

IAS Educational Fund Symposium in parallel to the API 2021 Congress

The pandemic era's HIV response in Latin America and the Caribbean Meeting report

This report was developed in collaboration with the Asociación Panamericana de Infectología (API). The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

The Latin America and Caribbean (LAC) region possesses, a high HIV burden: 2.1 million people were living with HIV in the region in 2020, according to UNAIDS. Despite global progress to control the HIV epidemic, the region is not on track to meet the 2030 UNAIDS targets, especially with the concomitant COVID-19 pandemic that has caused every region of the world to face a negative impact in cultural and socioeconomic spectra, amplifying the gaps in the delivery of care for people living with HIV.

IAS – the International AIDS Society – organized a virtual IAS Educational Fund symposium on 5 August 2021 in collaboration with the Asociación Panamericana de Infectología (API). The theme of the symposium was, *The pandemic era's HIV response in Latin America and the Caribbean*, and was hosted during the API 2021

Congress held in a hybrid format in the Dominican Republic. The symposium aimed to discuss the barriers confronted by the regional authorities in HIV and their responses during the COVID-19 pandemic, the non-stop tuberculosis (TB/HIV infections and regional guidelines), and the approach, laws and policies for improving the delivery of care for key populations (in particular adolescents, men who have sex with men, transgender women). The IAS Educational Fund sessions were chaired by Mónica Thormann (IAS; API, Dominican Republic), Jean William Pape and Marie Marcelle Deschamps (Centres GHESKIO, Haiti) and Robert Paulino (Instituto de Medicina Tropical y Salud Global, UNIBE, Dominican Republic). The detailed programme is available [here](#), and the recordings [here](#).

Session 1 – From HIV to COVID-19: Working towards a post-pandemic world

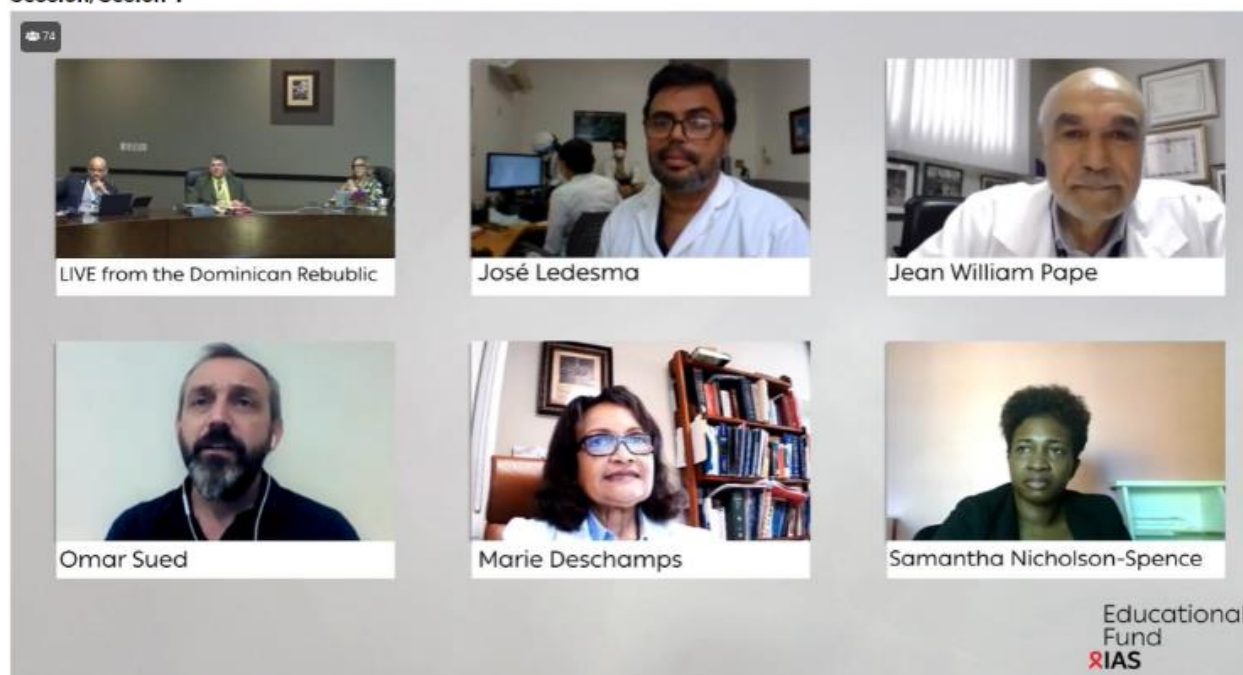
Half of the LAC region reported a negative impact of the COVID-19 pandemic in the delivery of care for people living with HIV. An increase in maternal mortality, malnutrition and gender-based violence, and a severe reduction in immunizations were also reported. In the last years, especially during 2020, the region has reported an alarming increase of 21% in new HIV diagnoses, 7% in TB/HIV co-infection-related deaths, and a low reduction in HIV related deaths (8% in LAC in comparison to 39% in the rest of the world). During the pandemic, the main problems confronted by health services were the

continuity, integration and access to delivery of care, especially regarding HIV diagnostic tests. In addition, national HIV programmes were neglected due to a halt in the enhancement of community-based programmes, a halt in the delivery of antiretroviral therapy (ART) and laboratory follow-up, the governmental interruption in supplies (ART, condoms, laboratory equipment, etc.) and the deferred efforts to the COVID-19 response.

Key recommendations:

- Enhance the link between the regulatory governmental institutions and the different HIV delivery services, especially to avoid interruption in distribution of supplies and materials.
- Continue developing the integration of health services, revitalizing the engagement to improve delivery of care, using new tools for diagnostics, tracking and follow-up of people living with HIV.
- Tackle the ongoing and hard fight against stigma and marginalization related to HIV.
- Work to improve community-based programmes at both national and regional levels.

Session/Sesión 1



Mónica Thormann (IAS; API, Dominican Republic) and Jean William Pape (Centres GHESKIO, Haiti) entertaining questions from live viewers during Session 1 Q&A live discussion with invited speakers Omar Sued (IAS; PAHO), Marie Deschamps (Centres GHESKIO, Haiti), Samantha Nicholson-Spence (Kingston Public Hospital, Jamaica), José Ledesma (Ministry of Public Health, Dominican Republic) and Miguel Morales (Taller Veneolano de VIH, Venezuela), 5 August 2021

Session 2 – Combatting co-infections: HIV and TB

In 2021, TB is a preventable and curable disease, with decades of research and acquired knowledge, though TB in a person living with HIV is the main cause of morbidity and mortality. At least one third of the 35 million people living with HIV are also living with M tuberculosis, and a person living with HIV has an annual vulnerability of between 7% to 10% for TB/HIV co-infection, with 2-4 times greater likelihood of dying. A person living with HIV and TB has an enhanced HIV replication, slower immunologic response to ART, and a faster progression towards AIDS. TB/HIV co-infections represent an important cost for the regional health budget, independent of the co-infection being TB without resistance, TB-DMR or TB-

XDR. Hence, it is crucial to provide good local, national or international guidelines and delivery of care for people with TB/HIV co-infections.

Key recommendations:

- Prioritize interventions that allow for early and better diagnosis, especially by investing in more specific and sensible equipment, like Xpert machines and X-ray devices.
- Increase testing among key populations, including people living with HIV, prisoners and other incarcerated individuals and healthcare professionals.
- Allocate resources more efficiently to engage in better prevention of TB transmission.
- Align all sectors in public health at the government-level.
- Integrate TB and HIV national programmes to adapt national policies to address both diseases without interruption.
- Raise awareness of TB acquisition and encourage research in understudied populations, such as children.

Session 3 – Let's focus on what matters: Key populations and the next generation

Key populations are still the driving force in health services around HIV, especially men who have sex with men, trans women, and in recent years, adolescents and youth. Men who have sex with men represent almost 32.6% of people living with HIV in LAC and they account for almost half of new cases reported annually. Still, the continuum of care is less than optimum, as the main factors associated with the HIV epidemic among men who have sex with men are the same since the first description of HIV-related stigma and discrimination by both religious and social forms, especially in a region dominated by heteronormativity and by the concept of "heteropatriarchy". Stigma causes limited access to prevention, counselling, testing, tracking, care and treatment. This is exacerbated by the intra- and inter-regional mass migration driven by the social and economic crisis in the region, in addition to the restrictions caused by the COVID-19 pandemic that elevate the segregation of this population. In adolescents, stigma and discrimination has a deeper impact, due to the lack of acknowledgement from governments that the group is a key population for HIV interventions. This lack of recognition is especially visible in regions with conservative environments that discourage well-established interventions addressing the important gap between the age of sexual consent (16 years) and the age at which adolescents can independently access health systems (18 years).

Key recommendations:

- Address the need of key populations to flow efficiently, consistently, and sustainably through the entire HIV continuum of prevention, care, and treatment services.
- Reinforce the presence of civil society, organizations and community-led networks.
- Review the laws and policies limiting access to key populations, especially adolescents, to work in tailored, layered and combination-prevention packages that take into account specific adolescent needs and involve biomedical, behavioural and structural components.

Testimonials

"I will use the material and knowledge acquired to develop better advocacy towards policymakers in the health sector in my country."

Activist for a people living with HIV group/network.

"I intend to follow up and monitor patients with HIV/AIDS and TB, looking at adverse reactions, adverse events, reception and investing in adherence strategies."

Healthcare worker for a hospital/clinic.

"The discussions clarified and reinforced a lot of ideas that we were thinking about while devising and analyzing data from our current programmatic results."

Policymaker for government.

"The symposium will help me focus on integral approaches to healthcare provision for patients living with HIV during consultations."

Healthcare worker for a hospital/clinic.