Introduction and objectives

Since the launch of the Treatment 2.0 initiative, antiretroviral treatment (ART) in Latin America, the Caribbean, and throughout the world has made substantial progress. The highest political levels have been motivated to expand antiretroviral treatment by promoting the application of scientific advances showing that ART saves lives and significantly reduces the transmission of HIV. At the same time, in June 2013, the World Health Organization (WHO) published consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Applying the WHO recommendations imply providing ART to a greater number of people.

That is the context of this second report on the situation of antiretroviral treatment in Latin America and the Caribbean, its progress, difficulties, and vulnerabilities. The baseline is taken from the 2010 data published in the first report. Progress in the last two years in care and antiretroviral treatment and how these advances are related to changes in the WHO recommendations are shown, as well as neglected or vulnerable areas. The report is also intended to stimulate sustainable regional progress toward achieving the goal of universal access to antiretroviral treatment by 2015. For the first time, preparation of the report was supported by the joint efforts of several key partners in the region, such as the Horizontal Technical Cooperation Group of Latin America and the Caribbean (GCTH), and civil society networks.

Methodology

For this document, the framework analysis of the first report (baseline) *(1)* was used, with some updates.[1] The operational criteria for the analysis of the sustainability and efficacy of an ART program are:

· Cost of priority antiretroviral drug regimens

· Dependency on external financing for ART in public programs

· Margin of optimization, and

· Program efficacy with regard to return on investment and achievement of the objectives of universal access and reduction of HIV morbidity, mortality, and transmission.

The report shows the progress in the last two years in care and antiretroviral treatment and how these advances are related to changes in the WHO recommendations.

Preparation of the report was supported by the joint efforts of several key partners in the region, such as the Horizontal Technical Cooperation Group of Latin America and the Caribbean and civil society networks.

The data in the report are taken from data submitted by the participating countries to UNAIDS and WHO in 2010, 2011, and 2012; from the results of surveys of civil society groups; and data from specific national analyses on the HIV chain of care (for example, analyses prepared by Cuba's National HIV Program). A summary (Excerpt) of the conclusions of the study Results of the Analysis of Antiretroviral Drug Prices in the Area of the Horizontal Technical Cooperation Group of Latin America and the Caribbean, by the GCTH, was also used and is printed in its entirety at the end of this report.

Results

Latin America and the Caribbean, ART is an important component of spending on HIV. For 2009-2010, regardless of the financing source, 70% of spending on HIV was allocated to treatment and care, and 18% to

[1] The analytical framework was updated by consensus with the GCTH.

prevention. Of the total expenditure, 94% was covered with national funds, most of which were also allocated to treatment and care. Spending on antiretroviral treatment also makes up a significant proportion of the HIV care budget, since, on average, it amounts to 75% of the budget in Latin America and the Caribbean countries (2009–2010). The cost variations of the main antiretroviral (ARV) regimens among countries in those subregions are considerable; in fact, the highest cost can be up to 77 times higher than the lowest. For example, for the regimen of tenofovir (TFV)/emtricitabine (FTC), 300 mg/200 mg in fixed-dose combination + efavirenz (EFV), 600 mg in tablet form, the annual cost ranges between US119[2] and US9,174, with a median of US1,579.

Of the 42 countries and territories analyzed, 62% finance ART without external support. Furthermore, dependency on external financing has decreased over the years. Twelve of the countries classified as having average-to-high financial dependency moved toward lower financial dependency between the period 2007–2008 and 2013. Nevertheless, progress is slow: since 2007–2008, 10 of the 13 countries classified as highly dependent still remain so. These highly vulnerable countries represent 9% of ART patients, slightly less than in 2010, when highly financially vulnerable countries represented 11%.

With regard to the new recommendation in the WHO 2013 guidelines (*2*) to initiate ART in asymptomatic adults with a CD4 count of under 500 cells/mm^3, to date seven countries have adopted it in their guidelines: Argentina, Belize, Bolivia, Brazil, Costa Rica, Ecuador, and Honduras. Among the rest, the national guidelines in eight countries are already under review and the new criteria will soon be adopted. With respect to protocols for preventing mother-to-child transmission of HIV, 20 of the 34 countries that have reported data recommend option B+.[3]

The number of patients in antiretroviral treatment in Latin America and the Caribbean continues to grow; in December 2012, the number reached 725,000 (715,000 in low- and middle-income countries), of which approximately 26,900 are children under 15 years of age (26,700 in low- and middle-income countries). In 2012, 75% [66%–85%] of all the patients who meet the WHO criteria for treatment under the 2010 guidelines receive ART, as well as 67% [50%–82%] of children under the age of 15. In the same year, ART coverage rose two percentage points as compared to 2011. Furthermore, Argentina, Barbados, Brazil, Chile, Cuba, Guyana, and Mexico achieved universal access to treatment in 2012. ARV treatment coverage for Latin America is 76% [66%–87%] and for the Caribbean, 71% [65%–77%].

In 2012 in the region, 71% of the patients in ART received first-line drugs, similar to the rates in 2010 (73%). Of the rest, 27% received second-line treatment and 2.5% received third-line treatment.

With regard to compliance with the WHO recommendations on antiretroviral regimens, in 2012, 78% of adults who were in first-line treatment and 39% of those in second-line treatment received WHO-recommended regimens. From 2010 to 2012, compliance with the WHO-recommended regimens increased by 13 percentage points for first-line treatment and by 12 points for second-line treatment (data from 21 countries that provided information for both years on first- and second-line treatment).

[2] All costs in this document are expressed in US dollars (US$) unless otherwise indicated.

[3] It consists in initiating triple ARV treatment in all pregnant women with HIV, regardless of their CD4 count, and continuing the treatment for the rest of their life.

With regard to the administration of the TDF+ (FTC or 3TC) + EFV regimen recommended by the WHO as the preferential first-line treatment, 16 out of 25 countries reported that they have adopted the recommendation in their national standards. Furthermore, the percentage for use of the preferred regimen increased in 17 countries in 2012, compared to the 2010–2011 period, and 22% of patients in first-line treatment received the regimen in 2012, compared with 7% in 2010.

Although there have been a high number of patients in the preferential regimens, the number of regimens in use in Latin America and the Caribbean continues to be high. The regional average is 11 different regimens for first-line treatment and 15 for second-line treatment, similar to 2010.

In 2012 only 4% of patients in the region received treatment with obsolete or inappropriate ARVs, three percentage points less than in 2010. A comparison of the information from 2012 and 2010 shows a reduction in use of obsolete or inappropriate ARVs in Belize, Bolivia, Cuba, Ecuador, Paraguay, the Dominican Republic, and Uruguay.

ARV stockout situation improved in 2012; but 45%, or 14 out of 31 countries, still reported at least one stockout episode. In 2010, the proportion was 54% (14 out of 26 countries).

Although in the majority of countries less than two viral load examinations are conducted per patient on ART per year (1.8 in 2012), an increase of 33% is seen with respect to 2010 when comparing medians.

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An analysis of the number of HIV tests per 1000 population shows that, in 2012, the figure was 36 per 1000 population (median from 29 countries), that is, some 23 million people were tested and counseled for HIV in the countries studied. With respect to this indicator, Latin America and the Caribbean, as a region, occupies second place among world regions of medium and low income, since a higher rate is only found in Sub-Saharan Africa. Among the different strategies used to conduct the HIV testing in the region, prenatal care for pregnant women stands out, with coverage of 63% in 2012. Strategies for services that offer HIV tests to patients with tuberculosis have achieved high coverage in some countries, but the regional figures remain low and grow only slowly. HIV test coverage was 39% in 2006 and 52% in 2011. An obstacle faced by many countries in promoting earlier diagnosis of HIV infection is the persistence of diagnostic algorithms that depend on a Western Blot confirmation test or other complex techniques and many intermediate tests. Of the 42 countries with data on this subject, 40% still use the Western Blot test for confirmation exclusively. The stockout of diagnostic reagents and limited information on the diagnostic yield of the testing strategies offered also prevent improvement in the early diagnosis of HIV; this is a challenge in the region. In 2012, in half of the countries, 40% or more of patients had an advanced stage of immunological depletion (<200 CD4 cells/mm^3) at the time of the first determination of their CD4.

Executive summary

According to the last reported data, collaborative activities between tuberculosis and HIV programs at the national level have advanced little. Providing antiretroviral treatment to patients with both infections remains about 63% in 2011, virtually unchanged since 2007.

Community participation in the delivery of HIV diagnosis and treatment services is irregular and dependant on external funding in most cases.. In the delivery of ART services, only 5 out of 14 countries finance community participation with national funds; in the remaining countries, it is financed mainly by the Global Fund. However, 50% of countries already have standards that include community participation in the delivery of health care and treatment services.

In 2012, in half of the countries, 40% or more of patients had an advanced stage of immunological depletion (<200 CD4 cells/ mm^3) at the time of the first CD4 determination.

In short, the region has achieved major advances in the expansion of ARV treatment and is close to closing the gaps in universal coverage for the treatment.

There remains the question of whether the region is taking full advantage of the benefits offered by ARV treatment, specifically with regard to reducing new HIV infections and mortality. For LAC to reach the end of the HIV epidemic, the challenges to expanding treatment need to be addressed. The first challenge is to achieve earlier access to HIV diagnosis. Increased efforts need to be made to expand HIV testing and counseling and appropriate strategies for reaching the various populations. The second challenge is to achieve quality care that will maximize retention in the ART program and reduce viral load to undetectable levels in all the patients. Bringing services to the population, community participation, optimization of treatments, and virological monitoring are key elements for achieving quality care.

This second report, as a regional public benefit, lays out the progress made and the gaps that persist in Latin America and the Caribbean; it is hoped that, based on essential strategic information, dialogs will be encouraged between key partners in the different countries so as to support joint progress toward the contracted commitment to zero new infections and zero deaths from HIV.