



Implementing “Treatment 2.0” for HIV in the Americas

For more than two decades, Latin America and the Caribbean have led the developing world in expanding access to antiretroviral therapy (ART) for people with HIV. This success is currently threatened by health system weaknesses such as recurrent stock-outs of antiretrovirals (ARV), slowed expansion of ART coverage, higher prices paid for ARV, and the withdrawal of external funds for ART as a result of the global financial crisis. To assure continued progress toward universal ART access, PAHO is promoting the transition of treatment programs into a new phase in line with the global “Treatment 2.0” initiative, which seeks to ensure long-term sustainability, optimize treatment, guarantee supplies, ensure equitable access to timely diagnosis and treatment, and include communities in the planning and implementation of programs.

Key facts

- All Latin American and Caribbean (LAC) countries have policies for free access to ART as a basic right
- By the end of 2010, 521,000 people in LAC were receiving ART, representing, on average, 63% of people who need such treatment
- Only 11 of 36 countries in LAC report a high dependency on external financing for ART. These countries account for approximately 20% of persons living with HIV.
- On average, spending on ARV accounts for 47% of the HIV care and treatment budgets of LAC countries, ranging from 9% in Bahamas to 94% in Venezuela.
- In LAC countries, the median number of first-line ARV regimens is 12 and the median number of second-line regimens is 15. (WHO recommends only six different regimens per first- and second-line treatment.)
- In 2010, some 63% of LAC adults in first-line ART and 33% in second-line ART were using WHO-recommended regimens.
- In 2011, 14 out of 26 countries reported at least one stock-out episode (54%). Main causes include bidding, procurement and distribution problems, and complications in ARV production.
- In 2010, retention rates for ART patients in LAC countries ranged from 61% to 100%.
- In 14 countries for which data are available, 37% of patients, on average, entered care at an advanced stage of immunodeficiency.

Recommendations

- *Simplify treatment by reducing the number of ART regimens to those with the highest effectiveness.*
- *Increase the use of fixed-dose, single-tablet combinations to maximize patient adherence.*
- *Phase out obsolete drugs, especially highly toxic medications such as stavudine.*
- *Increase use of international procurement mechanisms such as the PAHO Strategic Fund in support of country procurement processes.*
- *Overhaul service delivery with renewed models based on strategic information and patient-centered care.*
- *Expand and ensure early diagnosis of HIV infection, improve referral to treatment, and strengthen monitoring of patient viral loads and CD4.*
- *Promote policy dialogue and explore national resources available to reduce dependency on external resources for ART.*
- *Accelerate innovation-transfer programs and services such as appropriate use of rapid tests, newer diagnostic algorithms, new drug formulations, adherence support measures, and web-based monitoring platforms for strategic commodities and drugs.*

