



Pan American Health Organization



*Regional Office of the
World Health Organization*

Treatment 2.0 in Latin America and the Caribbean

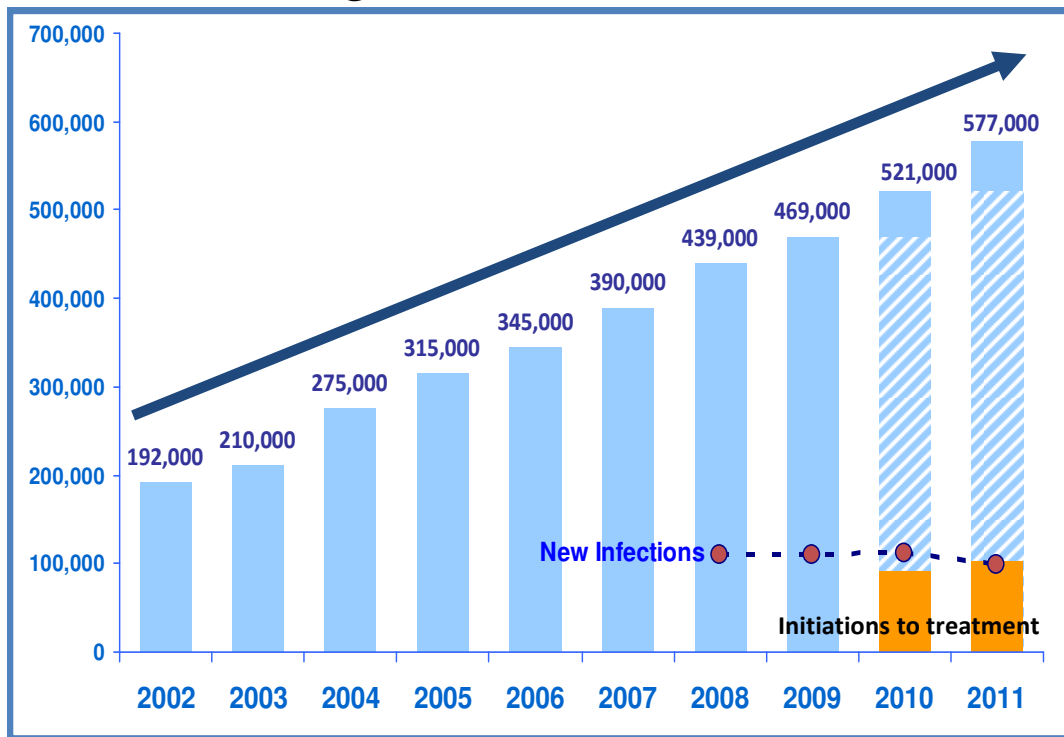
Dr. Noreen Jack

Coordinator, PAHO/WHO HIV Caribbean Office

March 19, 2013

Patients on ART in LAC 2002–2011

2011 ART coverage in Latin America 70%,
67% in the Caribbean, highest in mid-low
income settings



WHO. Universal Access progress reports 2010- 2012

Antiretroviral Treatment in the Spotlight:

A Public Health
Analysis in
Latin America
and the Caribbean

2012



Treatment 2.0

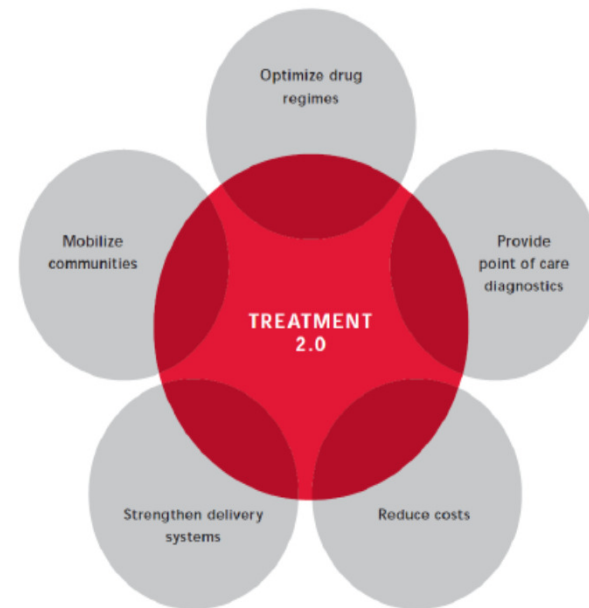
I - Optimize Treatment

**II – Provide POC and
simplified diagnostics tools**

III – Reduce costs

IV – Adapt delivery systems

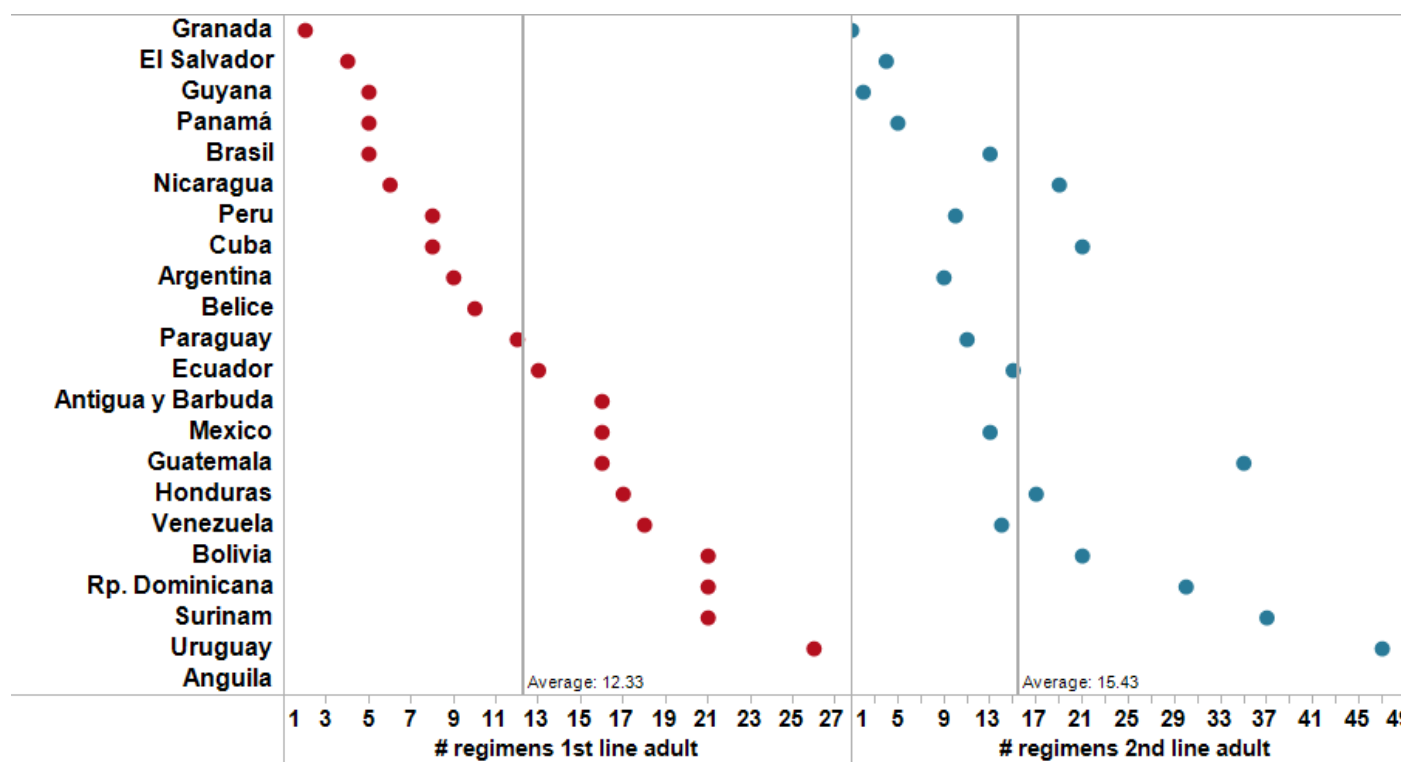
V – Mobilize communities



**Achieve and sustain universal access and maximize
preventive benefits of treatment**

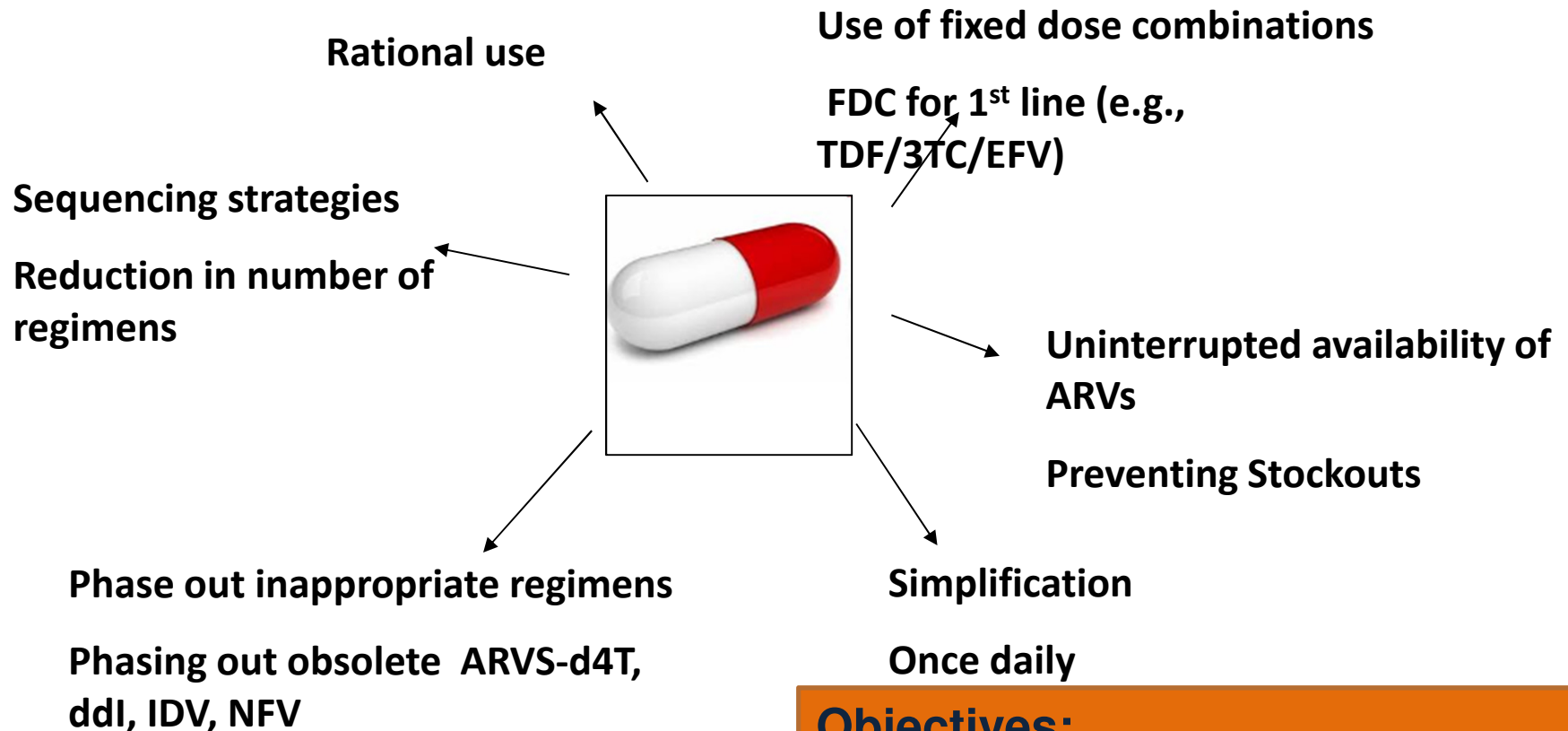
Contributes to the prevention of HIVDR

Need to Reduce the Number of adult regimens per line of treatment



Conservative level	Moderate level	Expanded level
1-6 regimens	7-12 regimens	>12 regimens
Granada, El Salvador, Guyana, Panamá, Brasil, Nicaragua	Peru, Cuba, Argentina, Belice, Paraguay	Ecuador, Antigua & Barbuda, Mexico, Guatemala, Honduras, Venezuela, Bolivia, Dominican Republic, Surinam and Uruguay,

Pillar 1. Optimize drug regimens



Objectives:

- Control HIV infection
- Improved patient adherence
- Increase duration of each regimen

Preferred Combination of ARV

1 st line in Adults and Adolescents:

Options 1: 1 FDC per day

- **TDF/3TC/EFV**
- **TDF/FTC/EFV**

Evidence:

- Equivalence 3TC and FTC
- EFV safe in pregnancy
- TDF licenced for children > 2 a.

Action: Development of ART migration plans



One tablet a day a major strategy

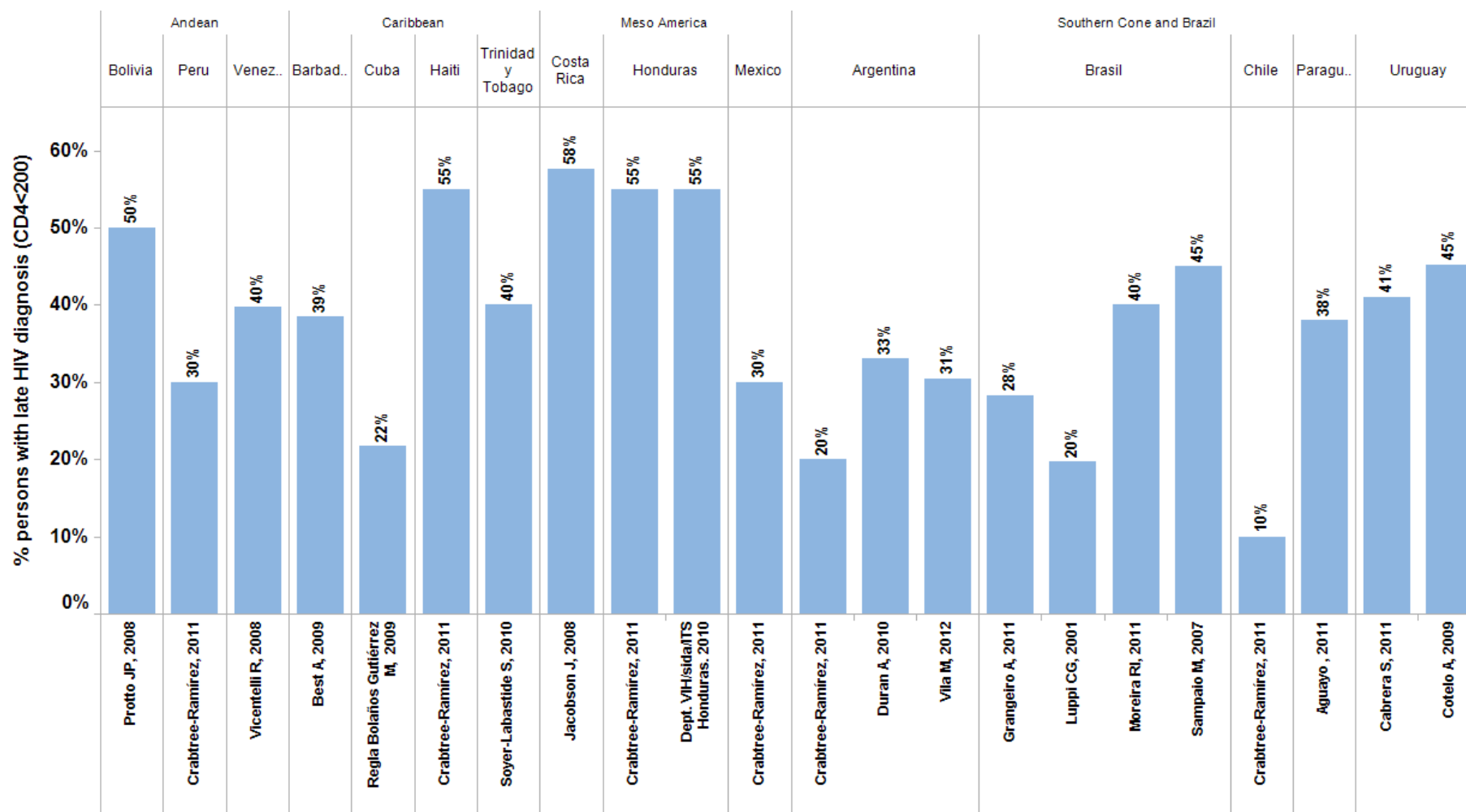
Pillar 2. POC and other simplified diagnostic and monitoring tools

Regional context

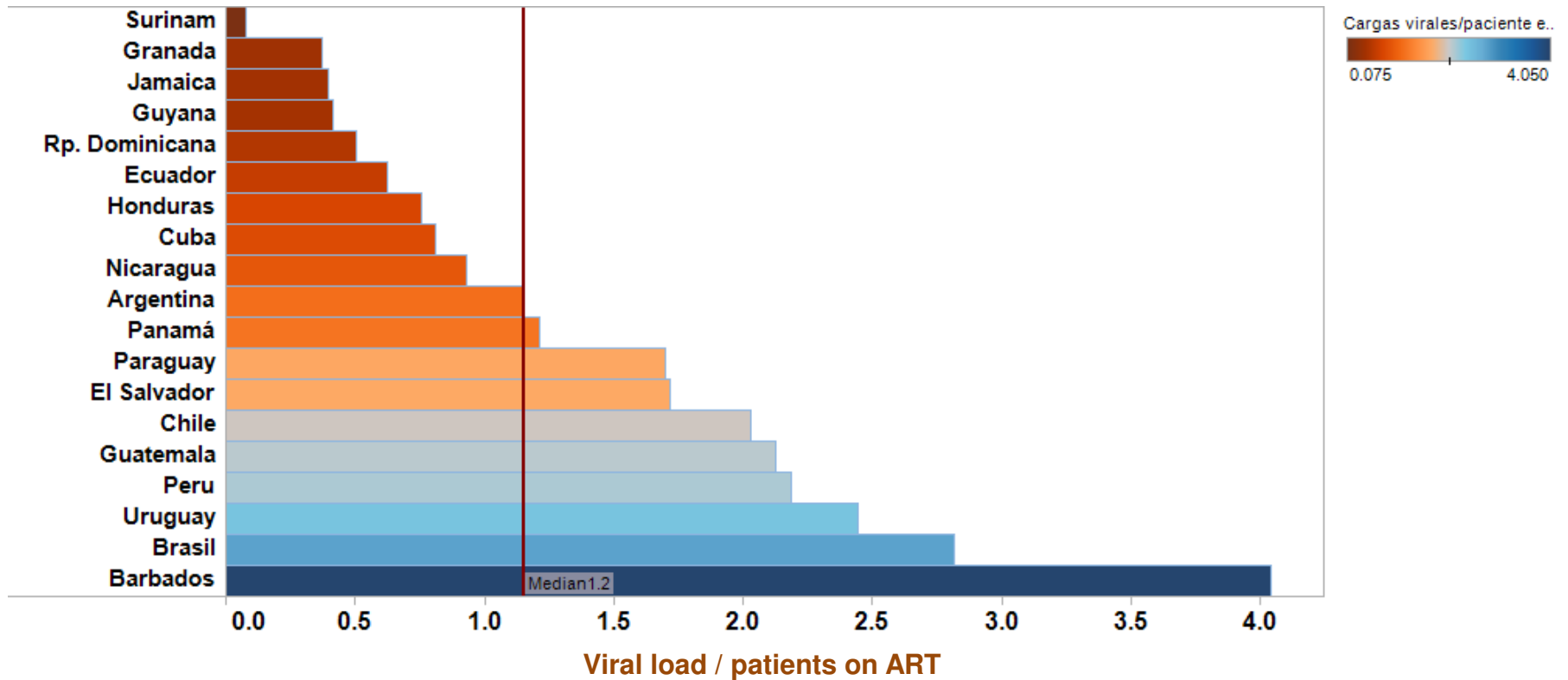
- Limited decentralization of HIV T&C at the primary health care level with complex algorithms and redundant confirmatory tests
- PITC partially implemented mainly in ANC settings
- Insufficient impact of HIV testing strategies in key populations: 50% of MSM with an HIV test in past year; in sex workers a median of 69%
- Legal policy barriers for HIV testing among adolescents

% of patients initiating ART with <200 CD4

2000-2011

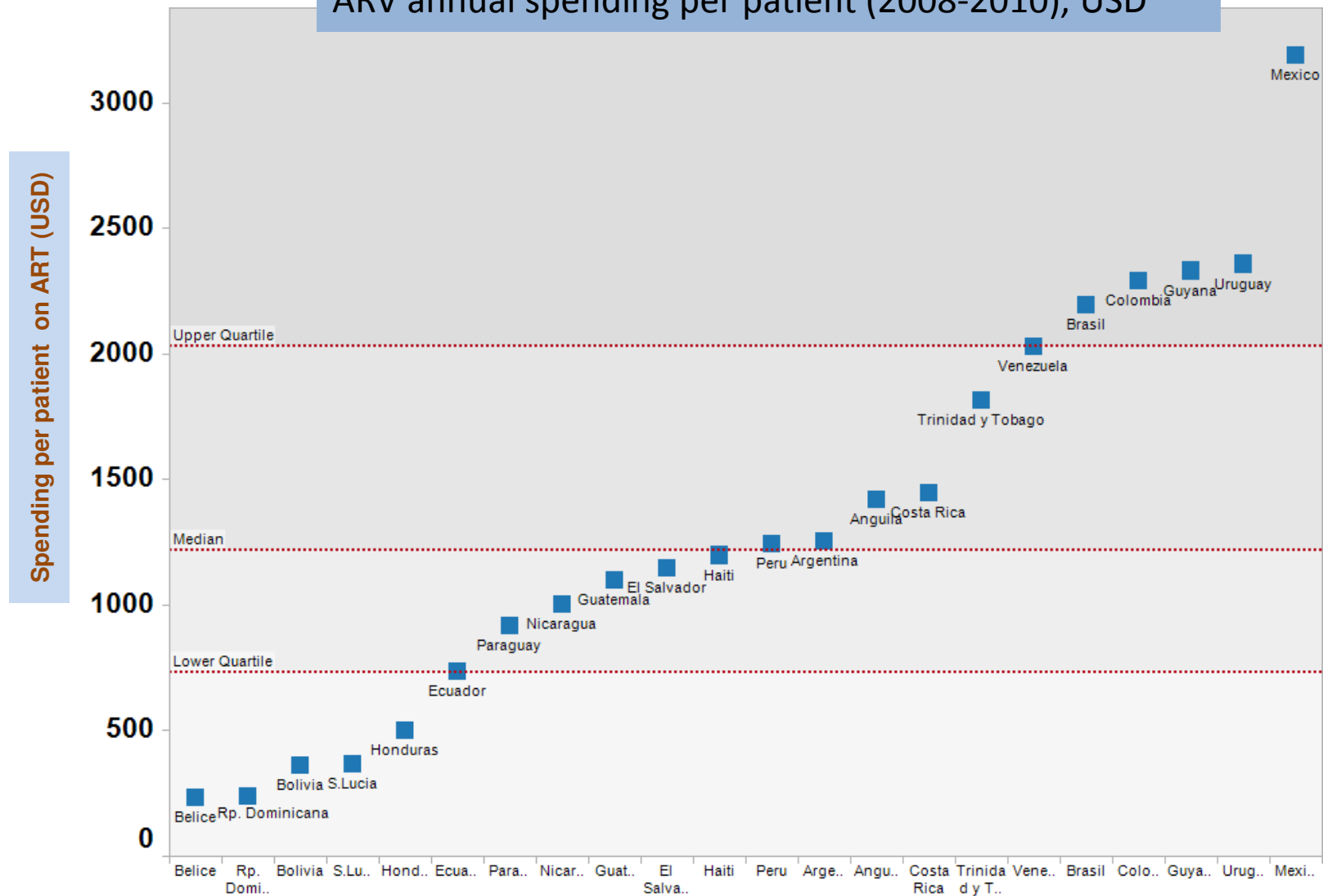


Average VL tests per patient on ART 2010



Pillar 3. Reduce Costs

ARV annual spending per patient (2008-2010), USD



Dependence on external funding for ART

	Alta >75% - 100% financiación externa de ARV	Media >20% - 75% financiación externa de ARV	Baja >5% - 20% financiación externa de ARV	Sin dependencia >0%-5% financiación externa de ARV
2007-2008	<ul style="list-style-type: none"> • Antigua y Barbuda • Bolivia • Dominica • Granada • Guyana • Haití • Jamaica • Nicaragua • República Dominicana • St. Kitts y Nevis • St. Vicente y las Granadinas • St. Lucia • Surinam 	<ul style="list-style-type: none"> • Anguilla • Barbados • Cuba • Guatemala • Islas Vírgenes Británicas • Monserrat • Ecuador • El Salvador • Honduras • Paraguay • Belice • Perú 		<ul style="list-style-type: none"> • Argentina • Bahamas • Brasil • Chile • Colombia • Costa Rica • México • Panamá • Trinidad y Tabago • Uruguay • Venezuela
2011-2012	<ul style="list-style-type: none"> • Antigua y Barbuda • Bolivia • Dominica • Granada • Guyana • Haití • Jamaica • Nicaragua • Republica Dominicana • St. Kitts y Nevis • St. Vicente y las Granadinas 	<ul style="list-style-type: none"> • Anguilla • Barbados • Cuba • Guatemala • Monserrat • Islas Vírgenes Británicas • St. Lucia 	<ul style="list-style-type: none"> • Ecuador • El Salvador • Honduras • Paraguay 	<ul style="list-style-type: none"> • Argentina • Bahamas • Brasil • Chile • Colombia • Costa Rica • México • Panamá • Trinidad Tabago • Uruguay • Venezuela • Belice • Perú • Surinam

Exist 11 countries with high dependency on external funds for the financing of ART and high variation on the cost per patient. These countries represent more than 20% with HIV in the Region

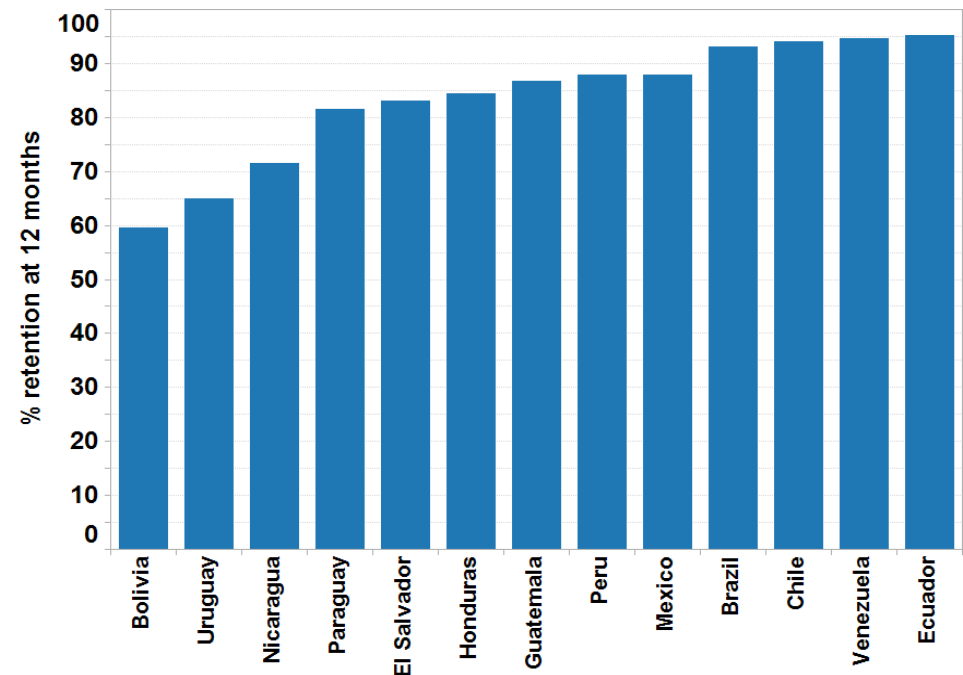
III. Reduce Costs

- Most 2nd and 3rd line ARVs and many diagnostics are under patent - reduction through improved price competition and increasing the use of TRIPS flexibilities where applicable
- Strengthen PSM at all levels
- Pooled procurement as PAHO Strategic Fund
- Regional Platform for the monitoring of ARVs and prevention of stockouts-Honduras, Guatemala, Dominican Republic
- Reducing non-commodity costs –
 - up to 75% of ART costs: decentralised chronic care; community delivery systems, task shifting
 - earlier and improved ART will reduce morbidity thus less hospitalization, etc

Pillar 4. Adapt delivery systems

- Difficult to characterize service delivery models
- Most ART patients concentrate in tertiary level facilities or dedicated centers
- Limited decentralization of service provision

Percentage alive and on treatment at 12 months of ART initiation, 2011



UNAIDS/WHO. Global HIV/AIDS Response country reported data, 2012.

IV. Adapt Delivery Systems

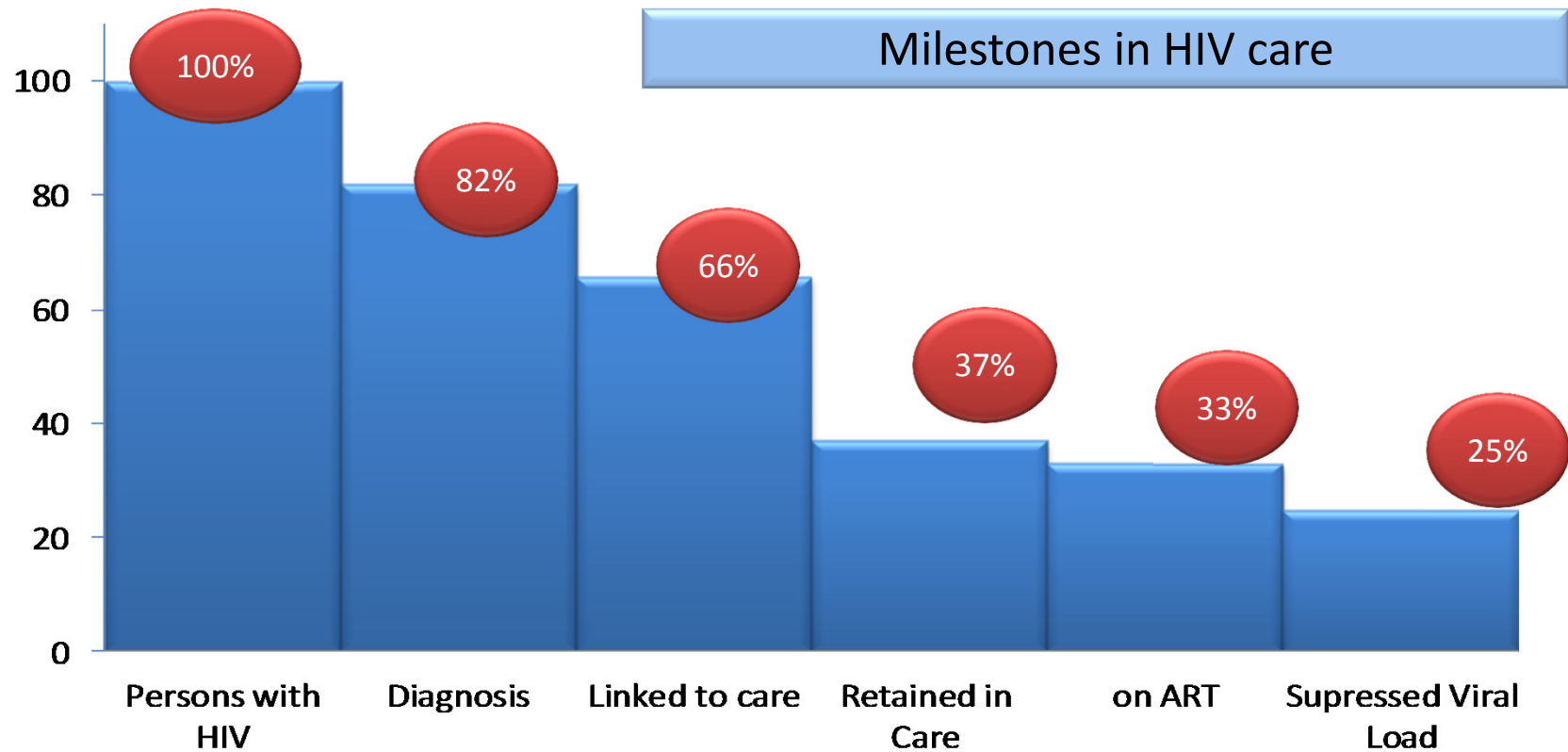
- Expand opportunities for HIV testing and counselling-links with community and NGOs to reach MARPS
- Decentralize and Integrate ART with PHC, ANC/MCH, SRH and drug dependence services, private sector
- Task-shifting and peer support - community systems for adherence & delivery

V. Mobilize Communities

- Community leadership, participation and activism revitalised
- Strengthen the demand for treatment
- Engage communities in HIV testing and counselling, service delivery and adherence support for care
- Actively promote relevant “positive health and prevention”
- Monitoring to ensure that human rights of PLHIVs are protected and equity in access

Continuum of care

HIV Care and Treatment “CASCADE”



Gardner et al. The Spectrum of Engagement in HIV Care and its Relevance to Test-and-Treat Strategies for Prevention of HIV Infection. CID 2011;52
Cohen et al. Vital Signs: HIV Prevention Through Care and Treatment-USA. MMWR 2011;60
Hall et al. HIV in the United States. Stages of care. CDC 2012

Treatment 2.0 activities to date

- Missions to: ECU, VEN, ELS, DOR, HON; Jamaica, PAR (later in 2013)
- Sub-regional meetings- Southern Cone, Central America; Caribbean in May 2013



Reunión Regional
Acceso y Gestión de los Medicamentos e Insumos Estratégicos para
el VIH/sida en las Américas
Santo Domingo, República Dominicana, del 9 al 11 de noviembre del 2011

Tratamiento
antirretroviral
bajo la lupa:
un análisis
de Salud Pública
en Latinoamérica
y el Caribe

2012



MISION TECNICA MULTIDISCIPLINARIA E
INTERPROGRAMATICA PARA LA
OPTIMIZACION DEL TRATAMIENTO
ANTIRRETROVIRAL

ECUADOR

MARZO 2012