

Antiretroviral Treatment in the Spotlight: A Public Health Analysis in Latin America and the Caribbean

DOMINICA

Development, HIV epidemic, and response indicators

Human Development Index: Dominica/LAC (2010)	0.722/0.72
Estimated number of people living with HIV (2010)	n/a
Estimated % of people living with HIV who are women (2009)	Epidemics with male predominance
HIV prevalence (15-49) (2010)	0.75%
HIV prevalence in women 15-24 (2009)	n/a
HIV prevalence in men 15-24 (2009)	n/a

Source: Nisbett J, Allen-Ferdinand K. OECS clinical guidelines meeting. St. Lucia, 2012. Human Development Report, UNDP 2009-2011

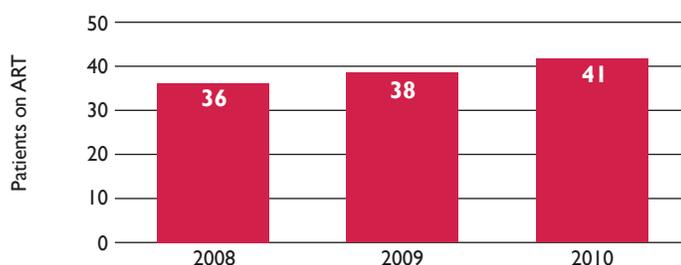
	2009	2010
ART coverage	n/a	n/a
Proportion of pregnant women who received HIV testing		72%
Rate of HIV testing /1,000 inhabitants in Dominica /LAC		n/a / 81.2
% CD4<200 at beginning of care		n/a

Source:WHO/UNAIDS/UNICEF. Global HIV/AIDS Response. Progress Report 2011

Treatment

Dominica has 41 patients on ART, of whom an undetermined number are children, and 34% are women. The number of patients initiating ART in 2010 is not available, but the net increase of patients on ART from 2009 to 2010 was 3 (Figure 1). Data are not available on the percentage of patients per line of treatment or the number who switched from first- to second-line treatment in 2010.

Figure 1 Patients on antiretroviral treatment 2008-2010



Service delivery

As of 2010, Dominica had one public health center providing ART, treating 70 patients with HIV.

Quality of services and rational use of ARVs

Total ART regimens for adults (first-line)	n/a
Adults in first-line ART under a WHO-recommended regimen	n/a
Total ART regimens for adults (second-line)	n/a
Adults in second-line ART under a WHO-recommended regimen	n/a
Stock-out episodes	n/a
Stock-out risk episodes	n/a
Patients lost to follow up in the 1st year of ART	n/a
Retention at 12 months from beginning of ART	n/a
Viral load tests per ART patient/year (average)	n/a

Source: Country ARV survey report, WHO 2010. Country reports of early warning indicators (2009-2011), PAHO survey of stock-out episodes 2010

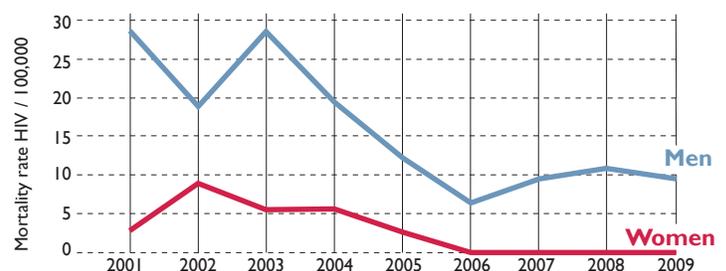
TB-HIV co-infection

In 2010, 38% of (three of eight) TB patients were tested for HIV, yielding HIV prevalence among TB patients of 33%. This translated to 1 patient reported with TB-HIV co-infection, who commenced treatment. No deaths were reported due to TB-HIV.

Mortality from HIV

While HIV mortality was much higher for men throughout the period, a decreasing trend was observed for both sexes from 2001 to 2009 (Figure 2).

Figure 2 Standard mortality rate due to HIV by sex

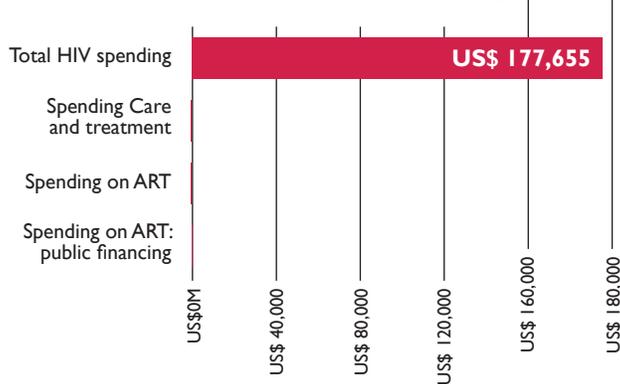


Expenditure

In 2009, Dominica's national health expenditure was US\$ 37 million, of which 68% (\$ 25 million) was public spending. Public expenditure on health was 5.3% of GDP.

Annual public spending on HIV in 2009 is shown in Figure 3. Spending on ARVs is not known, although financing of ARVs has been through Global Fund grants to PANCAP and the OECS.

Figure 3 Annual spending on HIV, care and treatment, ARV treatment, and public spending on ARV



External financing: Global Fund (GF)

Dominica receives support for its HIV response from the Global Fund, through multi-country proposals from PANCAP (this proposal also includes Antigua and Barbuda, Bahamas, Barbados, Belize, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago; the remaining PANCAP countries benefit indirectly through regional activities) and from OECS (other members include Antigua and Barbuda, Grenada, St. Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), in the amount of US\$11,190,617 and US\$8,375,201, respectively. The PANCAP proposal is in phase 1 and the OECS proposal is winding down. Both proposals include an ART component, which funds virtually all public ARV in Dominica. The OECS countries have a joint procurement system administered by Pharmaceutical Procurement Service (PPS) based in Saint Lucia.

In the framework of South-South cooperation, in April 2006 the Government of Brazil signed a five-year cooperation agreement with PANCAP/CARICOM that included the provision of ARVs. Between 2007 and 2010 an annual average of 400 people with advanced HIV infections in the OECS were treated with ARV under this agreement. It should be noted that even before any extension of the agreement, the Government of Brazil pledged to make supplies available for an additional two year period (2011-2012). The governments of the OECS, in turn, have pledged to make these supplies available incrementally up to the end of 2012, to ensure sustainability.

Analysis and conclusions

Access to HIV testing can be expanded by targeting key populations such as patients with TB, building on the growing trend of patients on ART. Insufficient information is available to evaluate the treatment program, and strengthening of the information system would be one of the recommended measures. However, access to treatment is clearly having a positive impact on HIV mortality. The political dialogue should address the situation of dependence on external funds to finance ARVs in the country.

Sources and methodology

The data on patients receiving ARV treatment, retention at 12 months, and programming are drawn from the *Country Reports on Progress toward Universal Access to Prevention, Care, and Treatment for HIV 2011* and the *2011 Surveys on Antiretroviral Use*, which the competent agencies of each country complete for PAHO/WHO. Data on the supply of medication and stock-outs come from a special PAHO survey sent to Latin American countries in 2010, which was filled out by national HIV/AIDS programs. Countries report mortality figures to PAHO. The data on TB-HIV co-infection were taken from *WHO's Global Tuberculosis Control 2011*. Data on mortality from TB-HIV are from the country responses to a PAHO special survey (TB program).

Data on HIV expenditure were drawn from the MEGAS studies carried out by UNAIDS in collaboration with the countries. These data as well as estimates of the HIV epidemic are compiled in UNAIDS' AIDInfo database (<http://www.unaids.org/en/dataanalysis/tools/aidsinfo/>).

Health expenditure data are also drawn from PAHO Basic Indicators and the United Nations Department of Economic and Social Affairs. Data on Global Fund projects were taken from the Global Fund website.

Definitions

ARV stock-out episode: "A situation in which a product cannot be dispensed due to a lack of supplies and which causes the forced interruption of treatment in at least one patient."

Stock-out risk: "A stock level below the established minimum level or the need to take unplanned measures to prevent a stock-out (emergency purchases, loans, etc.)."

% CD4 < 200 at beginning of care: "Percentage of patients with basal CD4 < 200 cell/mm³ relative to total patients with basal CD4."

Abbreviations

ART= antiretroviral therapy; **ARV**=antiretroviral; **GDP**=gross domestic product; **GF**=Global Fund; **LAC**= Latin America and the Caribbean; **OECS**= Organization of Eastern Caribbean States **VL**= viral load; **TB**= tuberculosis; **VL**= viral load.

Acknowledgments

PAHO wishes to thank the countries of Latin America and the Caribbean, and especially the national HIV/AIDS programs that report data to PAHO/WHO and participated in the review of these documents.

