



What will it take to end AIDS in the Americas?

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The Region of the Americas has been a pioneer in its response to HIV and has achieved admirable results. Over the course of the last 30 years, its countries have strengthened their national responses by building on the principles of equity and human rights, employing a gender perspective and scaling up HIV prevention, care and treatment programs to advance toward universal access. In Latin America and the Caribbean (LAC), coverage of antiretroviral treatment (ART) reached 55% of the estimated 2 million persons living with HIV in 2015, a level exceeded only by Western and Central Europe and North America (59%).⁽¹⁾ The Region's adoption in 2011 of the Treatment 2.0 initiative of the World Health Organization (WHO) and UNAIDS provided a solid evidence-based approach for the expansion of ART through innovation, optimization, improved efficiency for sustainability and community participation.⁽²⁾ More recently, Argentina, Brazil and Mexico have been among the first countries worldwide to implement the new WHO "treat all"⁽³⁾ approach. Regionwide, the expansion of ART coverage has led to a 25% reduction in AIDS-related deaths since 2000. Additionally, strong prevention of mother-to-child transmission programs in LAC have driven rates of vertical transmission of HIV from 14% in 2010 to 8% in 2015, averting an estimated 28 000 new infections in children. Just last year, Cuba became the first country in the world to receive validation of dual elimination of vertical transmission of HIV and syphilis.⁽⁴⁾ Furthermore, in a global scenario of flat-lined investment and declining donor assistance, countries in the Region have shown increasing commitment to financing their HIV responses domestically.⁽⁵⁾

However, serious challenges persist that require urgent attention if we are to end AIDS by 2030. The encouraging trend of declining new HIV infections since the early 2000s has plateaued over the past five years, and indeed in-depth analysis shows a small increase in new HIV infections among adult males in both Latin America and the Caribbean.⁽⁶⁾ Of the estimated 100 000 new cases of HIV infection in 2015, one third occurred among men who have sex with men, and this group together with other key populations and their sexual partners account for approximately two thirds of the total.⁽¹⁾ Access to testing, care and treatment services needs further expansion to meet the "90-90-90" targets^a set for 2020. Currently, about one in four of the 2 million people with HIV in LAC is unaware of his or her status, one in three newly diagnosed cases accesses care very late in the course of his or her infection, and overall 45% still lack access to life-saving ART.⁽⁶⁾ Persisting stigma and discrimination against persons living with HIV and key populations continue to have wide-ranging impacts on HIV prevention, access to services and retention in care.⁽⁶⁾

In 2015 the Pan American Sanitary Bureau—secretariat of the Pan American Health Organization (PAHO)—and PAHO Member States committed to strengthening their responses towards the goal of ending AIDS and sexually transmitted infections (STI) as public health problems in the Region of the Americas by 2030 and approved a new plan of action for the prevention and control of HIV and STI for 2016-2021.⁽⁵⁾ The plan urges PAHO Member States to capitalize on the scientific knowledge on which the new WHO normative platform is based; to accelerate the scale-up of high-impact prevention strategies that combine new technologies (such as pre-exposure prophylaxis and HIV self-testing); to expand access to ART to all people with HIV; to focus interventions on key populations and geographical "hotspots" where most HIV transmission occurs; and to improve the quality, effectiveness and efficiency of services across the continuum of care. The plan also urges

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^a The 90-90-90 targets are: 90% of all persons living with HIV will know their HIV status; 90% of all those diagnosed with HIV will receive antiretroviral therapy, and 90% of all those receiving antiretroviral therapy will have viral suppression.

greater integration of these efforts into maternal and child health programs and especially efforts to eliminate mother-to-child transmission of other diseases such as perinatal hepatitis B and Chagas disease. The plan also calls for guaranteeing health services that are free of discrimination and for increasing and optimizing investments in the response to HIV/STI, ensuring equitable and efficient use of resources to improve sustainability.

There is currently a broad range of biomedical tools available to prevent and treat HIV, but to end the AIDS epidemic, structural barriers and social determinants of health also need to be convincingly addressed. Ending stigma and discrimination, both in the community and in health services, as well as homophobia, transphobia and gender-based violence is imperative. National responses need to incorporate both a gender perspective and an intercultural approach. All these efforts must continue to be grounded in the principles of equity and human rights and carried out within the overarching framework of universal health.

“TAKE THE CHALLENGE: END AIDS BY 2030”



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