

# HIV prevention in the spotlight

A health sector analysis in Latin America and  
the Caribbean 2017





# Why this report?

The purpose of this report is to help to rapidly accelerate the improvement and expansion of HIV prevention.

# Results

1

The number of **new HIV infections** has not declined.

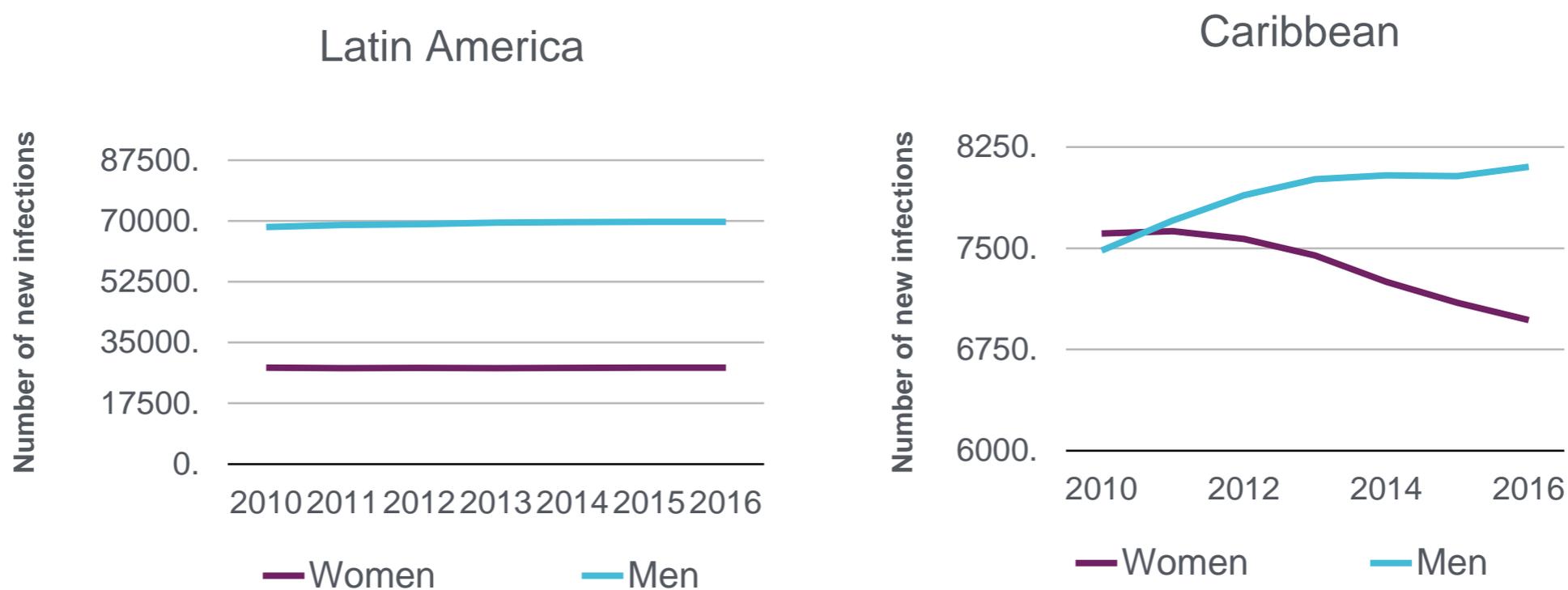
2

The number of new infections in young people has declined but **not at the desired rate**.



# New HIV infections in people older than 15 in Latin America and the Caribbean

## 2010-2016

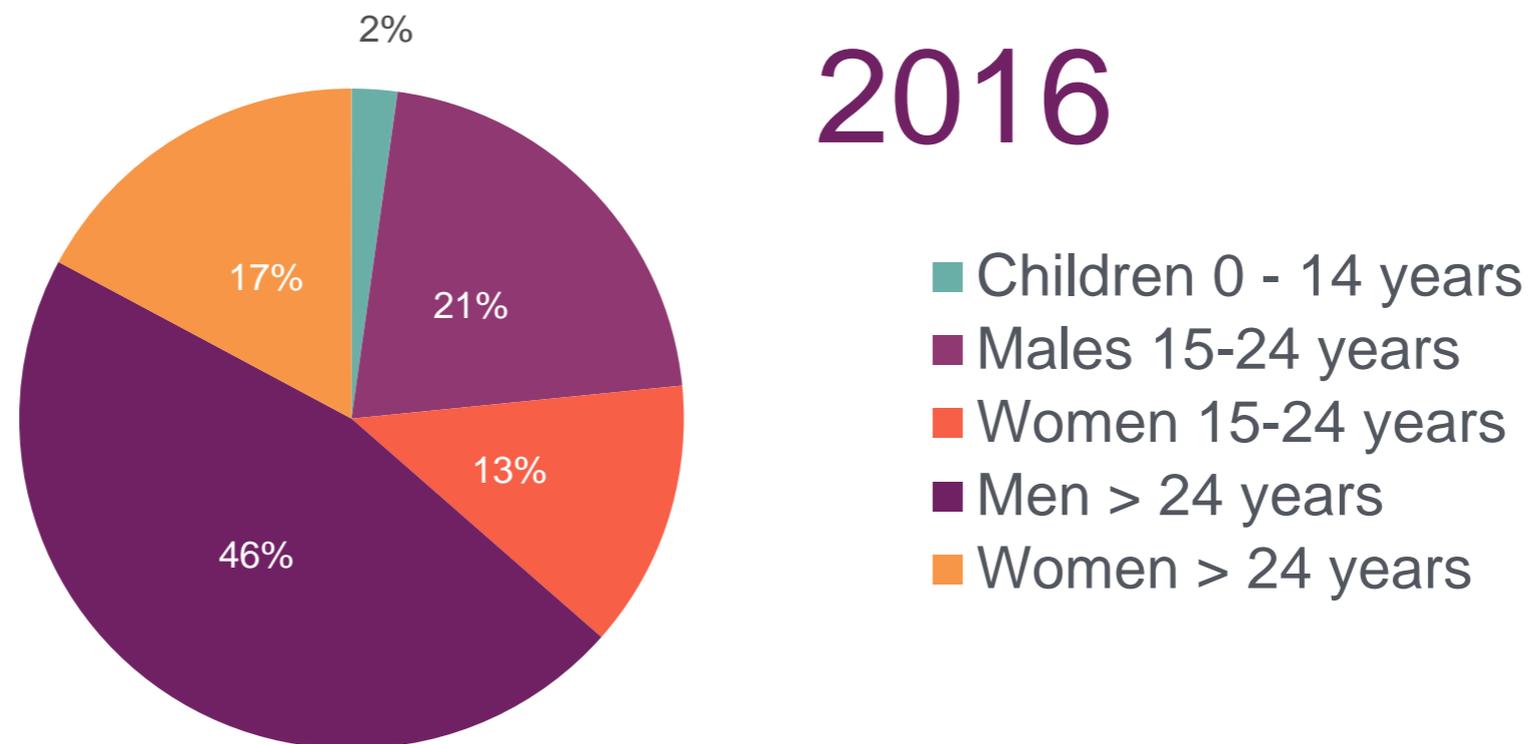


# The number of new infections in young people has not declined at the desired rate



- Young people accounted for more than **1/3** of new HIV infections in **2016**.
- The regional goal is to reduce new infections in young people by **75%** by **2020** (compared to 2010).
- In the past six years, there has only been a **5%** reduction in new infections in the population aged **15-24 in LAC**.

# Distribution of new HIV infections in Latin America and the Caribbean by age group





# Results

3

The full set of recommended biomedical prevention interventions is not offered.

# Essential biomedical interventions: “prevention packages”

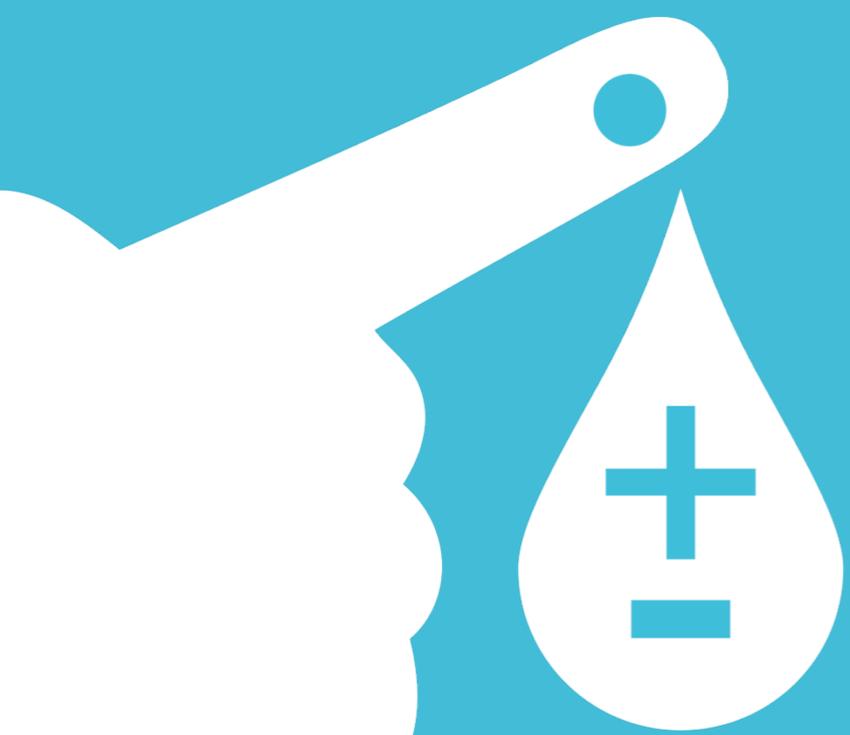


Gaps in public policies for:

PEP for high-risk sexual encounters, PrEP, ARV treatment for all.

Gaps in coverage and service integration:

HIV testing, diagnosis and treatment of STIs, provision of condoms and lubricants.



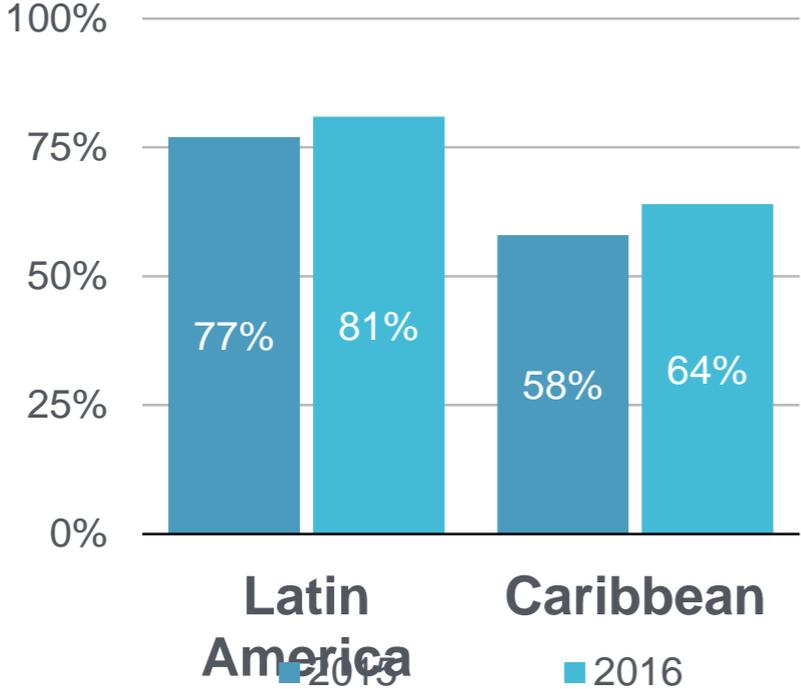
# Results

4

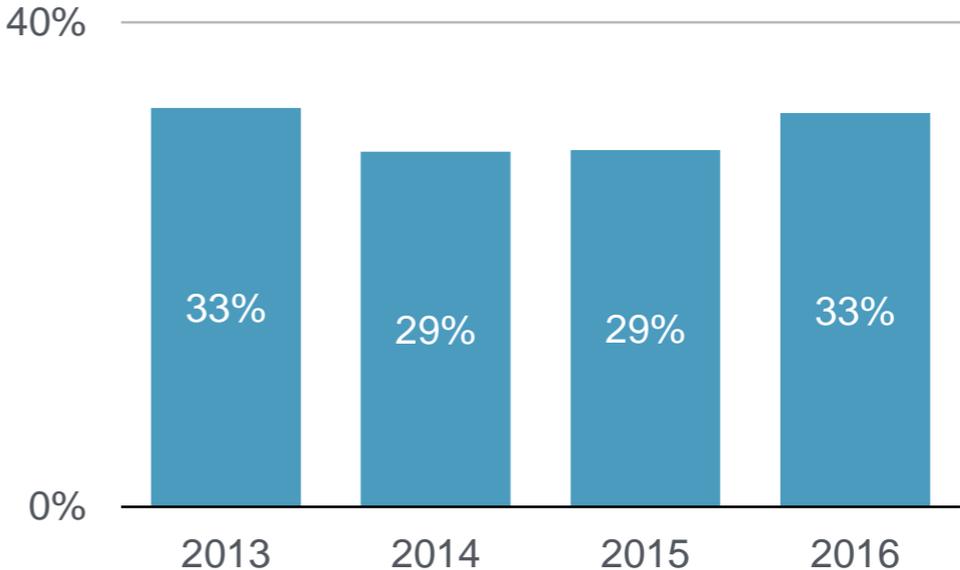
Missed opportunities  
for HIV  
diagnosis.

# Gaps in access to HIV testing

% PLWH that know their HIV status, 2015 and 2016

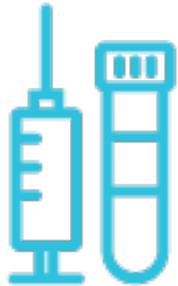


% people with an HIV diagnosis and basal CD4 <200 in 2016

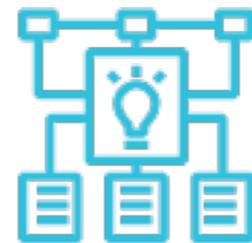


- In LAC, **1/3** of cases are diagnosed late. The regional average has not changed substantially in the past **4 years**.
- Little change in results, slight improvement in the percentage who know their **HIV status**.
- Efforts are being made, but **many barriers** persist.
- Better disaggregated data are needed on testing in key populations (**Progress in information for transgender women**).

# Missed opportunities for diagnosis



Self-testing.



Diagnostic algorithms.



Integration.



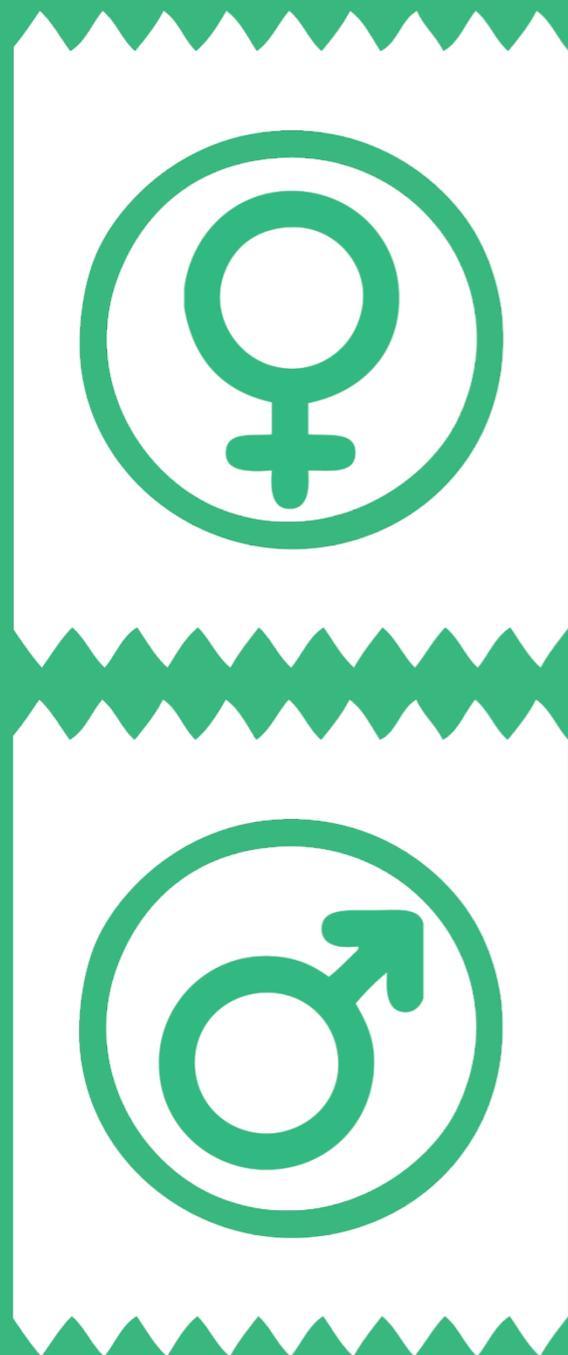
Legal frameworks  
and norms.



Rapid testing.



Adapted services (flexible  
schedules, friendly  
atmosphere, testing in  
community centers).

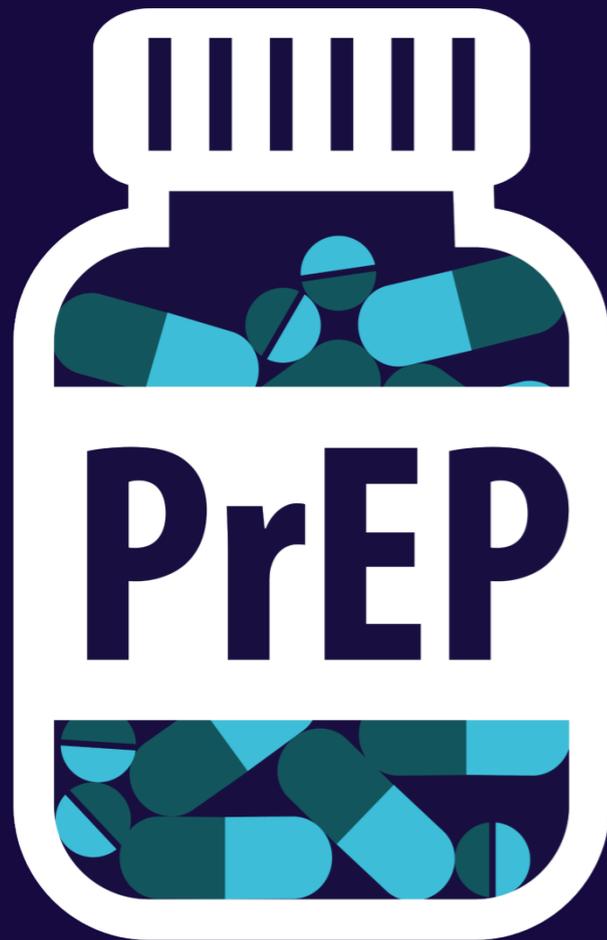


# Results

5

Condom use:  
not the desired  
increase.

- Little change in percentage of use. Information gaps, although greater availability of information for **transgender women**.
- Gaps in availability of **condoms and lubricants**.
- Dependence on **external funds** for procurement of condoms and lubricants for key populations.



# Results

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PrEP: Starting to expand, but its use should be accelerated.

- **3 countries** with public policies +7 pilot projects: in planning for late **2017**.
- Lack of knowledge about **PrEP**.
- Documented successful results of **PrEP** expansion.



# Results

7

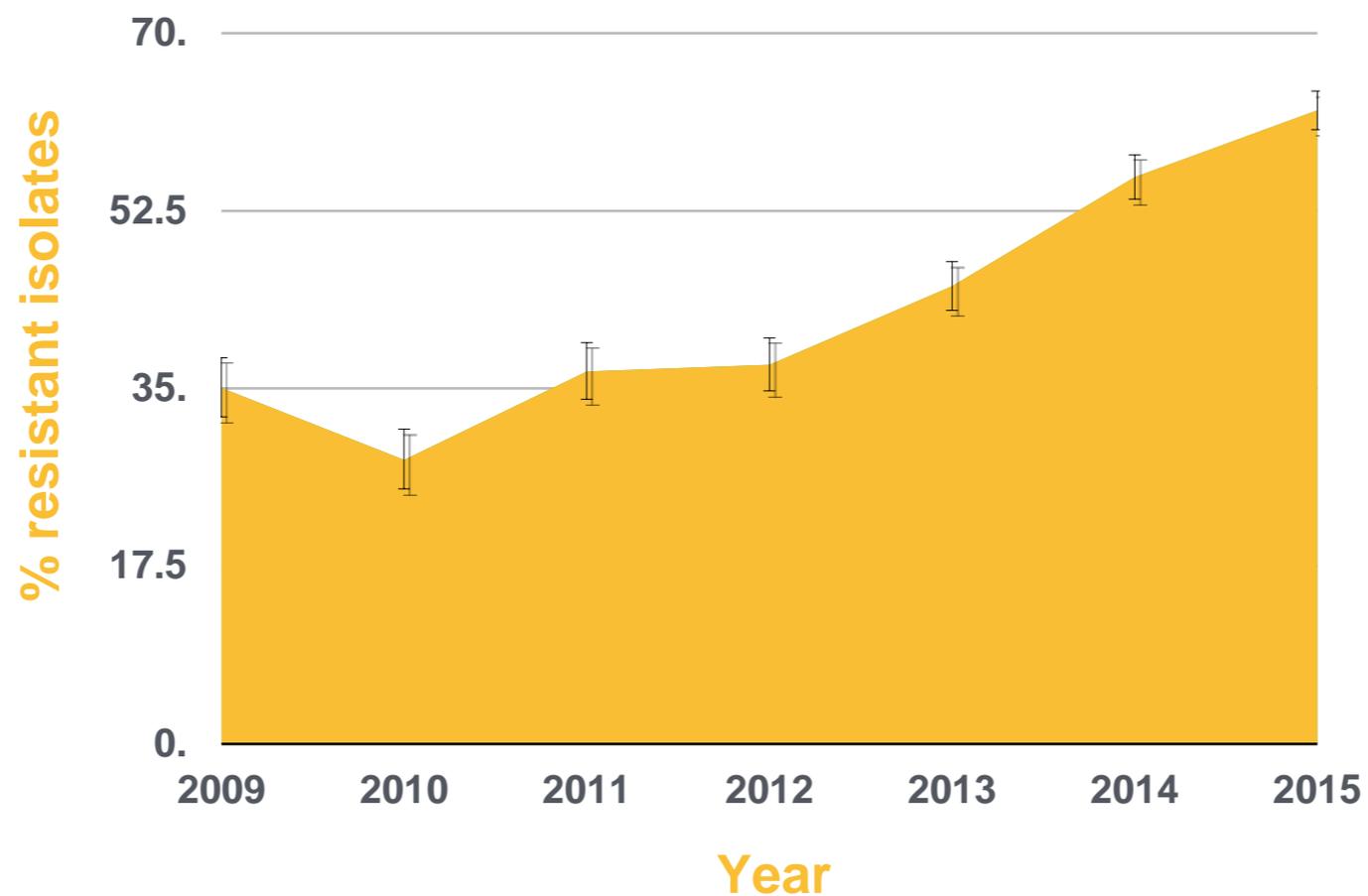
Insufficient attention to **STIs**, with missed opportunities in the response.

- **STI outbreaks in key populations** reported by some countries. MSM and FSW continue to exhibit a high syphilis burden. However...
- **35%** of the countries offer syphilis testing when offering HIV testing to key populations.
- **66%** of the countries use the rapid syphilis test in screening of pregnant women and **42%** for the key populations.
- **63%** of the countries report having active contact search strategies.

# Treatment of gonococcal infection and antimicrobial resistance

- Only **36%** of the countries conduct gonococcal antimicrobial resistance surveillance.
- Steady increase in ciprofloxacin resistance in LAC (from **35%** of isolates in 2009 to **62%** in 2015).
- Only **8%** of the countries report using ceftriaxone plus azithromycin for treatment of gonorrhoea (regimen recommended by WHO in the absence of resistance surveillance).

# Percentage of ciprofloxacin resistance in N.Gonorrhoeae isolates



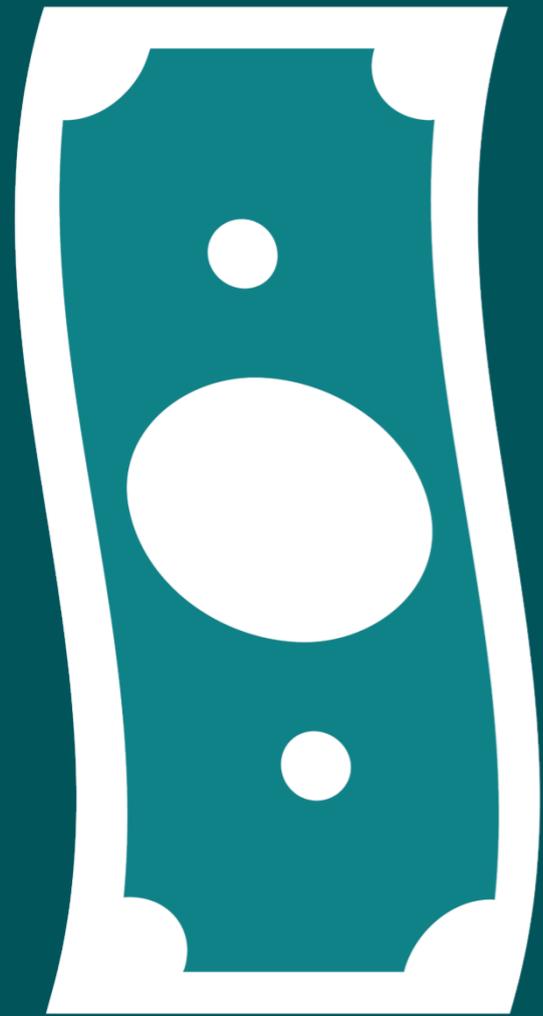
N° countries\* 11 8 6 9 7 8 8

# Results



## Stigma and Discrimination:

Despite good practices, this continues to affect key populations posing a major barrier in their access to services.



# Results

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Financing for prevention is highly dependent on external funding.

- **68%** of the countries have a budget line for HIV prevention.
- **82%** depend on external funds for prevention, mainly for key populations.
- **60%** of the countries report allocating domestic resources to civil society. In some, these resources take the form of supplies, and the amount financed has not been quantified.
- **Many countries** lack current data on the funds allocated to prevention in key populations (outdated/unavailable NASA studies).

**In LAC, there is heavy dependence on external funds for prevention activities in key populations, along with inadequate financing for civil society organizations (the most effective entities for reaching these populations).**



# Conclusions and Recommendations



Delays in meeting the goal of reducing new infections.



Financial dependency.



Little knowledge about HIV combination prevention.



Need to improve Ministry of Health leadership, dialogue and coordination with civil society organisations.



Countries do not implement all WHO recommended biomedical prevention interventions.



Review strategies for addressing stigma and discrimination, involving key populations.

In LAC, there is strong commitment by governments and civil society to end AIDS, but much remains to be done to improve quality of care and ensure an enabling environment for key populations.



Pan American  
Health  
Organization



REGIONAL OFFICE FOR THE

World Health  
Organization  

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Americas



UNAIDS