordinator Community Outreach Center: As supervisor I am responsible for monitoring and evaluation, making sure that the educators or agents of change have their supplies, that they give me a report of everything they are going to need for the week and give them their supplies weekly, or sometimes daily, filling out reports and making sure that the forms are filled out correctly, from the F1 that are forms of proof that the clients need to sign, they ask for the project specific ID that we work with, seeing that the F2 is done correctly, which is the form in which we record the total number of lubricants and condoms that we have distributed and the F4, which is the total number of condoms that leave storage.

This heavy reporting demand was particularly burdensome for activists of NGOs who had little computer experience and lower levels of education. In some cases, this led to the hiring of administrative professionals who were not members of the target populations. Adding administrative personnel to grass-roots organizations
may have acted as a balancing feedback loop as their positions were created and paid for by global fund monies and it was not clear that this would be sustainable after Global Fund funding ended. In addition, many members of the key population who were long time volunteers of the organizations resented the presence of administrators who had no direct experience with the populations they served. Some felt that administrators lacked understanding and compassion for their populations and did not appreciate the work of outreach workers.

**Peer outreach**

**Positive feedback loop: Peer credibility and non-stigmatizing, decentralized spaces**

The creation of Community Outreach Centers was seen as a positive for many outreach workers, members of the CCM and health care providers at the VICITS clinics. They saw the creation of spaces outside of the capital for vulnerable and stigmatized populations as a plus, as in the past, many NGOs that served CSW, MSM or TW were concentrated in the capital, San Salvador. This created a positive feedback loop to increase the reach to vulnerable populations. Peers educators were generally trusted as members with lived experience. Community Outreach Centers also were seen as creating safe and welcoming spaces for stigmatized populations. When vulnerable populations had positive experiences with places and peer educators sensitive to their needs, they often returned and referred others, increasing the reach of the intervention and the likelihood that they and others would receive condoms, sexual risk reduction information and HIV testing (P2, Fig. 1).

  Community Center Outreach Worker: The creation of the community outreach centers, right, that have come close to the population, I am going to say that for me it’s a benefit, because now it’s not only centralized in the VICITS clinics, or physically in a health clinic, but they are out in the departments [states]. That’s an opportunity.... So having physical spaces now like the community outreach centers permits the populations to come near, without having to go to health clinics that maybe was a barrier before.

**Balancing feedback loops: Referral to VICITS**

While this decentralization of community outreach centers was seen as a strength, HIV testing was still referred to VICITS clinics rather than having outreach workers conduct rapid HIV tests with clients in the field (B5, Fig. 1). This created a balancing feedback loop as referring patients to VICITS clinics was sometimes challenging because of previous negative experiences that clients had in health care establishments. In these cases, outreach workers tried to assure clients that personnel in VICITS clinics were specially trained to treat clients with respect. Moreover, clients needed to go to the clinic, which was sometimes far away and/or impossible to get to because of gang violence as described above. In addition, the national strategy called for a very thorough physical exam, including STI testing and answering lengthy questionnaires.

  CCM Member: Later there were difficulties because the system that we gather the information, a digital system, it has a questionnaire of, I don’t know, like 50 questions. It takes about an hour, the interview, so when they arrive to one of the establishments, the only doctor that is there to attend them has two or three people and another inside. This means that the person who comes has to wait two or three hours.

**Balancing feedback loop: Limited engagement with clients**

Another barrier faced by community outreach centers that may have counteracted the trust they were able to build as peers to clients were the inflexible goals of the national strategy. Outreach workers were mandated by the intervention to visit clients five times in order to give them the “complete package” of prevention services. However, once a client had received these services, outreach workers were mandated to find other members of their target populations to begin and complete the process with them. This led many community outreach center educators and their clients to feel that they were abandoning people who still faced considerable HIV risk.
Educator Community Outreach Center: There is a little bit of disagreement...that the program set goals for a certain period of time and the person should get a specific package....As an organization we don’t have a reserve of condoms. So, like the project figured 144 condoms to complete the cycle, but what happens when the girls have gone through the cycle and we already gave them their 144 condoms. There is some unhappiness, for example, in saying “Look. Why didn’t you invite me to the meeting anymore?” And then you have to explain, “Well, now we are with other new people.” “Oh, okay, but at least give me some condoms or some lubricant or something.” So, for this year I have understood that there are going to be follow-up supplies...however, I don’t know how many they are going to have for each user. I would like them to, at least leave them in a warehouse because the girls are always coming to ask for them.

The lack of necessary supplies acts as definite negative feedback loop to the goal of decreasing sexual risk.

**Activities in support of goal 2: Implementation of VICITS clinics to increase HIV testing**

**Positive feedback loop: Anti-stigma training and culturally competent care**

VICITS clinics were designed to give priority treatment to populations vulnerable to becoming infected with HIV including MSM, TW and CSW. This included having dedicated lines and waiting areas for members of these target populations so that they might avoid the stigma, loss of confidentiality, and longer wait times they would confront if they were to wait in the same lines as the general patient population for an appointment. Personnel at VICITS clinics also received sensitivity training in order to treat patients in non-stigmatizing ways, such as using the preferred pronouns and names of TW.

Outreach workers and clients at community outreach centers reported that ongoing training had reduced stigma at VICITS clinics and, as a result, clients were more willing to accept an HIV test than at the beginning of the strategy (P4, Fig. 1). Outreach workers explained that many clients felt they had been mistreated at health care facilities in the past which played into their reluctance to go to the clinic for an HIV test until word of mouth assured them that the treatment they would receive was “caring and of high quality.”

Educator MSM: In the case of the HIV test there was resistance at first...That has changed and it has helped us a lot that we are working with and referring people to friendly spaces, culturally sensitive where they are going to be received and treated well. That was a lot of the reason that many people had bad experiences in getting an HIV test and because of that bad experience they didn’t ever want to go back much less try to convince others that they do it. Now it’s different. Because of the outreach we have done, training workshops sensitizing health personnel and other entities, when a client goes for services, if he goes alone or accompanied by an educator, the treatment is the same and it’s good.

This resulted in a positive feedback loop, where good experiences at VICITS clinics were reported to others, increasing others willingness to accept an HIV test.

Community center outreach workers, as members of the populations they served, were responsible for training VICITS clinic personnel in anti-stigmatizing and non-discriminatory care. Because they were also in close and continuous contact with members of the target population and often accompanied clients to their VICITS clinic appointments, they also were able to closely monitor the quality of treatment their clients received. When they heard complaints or observed mistreatment of their clients, they made official complaints to the VICITS clinics and the CCM, and held further trainings to improve care, creating a positive feedback loop.

Community Center Outreach Worker: It isn’t easy when we are talking about sensitizing health personnel. I can be in a sensitivity training for a whole week. That’s not going to guarantee that I am sensitized about the topic they are talking to me about.... So, what we try to do is to monitor these clinics that have received training to see if the work that they are doing is worth anything and if not,
we will train them ourselves and we will file complaints against them ourselves, because it is our work and our commitment with the populations.

Interventions to reduce stigma were only partially effective, however. Some health care workers had deeply held religious beliefs that made them view homosexuality and sex work as sins. Adding to the problem was the policy of rotating nurses throughout the Ministry of Health clinics every 3 months, so that new nurses were constantly being introduced without necessarily having received sensitivity training. Many VICITS providers felt that sensitivity trainings needed to be ongoing for these reasons.

**Positive and negative feedback loops: Coordination and (De)centralization**

The ways in which community outreach centers and VICITS clinics moved toward decentralization of HIV testing through coordinated venue-based HIV testing for target populations acted as a positive feedback loop in some locations. In others, HIV testing in community locations coordinated by VICITS and community outreach centers was not pursued. In these cases, gang violence often made accessing VICITS clinics impossible and referral networks had broken down or wait times in VICITS clinics made them an undesirable resource for target populations. In these locations, the continued centralization of HIV testing in VICITS clinics acted as a balancing loop.

While just two community outreach centers and one VICITS clinics reported coordinating community testing events in which they tested CSW using rapid HIV tests in the venues in which they worked, these efforts were very successful and may have helped overcome mistrust of medical providers more quickly than other VICITS clinics.

**VICITS personnel: We also go out at night to some of the workers who are on the street to give them [HIV] tests. They [community center outreach workers] send them to us, follow-up with them…They receive their medical treatment much more rapidly, the attention is more personalized and they give them all kinds of tests, and if something comes out positive in one of their exams they follow-up, by telephone or by going out to the street to find them.**

These coordinated visits with community outreach centers and VICITS also allowed VICITS medical care to look for patients who had not completed their STI treatments or to give them results of diagnostic tests. Furthermore, decentralization of HIV testing by allowing community center outreach workers to conduct rapid tests in venues where vulnerable populations were found might have eliminated some of the barriers to going to the VICITS clinics such as having to pass through rival gang territories. This remained an unrealized potential to increase HIV testing among those still unwilling or unable to go to VICITS clinics because of their locations in rival gang territories in most areas of the country (B1, Fig. 1).

Peer referrals from community center outreach workers to VICITS helped to establish trust and eliminated some of the long wait times that characterized some of the first months of VICITS implementation.

**Interviewer: Is there coordination between the community outreach center and the VICITS clinics?**

**Community Center Outreach Worker: Yes. It works really well because we work based on appointment times that they give us…So what we do is I go to a bar and a girl tells me, “Look, I really need an HIV test, tomorrow I can go to the VICITS clinic.” I make an appointment and then I tell the girl….When they go with an appointment, it’s certain that they will be seen.**

In other cases, communication between some VICITS clinics and community outreach centers broke down completely and members of the key populations were not going to VICITS clinics, mainly because community outreach center educators no longer referred them.

**VICITS Personnel: What I would see that we are doing badly as a strategy is the fact that the organizations know about the [VICITS] clinic, they know where we are, know how we work and know what populations we serve and the services we offer. However, the organizations are working**
hard, I personally think, working to meet their objectives and goals and they are leaving to one side what is the principle of the strategy which is to close the cycle, give them attention in all areas….. For example, not to mention names, but [an NGO] is seeing a huge number of sex workers but how many have we received to date? Very few. If an organization tells me we see 200 or 300 people monthly, I congratulate them but of those 200 people that they have seen, we have maybe seen on three, one, four, five.

While the medical provider above places the blame on the community outreach workers for not sending them their population, the quotes above demonstrate that key population members’ decisions to undergo an HIV test or undergo a physical exam depended not only on the community outreach center educators but also on the quality of attention they received at the VICITS clinic, including feeling if they were discriminated against or not, and the time consultations took. The time that consultations at VICITS clinics took was particularly problematic for commercial sex workers, who often needed to ask permission from the owners of the businesses in which they worked (B6, Fig. 1). Time spent in the clinic was also time that they were not able to earn money through sex work.

Other community outreach centers ended up using private clinics and laboratories because they were unable to solve the problem of long waiting times at VICITS. The long waiting times made their clients reluctant to use the VICITS clinics, and prevented the community outreach centers from reaching the target number of HIV tests set for them by the funder.

Balancing feedback loops: Health system limitations

Other limitations that decreased the effectiveness of VICITS clinics were the lack of adequate space in many of the health facilities in which VICITS clinics were housed, which limited privacy and the ability of health care workers to provide HIV prevention education. Other resource limitations at the VICITS included stock outs of medications to treat STIs and no contraceptives for sex workers. Some laboratories complained of not always having reagents to perform STI tests.

Activities in support of goal 3: Implementation of improved engagement and retention in HIV care, and ART adherence

Positive feedback loop: HIV clinic rapid response to patient no-shows

In the new national strategic plan, HIV clinic personnel are much more proactive in efforts to retain patients in care (P7, Fig. 1). Previously, patients were considered to have abandoned treatment if they did not show up for any medical appointment for three months, but in accordance with the national strategy, HIV clinics now attempt to contact patients immediately if they did not show up for one scheduled appointment.

HIV Clinic, Pharmacist: ….Patients who don’t come, those files go immediately to social work. Social work is in charge of calling the health clinics to send someone to look for that person in the place they live. As soon as the patient comes in, even if it is the second day or a month later that they found him, or six months or a year after, that patient immediately goes to the psychologist to see why he stopped treatment. He goes to the social worker and the health promotor, and to work on adherence he sees me, because I need to know why he abandoned treatment. Sometimes it’s because he has a new partner and so that his partner wouldn’t find out, he didn’t come to his appointment. Many times they get depressed and don’t want to come maybe because their partner died, or their mom died, or he lost his job, or any reason. So I need to know what happened in that moment to cause the person to abandon treatment and when we find them again, we give them appointments for six consecutive months and we are working on the adherence every month.

This early search and intervention with patients who missed appointments improved the goal of adherence to ART and HIV treatment.
HIV personnel (social workers and nurses) used a number of strategies to locate patients who missed appointments, including trying to contact them by telephone or, because many times cell phones were no longer in service, sending health promoters out to find them. Many personnel at HIV clinics mentioned that one of the challenges to conducting outreach on their own is that patients often give false addresses to protect their confidentiality. In addition, because the catchment areas of HIV clinics are much larger than those of primary care or even VICITS clinics, HIV health promoters are not always familiar with the locations where patients live, increasing their risk of violence as discussed above.

**Balancing feedback loop: Lack of coordination with VICITS clinics and community outreach centers**

Part of the problem HIV clinics had in locating clients stemmed from their lack of coordination with, and even knowledge of, the work of the community outreach centers and VICITS clinics (B11, Fig. 1). Many HIV clinic personnel had heard of some of the NGOs that formed community outreach centers but were unfamiliar with community outreach centers work. As a result, coordination from community outreach centers to VICITS clinics and VICITS to HIV clinics occurred as planned with community outreach centers bringing patients to VICITS clinics, with some exceptions where the relationship between community outreach centers and VICITS clinics appeared to have been broken. The relationship between VICITS clinics and HIV clinics also appeared to work well with VICITS as the referring organization. VICITS clinic personnel reported accompanying patients who tested positive for HIV to their first appointment at the HIV clinic, thus facilitating linkage to care. They talked about this being a way of ensuring that linkage had, in fact, occurred.

**VICITS Clinic: We don’t let a patient go alone to the [HIV] clinic. They always go with a health professional to make sure that they went to the ART clinic.**

In contrast, HIV clinics were much less likely to use VICITS clinics or community outreach centers to locate participants who had missed appointments with a few exceptions. This was in spite of the fact that community center outreach workers and some VICITS workers already knew where patients could be found, were familiar working in the areas, and had established a great deal of trust and despite the fact that this coordination had been envisioned as part of the strategy. Most HIV clinics contacted local primary health care clinics to help find patients lost to care rather than community outreach centers or VICITS clinics. Although these clinics were decentralized and personnel were more familiar than the HIV clinic personnel with the locations where patients lived, HIV clinic personnel reported that some clinics were willing to help locate patients while others were not, citing fears of being sued for violating patients’ confidentiality.

**Participant HIV clinic: The coordination that we have with the primary care center is to find and look for patients who miss refilling their prescriptions, their medical appointments and their labs. It’s very difficult because not all the health clinics collaborate with us. There are health clinics that we work with very, very well. There are some health clinics that are hard, because I think that still they need to educate them more…that the information they have is maybe not the most accurate. Some nurses tell me that we can’t send them to look for patients “Because I am not going to get involved in a problem of a law suit” so they block me.**

It appears that the strategy had not conducted outreach with primary care clinics or that there were no protocols in place, such as Releases of Information (ROI), that would ensure patients’ consent (or lack of consent) to the use of other medical personnel to locate them. Such protocols could have protected the confidentiality of PLH who may have feared status disclosure in outreach efforts as well. It may have been easier to establish joint ROIs with VICITS and community outreach centers who were already familiar with the national HIV strategy, so HIV clinics’ failure to do this is surprising. The failure of HIV clinics to reach out to community outreach centers and VICITS clinics to locate patients is an untapped resource that acted as a balancing feedback loop to the goal of improving HIV care and ART adherence.

**Positive and negative feedback loops: Electronic medical records**
As part of the national strategy, the Ministry of Health developed a new electronic health information system that recorded PLHs medical appointments, missed appointments, and lab results. This database could be shared across all HIV clinics in the country, and also included information about incarceration. Some HIV clinics reported using this health information system and that it greatly facilitated their efforts to locate patients who have dropped out of care. Other HIV clinics did not appear to be using the health information system to its full potential—or at all—and still relied on paper patient records which were stored outside of the HIV clinic. Lack of knowledge and training in all the new systems, including the new electronic medical records, acted as a barrier to their use at all HIV clinics and served as a negative feedback loop in active outreach to get patients who had been lost into HIV treatment (B10, Fig. 1).

Balancing feedback loop: Centralization of ART

One of the barriers to improving ART adherence was that medications were still centralized within the HIV clinics (B7, Fig. 1). Each HIV clinic had its own pharmacy and pharmacist separate from the rest of the hospital which allowed patients to receive their medications in relative privacy and allowed the pharmacists to intervene with them to improve their adherence. One pharmacist talked about plans to decentralize medications to primary care clinics for patients who had been on ART for a number of years and had achieved 100% adherence levels. Other pharmacists talked about health promoters delivering medications to patients who were very ill or who lived some distance from the HIV clinic. However, many pharmacists were reluctant to decentralize medications, expressing concerns regarding patient confidentiality and poor medication adherence.

Participant HIV clinic: No, no decentralization in the sense that you are going to go to a health clinic or some other place, right. Understand that the basic regimen of antiretrovirals is for hospital management where there are specialists. To give them out at some local health clinic means that we would lose the anchor to measure adherence.

These concerns and reluctance acted as negative feedback loops, slowing changes toward decentralization. In addition, the practice of using primary health care facilities to help locate patients who have missed appointments contradicts the confidentiality concerns around decentralization of HIV medications.

Pharmacist HIV clinic: The thing is, it’s here, the medication is here in the hospital. We have it. We can’t decentralize it. The Ministry hasn’t yet told us anything about that because many times if you send it to the health clinics there is a lot of discrimination….They need to be educated so that they won’t go and say Don So-and-so is….[HIV positive] Sometimes we don’t send promoters from the health clinics [to find patients] because they gave us problems. We had a problem in Tacuba and after we said that they need talks about not discriminating because the promoter told [that the patient had HIV], so now better not to, better send our promoters that know that there is confidentiality about that.

Positive feedback loop: Pharmacist interventions to improve adherence

In spite of its drawbacks, centralization of medications did allow for pharmacists who were experts in treating patients with HIV to work with patients to monitor adherence and intervene to improve adherence when necessary. This was a potential positive feedback loop as detection of nonadherence and intervention could help improve overall adherence (P6, Fig. 1).

Balancing feedback loop: Lack of mental health and substance abuse treatment

A final barrier to improving adherence to ART and HIV medical care is the lack of coordinated services for those suffering from mental health or substance abuse problems (B8 and B9, Fig. 1). While each HIV clinic had psychologists and social workers, these were trained only to deal with crisis situations, such as loss of housing, and help improve ART adherence. Most reported that they had not received specialized training in substance abuse, and did not feel capable of treating patients with serious mental illness [31]. Many clinics had no
psychiatric or substance abuse treatment systems on site. In these cases, they often referred patients to the Psychiatric hospital in San Salvador. However, most HIV clinic psychologists and social workers realized that these referrals were not effective because patients and their families found going to the psychiatric clinic, which was located in another hospital, stigmatizing.

In only one HIV clinic, there were on-site mental health and substance use services, which helped overcome the problems with referring patients to hospitals or sites far away. However, even in this case, personnel reported that coordination between those treating mental health and substance use and the HIV providers was less than ideal.

Participant HIV Clinic: Here we have a doctor in the hospital who was trained last year, I think, he got a certification in addictions. So, we are referring patients to him who have some sort of addiction. The problem is that it is just him for the whole state, so all the local health clinics also refer patients to the mental health clinic for him to see, in addition to the one we get here. Another problem is that I think that a person who sees people with addictions should also have some training in HIV in antiretroviral therapy because there are drugs that can cause interactions with the antiretrovirals. In addition he should know about the medication adherence because we can’t talk about addictions without knowing about adherence. So that’s what complicates things, because he is treating addictions in isolation and the [HIV] clinic is trying to given integrated medical attention.

**Discussion**

El Salvador’s national HIV prevention strategy made progress toward many of its goals and also avoided some of the pitfalls of previous GHI strategies. One of the major goals of the national strategy was to strengthen the capacity of grass-roots organizations working with and represented by members of vulnerable populations. Grass-roots organizations were offered assistance in becoming legal entities and in fiscal and administrative management of budgets that were considerably larger than what they had previously been awarded. NGOs that administered community outreach centers appreciated the increased capacity and the credibility that being part of the national strategy afforded them. They reported being able to pay staff and expand physical spaces to work directly with clients, many for the first time. They were also able to meet with government officials and health care workers to advocate for their clients’ rights and felt, again many for the first time, that their voices were heard. Likewise, efforts to increase HIV testing among vulnerable populations, linkage and maintenance to HIV medical treatment and ART adherence were implemented within the existing Ministry of Health clinics. VICITS clinics were located within primary health care clinics but were for the exclusive use of the vulnerable populations. Likewise, new efforts to maintain patients in HIV care and improve ART adherence were implemented within already existing HIV clinics. Working with and strengthening existing health and advocacy organizations avoided the creation of parallel services within El Salvador and improved chances of sustainability.

Efforts to increase NGOs capacity to manage HIV prevention projects of the magnitude in the national strategy were only partially effective, however. Many community outreach center personnel complained of high reporting burdens. Many NGO founders and staff were not well educated and had little experience in computing, adding to the reporting demands. In some cases, this led to hiring people with technical expertise who did not necessarily have experience with the populations served causing some resentment among more long-term staff. Other NGO staff suggested that the narrow focus of the Global Fund on sexual risk reduction would divert resources from other organization missions such as recognition of sex work as legitimate employment and economic empowerment of CSWs.

Our systems analysis of implementation revealed many positive feedback loops. The establishment of community outreach centers that were run by existing grass-roots organizations with long histories of working with and advocating for the target population and peer outreach helped establish trust among the communities of MSM, TW and CSW, which in turn encouraged other members of key populations to refer peers to receive HIV prevention services. This was somewhat undermined by a rigid protocol that proscribed continuing to work with
“old clients” that had received the full prevention package. Particularly problematic was the failure to continue to provide condoms which severely undermined the goal of reducing sexual risk.

The trust established by community center outreach workers was capitalized on to refer clients to receive HIV and STI testing at VICITs clinics. Community center outreach workers acted as advocates and watchdogs at VICITS clinics, improving quality of care through continuous sensitivity training and monitoring. This, in turn, increased demand for HIV services (positive feedback loop). VICITs clinics that earned the trust of patients were able to accompany PLH to link them directly to HIV care. New protocols in place to search for PLH who missed appointments helped keep PLH in care.

Along with positive feedback loops that reinforced intervention strategies to achieve national prevention goals, there was a number of balancing feedback loops that served to impede progress. Decentralization was not achieved in many cases, even when originally intended. HIV testing in venues where vulnerable populations could be found only occurred in one location in which the community outreach centers and VICITs clinic personnel worked together to provide venue based testing. Otherwise, community center outreach workers made referrals to VICITs clinics. Efforts to increase attendance to VICITS clinics were only partially effective because VICITs clinics provided physicals that took too much time for CSW, MSM and TW. Because of the inflexibility in the length of the physical examinations, some community outreach centers began using private laboratories for HIV testing among their clients.

Antiretroviral therapy was even more centralized than HIV clinics as it was only provided in the 20 HIV clinics in the country. HIV clinic health personnel expressed much resistance to decentralization including fears about patient confidentiality and the inability to monitor adherence. This created a negative feedback loop on adherence as some patients needed to travel sometimes long distances. Also, there were few resources for PLH with substance abuse or mental health problems that may have affected adherence.

The protocol to increase linkage and retention to HIV care was undermined by a lack of informed consent from PLH for outreach efforts in order to protect their confidentiality, and the under-utilization of community outreach centers or VICITs clinics to help locate patients lost to care. In no cases were patients asked to sign Release of Information forms to specify who HIV providers could contact, and who they could not, allowing PLH more control over potential disclosure. The fact that many PLH provided false addresses and phone number indicates that concerns about confidentiality and stigma were still quite present for PLH. Consultation with PLH on ways to increase retention and provide outreach in ways that would not disclose their status could have helped overcome some of these barriers.

Coordination of intervention efforts appeared to flow in one direction, from community outreach centers to VICITS to HIV clinics, but not in the reverse. This is puzzling since community center outreach workers were most familiar with the populations most affected by HIV and the locations where PLH may be found. Many HIV clinic personnel appeared to be ill-informed about community outreach centers or VICITs clinics and how they were contributing to the national protocol. They thus relied on local family health clinics to contact patients, who did not always comply with requests and were not trained to address the needs of populations vulnerable to HIV infection.

The most pervasive negative factor influencing the implementation of all components of the national strategy was the context of violence in El Salvador. Outreach workers found it too dangerous to travel to some locations to engage members of their target populations in outreach efforts and often reported spending money out of pocket to lessen the risks of their work, for example, by paying for taxis rather than relying on public transportation. Some members of the target populations were not able to travel to VICITs clinics to take HIV tests because it required them to travel through rival gang territories. This was also the case for PLH who missed appointments at the HIV clinics. Violence also affected HIV and VICITs clinics’ ability to follow-up with “no shows” because of the danger associated with looking for patients in neighborhoods where the health workers were not known and also because of the mobility of the population who often moved due to threats from gang members. The level of violence and the impact it would have on all components of the national strategy was not anticipated by the Global Fund and no adjustments were made to adapt to this changing context, although
Conclusions

Results from this study show the importance of implementation science and the utility of systems analysis in evaluating combination prevention interventions that involve multiple organizations from different sectors. This kind of analysis is a useful tool to identify and help solve implementation challenges such as those identified here. Particularly if conducted during implementation and in collaboration with funders and service providers, a systems analysis may have resulted in important adjustments being made to address some of the challenges outlined here.

Abbreviations

AIDS:
Acquired immune deficiency syndrome

ART:
Anti-retroviral therapy

CCM:
Country Coordinating Mechanism

CSW:
Commercial sex workers

GF:
Global fund to fight AIDS, tuberculosis and malaria

GHI:
Global Health Initiatives

HIV:
Human immunodeficiency virus

LMIC:
Low and middle income countries

MINSAL:
Ministry of health, El Salvador

MSM:
Men who have sex with men

NGO:
Non-governmental organization

**PEPFAR:**
President’s emergency plan for AIDS relief (United States)

**PLH:**
People living with HIV

**PMCT:**
Prevention of mother to child transmission

**ROI:**
Release of Information

**STI:**
Sexually transmitted infection

**TB:**
Tuberculosis

**TW:**
Transgender women

**VICITS:**
Clinica de vigilencia centinela de las infecciones de transmisión sexual (STI Clinics)

**WHO:**
World Health Organization

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Availability of data and materials

The datasets generated and analyzed during the current study are not publicly available because information shared in in-depth interviews can easily be used to identify participants’ roles and occupations within the national strategy which could, in some cases, reveal their identities.

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Contributions

JDG conceptualized the study, and led the analysis and writing of the manuscript. LG and MM read and critiqued early drafts and helped refine the dynamic systems model. GB was responsible for directing in-depth interviewing, assuring quality, and leading coding of the data. All authors have read and approved the manuscript.

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Ethics declarations

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Ethics approval and consent to participate

Approval for the conduct of this study was obtained from the Institutional Review Boards at the Medical College of Wisconsin and the Universidad Centroamericana, José Simeón Canas, El Salvador. Written informed consent was obtained from all participants.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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Additional file

Additional file 1:

Key informant interview guides. These are the guides used for CCM members, community outreach center staff, and STI and HIV center staff. (DOCX 22 kb)

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About this article
Combination HIV Prevention Strategy Implementation in El Salvador: Perceived Barriers and Adaptations Reported by Outreach Peer Educators and Supervisors

Meredith Buck¹, Julia Dickson-Gomez¹, and Gloria Bodnar²

Abstract
El Salvador was one of three countries to receive funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria to conduct a combination HIV prevention intervention among transwomen (TW), men who have sex with men (MSM), and commercial sex workers (CSW). Program evaluation revealed that prevention activities reached only 50% of the target population. The purpose of this study is to examine the barriers that Salvadoran educators faced in implementing the peer education as designed and adaptations made as a result. Between March and June 2015, 18 in-depth interviews with educators were conducted. Violence was reported as the biggest barrier to intervention implementation. Other barriers differed by subpopulation. The level of violence and discrimination calls into question the feasibility and appropriateness of peer-led interventions in the Salvadoran context and demonstrates the importance of implementation research when translating HIV prevention interventions developed in high-income countries to low- and middle-income countries.

Keywords
HIV/AIDS; infection, prevention; illness and disease, community-based programs; community and public health, education, health promotion; health, marginalized or vulnerable populations, sexuality, sexual health

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Introduction
In March 2014, El Salvador began implementing a national combination prevention intervention for HIV, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Approximately 50% of the Global Fund budget ($10.4 million USD) was dedicated to nongovernmental organizations (NGOs) to implement peer HIV prevention outreach among vulnerable populations. The other half was delineated for distribution of standard antiretroviral therapy and other services for patients living with HIV. Prior to the combination prevention program, most HIV funding in El Salvador had been dedicated to treatment and not prevention. In addition, most prevention efforts were directed to the general population, rather than to specific subpopulations, in spite of El Salvador’s concentrated epidemic. Although the overall HIV rate is low at 0.8%, it is much higher among men who have sex with men (MSM) with a prevalence estimated at 10.5%, commercial sex workers (CSW) with a prevalence of 3.1%, and transgender women (TW) with a prevalence of 19% (Andrinopoulos et al., 2015).

The intervention followed a peer-educator model. Interventions using peer educators have generally been found to be effective in reducing sexual and injection-related risk for HIV infection (Latkin, Donnell, & Metzger, 2009; Latkin, Hua, & Davey, 2004; Latkin, Knowlton, & Sherman, 2003; Sherman et al., 2009; Traore et al., 2015; Weeks, Li, & Dickson-Gomez, 2009). Because of this, peer-led interventions are now considered evidence-based and have been translated to many parts of the world (Sherman et al., 2009; Stromdahl, Hickson, Pharris, Sabido, & Thorson, 2015). However, implementation of such interventions, particularly if done at a national scale or in different sociopolitical contexts, has received less research attention. Implementation outcomes include such things as the acceptability and

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perceived appropriateness of an intervention in a particular context, the feasibility of implementing it as designed, and its penetration to the target population; they become particularly important to understand when the goal is to change population-level outcomes (Proctor et al., 2011).

This study examined El Salvador’s national combination HIV prevention plan midway in its second year through the perspective of its peer educators. Although peer prevention interventions like the one utilized in El Salvador have been successfully implemented previously, for example in the United States, it has underperformed in El Salvador. Thus, it is essential to assess why certain aspects of the outreach intervention did or did not work in El Salvador at this time and how this information may translate more generally to other low- and middle-income countries, especially those experiencing high levels of violence. As implementation outcomes include parameters such as the perceived appropriateness of an intervention and the feasibility of implementing it as designed, qualitative research can be an insightful tool to help evaluate and improve the implementation of peer-led HIV prevention interventions, especially those that have been translated to different sociopolitical contexts. This study specifically examines barriers that Salvadoran educators faced in implementing the peer education as designed, how these differed among the subpopulations (TW, MSM, CSW), and adaptations educators made as a result. Case studies such as the one presented here can contribute to implementation science by revealing the fit and validity of theories underlying both the implementation process and the intervention itself (Darmschroder & Hagedorn, 2011).

Background

El Salvador’s combination prevention intervention used peer educators to (a) engage vulnerable populations in the streets to discuss HIV prevention (i.e., condom use and the importance of regular screening for sexually transmitted infections [STIs] and HIV), (b) issue alternative government identification cards (Código Único de Identificación; CUIs) which could be used to seek HIV treatment from Salvadoran Ministry of Health clinics, and (c) provide vouchers for complementary support (such as psychological treatment and sexually transmitted disease testing) which could be used in primary care Clínicas de Vigilancia y Control de VIH/SIDA e Infecciones de Transmisión Sexual (VICITS clinics) and elsewhere. Issuance of CUI cards removed a significant barrier to receiving care, particularly among TW, as other government identification cards used the gender and names that were assigned to them at birth. VICITS clinics were formed in 2011 specifically to serve the health needs of MSM, TW, and CSW, especially in the prevention, diagnosis, and treatment of HIV and STIs. They are embedded in El Salvador’s existing national health care structure. The targeted HIV prevention outreach was coordinated through 14 community HIV centers (Centros Comunitarios de Prevención Integral; CCPIs) that employed a full-time coordinator and outreach educator. These trained educators, peers drawn from target populations, were responsible for delivering prevention materials, messages, HIV testing coupons, and complementary support packages to vulnerable populations in the streets. Preliminary evaluation of the outreach component of El Salvador’s national prevention intervention indicates that implementation underperformed in terms of the number of participants reached. The Global Fund’s goal was to obtain >75% coverage of its combination prevention intervention among at-risk groups by December 2016. However, data from November 2015 show that during Period 3 (January 1, 2015–June 30, 2015), only 20% of El Salvador’s MSM population had been reached with HIV prevention programs versus the 40% projected goal (The Global Fund, 2016). Similarly, 22% of CSW and 10% of TW had contact with the combination HIV prevention intervention versus 39% and 38% projected, respectively. During Period 1, the performance rating given was “unacceptable,” and during Period 3, it was described as “inadequate but potential demonstrated” (The Global Fund, 2016).

This less than ideal performance might stem from the fact that this peer-led combination HIV prevention intervention, like most evidence-based interventions, was developed and deemed effective in very different contexts than those in which it was being implemented. Studies conducted in developing countries have often neglected to consider how interventions are affected by the community and sociopolitical contexts, for example, laws prohibiting same sex behaviors or contexts of extreme violence (Brown et al., 2015). El Salvador is one of the most violent countries in the world: From January to August 2015, there were 4,246 homicides, an average of 17.5 a day, up 67% from the same 8-month period in 2014 (“El Salvador Gang Violence,” 2015). Interviews with peer educators reported in this article reveal the challenges associated with implementing peer HIV prevention interventions developed and tested in affluent countries into a developing country with extreme levels of violence.

Method

The data reported in this article were part of a larger case study to explore implementation of the combination HIV prevention intervention. All groups involved in administering or implementing the national strategy were interviewed including members of the country coordinating mechanism (CCM; n = 20), personnel at VICITS clinics, HIV clinics, outreach educators and supervisors of HIV community centers, and members of the affected populations who were reached and not reached by the intervention. The research was guided by implementation science and systems theory perspectives. For example, from implementation science, we explored organizational readiness, decision-making processes, and barriers and facilitators to implementation. From
systems theory, we explored coordination among different groups and potential positive and negative feedback loops in achieving project objectives.

Between March and June 2015, a Salvadoran research assistant completed semistructured interviews in Spanish with 18 HIV educators at community centers serving TW, CSW, and MSM. We selectively sampled from the 14 HIV community centers (CCPIs) to include six CCPIs that were located in different parts of the country (i.e., the central part where the capital is located vs. the more remote western regions), rural versus urban populations served, and to represent each of the target populations. We interviewed both educators and supervisors at each CCPI. We used targeted sampling to increase representativeness, and theoretical saturation was reached. Semistructured interviews were used to systematically ask about factors found to be important in implementation of interventions while still allowing for exploration of unexpected findings. Interviews covered their experiences conducting outreach with target populations, barriers experienced, and adaptations they made to implement the intervention. Interviews also investigated characteristics of both the educator and target populations. Questions were both objective (e.g., “What type of training did you receive before starting this job?”) and subjective (e.g., “What was the greatest difficulty you faced while doing prevention work?”). All interviews were conducted in a private room, tape-recorded, and transcribed verbatim by native Spanish speakers. Interview time ranged from 30 to 80 minutes. All participants were informed about the study purposes and gave their formal, written informed consent prior to participation. They were informed that their decision to participate or not in the interview would not be shared with their employers or affect their employment in any way. Because of the sensitivity of some of the questions, they were instructed they could skip any question(s) and/or stop the interview at any time for any reason. In addition, the interviewer debriefed with participants after the interview to ascertain whether participants were emotionally upset and needed further assistance. Participants did not receive any monetary incentive for participating in the interview. No potential participants refused to participate. This research was approved by the institutional review boards at the Medical College of Wisconsin and the Universidad Centroamericana José Simeón Cañas.

Interview transcripts were analyzed using MAXQDA Qualitative Data Analysis Software to explore the techniques outreach educators used in the field, perceived barriers to implementing the intervention, and characteristics of the target and educator populations. Coding proceeded using an iterative, constant comparison process. Initial codes were developed inductively by the principal investigator (J.D.-G.), a medical student (M.B.), and the Salvadoran research team by carefully reading interview transcripts and deductively based on factors found to be important in implementation of peer-educator interventions in the literature (Proctor et al., 2009; Proctor et al., 2011). To support scientific rigor, after the codebook was finalized, the research team collaboratively coded interviews, resolving differences of opinion collectively. Interview excerpts related to themes were then exported, and participant responses were systematically compared, paying particular attention to code overlaps, for example, violence and discrimination. We compared responses among peer educators, supervisors, and for peer educators of different populations in a constant comparison approach to determine how identity and context influenced peer educators’ perceptions of their work. Final interpretations were checked with the research team until all were satisfied with the explanatory model presented in this article. Selected study participants’ personal quotes were chosen to represent the major themes and translated into English solely for the purposes of disseminating this body of research. Translation to English was conducted by the first author, a native English speaker. Translations were subsequently compared with the original Spanish by the study’s principal investigator to ensure accuracy.

Results

Characteristics of the Educators

HIV prevention educator work was a new position at most of the HIV community health centers (CCPIs). Sixty-six percent of the participants were hired specifically to implement the combination prevention intervention; of these, 66% had no previous experience working with their target population or with people living with HIV. Before being trained to implement the combination prevention strategy, many educators considered themselves as “clients” or benefactors of HIV prevention programs as expressed by this TW peer educator: “No, I’ve never worked. Always before in a project I had been a ‘client’.”

Many educators noted that simply being a member of their target population was beneficial for their clients:

Just the fact that a person isn’t from their population creates a small barrier which can impede . . . the desire to make some real changes in their health. (Educator serving CSW)

However, educators also emphasized the importance of the skills they learned in their training as educators using motivational interviewing.

A change of behavior, . . . it’s not going to be generated by the educator, but throughout the tools that the educator brings. (Educator serving TW)

As will be demonstrated later, most of educators met their clients on the street or venues such as parks, bars, and sex work establishments. Although as peers, educators were familiar with some of these venues, the situation of violence, nature of sex work, and stigma related to sexual and
gender diversity sometimes made accessing clients and venues difficult.

**Adaptations and Perceived Barriers**

Barriers to outreach reported by educators varied in frequency by target population and include violence, difficulty accessing members of the target population, client resistance, problems integrating services, and insufficient program resources. Gang violence was the most frequently mentioned barrier among all educators and resulted in many of the difficulties accessing populations reported by educators. However, client resistance to being identified as members of the target population was also considered a significant barrier and was a result of the extreme levels of stigma and discrimination faced by these populations. For this article, we define stigma using Goffman’s (1963) classic definition whereby an individual with an attribute is discredited by society because of that attribute. Adaptations described are those that individual peer educators started to practice after the intervention began to continue their work. However, as will be seen, educators were not able to make all the adaptations they desired due to lack of resources. A complete list of barriers, their frequency as reported by educators serving different target populations, and the adaptations educators made in response to these are summarized in Table 1.

Table 1 represents perceived barriers and adaptations reported by peer educators broken down by subpopulation (MSM, TW, CSW). Incidence was enumerated based on coding of interviews.

**Violence.** As violence escalated in 2015, educators found outreach more difficult to implement. Two TW, an educator and a client with whom she was doing outreach work, were brutally murdered on the street during the time frame the researchers were collecting data (“Las muertes invisibles,” 2016). Most of the educators stated that violence was their biggest barrier in implementing, greater than disinterest by the target population:

I believe that the difficulty is not because of the population, rather that the difficulty in this moment is crime, the sectioning of different gang territories, the gangs downtown . . . . That has really become a difficulty because we know that we can’t move from one area to another without being afraid of the risk. (Educator serving CSW)

Educators felt in danger on two levels: (a) the ubiquitous nature of gang violence which affects the general population in El Salvador at the current time, and (b) as members of vulnerable populations (TW, CSW, or MSM) that are often victimized. Reasons for violent victimization of peer educators or target populations are difficult to entangle because they often live and work in areas with high rates of violence that is directed toward everyone. It is also clear, however, that gangs victimize MSM, TW, and CSW:

Parks, public plazas, they are open spaces, spaces surrounded by places already claimed by criminal groups that have control . . . there is drug trafficking, armed intoxicated people . . . from the moment that the educators are on the corner they are already at risk, surrounded by homophobia and hate that exists for those people. (Educator serving MSM)

This extreme level of violence affected the topics that educators felt comfortable broaching with the target population. Many educators serving CSW commented that domestic violence could often not be discussed.

As I told you . . . it’s because the majority [of CSW] are or are related to people who belong to the gangs. [Interpersonal violence] is a delicate topic because it can create violence for them or for us (Educator serving CSW)

In the example above, because gang members often act as pimps or the primary sex partners of CSW, addressing domestic violence can cause repercussions for breaking the code of silence surrounding gang members’ business.

One adaptation that educators made to work in these dangerous contexts was never to carry their DUI (Documento Único de Identidad; government ID) with them during outreach. DUIs contain their real names and addresses, which might be in a rival neighborhood, potentially making their home and family members targets of violence. Family members are often threatened to extort money from targets. It was also difficult for outreach educators to find safe spaces to retreat to during outreach as gangs in Central America have also made a business of extorting small business owners and bus drivers. (Bus lines are privately owned.) In addition, outreach educators reported feeling that gang members were acting as lookouts and following them as they performed their work:

The business owners can’t do anything [when outreach workers are threatened or victimized by violence] because they are also under their [gang member’s] control. You see here is a very complex situation—they are controlled, so one sees all of that, the buses are also controlled . . . . At times I . . . . have visited businesses and there is this person; then I go on the bus and there is that person . . . . giving the feeling of persecution. (Educator serving CSW)

In addition, educators are continually pressed to recruit new participants, increasing the distance they must travel from the CCPs. Travel to unfamiliar locations and inadequate money for safe transportation also increased the danger level for the educators. Many educators, as the participant describes below, elected to take taxis rather than buses as buses are often robbed by gang members.

Sometimes [the gang members . . . .] are those who are directly controlling who enters and exits the businesses . . . . They only give me five dollars for a job at night in order to transport me from the CCP to the business and from this business to lodging because we have been prohibited to stay in the CCP. What’s
Table 1. Perceived Barriers and Adaptations by Subpopulation Reported by Peer Educators.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Subthemes</th>
<th>Incidence Among Educators Working With</th>
<th>Adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence, discrimination</td>
<td>Educator feels, is being threatened</td>
<td>CSW: 9  TW: 6  MSM: 7</td>
<td>Never bring DVI (government ID)</td>
</tr>
<tr>
<td></td>
<td>Discrimination in health clinics</td>
<td>CSW: 5  TW: 8  MSM: 6</td>
<td>Offer accompaniment, diversity training for workers</td>
</tr>
<tr>
<td>Difficulty accessing target population</td>
<td>Level of gang violence high now</td>
<td>CSW: 15  TW: 9  MSM: 14</td>
<td>Work during day, avoid areas</td>
</tr>
<tr>
<td></td>
<td>Areas too violent to visit</td>
<td>CSW: 5  TW: 3  MSM: 10</td>
<td>Do not return for 3 weeks, taxis</td>
</tr>
<tr>
<td></td>
<td>Unfamiliar, far away areas, public transport</td>
<td>CSW: 6  TW: 9  MSM: 11</td>
<td>Map out zones, gain confidence</td>
</tr>
<tr>
<td></td>
<td>Business owners issues (refused entry, selling condoms)</td>
<td>CSW: 11  TW: 1  MSM: 1</td>
<td>Befriend leaders, present to owners</td>
</tr>
<tr>
<td></td>
<td>Target population does not associate with/as target population</td>
<td>CSW: 4  TW: 0  MSM: 12</td>
<td>Ability to identify characteristics easier if from target population</td>
</tr>
<tr>
<td></td>
<td>Loud background noise and distraction</td>
<td>CSW: 8  TW: 2  MSM: 0</td>
<td>Try to have come to CCPI (HIV community health center)</td>
</tr>
<tr>
<td>Resistance to patient education</td>
<td>Fear of loss of anonymity</td>
<td>CSW: 1  TW: 1  MSM: 12</td>
<td>Ensure data are confidential</td>
</tr>
<tr>
<td></td>
<td>Already knows information, does not want, no time</td>
<td>CSW: 4  TW: 9  MSM: 5</td>
<td>Is friendly, returns later</td>
</tr>
<tr>
<td>Problems maintaining appointments or integrating services</td>
<td>People motivated by incentives</td>
<td>CSW: 6  TW: 7  MSM: 4</td>
<td>Diminish idea of “asistencia”</td>
</tr>
<tr>
<td></td>
<td>Cannot afford to leave work, issues with hours of operation</td>
<td>CSW: 4  TW: 2  MSM: 6</td>
<td>See client when convenient for them</td>
</tr>
<tr>
<td></td>
<td>Fear of testing HIV+</td>
<td>CSW: 6  TW: 6  MSM: 8</td>
<td>Education regarding HIV, prognosis, treatment</td>
</tr>
<tr>
<td></td>
<td>Cannot cross into another gang territory or associate with gang members</td>
<td>CSW: 3  TW: 2  MSM: 3</td>
<td>Find a different location for the meeting/appointment</td>
</tr>
<tr>
<td></td>
<td>Patients have mobile/telephone issues</td>
<td>CSW: 2  TW: 2  MSM: 7</td>
<td>Revisit area in street where last seen</td>
</tr>
<tr>
<td>Program challenges</td>
<td>Economic (resources, personnel)</td>
<td>CSW: 10  TW: 2  MSM: 3</td>
<td>Use what incentives they have</td>
</tr>
<tr>
<td></td>
<td>Methodology long, complicated</td>
<td>CSW: 4  TW: 2  MSM: 3</td>
<td>Training and confidence</td>
</tr>
<tr>
<td></td>
<td>Cannot reach more populations, complementary services lacking</td>
<td>CSW: 3  TW: 3  MSM: 2</td>
<td>Offer workshops</td>
</tr>
<tr>
<td></td>
<td>Lack of coordination with HIV clinics</td>
<td>CSW: 3  TW: 1  MSM: 0</td>
<td>Rely on better relationships with other organizations</td>
</tr>
</tbody>
</table>

Note. CSW = commercial sex workers; TW = transwomen; MSM = men who have sex with men; CCPI = Centros Comunitarios de Prevención Integral; DVI = Documento Único de Identidad.

more, this comes from my salary... So, these [gang members], they see all of that—and we risk that they will assault us, fight us, that they will kill us if it is possible for going to areas in which we aren't familiar, don’t know what we are doing... So that is a huge risk that... the Global Fund shouldn’t put us in. (Educator serving CSW)

Many educators performed their outreach at night when they were more likely to find their target populations working. However, travel at night is even more dangerous. Thus, many educators preferred to spend the night close to where they did outreach rather than travel home. Many educators suggested that providing the CCPIs with vehicles and security personnel would facilitate their work under these circumstances. However, like the participant above, they recognized that the Global Fund had not budgeted for that expense.

Although many educators continued to risk their lives to conduct outreach, at times educators had to suspend working in particular neighborhoods due to the extreme levels of violence.

We are responsible for here in San Salvador. We try to go as little as possible to the Central Market, the Hula Hula Plaza, the Barrio Plaza; we are going to try for a little while at least until they drop their “guards” in these places and focus on the departments (other states) because they have assigned us to parts of San Salvador that we haven’t gone.

Interviewer: So, you’re going to leave that zone?

For a while, because really it’s very dangerous. (Educator serving MSM)

Gang violence not only affected educators’ ability to visit members of their key populations but also prevented members of key populations from visiting CCPIs or VICITS
clinics to receive prevention education or take HIV tests because of the dangers of traveling from one area to another.

There are women who can’t come because they are from the opposite side or to . . . the VICITIs clinic, many don’t come because they are from one gang’s territory and can’t pass through the territory of another gang. (Educator serving CSW)

Although violent crime has long been a problem in El Salvador and previously identified as a possible barrier for HIV prevention interventions, the current levels of violence have surpassed even some of the most violent years and came as a surprise to the funders and recipients that implemented the national HIV prevention strategy (Dickson-Gomez, Corbett, Rodriguez, & Guevara, 2010). Although some adaptations could have been made with more resources, for example, vehicles for transportation, the level of violence likely would have remained a problem for any health project.

**Discrimination.** Although less prominent than violence, a frequent barrier faced by educators was resistance among the target population to the intervention. At times, participants expressed disinterest or lack of time. Often though, because of previous discriminatory treatment by health care professionals bordering on structural violence, they were afraid of further discriminatory experiences during the intervention.

[Gays] have experiences [that are] so negative in different aspects, that at the time you approach them, they make themselves very difficult. They [medical/service providers] have lost credibility, for example in institutions like the Ministry of Health, because of the bad treatment they have received. They have had problems at a legal level . . . with police . . . They, because of this, become vulnerable and resistant to take part in [the project], more so when we arrive, saying that we offer them a complementary packet of benefits. Some don’t believe, they don’t believe because of bad experiences. (Educator serving MSM)

Unfortunately, some participants experienced stigmatization during the project at VICITIs clinics where they were tested for HIV and STIs, particularly at the beginning of the project. However, the reputation of the clinics improved over time with increased intervention to reduce stigmatizing attitudes among health care providers.

At the start, when the VICITIs clinic was started, um, how do I say this? It was tiring because they didn’t have . . . information about sexual diversity. . . . Now, today they [clients] have a little less fear about going to the VICITIs clinics. (Educator serving TW)

All the populations served by the national combination HIV prevention strategy faced stigma from health care providers or the general public. Engaging in commercial sex work, for example, violates Salvadoran notions of being a good woman and mother, particularly as commercial sex work is often accompanied by substance use as a condition of employment, as will be seen below. CSW are also frequent victims of gang violence (Dickson-Gomez, Bodnar, Guervara, Rodriguez, & Gaborit, 2006a, 2006b). However, TW have faced more stigma than CSW and MSM and were often victims of extreme violence. Some TW expressed fatalism with respect to the violence as expressed by one peer educator: “They have already assaulted me many times and sometimes I come here all discouraged, but in the end these are things that have to happen.” According to a study completed by the Organization of American States, in Central America, where life expectancy overall is greater than 70 years, TW can expect to live between 30 and 35 years (“Las muertes invisibles,” 2016).

Educators for MSM and TW felt that the levels of stigma, often expressed through violent acts, caused MSM and TW to suffer from poor self-esteem and trauma and that many used alcohol and drugs to deal with their experiences. However, just as there were few social spaces where TW are accepted, educators noted that transgender-sensitive drug or alcohol treatment was lacking. They called for the integration of drug treatment resources into CCPIs for TW.

If there was a place like AA [Alcoholics Anonymous] in our CCPI, it would be much easier for the clients to be able to access. The places they could go to [now . . . People] can discriminate them and that is why the girls don’t go to NA, AA. (Educator serving TW)

VICITIs clinics were another potential place where mental health and substance abuse treatment could be provided to MSM and CSW, but these services were not available in the clinics. In addition, although VICITIs clinics received training to be sensitive to sexual and gender diversity to provide sexual and general health services to TW and MSM, they did not provide gender transition services to TW. In fact, to our knowledge, no publicly funded clinics provide support to TW in gender transition in El Salvador, a situation which has caused many TW to try to transition on their own, causing serious health risks.

For example, an endocrinologist, in our case this is a very important part for the women and because they have not had information from an endocrinologist, many have died. Many have horrible problems with their breasts because they have injected themselves with oil. (Educator serving TW)

Educators report that openly gay men in El Salvador face daily discrimination, and many resort to hiding their identities and go to great lengths to preserve their anonymity, which makes them difficult to seek out and approach:

It is the fact that those who are not openly [gay] are the most difficult to approach because one can’t go around asking “Look, are you gay?” It is not possible but we need to be flexible in order
Because many MSM hid their identities, they did not always frequent gay venues such as night clubs and bars. Instead, they often went to parks for anonymous sexual activity. Parks and other public places frequented by MSM are also places that are controlled by gang members, increasing the danger of working in these environments and the importance to potential clients of keeping their sexual identities hidden. In these situations, educators reported that clients felt uneasy being seen with an openly gay educator for fear of being identified as gay. In addition, they were often reluctant to participate in the project because the Global Fund reports required signatures from participants to ensure that target populations were receiving the services and materials (e.g., condoms) that were being distributed. However, many MSM worried that their sexual identity could thus be disclosed to family, friends, and other community members and did not want to provide their signature, names, or addresses. Educators adapted by meeting with clients in their homes and by reassuring them that creating and identifying them with a CUI (Código Único de Identificación; alternative government ID formed using a series of numbers) instead of their real names would protect their identities. However, many MSM still refused to provide phone numbers or addresses, making it difficult to follow up with clients with more interventions over time as an educator serving MSM expressed:

> During the combined prevention we have to provide a follow-up and there are people that don’t provide their telephone numbers, much less their Facebook, much less their addresses... so because we have to, so to speak, we are forced find them in a park.

**Sex work establishments.** Although there were challenges to work in all the different settings in which educators served, violence being primary, the locations where educators worked with CSW differed in that these were places of business, owned and controlled by employers who also controlled the CSW’s time and movements. Many owners were suspicious of letting educators in, and many had to be approached and convinced that HIV prevention was good for their businesses.

Another goal we achieved is the opening that we have been able to achieve with the businesses from the educators last year. And from that work we have heard of other businesses and this has helped us not to have so many obstacles like we had last year.

(Educator serving CSW)

However, other business owners prevented educators from coming, as they had made selling condoms part of their business. Business owners often confiscated sex education materials and condoms to let educators enter, which they would later sell.

The business owners sometimes don’t let us enter... They are the ones who sell them inside... Condoms from the Ministry of Health... and they sell them.

(Educator serving CSW)

In addition, listening to an educator talk often took time away from clients, and educators were often interrupted while CSW went to visit clients.

The methodology is rather long, so often for a half hour we have to stop because a customer arrived and they have to serve the table... They are sex workers and waitresses... In the bars and other places our work is very complicated: interruptions from the noise from the jukebox, getting up to tend to a client...

(Educator serving CSW)

Finally, educators’ messages about consistent condom use were sometimes met with resistance within sex work establishments because as this educator serving CSW notes, “There are many clients that offer more money if a condom is not used.”

**Poverty.** A barrier that was perhaps more pronounced for educators working with CSW was the extreme poverty in which most lived. As seen above, the need to work often limited the amount of time that they could listen to HIV prevention messages. This extreme poverty was in part caused by gender inequality and the lack of education that could provide women with more work opportunities. For example, in trying to get CSW’s signatures to document them as participants in the combination prevention program, educators discovered that many women could not read or write. Because of this need, a literacy class was started weekly at one of the CCPs. Teaching women to read and write was considered not only necessary for women’s participation in the project, but basic literacy was also seen as a step in empowering women either to fight for their rights as sex workers or to seek other economic opportunities.

Educators for CSW were polarized regarding the use of incentives. Previous projects among this population relied heavily on their use, leading some educators to view this as “asistencialismo,” which loosely means dependence on government or NGOs for assistance rather than being invested in actually improving health.

What we are trying to do is take away this idea of “asistencialismo” because they only see it as “ah, they will give us condoms” and we say to them that we have not come only to hand out condoms—it is too that we can use to attract them—but our goal is to create human rights and empowerment as part of the strategy... What we want is women who say “I am a sex worker; I need condoms and lubricant; there’s none in the clinic so I’m going to buy them because I see that it is necessary, just
like the need to buy cigarettes, to buy a beer.” ( Educator serving CSW)

However, some educators passionately believed that their population needed incentives—not only to motivate attendance but also because of the extreme levels of poverty and violence. As seen above, the need to make money was often an impediment to attending HIV prevention intervention events. In addition, CSW cannot afford to buy condoms and spend time with peer educators while trying to make enough money to pay off the gangs and support their families:

So . . . It’s not “asistencialismo”—you have to see the need that my population has in this moment because of the gangs—she doesn’t go [to HIV prevention interventions] because [gang members] can kill her . . . she has to give [the gangs] 40-50 dollars weekly and she has 4 children. (Educator serving CSW)

In fact, there are some recent studies to suggest that using monetary incentives in low- and middle-income countries decreases CSW reliance on sex to meet basic necessities and decreases their STI incidence (Heise, Lutz, Ranganathan, & Watts, 2013).

Discussion

Global Health Initiative such as the Global Fund, the World Health Organization, and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) have invested a great deal of money in nationally scaled combination prevention interventions using multiple evidence-based interventions such as the peer-led intervention used to engage populations at risk for becoming infected with HIV in El Salvador. Brown and colleagues (2015) suggested that systematic evaluation of the implementation process is needed to guide adaptation of interventions as a way to efficiently translate evidence-based interventions into different sociopolitical contexts to avoid misapplied funds. In addition to assessing whether or not an intervention works, we must seek to understand why and when it works and under what circumstances (Brown et al., 2015). Peer educators’ experiences and the perceived barriers they encounter and adaptations they make relay a wealth of information regarding the success and limitations of an HIV prevention program. Peer educators are in a unique situation not only as primary contacts with the target population, conveyors of information, and facilitators of change but also as peers, they share many of the same characteristics and barriers their clients do. Their insights should be earnestly considered during the evaluation of the implementation of combination HIV prevention programs.

Although educators felt that they had been successful in changing some of their clients’ behaviors, the combination prevention intervention in El Salvador failed to reach its goals in terms of the number of individuals of the target population who received the intervention. Penetration or reach of an intervention is an important implementation outcome (Proctor et al., 2011). Results of an evaluation from a previous but similar combination HIV prevention program for MSM used throughout Central America showed similarly low levels of penetration. Firestone and colleagues (2014) discovered that exposure to any program component was 32% (n = 3,531) but only 2.8% of MSM received all of the components. Exposure to the intervention was strongly associated with reductions in HIV risk: Men exposed to both behavioral and biomedical components were most likely to use condoms with water-based lubricant at last sex, and those exposed to behavioral interventions were more likely to have tested for HIV in the last year. Thus, understanding implementation barriers and proposing adaptations is essential to improve outcomes and significantly reduce HIV incidence. To improve intervention penetration by increasing the ability of educators to travel safely to members of the target population, educators could be provided with project-owned vehicles. Alternatively, more educators could be contracted without increasing costs by offering smaller stipends. This might allow peer educators to work only in their own communities, increasing the dose of intervention that members of the target population receive. The ultimate success of any prevention program depends on its reaching the people at a dose sufficient to promote behavioral change.

Our results indicate that fidelity, which is the factor most often considered in studies of dissemination of interventions, is less important than the feasibility, appropriateness, and acceptability of the intervention (Proctor et al., 2011). Educators for this combination HIV prevention intervention in El Salvador were drawn from target populations and had little prevention experience before being hired as peer educators. In spite of this, there was considerable uniformity in the methods they used to find and engage members of their target populations, suggesting a high degree of fidelity to the approach advocated by the funders of this combination prevention intervention. They made adaptations to increase their safety and effectiveness in conducting outreach but were limited by the current violent sociopolitical climate and the resources available to them. However, street outreach often was not feasible or safe due to the high levels of gang violence and violence targeted to the at-risk populations. Similarly, CSW’s work environments were often not considered appropriate or acceptable places to conduct outreach as it might interfere with business. Furthermore, many MSM did not find street outreach to be acceptable because they were not openly gay and did not want their identities exposed.

The extreme levels of violence in El Salvador at the current time hindered the implementation of this combination HIV prevention intervention. However, peer-educator models that rely on street outreach might not have been feasible in El Salvador: Even before the current spike in violence, El Salvador was one of the most violent countries in the Western hemisphere (Cruz, 1996, 2005). Certainly, violence played a large part in the difficulties educators had in reaching
members of their population and in their populations reaching other services that were part of the national prevention strategy and could have been the major reason the Global Fund implementation goals were not met.

Some of the violence educators experienced took the form of structural violence, which is often directed most evidently against at-risk populations. This combination HIV prevention plan has tried to address structural violence among at-risk populations, at least in the medical establishment, by educating health care providers about sexual and gender diversity. This was demonstrated through treating MSM and CSW with respect and using TW preferred names when addressing them. However, much remains to be done in medical establishments which still do not provide services for the psychosocial needs of CSW, MSM, and TW or for gender transition services for TW. Attitudes among the general public are even more stigmatizing. Sexual and gender minorities are still seen as “abnormal,” and thus are subject to a great deal of discrimination and even violence, which are seen in some of the difficulties reported by educators above. TW, in particular, are seen as deviant and are victims of extreme violence (“Las muertes invisibles,” 2016). CSW contradict Latina gender norms of sexual passivity and no substance use. Their extreme poverty and lack of access to education is also a symptom of gender inequality in El Salvador. The need for secrecy and the mistrust given to health educators (especially among MSM) is a result of the structural violence they receive (stigmatization) and the extreme poverty they face (especially for CSW). Although violence is detrimental for the entire Salvadoran population, the stigmatized populations targeted by the national strategy are particular targets. That includes both for the peer educators and their clients.

It is unclear how able or willing educators would be to continue the intervention in its current form. Results thus call into question the appropriateness of community outreach methods developed in the United States to low- and middle-income countries with extreme levels of violence. The educators and TW, CSW, and MSM clients continue to expose themselves to high levels of danger by working in public spaces and would perhaps benefit by delivering HIV prevention via social networking or individual interventions in private spaces. Further research is required to understand under what circumstances and how interventions function as designed or can be appropriately adapted to the given sociopolitical situation. Investigations that build on this body of work will help to address possible adaptations for combination HIV prevention interventions among the different sub-populations (MSM, TW, CSW) in El Salvador and other low- and middle-income countries experiencing high levels of violence.

**Limitations**

Like all qualitative studies, the relatively small sample size of participants might not be representative of all educators, particularly those working in areas that were not sampled. However, we used targeted sampling to increase representativeness, and theoretical saturation was reached. In addition, more than 60 people involved in other aspects of the combination prevention intervention were interviewed, including members of the Plan International, the principal receptor of the Global Fund monies, and the CCM, the governing body of the national combination prevention plan made up members of target populations, NGOs, the Ministry of Health, and Plan International. They also reported that violence was the largest barrier to achieving the combination intervention strategy’s goals.

**Conclusion**

Hampered by increasing levels of violence, the national combination HIV prevention intervention program has underperformed in El Salvador. Our study investigated barriers that Salvadoran educators faced in implementing the peer education as designed, how these differed among the subpopulations (TW, MSM, CSW), and adaptations educators made as a result. Findings suggest the intervention could have been further tailored to address the high levels of violence in El Salvador and to meet specific target population characteristics and needs. Although individual peer educators delivering prevention messages on the streets were able to make adaptations to outreach techniques, it is not clear how willing or able they would be to continue their work, or how effective interventions would be given the current level of violence. Results of this case study demonstrate further research is needed to understand under what circumstances and how these interventions function as designed or can be appropriately adapted to the given sociopolitical situation.

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HIV-positive youth leaders push for better access to care in Latin America

21 September 2015

Joel Barrera began a support group for youth living with HIV, which has transformed into a network for youth to advocate for better care and an end to discrimination. © UNFPA/Walter Sotomayor
The 70th session of the United Nations General Assembly is currently underway in New York. This meeting of the world's leaders will see the adoption of a new set of global goals – the Sustainable Development Goals – that aim to transform the world over the next 15 years. Goal 3 calls for ensuring universal access to sexual and reproductive health-care services, including HIV testing and treatment.

SAN SALVADOR, El Salvador – Joel Barrera will never forget the moment he was diagnosed as HIV-positive. “It was one of those days that marks a before and after in your life,” he told UNFPA.

The news came when he was a 22-year-old student at the University of El Salvador. Always health conscious, he had joined the university swim team to stay fit, and got regular check-ups to set a positive example for the other students.

The diagnosis came after he did a routine blood test. He broke down when the health worker told him, he said.

“In that moment, when they give you the news, you do not think about the diagnosis,” he remembered. “You think, how far am I going to get, and what am I going to do from now on?”

It was a lonely time, even after he joined a support group at the nearby Zacamil Hospital.

“It was a group of adults, which made me feel that they had a different reality,” he said. “I felt like I was the only young man with HIV, not just in the country but in the whole world.”

Building a network – and a movement

Mr. Barrera spoke to a health promoter at the hospital about finding a support group for HIV-positive young people. When he realized none existed, he decided to create one.
“That was my starting point. That was how I found out about the needs of other young people beyond my own experience.”

The group was a resounding success, and soon became much more. “What began as a support group inside a hospital turned into a national network of young people and adolescents living with HIV,” he explained.

Today, Mr. Barrera’s youth network is part of the Latin American Network of Young People living with HIV. It is supported by UNFPA, which provides empowerment programmes and leadership training to help the young people advocate for better access to health services at the local, national and regional levels.

“Over these years, we have made a lot of progress as HIV-positive young people, in the country and in the region,” Mr. Barrera said. “There are many more youth voices in decision-making spaces, and we are considered to be playing key roles in the regional response” to the HIV epidemic.

**Breaking down barriers to care**

There are an estimated 1.6 million people living with HIV in Latin America, according to a 2014 report by the Joint United Nations Programme on HIV/AIDS. At least a third of new infections take place among youth aged 15 to 24.

Yet many young people face barriers in accessing health services, particularly sexual and reproductive health care. Getting care can be particularly difficult for adolescents and youth facing discrimination because of their HIV status.

Mr. Barrera’s network is helping to address the stigma that too often afflicts HIV-positive youth. Still, discrimination persists. A regional survey carried out by the Network of HIV Positive Young People in Latin America and the Caribbean found that 46 per cent of young people living with HIV had suffered from discrimination in health centres.

“Many people think that, as a generation, we have overcome stigma and discrimination against people with our condition,” said Mr. Barrera. “But sadly, this is still very much a part of daily life for people with HIV.”

**“You are not alone”**

These days, Mr. Barrera serves as an inspiration to other HIV-positive young people.
“I am more conscious of the situation faced by other young people,” he said. “Every time I meet someone in their situation [I say], you are not alone. There are more people who have gone through this, the same fears, the same conflicts.”

He added, “Being a person with HIV is only a part of who you are; it is not everything you are. You continue being a friend, an athlete, a boyfriend, a girlfriend, someone who plays, laughs, makes mistakes, someone who grows.”
Publications

My Body, My Life, My World

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12 August 2019

News

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“If I had known about safe sex in my teens, my life would never have turned out this way,” said Sithu*, who is living with HIV.

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“My father always wished that I would get an education. I wish he could see me now.”

9 October 2018
TAB 14
LGBT in El Salvador: Beatings, intolerance, death

In a country with soaring murder rates, the LGBT community is often a target.

Aldo Alexander Pena was beaten by police officers on June 27, 2015 [Nina Lakhani/Al Jazeera]

By Nina Lakhani
12 Aug 2015

San Salvador, El Salvador – This year’s Lesbian Gay Bisexual and Transgender (LGBT) Pride parade that took place in June was a big day for Aldo Alexander Peña.

Peña was excited to march through the streets of the capital San Salvador for the first time since starting male hormone therapy, which has allowed him to claim the gender he identifies with, despite being born into a female body.

The march was peaceful and Peña was in high spirits as he hopped onto a bus with a friend to go home.

In El Salvador, buses can drop-off and pick-up passengers anywhere, but the driver refused to stop at Peña’s request. They got into an argument and the driver called the police.
El Salvador’s murder rate: a record high

“There were eight or nine national police officers waiting for me when the bus stopped. They wouldn’t let me speak, started insulting me, calling me a lesbian, and put me in a headlock,” Peña told Al Jazeera.

“My friend begged them to stop, but they kicked me to the floor and started hitting her too,” recalled Peña, saying that he fainted soon after and regained consciousness only to find himself sitting handcuffed in the police station.

**Beatings**

Peña is an activist with the non-governmental organisation (NGO) El Salvador Generation of Transgender Men (HT El Salvador). By coincidence, another activist witnessed the attack and alerted Peña’s colleagues from HT El Salvador, who went to the police station with a lawyer and representatives from the attorney general’s human rights office to free Peña.

But the assault had continued in the police station, so by the time they arrived, the 31-year-old had been severely beaten.

“There was blood coming out of my mouth and nose, and I could barely see. At one point, I heard my friend praying for my soul. She thought I was dead,” Peña said.

After several hours, Peña was taken to hospital where X-rays revealed a fractured eye socket and a broken jaw. A month later, his eyes are still bloodshot, he struggles to eat solid foods, and suffers from painful neck spasms. Prosecutors are investigating the case as attempted murder.
Hate crimes against El Salvador’s transgender community are increasing in the climate of absolute impunity and deep-seated prejudices.

In a country known for having one of the highest murder rates in the world due to endemic gang violence, the penal system does not specifically recognise crimes motivated by sexual orientation or gender identity.

Latin America has the highest rates of violence against the LGBT community. Another NGO, Communicating and Training of Trans Women with HIV in El Salvador (COMCAVIS), has documented at least 500 cases of murder and assault against LGBT people since 1993. They say many more cases go unreported.

Already this year, 14 trans women have been murdered and another 13 have survived attempted murders, as compared with 14 murders in 2014 and 16 in 2013, according to COMCAVIS, which documents the crimes.

Many of the victims were shot in the head and their bodies brutally mutilated.

No one has ever been jailed.
Discrimination and intolerance

“The LGBT communities suffer many types of very serious discrimination in El Salvador, including intimidation, verbal and physical aggression, and arbitrary detention by municipal and national police,” David Morales, the attorney general for the defence of human rights, told Al Jazeera.

“We have documented many violent hate crimes, particularly the murder of trans women,” Morales said.

“There is an absolute indifference towards investigating and prosecuting these crimes, which has created a pattern of deliberate impunity that is totally unacceptable,” he added.

El Salvador, a nation of 5 million people, is one of the world’s most violent countries, and the trans community is one of its most vulnerable.

The country is deeply religious and conservative, with widespread societal and institutional intolerance towards sexual and gender identities that are different.

RELATED: Brazil: Targeting trans people with impunity

Although El Salvador has ratified several international anti-discrimination treaties and conventions, LGBT people are frequently denied access to basic healthcare, education, jobs and justice.

Murder

The life expectancy for trans women is just 35, according to the Latin American Trans Network. The lack of job opportunities forces many into prostitution, and more than one in four trans women are HIV-positive.
Francela Mendez, a prominent transgender activist, was murdered in May [COMCAVIS]

There was jubilation last year when the Supreme Court awarded trans people the right to vote.

But the same court recently rejected an appeal by a trans woman, who underwent gender reassignment surgery in the US, for the right to legally change her name.

A group of ultra-conservative legislators are currently campaigning to ban gay marriage under the constitution.

“While the move is unlikely to succeed, this type of discussion stimulates acts of aggression against the LGBT community,” Morales said.

Targeted activists

There is growing concern that the murders are targeting LGBT activists specifically, Morales told Al Jazeera.

Francela Mendez, 29, a well-known trans activist, was found murdered on May 31 at a friend’s house in Sonsonate – 64km west of the capital. Her friend was also killed.
Despite her high-profile human rights work, police sources immediately linked the murder to drug trafficking, and rejected calls by several government officials and the Inter-American Commission for Human Rights for the murder to be investigated as a possible hate crime.

The brutal murder two years ago of Tania Vasquez, another vocal trans activist, is another prominent example of this trend. She was shot in the head and her semi-naked body was discarded in a plastic bag in San Salvador in May 2013.

No one has been arrested for her murder despite international condemnation and a high-profile campaign by human rights groups. The case remains clouded in secrecy as the attorney general’s office has classified it as ‘reserved’, meaning no one is allowed access to the files.

The attorney general’s office did not respond to Al Jazeera’s requests for comment.

Survival

Karla Avelar, prominent transactivist and director of COMCAVIS [Nina Lakhani/Al Jazeera]

Karla Avclar, the director of COMCAVIS, has survived two attempted murders in her 37 years of life. She has dodged a total of 15 bullets and was recently kidnapped by a group of men who
photographed her identification papers before letting her go.

“I survived. I am lucky, but we are being killed. We don’t have the right to life in El Salvador. There is no access to justice here, murders are not investigated, victims are labelled as criminals, and cases are archived,” Karla said.

Unlike his predecessor, the current president of El Salvador is yet to publicly condemn violence against the LGBT community.

But a handful of politicians from the ruling left-wing Farabundo Martí National Liberation Front (FMLN) party are petitioning for reform of the penal code to recognise hate crimes motivated by gender and sexual orientation and demanding increased sentences for offenders.

For Peña, the psychological blows were the most cruel.

“I can’t stop thinking about insults, and now fear the police will come to my house or plant something [illegal] on me to punish me,” Peña said.

“I need justice. I want the officers who did this to be jailed so people know hate crimes will be punished.”

SOURCE: AL JAZEERA