Translating Science to end HIV in Latin America and the Caribbean

Mexico City, Mexico, 17th - 18th and 21st April
IAS 2017 post-conference workshop, 17 April 2018

Challenges for PrEP and PEP Implementation

Overview of the HIV Epidemic in Latin America and the Caribbean

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Global and regional commitments to end AIDS by 2030 and regional HIV prevention targets (PAHO)

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

PAHO Plan of Action for the prevention and control of HIV and STIs (2016-2021)

Ending AIDS in LAC: milestones by 2020
- Reduce AIDS-related deaths: 50,000/yr
- Reduce new HIV cases: 26,000/yr
- EMTCT HIV and syphilis

II LAC Forum (2015) – Prevention targets

Increase coverage of HIV combination prevention services for MSM, TG and SW and PrEP demonstration projects (10 by 2020)
Key HIV Facts in LAC

Latin America and Caribbean (2016)

- 2.1 million people living with HIV
- 0.5% adult HIV prevalence
- 115,000 new HIV infections
- 45,400 AIDS-related deaths
- 56% adults on antiretroviral treatment
- 53% children on antiretroviral treatment

(Tomado de UNAIDS via AVERT, 2017-2018)
Trends in the Epidemic and the Regional Response

- Important progress made, but gaps and barriers persist.
- Significant progress has been made in recent years in the HIV care cascade, i.e. increasing # of people who know their HIV status and receive treatment.
- However, HIV incidence remains high in key populations, mainly MSM and transwppplicatmen.
- Slow transition to a model of combined HIV prevention strategies through the implementation of PEP and PrEP.
- Strong commitment shown to funding the HIV response, yet services for KP are left out (i.e. they are 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.
Overview of the Cascade of Care in the Region

**LATIN AMERICA & THE CARIBBEAN**

Progress towards 90/90/90 targets among adults aged 15-59

- **81%**
  - Aware of their HIV status

- **72%**
  - On HIV treatment

- **79%**
  - Virally suppressed

*Source: UNAIDS data 2017*

Avert > www.avert.org
Access to ART

- Access increased from 34% (2011) to 72% (2016) (and 20 to 64% in the Caribbean) but continues to be uneven across countries.
- Latin America has the highest total spend on ART among low- and middle-income countries.
- Frequent stock-outs constitute a key operational problem.
New HIV infections among adults (15+) in Latin America and the Caribbean by sex, 2010-2016

Source: UNAIDS Spectrum estimates, 2017
Distribution of new HIV infections in LAC by sex, age and population

Distribution of new HIV infections by age group in LAC, 2016

- Caribbean: Children 0-14 (27%), Males 15-24 (15%), Females 15-24 (17%), Males >24 (36%)
- Latin America: Children 0-14 (16%), Males 15-24 (22%), Females 15-24 (12%), Males >24 (48%)

Source: UNAIDS, Spectrum estimates 2017

Approximately 1/3 of new HIV infections in male and female 15-24

Distribution of new HIV infections among population groups in LAC, 2014

- Clients of sex workers and other sexual partners of key populations: 23%
- Transgender people: 3%
- Gay men and other men who have sex with men: 30%
- Sex workers: 6%
- People who inject drugs: 2%
- Rest of population: 36%

Source: UNAIDS, Modes of transmission exercises, 2014

Approximately 2/3 of new HIV infections in key populations and their sexual partners
HIV and Young People

• Young people in Latin America and the Caribbean, especially those who are also members of key populations, are disproportionately at risk of HIV infection.
  – One factor contributing to this is the barriers young people face to accessing prevention services.
  – Young women in certain countries are at particularly high risk, as some start sexual activity below age 15 but need parental consent to access SRH services.

• In nine of 17 countries, minors require parental or guardian consent to take an HIV test and find out the results.
  – 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).

• In the Caribbean, the cultural norm of young women having sexual relationships with older men increases their risk of HIV infection.
  – Between 9 and 24% of women aged 15 to 24 years reported having sex with a man at least 10 years older than themselves within the last 12 months.

• HIV prevalence data for young women in this region highlights their vulnerability.
  – e.g. In Haiti, HIV prevalence among young women aged 15-19 years is 0.5% – more than double the figure for young men of the same age.
Key Affected Populations

- **MSM**
  - Account for 1/3 of new HIV cases in the region
  - Still suffer from considerable limitations in access to services

- **Transgender Women**
  - Small group with the highest prevalences in the region.
  - Limited educational and job opportunities that favor a focus on sex work
  - Subject to extreme social exclusión and sexual violence until recently

- **Sex workers (male and female)**
  - HIV prevalence in the region: 6% (much higher among MSM and TW-SW)
  - Some of the best rates of HIV testing and condom use; risk of violence.
  - Legal and HR barriers in the Caribbean

- **People who inject drugs**
  - This group is getting smaller as drug use in the region is mainly non-injecting
  - Very limited data available
Key Affected Populations

Latin America and the Caribbean

DISTRIBUTION OF NEW HIV INFECTIONS AMONG POPULATION GROUPS BY REGION

2014

Source: UNAIDS special analysis, 2016

- Sex workers: 6%
- People who inject drugs: 2%
- Gay men and other men who have sex with men: 30%
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- Clients of sex workers and other sexual partners of key populations: 23%
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HIV prevention in the spotlight

An analysis from the perspective of the health sector in Latin America and the Caribbean
Methodology

Nacional consultations: face-to-face and virtual meetings with representatives of the HIV program and civil society.

Surveys with national programs on health sector HIV prevention interventions.

Country reported data in the Global AIDS Monitoring platform.
Results

The full set of WHO recommended biomedical prevention interventions is rarely offered.
Essential biomedical interventions: “prevention packages”

Gaps in public policies for:

- PrEP, PEP for high-risk sexual encounters,
- ARV treatment for all.

Gaps in coverage and service integration:

- HIV testing, diagnosis and treatment of STIs,
- provision of condoms and lubricants.
Percentage of countries with public policies for the delivery of selected HIV prevention interventions recommended by WHO, by population

<table>
<thead>
<tr>
<th>Service or intervention</th>
<th>MSM (%)</th>
<th>FSW (%)</th>
<th>Transgender women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counseling</td>
<td>100</td>
<td>97</td>
<td>94</td>
</tr>
<tr>
<td>STI diagnosis and treatment</td>
<td>90</td>
<td>91</td>
<td>84</td>
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<tr>
<td>PrEP</td>
<td>6</td>
<td>6</td>
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<tr>
<td>PEP</td>
<td>39</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Condoms</td>
<td>100</td>
<td>96</td>
<td>81</td>
</tr>
<tr>
<td>Lubricants</td>
<td>89</td>
<td>89</td>
<td>83</td>
</tr>
<tr>
<td>Antiretroviral treatment (ART) for all</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Peer-led community outreach activities</td>
<td>89</td>
<td>86</td>
<td>83</td>
</tr>
<tr>
<td>Sexual health information and education</td>
<td>100</td>
<td>96</td>
<td>91</td>
</tr>
</tbody>
</table>


*Note*: Percentages based on the response of 31 or 33 countries as of July 2017.

ART: antiretroviral treatment; MSM: men who have sex with men; PrEP: pre-exposure prophylaxis; PEP: post-exposure prophylaxis; FSW: female sex workers.
• New HIV infections among children declined across Latin American and the Caribbean by more than 50%, down from an estimated 4,700 in 2010 to 2,100 in 2015.
  – Progress was greatest in the Caribbean, where new infections among children plummeted from an estimated 2,300 in 2010, to 1000 in 2016.
• Across the region, 88% of pregnant women needing ART have access to it.
  – However, coverage of ART for PMTCT varies by country, with some making huge progress in recent years.
  – For example, coverage in Mexico increased from 34% in 2010 to 58% in 2016. In the same period, coverage in Bolivia increased from 39% to 68%.
• However some countries continue to lag behind. PMTCT coverage is 19% in Guatemala, and 48% in Venezuela.
  – Difficulties in reaching those belonging to KAP, such as indigenous people, SW and young women, contribute to these low coverage rates
Results

Missed opportunities for HIV diagnosis.
Gaps in access to HIV testing

% PLWH that know their HIV status, 2015 and 2016

- Latin America 2015: 77%, 2016: 81%
- Caribbean 2015: 58%, 2016: 64%

% people with an HIV diagnosis and basal CD4 <200 in 2016

- 2013: 33%, 2014: 29%, 2015: 29%, 2016: 33%
Missed opportunities for diagnosis

- Self-testing.
- Integration.
- Rapid testing.
- Diagnostic algorithms.
- Legal frameworks and norms.
- Adapted services (friendly, flexible schedules, outreach testing and by lay providers).
Testing

• Data on HIV testing coverage is very limited for Latin America and the Caribbean.
  – An estimated 81% of PLH in Latin America and 64% in the Caribbean knew their status in 2016.

• In 2012, some 36 per 1,000 people were tested across LAC, second only to sub-Saharan Africa

• Late HIV diagnosis is a serious issue in Latin America and the Caribbean.
  – In at least half of the countries in this region, one in three people had a CD4 count under 200 when they were tested for the first time
Results

Insufficient attention to STIs as part of the HIV response.
Treatment of gonococcal infection and antimicrobial resistance

- Only **36%** of the countries conduct gonococcal antimicrobial resistance surveillance.

- Steady increase in ciprofloxacin resistance in LAC

- Only **8%** of the countries report using ceftriaxone plus azithromycin for treatment of gonorrhea...
Results

4

Condom use: not the desired increase.
Percentage of condom use in last sexual intercourse, most recent year available
PrEP: Starting to expand, but its use should be accelerated.
• **3 countries** with PrEP as public policy by 2017.

• **8 implementing pilots.**

• Insufficient knowledge and misconceptions about PrEP.

WHO PrEP implementation tool kit

http://who.int/hiv/pub/prep/prep-implementation-tool
Stigma and Discrimination:

Despite good practices, this continues to affect key populations posing a major barrier to their access to health services.
- **10 countries** have laws that criminalize HIV exposure, non-disclosure or transmission.

- **5 countries** report criminalization of same-sex sexual behavior.

- **10 countries** consider sex work as a criminal act.

- **Transgender women** are still victims of hate crimes in Latin America and the Caribbean.
Stigma and Discrimination

- Some Latin American countries have taken steps to address the problem of HIV-related stigma and discrimination.
  - Peru, Colombia, Brazil and Mexico launched action plans to raise awareness among health providers and government officials.
  - At a community level, one study from Chile showed how peer education can improve HIV-related knowledge, attitudes and behaviors among community clinic health workers.
  - Three months after the intervention, healthcare workers had higher knowledge of HIV transmission, and were more accepting of people living with HIV and more likely to engage in safer sex themselves.
  - Another study from Peru has shown how engaging community leaders with HIV interventions can reduce community-level HIV stigma. Intervention participants reported lower levels of stigma after two years.
- Hence, normalising HIV prevention behaviors and HIV communication can reduce HIV-related stigma and change community norms.
Results

Financing for prevention is highly dependent on external funding.
<table>
<thead>
<tr>
<th>COUNTRIES WITH 100% DOMESTIC FINANCING</th>
<th>COUNTRIES WITH EXTERNAL FUNDING BUT LACKING INFORMATION ON THE PERCENTAGE OF DEPENDANCY</th>
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</thead>
<tbody>
<tr>
<td>ARGENTINA</td>
<td>ANTIGUA AND BARBUDA</td>
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<td>BRAZIL</td>
<td>BARBADOS</td>
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<td>CHILE</td>
<td>BELIZE</td>
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<td>MEXICO</td>
<td>BOLIVIA</td>
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<td>URUGUAY</td>
<td>COLOMBIA</td>
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<td>VENEZUELA</td>
<td>CUBA</td>
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<td></td>
<td>DOMINICAN REPUBLIC</td>
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<tr>
<td>COUNTRIES WITH EXTERNAL FUNDING</td>
<td>ECUADOR</td>
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<td>BAHAMAS</td>
<td>GRENADA</td>
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<td>COSTA RICA</td>
<td>GUYANA</td>
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<td>DOMINICA</td>
<td>JAMAICA</td>
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<td>EL SALVADOR</td>
<td>PERU</td>
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<tr>
<td>GUATEMALA</td>
<td>SAINT KITTS AND NEVIS</td>
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<td>HAITI</td>
<td>SAINT VINCENT AND THE GRENADINES</td>
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<td>HONDURAS</td>
<td>TRINIDAD AND TOBAGO</td>
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<td>NICARAGUA</td>
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<td>PANAMA</td>
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<td>PARAGUAY</td>
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<td>SAINT LUCIA</td>
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<td>SURINAME</td>
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</table>

*Source: PAHO. Country responses to the questionnaires on HIV prevention, 2017 Global Fund Concept Notes and PEPFAR reports.*
Conclusions and Recommendations
Delays in meeting the goal of reducing new infections.

Little knowledge about HIV combination prevention.

Countries do not implement all WHO recommended biomedical prevention interventions.

Financial dependency.

Need to improve Ministry of Health leadership, dialogue and coordination with civil society organisations.

Review strategies for addressing stigma and discrimination, involving key populations.
Conclusions

• While some countries in Latin America and the Caribbean have made significant progress in tackling the HIV epidemic, particularly in the provision of treatment, this progress has been uneven.
  – Even where treatment is readily available, a number of barriers prevent many groups from accessing the services they need.
  – For example, homophobia and transphobia, which often result in homophobic crimes, need to be addressed by laws and policies that protect the rights of all people.
• Sensitisation programmes targeting national uniformed personnel, aimed at reducing stigma and discrimination towards KP and PLH, are also needed in order to reduce hate crimes across the region.
• Many of LAC’s strong inter-institutional and Civil Society networks, along with international organisations and government representatives from across the region, attended the second Latin American and Caribbean Forum on the Continuum of HIV, which published the Rio Call to action.
• The Rio Call to Action set targets for combination prevention and zero discrimination, along with priorities for achieving these targets, including:
  – Programming based on HR frameworks, and confronting HIV and KP-focused stigma
  – Appropriate monitoring