

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

ANTIGUA AND BARBUDA



Development, HIV epidemic, and response indicators

Human Development Index:Antigua and Barbuda/LAC, 2009	0.764 (2011)/0.72
Estimated number of people living with HIV (2012)	918
Estimated % of people living 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: UNDP, Human Development Report; Williams D, Fernandez A. Presentation on Treatment and care of persons living with HIV, St. Lucia, 2012

	2009	2010
ART coverage	n/a	n/a
Proportion of pregnant women who received HIV testing		71%
Rate of HIV testing/1,000 inhabitants in Antigua and Barbuda/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

Antigua and Barbuda reported that 217 people were receiving care for HIV and 186 were on ART as of January 2012. In December 2010, 153 patients were on ART and 4% of them were children under 15. The proportion of women is unknown. The reported number of patients initiated on ART was 56 for 2010, with a net increase of 55 patients from 2009 to 2010 (Figure 1). Among patients on treatment as of 2012, 71% were on first-line, 29% were on second-line, and no patients were on third-line (Figure 2). The number of patients switching from first- to second-line treatment in 2010 is unknown.

Figure 1 Patients on antiretroviral treatment 2008-2010

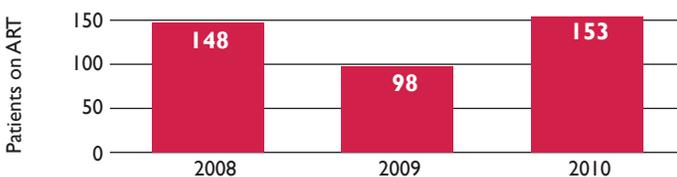


Figure 2 Percentage of patients on antiretroviral treatment per line of treatment



Service delivery

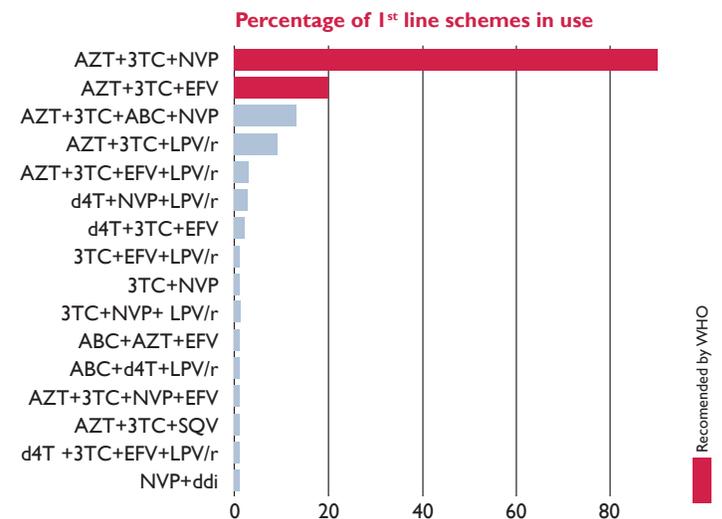
Antigua and Barbuda had one public facility providing ART in 2010.

Quality of services and rational use of ARVs

Total ART regimens for adults (first-line)	16
Adults on first-line ART under a WHO-recommended regimen	74%
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	n/a
Retention at 12 months from beginning of ART	85%
Viral load testing per ART patient/year	n/a

Source: Country ARV survey 2010, WHO. Country reports on EWI 2009-2011, PAHO. Country Universal Access Reports 2011. PAHO Country stock-out survey, 2010-2011.

Figura 3 Percentage of patients by main treatment schemes



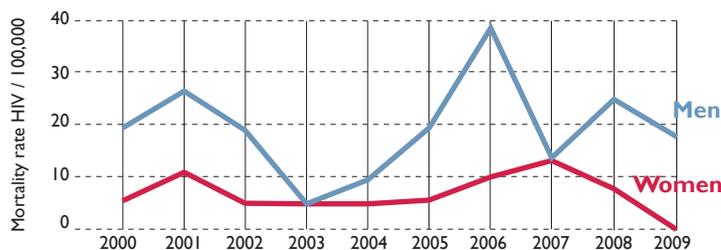
TB-HIV co-infection

Eighty-six percent of TB patients had been tested for HIV in 2010, and 83% of them tested positive. This means that there were five reported patients with TB-HIV co-infection.

Mortality from HIV

The standardized HIV mortality rate is high. From 2000 to 2009 it was higher in men than in women. The trend is very irregular, making it difficult to predict whether the decline recorded from 2008 to 2009 will continue (Figure 4).

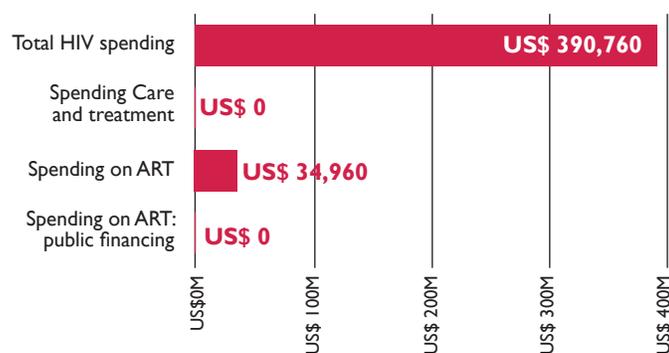
Figura 4 Standard mortality rate due to HIV by sex



Expenditure

Antigua and Barbuda's annual government spending on HIV for 2009 is shown in Figure 5. Spending on antiretrovirals was unknown. All financing (100%) comes from the Global Fund grant under the PANCAP multi-country proposal and ARV donations from Brazil through the CARICOM/PANCAP initiative. Per patient spending on ART is unknown.

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



Note: The figure for total HIV spending is from 2009. The figure for ART spending, approximately US\$34,960 for 2010, was added (personal communication with PAHO).

External financing: Global Fund (GF)

Antigua and Barbuda 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, while 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, while the OECS proposal is winding down. Both proposals include an ART component, which funds virtually all public ARVs in Antigua and Barbuda. The OECS countries have a joint procurement system administered by the 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 through the PPS. 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 their sustainability.

Analysis and conclusions

There is a positive increase in the number of patients on ART. Although most patients are following WHO-recommended regimens, obsolete drugs such as d4t are still in use. There is also a wide variety of treatment regimens and opportunities for regimen optimization. The country is highly dependent on external funding for 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/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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