

Antiretroviral treatment in the Spotlight: an Analysis of Public Health in Latin America and the Caribbean, 2013

Key messages

1. The report on the situation of antiretroviral treatment (ART) in Latin America and the Caribbean describes the progress, challenges, and areas of vulnerability in the response to HIV as compared to the 2010 baseline data published in the first report.
2. For the first time, the report was prepared with the support and joint effort of several key partners in the region, like the Horizontal Technical Cooperation Group of Latin America and the Caribbean (GCTH), and civil society networks.
3. This report was based on the analytical framework used for the first report (2010 baseline). Operative criteria for analyzing the sustainability and efficacy of an ART program were:
 - The cost of antiretroviral drugs in selected priority antiretroviral regimens
 - Dependency on external financing for antiretroviral treatment in public programs
 - Indicators of the margin of optimization in ART
 - Indicators of the effectiveness of ART programs
4. In Latin America and the Caribbean, ART is an important component of spending on HIV. For 2009-2010, 70% of the spending on HIV was allocated to treatment and care. Spending on antiretroviral therapy also makes up a significant proportion within the HIV care and treatment budget; 75% of this budget is allocated to the purchase of antiretrovirals (ARV).
5. Variations in the cost of the principal ARV regimens among countries are very high; in fact, the price of a regimen between countries can vary as much as 77 times from the lowest to the highest for a given regimen.
6. Of the 42 countries and territories analyzed, 62% finance ART without external support. Furthermore, a decrease in dependency on external financing can be seen over the years, but of the 13 countries classified as highly dependent in 2007-2008, 10 still remain so. These highly vulnerable countries represent 9% of patients in ART, slightly less than in 2010.
7. The number of patients in antiretroviral therapy in Latin America and the Caribbean continues to increase; in December 2012, the number reached 725,000 (715,000 in middle- and low-income countries), of which approximately 26,900 are children under age 15 (26,700 in middle- and low-income countries).
8. In 2012, 75% [66%-85%] of all patients who meet the 2010 WHO criteria for treatment received ART, as well as 67% [50%-82%] of children under age 15. Seven countries in the region achieved universal access to treatment (Argentina, Barbados, Brazil, Chile, Cuba, Guyana

- and México) and eleven are close to achieving it (Bahamas, Belize, Costa Rica, Jamaica, Nicaragua, Panamá, Paraguay, Peru, Dominican Republic, Trinidad and Tobago and Venezuela).
9. The new WHO 2013 guidelines recommend initiating ART earlier (in asymptomatic adults with a CD4 count of under 500 cells/mm³). To date seven countries, Argentina, Belize, Bolivia, Brazil, Costa Rica, Ecuador and Honduras, have already adopted this recommendation in their guidelines. Eight more countries are reviewing their national guidelines and will soon adopt the new criterion. Brazil will also soon adopt the test-and-treat policy, that is, they will offer ARV treatment to all persons diagnosed with HIV regardless of their CD4 count.
 10. From 2010 to 2012, compliance with the antiretroviral regimens recommended by WHO improved. In 2012, 78% of adults in first-line treatment and 39% in second-line treatment received WHO-recommended regimens.
 11. Among the WHO recommended regimens, the use of the preferential regimen for first-line treatment (TDF + (FTC or 3TC) + EFV) has also increased. This is the regimen received by 22% of patients in first-line treatment in 2012, whereas in 2010 the figure was 7%.
 12. In 2012, only 4% of patients in the region received obsolete or inappropriate ARV treatment, three percentage points less than in 2010.
 13. The situation of ARV stock outs improved in 2012, but still 45%, or 14 of 31 countries, reported at least one shortage. In 2010, that figure was 54% (14 out of 26 countries).
 14. Laboratory monitoring of patients in antiretroviral treatment has improved. Although in the majority of countries still fewer than two viral load examinations are conducted per ART patient per year, in 2012 a 33% increase over 2010 is seen when comparing the median of viral-load examinations per patient per year.
 15. Early diagnosis of HIV is a challenge in the region. In 2012, in half of the countries, 40% or more of patients were found to be at an advanced stage of immunological depletion (<200 CD4 cells/mm³) at the time of their first CD4 test.
 16. Community participation in the delivery of HIV diagnosis and treatment services can support linking and retention in health services and ART adherence. A significant proportion of its financing is from external donors or volunteers. However, 50% of countries already have norms that include community participation in the delivery of care and treatment services.

In summary:

- *The region has made major advances in expanding ARV treatment and has nearly breached the gaps in universal coverage.*
- *The question remains as to whether the region is taking full advantage of the benefits of treatment, specifically with regard to reducing new HIV infections and mortality. To end the HIV epidemic, LAC should address, among others, the implicit challenges of expanding treatment.*

- *The first challenge is to achieve earlier access to HIV diagnosis. To this end, efforts to expand HIV testing and counseling should be increased and appropriate strategies to reach the different populations should be employed.*
- *The second challenge is to achieve quality care that maximizes retention in ART and reduces the viral load to undetectable levels in all the patients. Getting the services to the people, community participation, and virological monitoring are key elements for achieving quality care.*