

The importance of addressing HPV among women living with HIV in Latin America and the Caribbean

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Towards Elimination of Cervical Cancer in the Americas

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PAHO

Outline

- Epidemiological situation of HIV and of HPV/CxCa among women living with HIV
- Synergies among HPV-HIV
- Lessons learned with the HIV response and opportunities for integration
- Regional next steps



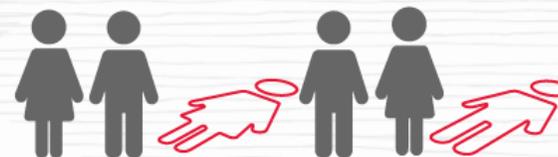
Summary of the global HIV epidemic (2018)

37.9 million
people living with HIV
[32.7 million – 44.0 million]

2018



1.7 million
people newly infected
[1.4 million – 2.3 million]



0.8 million
HIV-related deaths
[0.6 million – 1.1 million]

Source: UNAIDS/WHO estimates

HIV epidemic in the Americas, 2018

WHO Region
of the **Americas**
3.5 million
People living with HIV



- 1%

New diagnoses annually
relative to 2010



- 23%

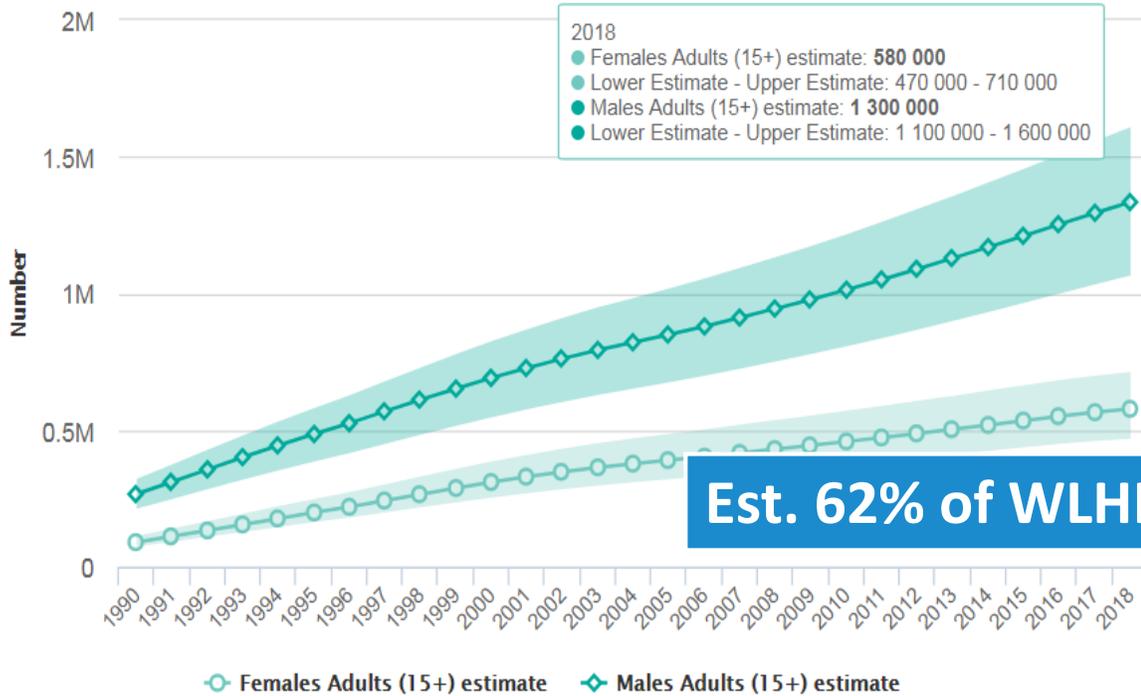
Deaths annually
relative to 2010



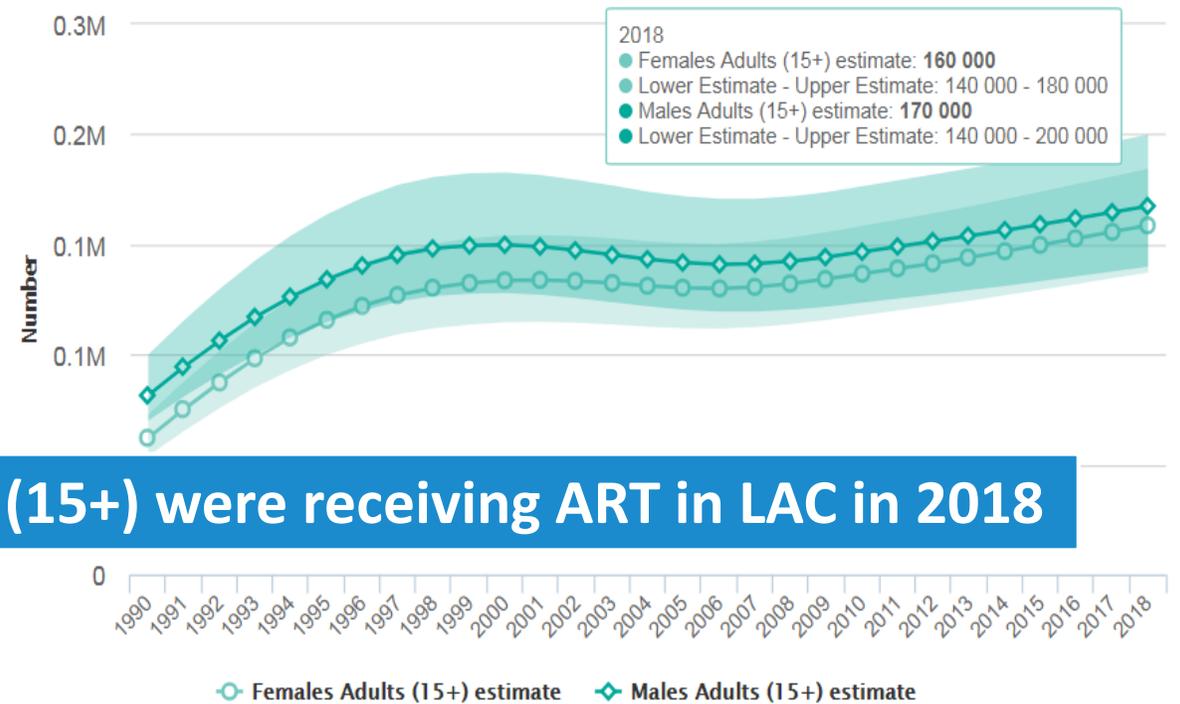
Trend in adults living with HIV in Latin America and the Caribbean, by sex

Est. 740,000 WLHIV (15+) in LAC in 2018

Latin America



Caribbean



Est. 62% of WLHIV (15+) were receiving ART in LAC in 2018

Source: UNAIDS Estimates 2019

Cervical cancer screening among women living with HIV aged 30-49, last year available (Pap, VIA, HPV)



- 34 countries in the Americas report to the Global AIDS Monitoring (GAM) platform, six reported on this indicator:

Country	Year	Indicator value (%)	Numerator	Denominator (est. % screened)	Estimated # WLHIV (15+), same year	Source (MOH)
Grenada	2017	53.1	17	32 (>16%)	<200	Clinical and pathology records
Argentina	2015	43.6	78	179 (0.4%)	42,000	2014 cohort of WLHIV newly infected; Pap
Honduras	2018	13.5	225	1,671 (19%)	8,900	10/52 Servicios de Atención Integral; Pap
Guatemala	2018	11.1	1,265	11,394 (100%)	--	9/19 Unidades de Atención Integral
St. Lucia	2017	5.8	19	326 (>65%)	<500	Castries STI and Vieux-Fort STI data
Barbados	2018	1.9	17	899 (90%)	1,000	Users of Ladymead Reference Unit

Source: UNAIDS, Global Aids Monitoring

HPV in women living with HIV in LAC

- **High prevalence** of HPV infection in WLHIV (**median: 68%**)
- Higher prevalence of oncogenic types, especially **HPV-16**
- > 3-fold increased risk of SIL

Factors associated with HPV infection in WLHIV

- **Age under 35**
- Lower schooling level
- Alcohol use (light or heavy drinking)
- > 3 sexual partners

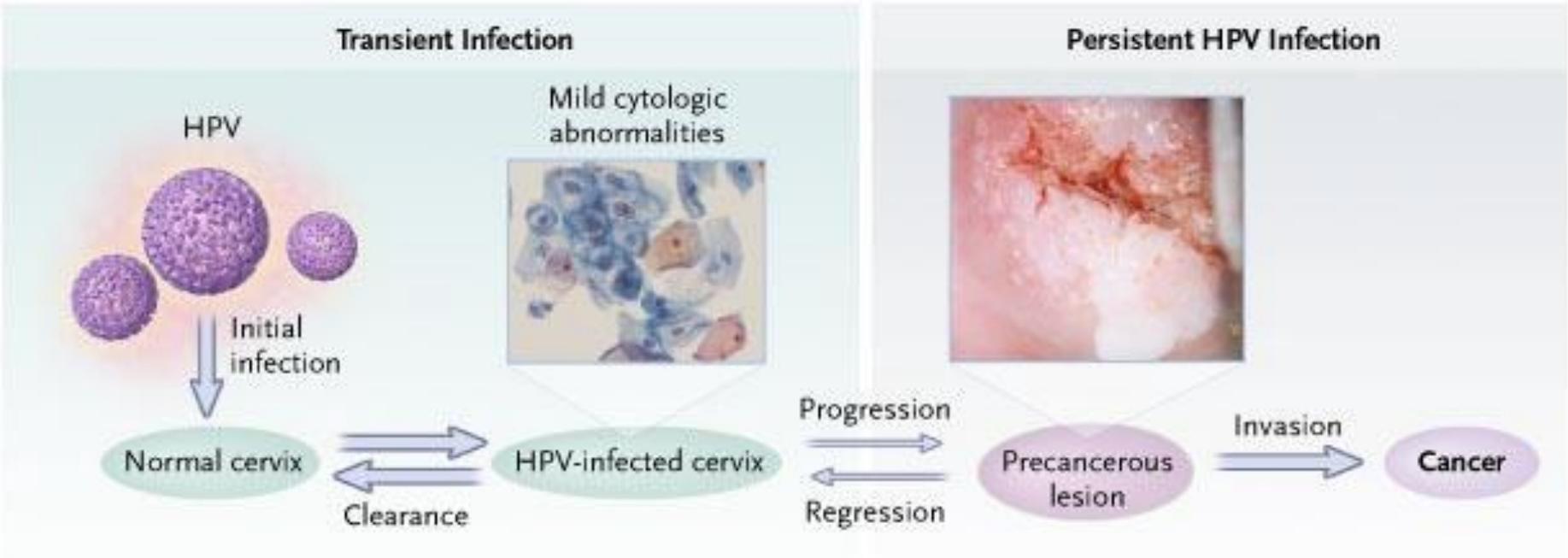
Factors associated with abnormal cytology/CIN

- No use of ARV
- Early sexual debut (<19)
- Low CD4 cell count (ex. <200 cells/mm³)
- High HIV viral load

Reference	Country	year	n	HPV prevalence (WLHIV)	Notes
Queiroz	Brazil	1999-2000	20	100%	
Levi	Brazil		208	98.0%	
Jalil	Brazil	2007	44	79.5%	pregnant
Correa	Brazil	2003-2008	288	78.8%	
Dames	Bahamas	2008	167	78.0%	
Entiauspe	Brazil	2006-2007	38	76.4%	
Munoz	Colombia		245	70.6%	
Nicol	Brazil	2001-2008	532	69.4%	only 16, 18, 6, 11
Camargo	Colombia	2007-2012	216	69.0%	
Araújo	Brazil	1997-2009	348	68.0%	
Dames	Bahamas		100	67.0%	
Firnhaber	Brazil		160	65.6%	only 16, 18, 6, 12
Brandão	Brazil	2006-2007	51	62.7%	pregnant
Melgaço	Brazil		140	60.0%	
Brandão	Brazil	2006-2008	51	52.9%	
Luz	Brazil		703	48.9%	
Grinsztejn	Brazil	1996-2006	634	48.0%	
Silva Martins	Brazil	2007-2011	450	47.5%	
Rocha Brisschiliari	Brazil	2011	178	46.6%	
Cerqueira	Brazil		122	42.7%	

Source: PAHO literature review 2015 (by G. Ravasi), unpublished

Synergistic effects of HPV, Cervical Cancer Carcinogenesis and HIV infection



HIV

Increases HP-HPV acquisition

Decreases clearance

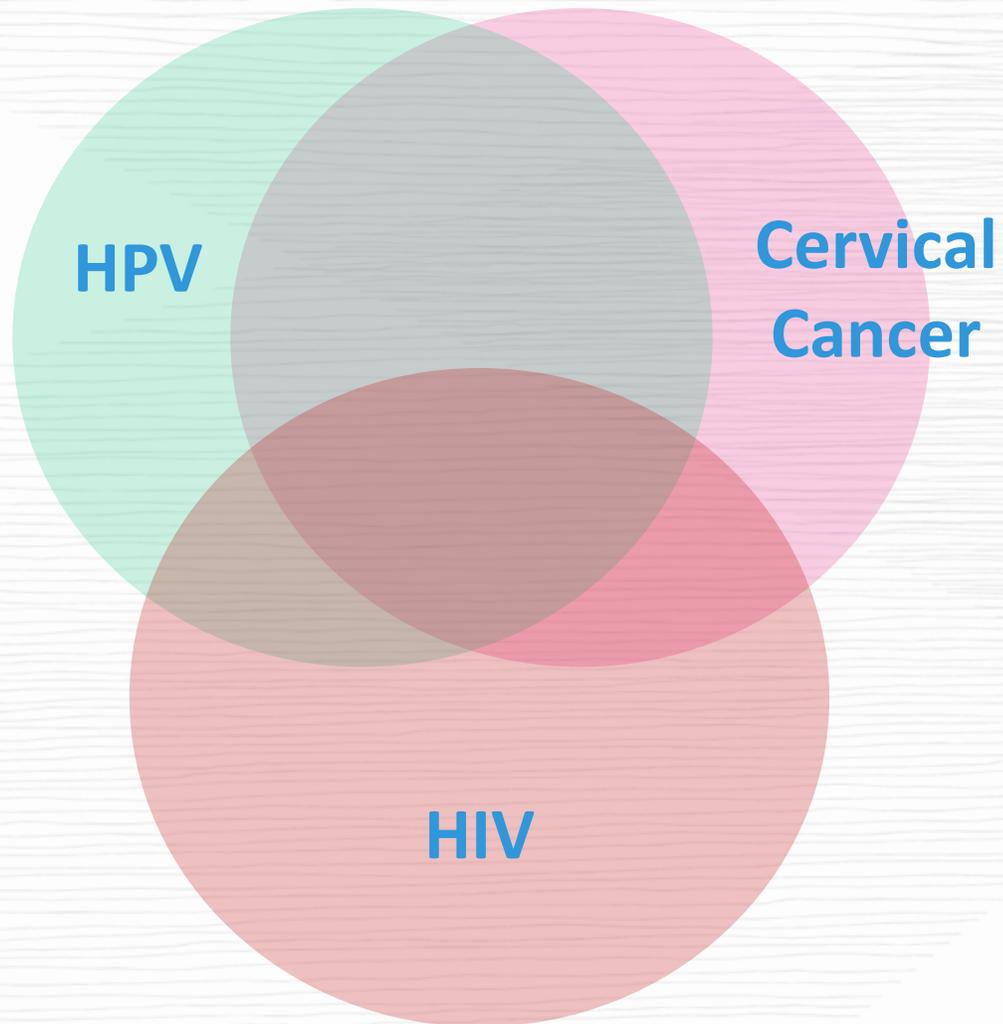
**Accelerates progression
Decreases regression**

Increases recurrence

ART reduces progression and increases regression of SIL-CIN

Source: Wright, N Engl J Med 2003; V. Sahasrabudhe, NYAS 2018; Kelly, Lancet 2018; Looker, JAIDS 2018

Synergistic interventions to control HPV, Cervical Cancer Carcinogenesis and HIV infection



- ART reduces HPV incidence and prevalence



- HPV vaccine impacts on HIV acquisition
- HPV treatment impacts on HIV acquisition

Global and Regional Commitments towards ending AIDS and STI as a public health problem by 2030 that supports CxCa Elimination

Fast-Track Targets

by 2020	by 2030
90-90-90 Treatment	95-95-95 Treatment
500 000 New infections among adults	200 000 New infections among adults
ZERO Discrimination	ZERO Discrimination

World Health Organization
JUNE 2016

GLOBAL HEALTH SECTOR STRATEGY ON
HIV
2016–2021
TOWARDS ENDING AIDS

World Health Organization
JUNE 2016

GLOBAL HEALTH SECTOR STRATEGY ON
SEXUALLY TRANSMITTED INFECTIONS
2016–2021
TOWARDS ENDING STIs

Plan of Action
for the prevention and control of HIV and sexually transmitted infections 2016–2021

Pan American Health Organization
World Health Organization
Americas

Lessons learned with the HIV response

- **Adaptability** to a fast changing environment
- Effective prevention efforts require a **combination approach of biomedical, behavioral and structural interventions**
 - Early diagnosis and immediate treatment
 - Differentiated models of care
 - Community and peer-led screening and treatment
 - Active linkage to care
 - POC diagnostics with simplified algorithms
 - Use of communication technologies (ex. SMS)
- Competition in **generics** drug markets
- **Meaningful engagement** of civil society from the start
- Strong community mobilization



Opportunities for Integration

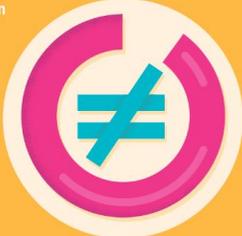
- Established HIV prevention and care services
 - effective strategies for linkage to care
 - **access to highly vulnerable populations:** WLHIV, female sex workers, transgender men, women who uses drugs, etc.
- SRH, STI and Adolescents' services
- EMTCT *Plus* initiative: use of MCH platform for screening
- Lab multiplex platforms and specimen referral



Universal health
Access and coverage for all



World Health Organization



Nearly 90% of women who die from cervical cancer have poor access to prevention, screening and treatment.

Take a stand against inequality.



Regional next steps

- Support the roll out and the monitoring of the Global STI Strategy & the Regional Plan of Action
- Complete regional mapping of policies and update epidemiological situation
- Support interprogrammatic work and service integration at country level
- Support countries to address data gaps
- Continue working in partnership with civil society organizations



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