



World Health
Organization

REVIEW OF HIV SURVEILLANCE ACTIVITIES IN LATIN AMERICA AND THE CARIBBEAN

Surveillance of key affected populations

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WORLD HEALTH ORGANIZATION

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OBJECTIVES OF THE REVIEW

To assess surveillance systems in LAC by:

- 1. Identifying types of surveillance activities and kinds of information available to inform understanding of the epidemic**
- 2. Identifying whether plans and sufficient resources are in place for future surveillance in key affected populations**

METHODS

Data gathered July-Oct, 2012 on 33 countries

Desk review:

- 2010 and 2012 country GARP reports
- Available materials cited in those reports

Country survey received from 29/33 countries for information unavailable in GARP:

- PAHO and UNAIDS focal points
- Surveillance partners, UVG/Tephinet/CDC

Themes based on WHO surveillance evaluation guidelines

THEMES FOR KAP'S

1. The review examined MSM, FSW, DU/IDU and male-to-female Trans
2. Availability of selected bio-behavioral indicators:
 - HIV prevalence & incidence, condom use, HIV testing, exposure to prevention
3. Ability to construct time trends
4. Size estimates
5. Planning and resources for future surveillance rounds

Recent data on MSM available. Except:

- VEN, some OECS

FSW:

- Less availability, especially in Andean & Carib.

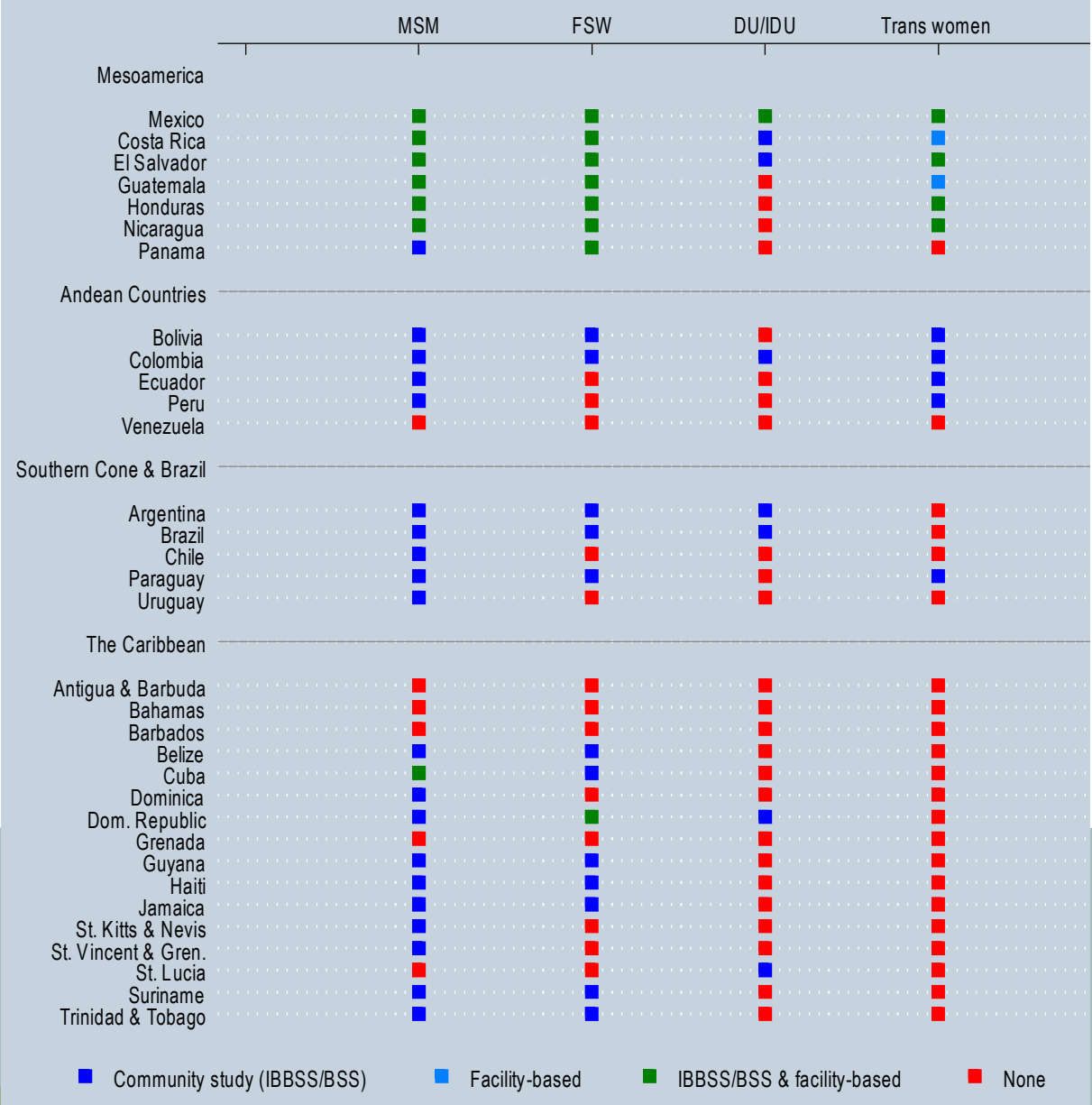
Trans:

- Data from MSM subsamples in CA
- Trans-specific studies in Andean
- No data in Carib.

Multiple sources for MSM, FSW, trans available, particularly in Mesoamerica.

DU/IDU: Very limited*

Sources of HIV and/or behavioral estimates in KAP's in past 5 years



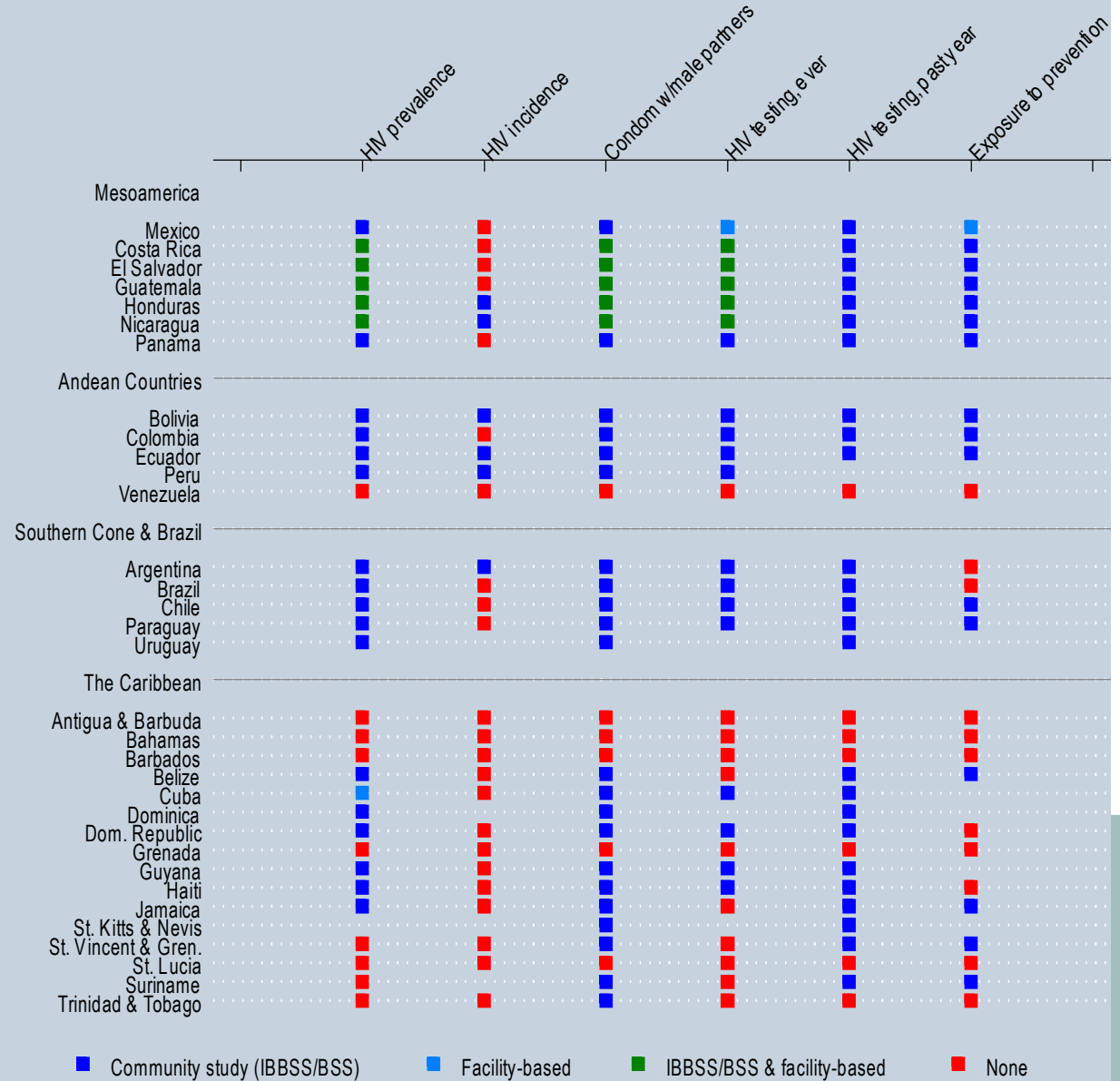
Indicators available for MSM

Recent HIV prevalence widely available: gaps mainly in Carib.

Some studies have estimated HIV testing in past year but not lifetime testing.

Some studies have not measured coverage of HIV prevention.

Sources of bio-behavioral indicators for MSM in past 5 years



Indicators available for FSW

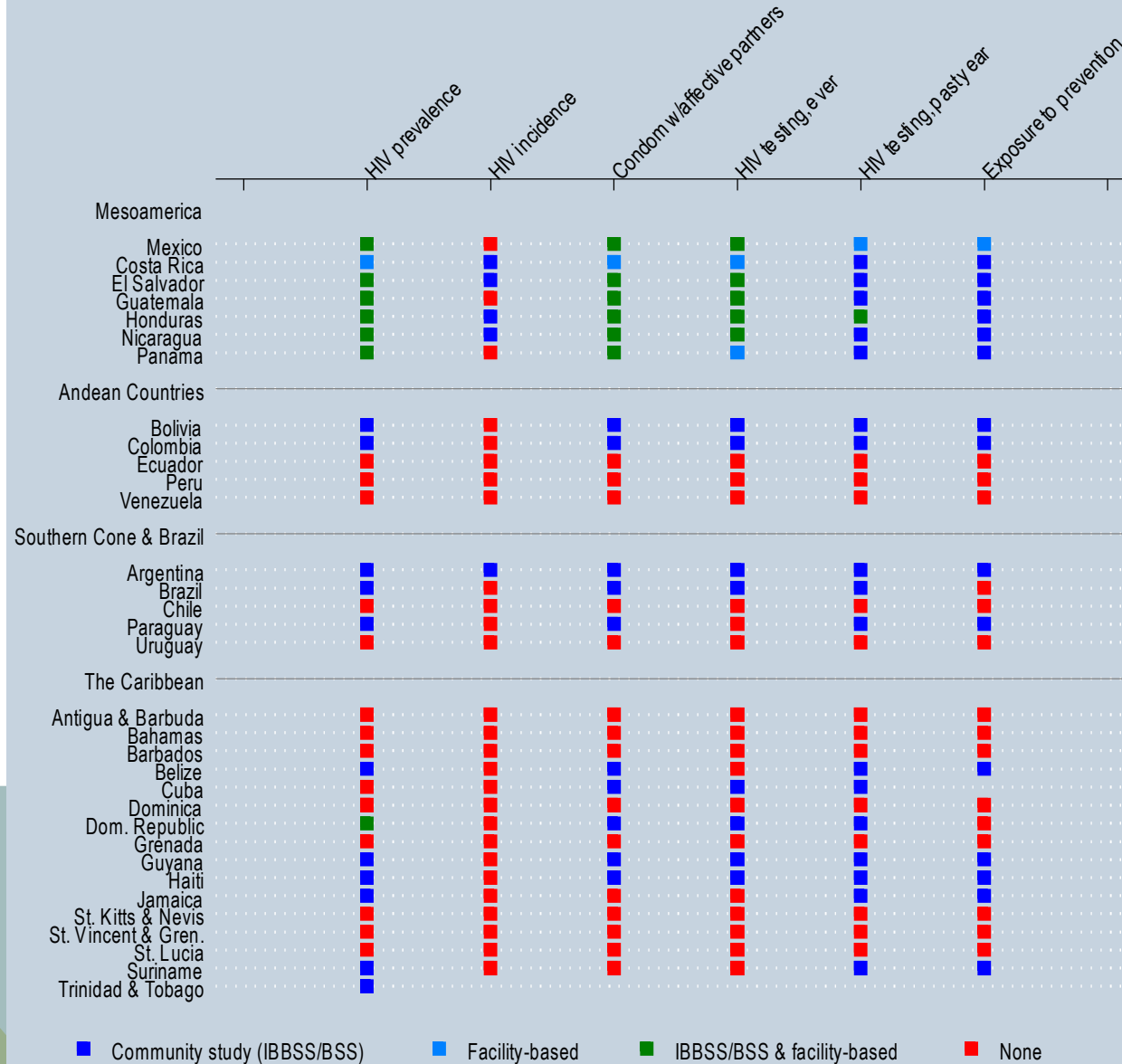
Recent data on most indicators available in Mesoamerica.

Larger gaps in other sub-regions. Prevalence available in:

- 2 of 5 Andean countries
- 3 of 5 S. Cone
- 7 of 16 Caribbean

Data on lifetime testing and prevention coverage are less available, as in MSM.

Sources of bio-behavioral indicators for FSW in past 5 years



Indicators available for Trans

Less recent data available overall.

Principally from Mesoamerica, Andean and Paraguay

High HIV prevalences detected (~30%)

Older studies in Argentina with similar findings

Incidence available only in Peru (Lima)

Sources of bio-behavioral indicators for Trans women in past 5 years



Indicators available for DU/IDU

Recent studies in 8 countries.

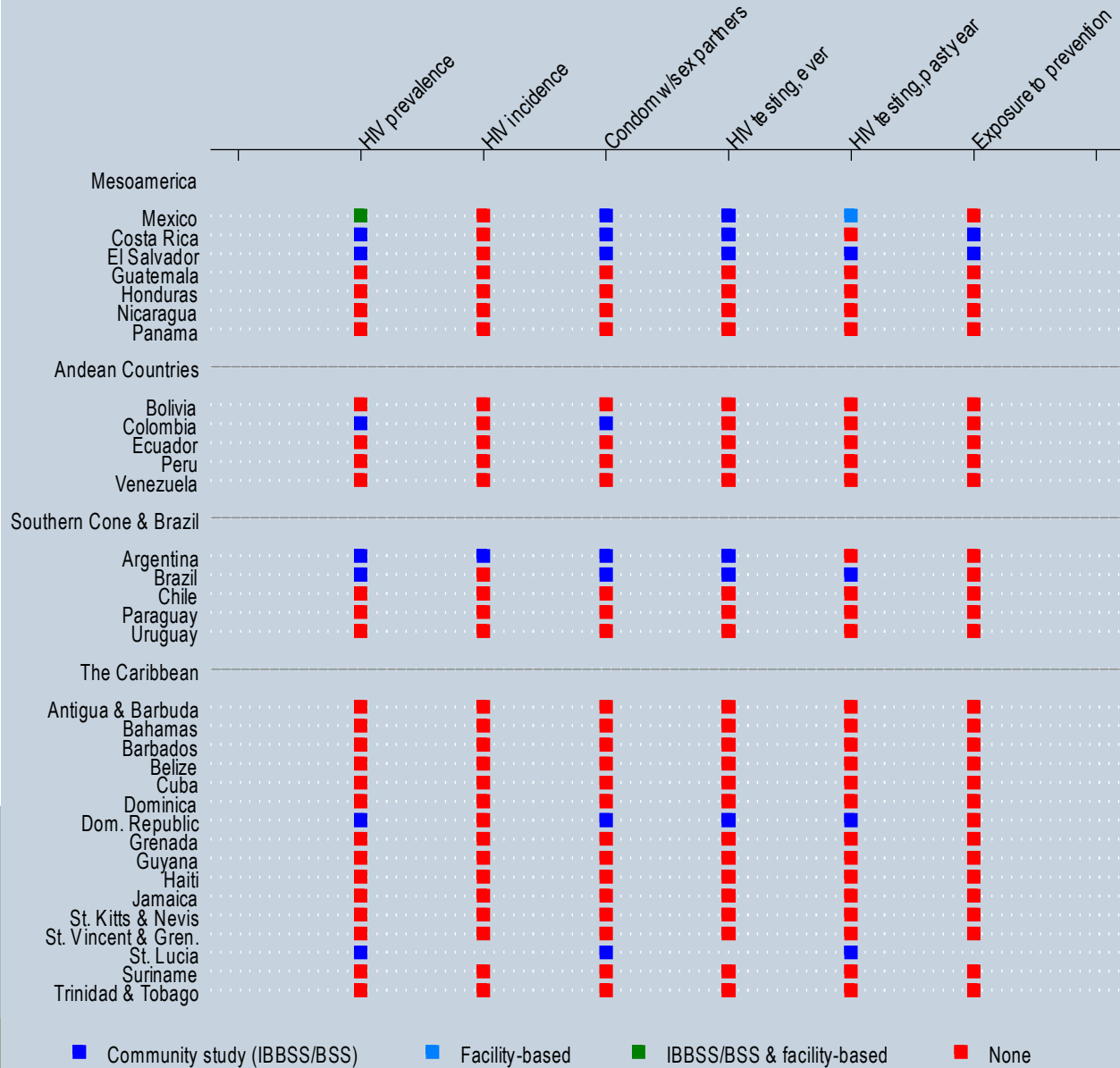
HIV prevalences in 2% to 8% range

IDU in COL

Others have tracked DU (crack/cocaine or a combination)

Perceived as “irrelevant” to the epidemic in many countries (according to GARP reports).

Sources of bio-behavioral indicators for DU/IDU in past 5 years



ABILITY TO CONSTRUCT TIME TRENDS IN KAP'S

- Tracking trends over time is a principal aim of all surveillance systems.
- The review examined the availability of at least 2 recent “comparable” time points
- Typically 3 time points are desired for constructing a trend

HIV prevalence trends (≥ 2 time points)

MSM: 5 countries

FSW: 5 countries

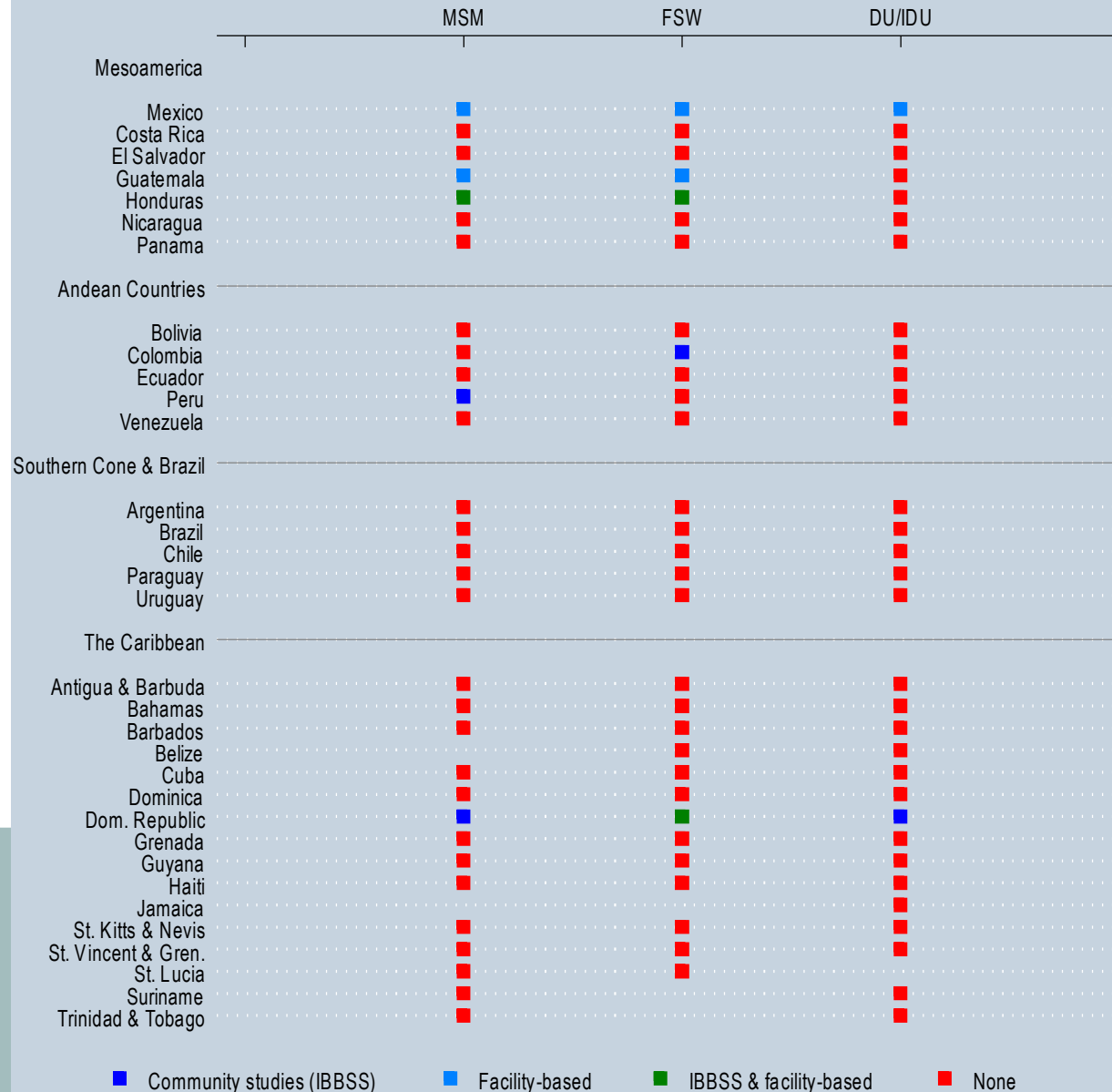
DU/IDU: 2 countries

Large gaps in all sub-regions.

Some trends only possible using facility-based data:

- MSM in MEX
- FSW in MEX, GUA
- DU in MEX

Ability to construct recent time trends for HIV prevalence in KAP's



Behavioral trends (≥ 2 time points)

MSM: 9 countries

FSW: 11 countries

DU/IDU: 2 countries

Greater availability in Mesoamerica and Caribbean for MSM and FSW, largely due to BSS studies (e.g., TRaC).

Ability to construct recent time trends for risk behavior in KAP's



SIZE ESTIMATES

- Examined availability in past 3 years (2009-2012)
- WHO/UNAIDS guidelines suggest updating every 2 years

MSM: 15 countries

FSW: 12 countries

DU/IDU: 4 countries

Trans: 3 countries

**Few mapping estimates
(the method most useful
to inform prevention)**

**Range of methods used
impedes ability to
conduct cross-country
comparisons.**

**Many countries must use
international estimates
to apply
estimation/projection
models.**



Population size estimates in KAP's within the past 3 years

	MSM	FSW	DU/IDU	Trans
Mesoamerica				
Mexico	■	■	■	■
Costa Rica	■	■	■	■
El Salvador	M/C	M/C	■	■
Guatemala	Map M/C	Map M/C	■	■
Honduras	M/C	M/C	■	■
Nicaragua	■	■	■	■
Panama	■	■	■	■
Andean Countries				
Bolivia	Map	M/C	■	■
Colombia	M/C	Map	■	Map
Ecuador	M/C	■	■	M/C
Peru	HH Net	■	■	■
Venezuela	■	■	HH	■
Southern Cone & Brazil				
Argentina	■	■	ARQ	■
Brazil	HH	HH	■	■
Chile	HH	HH	HH	■
Paraguay	M/C	Map M/C	■	Map
Uruguay	M/C	■	■	■
The Caribbean				
Antigua & Barbuda	■	■	■	■
Bahamas	■	■	■	■
Barbados	■	■	■	■
Belize	■	■	■	■
Cuba	HH	HH	■	■
Dominica	■	■	■	■
Dom. Republic	M/C	M/C	M/C	■
Grenada	■	■	■	■
Guyana	■	■	■	■
Haiti	■	■	■	■
Jamaica	■	■	■	■
St. Kitts & Nevis	■	■	■	■
St. Vincent & Gren.	■	■	■	■
St. Lucia	■	■	■	■
Suriname	Wis Del	Map	■	■
Trinidad & Tobago	Map	Map	■	■

PLANNING AND RESOURCES FOR SURVEILLANCE IN KAP'S

- **Examined whether plans are currently in place for at least 1 future round of HIV prevalence studies and/or size estimates in MSM and FSW**
- **And whether sufficient resources are currently allocated**
- **The minimum possible measure: does not reflect long-term sustainability**

Planning and resources for a future HIV prevalence estimate

Most countries do not have plans and sufficient resources in place.

Plans less common for FSW.

No data on several countries:

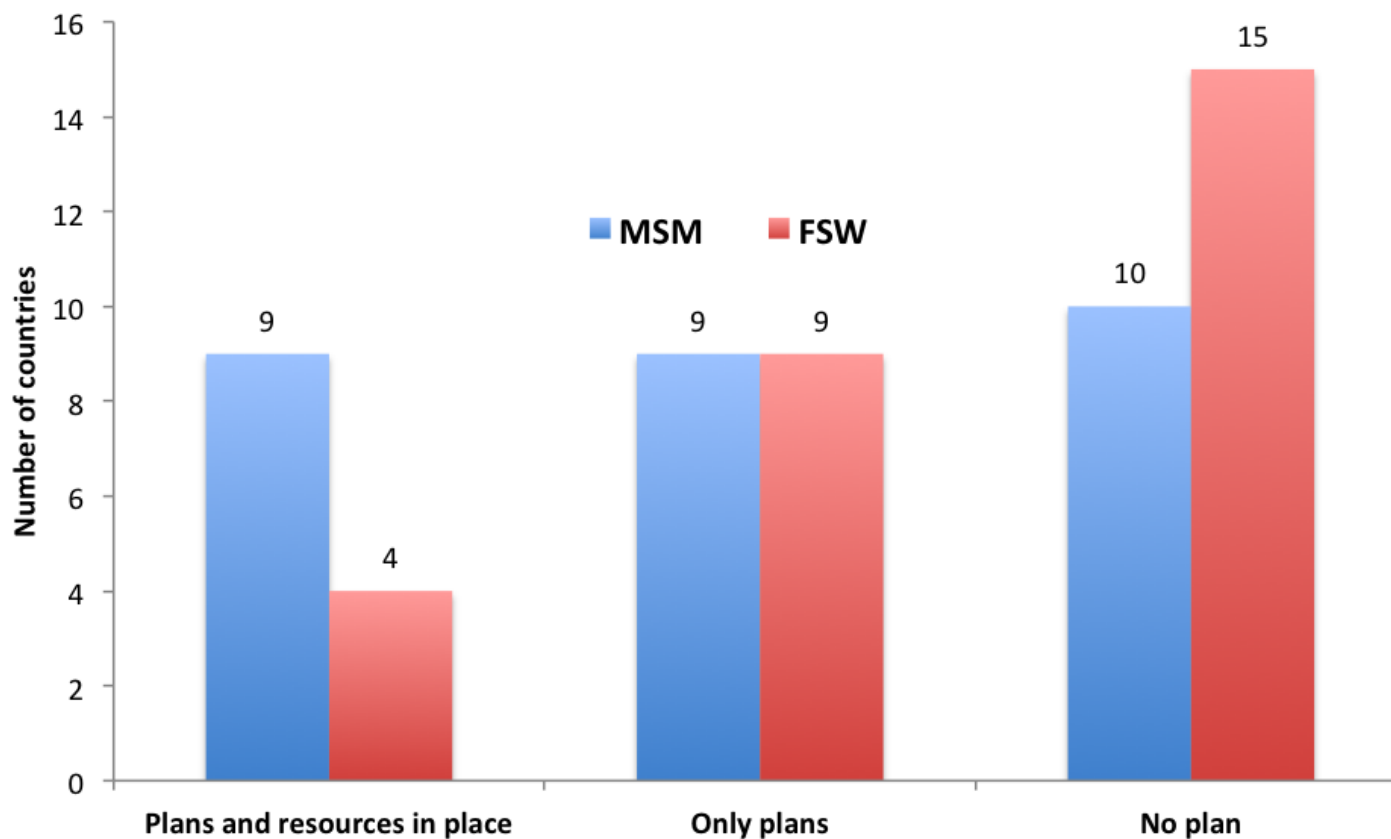
MSM: 6 / 33

FSW: 6 / 33

Planning for future HIV bio-behavioral surveillance in KAP's



Number of countries with planning and sufficient resources in place for a future HIV Prevalence Estimate



Planning and resources for a future size estimate

Fewer countries have plans and resources in place for size estimates.

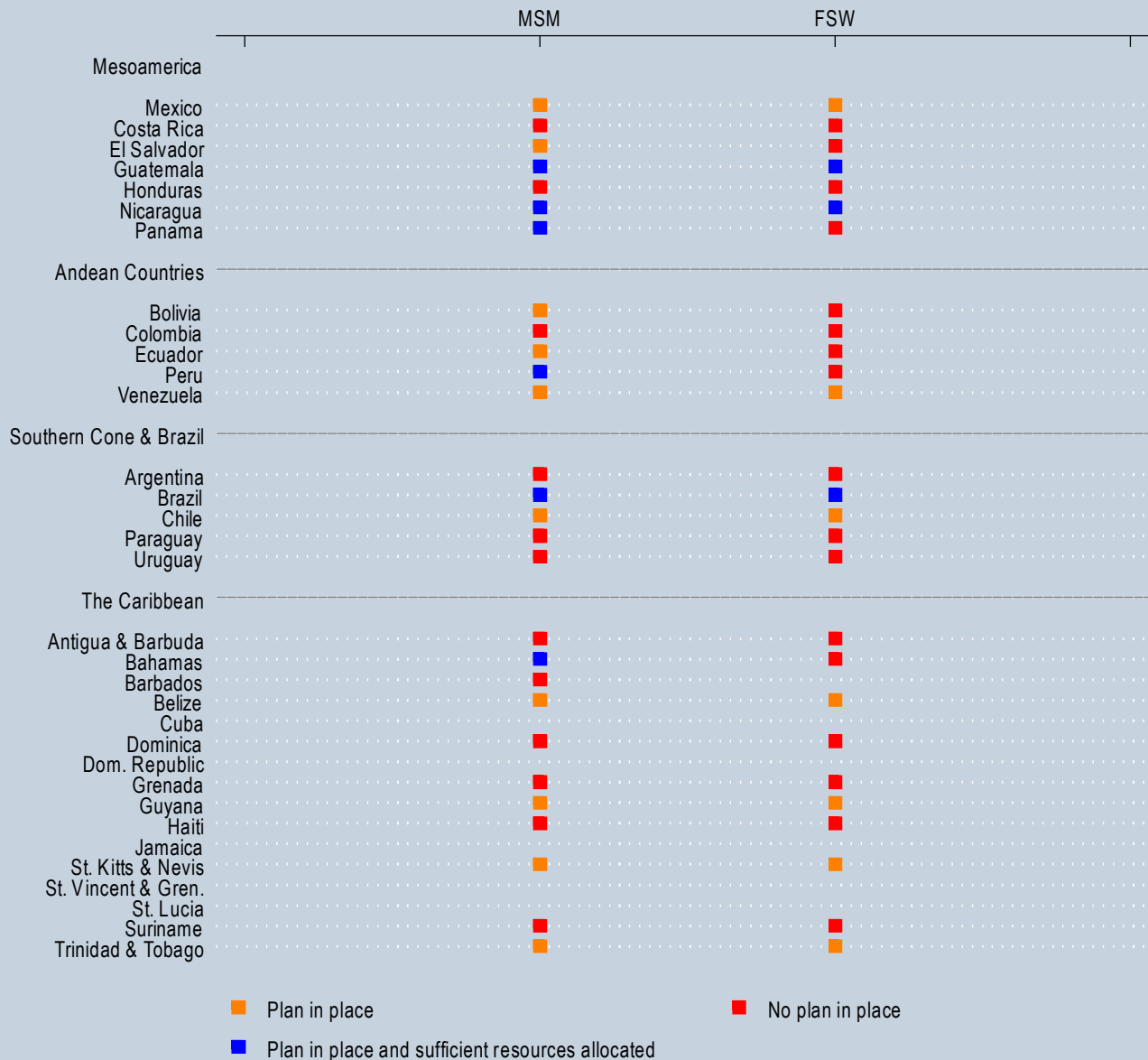
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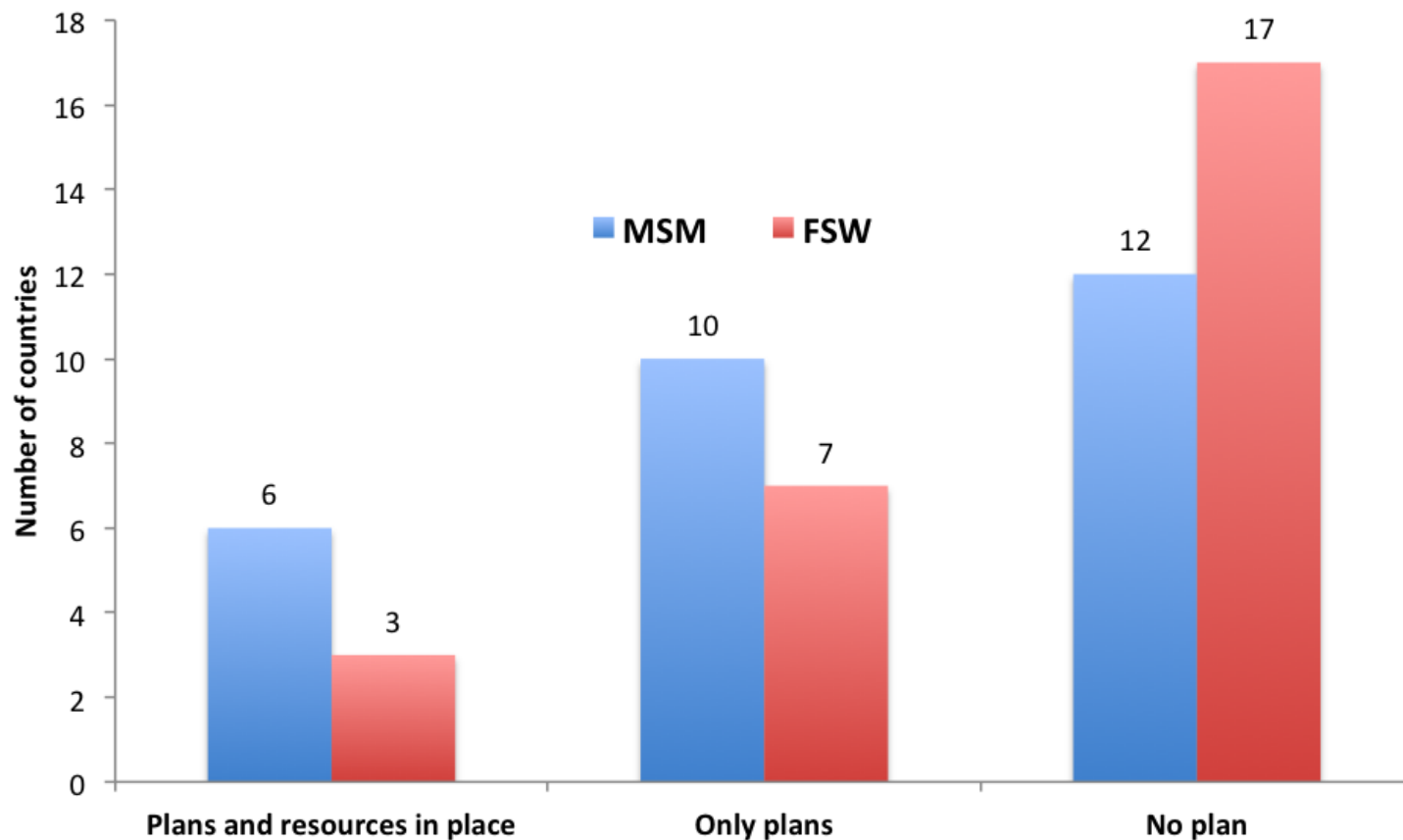
MSM: 6 / 33

FSW: 7 / 33

Planning for future population size estimates in KAP's



Number of countries with planning and sufficient resources in place for a future Size Estimate



KEY FINDINGS: KAP'S

Strengths

- *Recent bio-behavioral data on MSM throughout LAC*
- *Recent bio-behavioral data on FSW available, with exception of Andean sub-region*
- *Recent studies in trans have revealed a higher risk group.*
- *A small number of studies in DU have documented high prevalences beyond the IDU subgroup.*
- *Time trends for MSM and FSW available in a small number of countries*
- *Size estimates available for MSM and FSW in all sub-regions*

KEY FINDINGS: KAP'S

Areas for improvement

Limited recent data on FSW in Andean, trans in Caribbean

Very limited ability to produce time trends: a need to focus on consistency in methods over time and sustainability.

Current situation in DU/IDU largely unknown, no hard data to justify exclusion from surveillance efforts

Several countries without size estimates, particularly in DU and trans; limited consistency in methods across countries

Regular planning processes and resource allocation for KAP's a challenge: Sustainability? Impact on ability to construct trends?

Special thanks to

- PAHO sub-regional offices and focal points
- UNAIDS LA and Caribbean regional offices
- UNAIDS Peru
- Universidad del Valle de Guatemala
- Tephinet
- CDC

