

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

SAINT VINCENT AND THE GRENADINES

Development, HIV epidemic, and response indicators

Human Development Index: Saint Vincent and the Grenadines/LAC, 2009	0.717 (2011)/0.72
Estimated number of people living with HIV (2012)	666
Estimated % of people with HIV who are women (2009)	n/a
HIV prevalence (15-49) (2009)	n/a
HIV prevalence in women 15-24 (2009)	n/a
HIV prevalence in men 15-24 (2009)	n/a

Source: Davy J, Hamilton D, George J. OECS clinical guidelines meeting. St. Lucia, 2012; Human Development Report, UNDP

	2009	2010
ART Coverage	n/a	n/a
Proportion of pregnant women who received HIV testing		95%
Rate of HIV testing/1,000 inhabitants in St. Vincent and the Grenadines/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

St. Vincent and the Grenadines reported that 316 people were receiving care for HIV as of January 2012, and 186 of them were on ART. In 2009, 162 patients were on ART, and 46% of them were women. Among patients on treatment, 84% were on first-line and 16% were on second-line (Figure 2). The number of patients switching from first- to second-line treatment in 2010 was unknown.

Figure 1 Patients on antiretroviral treatment 2008-2010

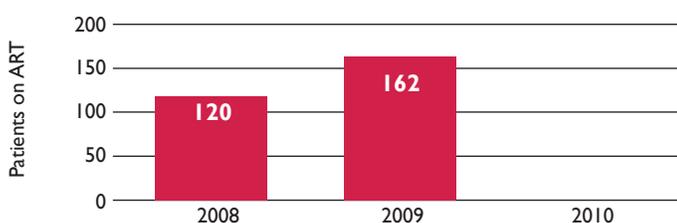
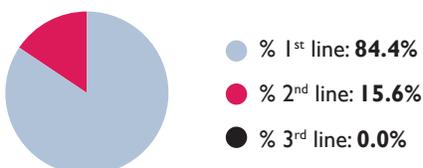


Figure 2 Percentage of patients on antiretroviral treatment per line of treatment



Service delivery

In 2010, Saint Vincent and the Grenadines had one public facility providing ART.

Quality of services and rational use of ARVs

Total ART regimens for adults (first-line)	n/a
Adults on first-line ART under a WHO-recommended regimen	n/a
Total ART regimens for adults (second-line)	n/a
Adults on 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 first year of ART	12%
Retention at 12 months from beginning of ART	n/a
Viral load testing per ART patient/year	n/a

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 was 59% for 2010, with 30% of patients testing positive (three patients co-infected with TB-HIV). There was one reported death from TB-HIV.

Mortality from HIV

From 2000 to 2008 the HIV mortality rate, which was higher in men, declined for both sexes, although the drop was particularly pronounced in men (Figure 3).

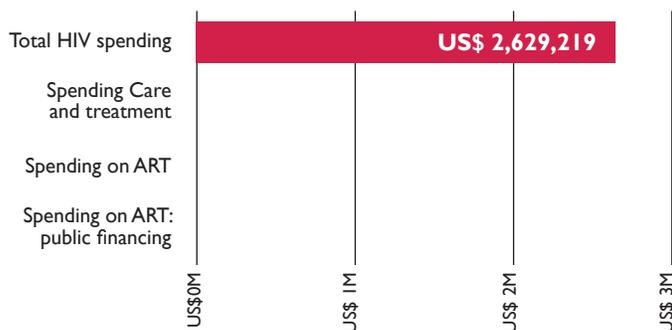
Figura 3 Standard mortality rate due to HIV by sex



Expenditure

According to 2007 data, Saint Vincent and the Grenadines' national health expenditure was US\$29 million, and public spending on health was 81% of that total (US\$24 million). Public expenditure on health accounted for 3.5% of GDP. Annual public spending on HIV in 2009 is shown in Figure 4. ARV spending is financed through the PANCAP Global Fund Round 9 grant and through donations from Brazil.

Figure 4 Annual spending on HIV, care and treatment, ARV treatment, and public spending on ARV



External financing: Global Fund (GF)

Saint Vincent and the Grenadines receives support for its HIV response from the Global Fund, through multi-country proposals from PANCAP (this proposal directly includes Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago; the remaining PANCAP countries benefit indirectly through regional activities) and from OECS (including Antigua and Barbuda, Dominica, Grenada, Saint 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 is winding down. Both proposals include an ART component, which funds virtually all public ARV in Saint Vincent and the Grenadines. 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

Although coverage of HIV testing for pregnant women is high, there is a gap among TB patients, who also present high HIV prevalence and case-fatality rates. The impact of ART is evident in the spectacular drop in mortality among men since 2000, although this has been less the case for women. Saint Vincent and the Grenadines continues to use obsolete ARVs such as d4T, which means that there is an opportunity for optimization and review of its national guidelines to improve adherence to WHO recommendations. The country is highly dependent on external funding for ARVs.

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/mm³ relative to total patients with basal CD4."

Abbreviations

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

Acknowledgments

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