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

BAHAMAS

Pan American Health Organization
Regional Office of the World Health Organization
110th ANNIVERSARY

Development, HIV epidemic, and response indicators

Human Development Index: Bahamas/LAC, 2009	0.769/0.72
Estimated number of people living with HIV (2009)	6,600 [2,600-11,000]
Estimated % of people with HIV who are women (2009)	56%
HIV prevalence (15-49) (2009)	3.1
HIV prevalence in women 15-24 (2009)	3.1
HIV prevalence in men 15-24 (2009)	1.4

Source: UNAIDS 2010, Human Development Report, UNDP

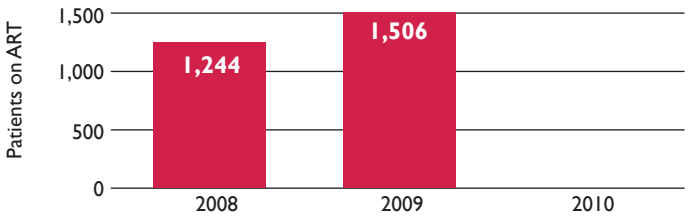
	2009	2010
ART coverage	n/a	n/a
Proportion of pregnant women who received HIV testing		n/a
Rate of HIV testing/1,000 inhabitants in Bahamas/LAC		n/a / 81.2
% CD4<200 at beginning of care (1)		n/a

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

Treatment

The Bahamas did not report the number of patients in treatment in 2010 (Figure 1). Similarly, no information was available on patient distribution by treatment line or the number of patients switching between treatment lines annually.

Figure 1 Patients on antiretroviral treatment 2008-2010



Service delivery

The Bahamas had three public facilities providing ART in 2007.

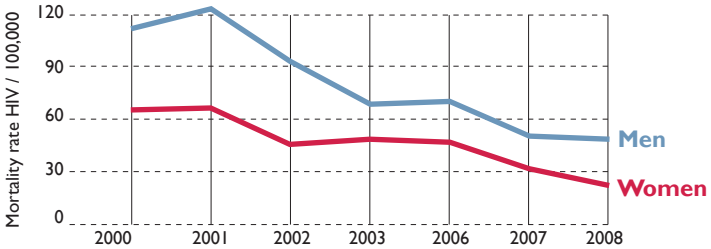
TB-HIV co-infection

All TB patients (100%) had been tested for HIV in 2010, with 47% testing positive, yielding a total of 15 reported patients with TB-HIV co-infection. There was one reported death from TB-HIV.

Mortality from HIV

Between 2000 and 2008, the HIV mortality rate declined significantly in men and women (Figure 2).

Figura 2 Standard mortality rate due to HIV by sex

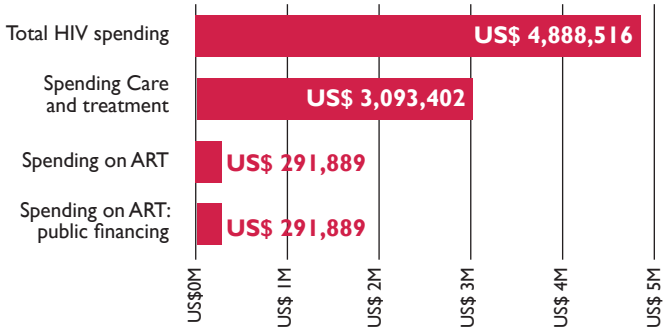


Expenditure

According to 2010 data, the Bahamas's national health expenditure was US$516 million, and public spending on health was 51% of that total (US$262 million). Public expenditure on health accounted for 3.4% of the GDP.

Annual public spending on HIV in 2009 is shown in Figure 3. Spending on antiretrovirals was $291,889, all of which (100%) was publicly financed. Spending on ARV accounts for 0.1% of public health expenditure.

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



External financing: Global Fund (GF)

The Bahamas does not receive assistance from the Global Fund for its HIV response.

Analysis and conclusions

The Bahamas has one of the highest HIV prevalence rates in the region, including a high proportion of women. The efficacy of its antiretroviral treatment program is reflected in the decline in mortality for both sexes. ARV is paid for entirely through public financing, which ensures the sustainability of ART. It would be useful, however, if additional indicators were available, such as viral load monitoring, the number of people who initiate treatment each year, and the number of patients switching from first- to second-line treatment, in order to anticipate trends in results and impact, as well as spending, in the medium term.

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' AIDSinfo 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/mm^3 relative to total patients with basal CD4."

Abbreviations

ART= antiretroviral therapy; **ARV**=antiretroviral; **GF**=Global Fund; **LAC**= Latin America and the Caribbean; **TB**= tuberculosis; **VL**= viral load.

Acknowledgments

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