



## Regional Consultation on HIV epidemiologic information in Latin America and the Caribbean: *Surveillance for an enhanced HIV and STI response*

Date: 7-9 November 2012

Place: Panama City, Panama

### Context

The region of Latin America and the Caribbean (LAC) has presented one of the largest HIV response in terms of antiretroviral treatment and prevention of HIV mother to child transmission, among middle- and low-income countries.<sup>1</sup> Since the beginning of the epidemic countries quickly included AIDS case reporting in their routine surveillance systems and most have advanced towards HIV case reporting. Since 2000, countries have focused resources and attention on implementing HIV second generation surveillance. Increasingly, critical information needed for countries to stay ahead of their epidemics is being gathered, collected, interpreted and applied.<sup>2-4</sup> Nevertheless, numerous challenges affect many LAC surveillance systems. For example, limited human and financial resources, non-systematic data quality management, insufficient adaptation of surveillance systems to innovation and scientific advances in HIV domain linked to compartmentalized data analysis (data tend to remain in silos dependent on the department or unit that generates it).

After three decades of the HIV epidemic, international recommendations on surveillance, monitoring and evaluation have progressed substantially in-line with advances in scientific knowledge and response to HIV.<sup>5-8</sup> For example the introduction of antiretroviral treatment has delayed the onset of AIDS with increased survival for people with HIV. This has led many countries to begin surveillance of HIV infection alongside with that of AIDS. Since the formulation of recommendations for second generation surveillance by WHO and UNAIDS<sup>5</sup>, knowledge from multiple fields have contributed to methods for data collection as well as translation of scientific innovation to policy and practice (i.e. use of rapid testing, ACASI method - Audio Computer-Assisted Self-Interviewing-, RDS -Respondent driven sampling, recommendations for triangulation of information for public health analysis).<sup>9-19</sup> The progress in the HIV response and the systematic collection of data from HIV services has also influenced a change in the surveillance needs and the demand to move towards greater integration of information systems.<sup>20-23</sup>

In 2003, one of the first regional meetings on HIV surveillance (LAC Epi-Network) took place in Havana, Cuba, where the concepts of 2<sup>nd</sup> generation surveillance were discussed and its application agreed upon throughout the countries of the region as well as the integration of different information sub-systems. This meeting was followed by another in Rio de Janeiro in 2005, where there was in-depth analysis of the epidemiological situation of HIV at the regional, sub-regional and national levels that showed progress on available information on HIV in LAC.

We are currently in a new phase in the programmatic management of HIV services and programs moving towards greater emphasis on public health principles, with the consolidation of HIV infection as a chronic disease. This will entail the need for greater integration, drawing upon different information sources. To support this process, WHO is producing new recommendations on updating second generation surveillance systems, guidelines for the evaluation of HIV surveillance systems, HIV case based surveillance, guidelines for monitoring most at risk populations, for measuring HIV incidence and for monitoring and surveillance of HIV drug resistance (HIVDR).<sup>24-32</sup> We would like to take advantage of progress in programmatic areas such as treatment, prevention of mother to child transmission of HIV and congenital syphilis, HIV testing and counseling, as well as progress in reviewing and reporting of data to regional and global levels for strengthening and integrating information systems at the national level.

Surveillance of sexually transmitted infections (STI) in the region has strengths, such as existing national surveillance systems for reporting of some of the most important STI's (eg. syphilis and gonorrhoea), pilot functional examples of sentinel surveillance in STI clinics, and monitoring of syphilis among pregnant women. There is a need to revisit the situation and emphasize improved data quality and analysis.

*This regional consultation has the goal of following up on recommendations agreed upon in previous regional meetings, defining common priority areas for HIV epidemiologic information in LAC, with a main focus on HIV and STI surveillance and program monitoring, addressing the challenges and proposing avenues for action to accelerate the closing of key health sector information gaps at country level.*

## **Objectives**

The overall objectives of the consultation are to

- a) review the current situation of available epidemiologic information for HIV and STI
- b) identify priority areas for LAC for strengthening epidemiologic and other strategic information in the health sector for HIV and STI;
- c) reach a consensus on recommendations for improvement in the identified priority areas.

Aspects of availability, quality, analysis and use of epidemiologic information will be addressed during the meeting.

Objectives will be achieved through sharing of information and expert discussion on the new international guidelines on HIV surveillance, as well as other data of the epidemic and its response, as well as sharing of success stories in these fields.

## **Outcomes and results**

- Consensus declaration on the strategic priority areas for strengthening of surveillance and other information systems related to the response to the HIV/STI epidemic.
- Increased participant knowledge on the international recommendations in the realm of HIV strategic information mainly focused on surveillance.
- Participant commitment to move towards common priority goals discussed during the meeting.

### Priority areas to be addressed at the meeting

1. HIV case based surveillance
2. Strategic information for ARV treatment programs
3. Linking information within HIV surveillance systems and with other information systems
4. Surveillance among key populations
5. STI surveillance
6. Strategic information for investment sustainability

### Update areas

7. HIV incidence surveillance
8. ARV drug resistance surveillance

*Given that the area of strategic information is crosscutting to all the HIV response, addressing all areas is not feasible in a 3-day consultation. The main focus of the meeting will be on HIV/STI surveillance and key aspects of programmatic monitoring. With this in consideration some topics will not be discussed or not contemplated in the full length required given the topic matter (i.e. resource tracking or gonorrhea antimicrobial resistance surveillance).*

### Basic principles to be taken into account during the meeting

*Prioritize the time spent on discussion and consensus. For this, each topic will be organized with a presentation of recommendations/updates and/or a successful country example followed by questions to guide the discussion if necessary. In some cases, working groups will be organized to facilitate the discussion and consensus.*

## Detail of Priority Topic Areas

### HIV case based surveillance

PAHO has developed, jointly with WHO, recommendations for Latin America, for HIV case based surveillance (HIVCBS). In the Caribbean, CAREC had already developed recommendations for HIVCBS and CDC with CAREC and PAHO have been providing technical cooperation to implement HIVCBS. The new recommendations for Latin America are aligned with the CAREC recommendations.

This session seeks to discuss and answer:

- What key information can be obtained by HIV case based surveillance?
- What behavior elements are important and how should they be collected? How can we have a better understanding of what populations are being infected (homosexual, heterosexual, etc.).
- Should CD4 count be monitored via HIV case based surveillance? If yes, for what purpose?
- On viral load surveillance: why? What is the purpose of monitoring VL?
- Particularities of surveillance around the issues of mother-child transmission of HIV. How can HIV case based surveillance contribute to monitor the impact of PMTCT strategies?

### Information for management of ARV treatment programs

The session will focus on how to achieve greater efficiency of ART programs in line with T 2.0 and the information needed for this. The issues will cover HIV testing, diagnosis, early warning indicators, supply management, effectiveness of treatment, etc.

- a) What information is essential for managing ART programs? Here we discuss the conceptual framework used in the recent analysis of PAHO antiretroviral treatment programs in the region and other critical indicators.
- b) Discuss and promote agreement on key definitions (i.e. adherence, early diagnosis, supplies)
- c) How can we increase traceability between diagnosis, care and treatment (in the continuum of care for HIV)?

<b>Linkages for comprehensive information systems: analysis, use</b>
The focus will be on integration within HIV information systems as well as linking with other key areas (TB and maternal and child health).
<b>HIV incidence surveillance</b>
Round table presenting the latest international developments for the calculation of HIV incidence and its application within surveillance programs:
<b>Key populations surveillance: MARP</b>
The stage will be set with a summary of recommendations for surveillance among key populations and the reporting on a recent assessment of surveillance among MARPS conducted in the region.  Using market place strategies, countries will present posters of country experiences, with later discussion and conclusions.
<b>ARV Drug resistance</b>
Technical update: There will be a summary of the new WHO protocols for monitoring drug resistance
<b>STI surveillance</b>
WHO recommendations for STI surveillance will be reviewed and groups will discuss the barriers and areas for improvement at country level for STI surveillance.
<b>Strategic information for investment sustainability</b>
Overview of investment framework and example of IF application in LAC. Strategic information requirements for investment analysis (tools NASA, MoT and RNM).

## Participants

Given the focus on surveillance and monitoring, country participants should have high level of expertise in HIV and STI surveillance and epidemiology, knowledgeable of information systems related to HIV/STI as well as other information systems. Persons with responsibilities at country level on HIV/STI surveillance and monitoring are proposed.

In order to have a manageable consultation process, a suggested ceiling in the number of participants could be 60 to 70 –considering country participants and international partners.

### Group for the development of the recommendations and consensus areas for action

There will be a core group charged with the development of the draft document containing main consensus areas of recommendations. For each session there will be at least one person responsible for summarizing main consensus areas. This will be shared with the core group that will meet each day after the finalization of the meeting.

For the last day: Two persons will be charged to put together the recommendations that stem from the morning sessions. It will be included in the document to be presented in the 14:00 session on day 3.

Just at the end of each day, the Secretariat will meet (for around 30 minutes) and the rapporteurs for that day will present their summaries. The group will review and validate the final version of agreements for that day.

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