Translating Science to end HIV in Latin America and the Caribbean

Mexico City, Mexico, 17th - 18th and 21st April
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Challenges for PrEP and PEP Implementation

Rapporteur summary (Day 1)

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Key messages from IAS 2017

• **Self-Testing (USA, UK):**
  – Private, increase in testing, more regularly. Linking to care? Difficult to engage.

• **(U=U):**
  – Serodiscordant MSM (U=U) <200 copies/ml, no new infections.

• **PrEP:**
Key messages from IAS 2017

• PrEP on demand:
  – Adequate alternative to daily PrEP for MSM with infrequent sexual intercourse (IPERGAY).
  – Focused on what the consumer wants.
  – Allow to change.

• PlusPills-PrEP in adolescents:
  – 15-19 yo. Lower adherence through time.
    Side effects. Best way to deliver?
Key messages from IAS 2017

• **Long-acting:**
  – CABO (injection site pain).
  – Rilpivirine & MK-8591.
  – Data on injection and implants.

• **Differentiated Service Delivery:**
  – Enabling scale-up services (African experience).

• **Stigma:**
  – Still a huge barrier. Invest more.
  – Providing stigma-free services (key populations).
Key messages from IAS 2017

• **90-90-90:**
  – Still to do: 70% 53% 44% Global (2016)
  – Malawi: *Young women.*

• **ART CV/Bone health:**
  – Switch from PI to DTG: improved lipid profile.
  – Switching from TDF vs Zoledronic Acid: Better to stay in TDF+ZA.
Key messages from IAS 2017

- **HIV/HCV:**
  - Pangenotypic regimens: Glecaprevir/P (98-100% Efficacy, no AE). Access!

- **Pregnancy:**
  - INIs, maintain in treatment!

- **Prevention.**
  - PROUD: Immediate PrEP vs Differed (¿LAC?).
  - Vaccine regimens.

- **Costs, real life settings, guidelines vs access.**
Overview Latin America and the Caribbean (key updates since Rio de Janeiro in April 2017)

• Latin America:
  – Trends: 81% 72% 79% (UNAIDS 2017) LAC.
  – Access to ART increased to 72% (inequality between countries).
  – Gaps: frequent stock-out!
  – Gaps in policies and services for prevention:
    • PrEP, PEP.
    • Provision of condoms and lubricants.
    • Testing. Late diagnosis (<200 CD4 cell count).
Overview Latin America and the Caribbean (key updates since Rio de Janeiro in April 2017)

- HIV remains high in key populations.
- Gaps:
  - Young women having sex with older man.
  - Transgender women (understand social settings).
  - Sex workers. Legal and socioeconomic barriers.
  - People using drugs (limited data).
Overview Latin America and the Caribbean (key updates since Rio de Janeiro in April 2017)

• Decrease trend in new infections among children.
  – 88% access of pregnant women in need of ART.
• PrEP: Check-up and opportunity for STD surveillance and treatment.
• Stigma and discrimination.
  – Healthcare providers and peer educating.
  – Engaging community leaders.
• Domestic and external funding.
Overview Latin America and the Caribbean (key updates since Rio de Janeiro in April 2017)

- **Caribbean:**
  - 2nd most affected region after Africa.
  - 48% Haiti, 22% Dominica Republic, 10% Jamaica (UNAIDS 2017).
  - Increase in young people. How to reach them?
  - Low coverage (reduce in external funding).
  - Viral suppression (34%, 2016) to break transmission.
Panel discussion: Implementation of PrEP and PEP in Latin America and the Caribbean

- PrEP works.
- Experience in real settings (LAC).
- High risk of infection in key populations.
  - Define key populations.
  - MSW: Low socioeconomic settings.
  - Awareness and access to healthcare services (fear and discrimination).
  - Young age (17-30 yo window).
Panel discussion: Implementation of PrEP and PEP in Latin America and the Caribbean

- Design comprehensive strategies including PrEP:
  - **Adherence** and monitoring.
  - Targeting needs and reality of populations and context.
  - Economic incentives, simplification, social support, campaigns and use of technology for prevention.
Panel discussion: Implementation of PrEP and PEP in Latin America and the Caribbean

- Information for general public and civil society.
  - Myths.
  - Worries about treatment and PrEP.
- Normative and financial barriers.
  - Ideal to have universal access.
  - Introduce the variable of access to generic drugs.
- Strong networks and collaboration.
- Low data on PEP. How to guide access to PEP.
Group work remarks.

- Good communication.
- Education Sexual health and PrEP.
- Access also outside healthcare services (monitored).
  - Testing+PrEP.
- Pressure from civil society and academia to policy makers.
- Comprehensive model of prevention.
- Bring together all actors to reach consensus.
• Thank you!