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

SURINAME

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

Development, HIV epidemic, and response indicators

Human Development Index: Suriname/LAC, 2009	0.674/0.72
Estimated number of people living with HIV (2009)	3,700 [2,700-5,300]
Estimated % of people with HIV who are women (2009)	30%
HIV prevalence (15-49) (2009)	1
HIV prevalence in women 15-24 (2009)	0.4
HIV prevalence in men 15-24 (2009)	0.6

Source: UNAIDS 2010, Human Development Report, UNDP

	2009	2010
ART coverage	39% [27-59]	45% [30%–64%]
Proportion of pregnant women who received HIV testing		88%
Rate of HIV testing/1,000 inhabitants in Suriname/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

Suriname reported that 1,106 patients were on ART in 2010, including 77 children; women accounted for 51% of the total. The reported number of patients initiated on ART was 235 for 2010, with a net increase of 110 patients from 2009 to 2010 (Figure 1). Among patients on treatment, 85.4% were on first-line, 14.6% were on second-line, and 0.0% were on third-line (Figure 2). The number of patients switching from first- to second-line of treatment in 2010 was unknown.

Figure 1 Patients on antiretroviral treatment 2008-2010

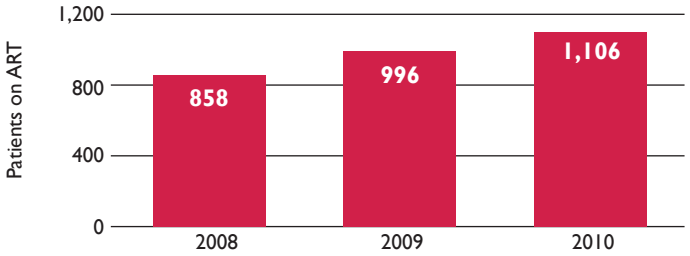
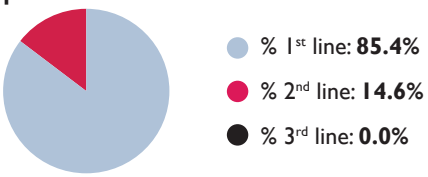


Figure 2 Percentage of patients on antiretroviral treatment per line of treatment



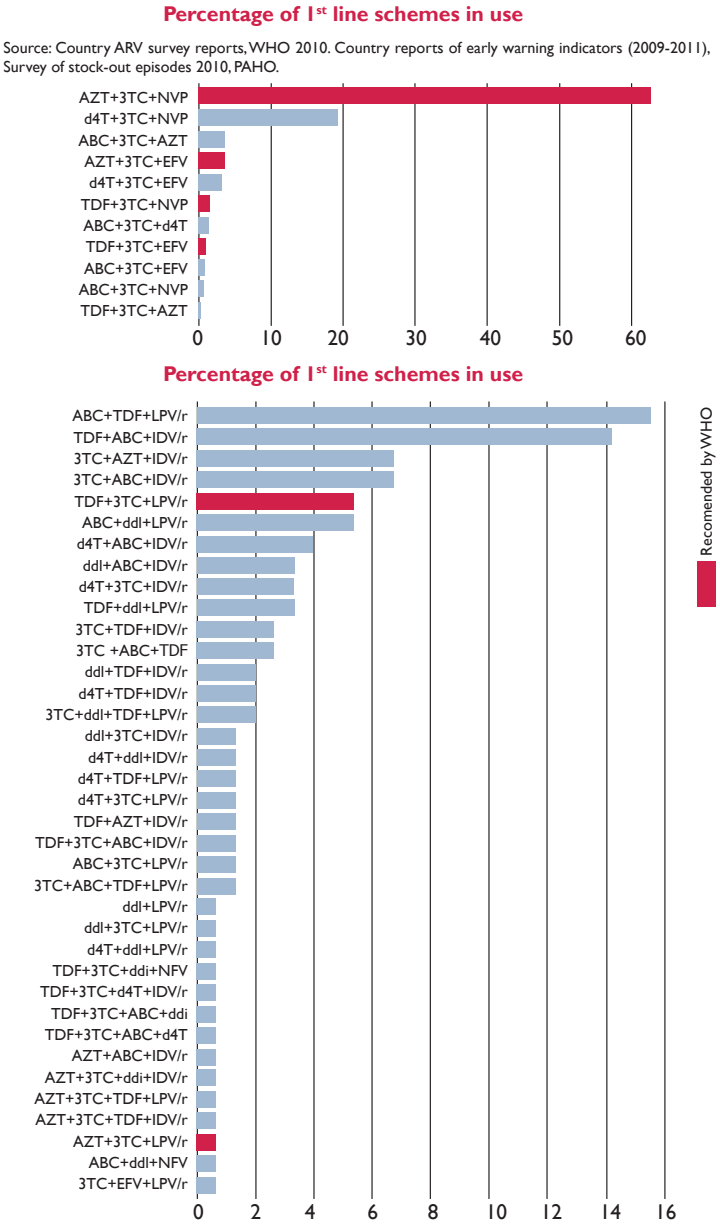
Service delivery

In 2010, the country had 102 public facilities providing ART, yielding an average of 11 ART patients per facility.

Quality of services and rational use of ARVs

Total ART regimens for adults (first-line)	21
Adults on first-line ART under a WHO-recommended regimen	69%
Total ART regimens for adults (second-line)	37
Adults on second-line ART under a WHO-recommended regimen	6%
Stock-out episodes	n/a
Stock-out risk episodes	n/a
Patients lost to follow up in the first year of ART	36%
Retention at 12 months from beginning of ART	68%
Viral load testing per ART patient/year	0.1

Figura 3 Percentage of patients by main treatment schemes



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

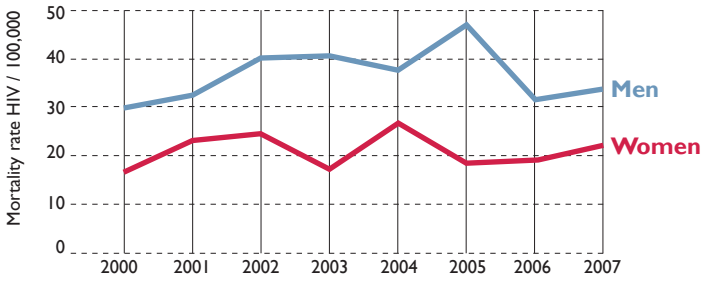
TB-HIV co-infection

The percentage of TB patients tested for HIV is not available for 2010. There were 56 reported patients with TB-HIV co-infection, and 15 reported deaths from TB-HIV.

Mortality from HIV

From 2000 to 2007, mortality was consistently higher in men than in women. An upsurge between 2000 and 2005 was followed by a decline towards the end of the series, which is most likely due to the expansion of antiretroviral therapy (Figure 4).

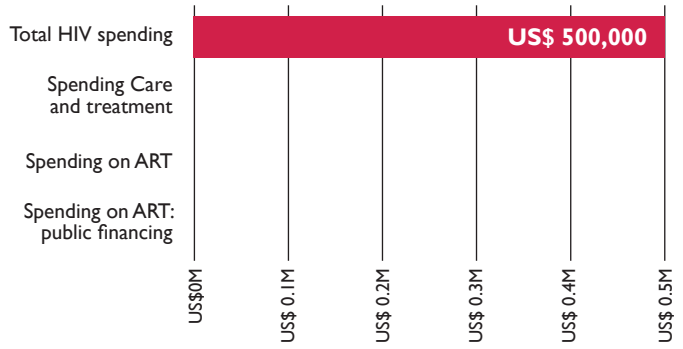
Figura 4 Standard mortality rate due to HIV by sex



Expenditure

According to 2004 data, Suriname's national health expenditure was US$62 million, and public spending on health was 90% of that total (US$56 million). Public expenditure on health accounted for 3.8% of GDP. Annual public spending on HIV in 2007 is shown in Figure 5. Up until 2012, funding for ARV was entirely from external sources. Since 2012, the government has provided all of the funding for ARV.

Figure 5 Annual spending on HIV, care and treatment, ARV treatment, and public spending on ARV



External financing: Global Fund (GF)

Suriname receives support from the Global Fund for its HIV response, with active grants totaling $9,110,099. The current proposal does not include an ART component. This funding expires on 31 January 2012. All domestic funding for ARV came from the Global Fund up until that date. As it stands now, the Ministry of Health is funding 100% of the cost of ARV.

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; **GDP**=gross domestic product; **GF**=Global Fund; **LAC**= Latin America and the Caribbean; **TB**= tuberculosis; **VL**= viral load.

Acknowledgments

PAHO thanks 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.