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G. PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF HIV AND SEXUALLY TRANSMITTED INFECTIONS 2016-2021: MIDTERM REVIEW

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in implementation of the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021 *(1)*. The Plan is aligned with the vision, goals, and strategic lines of the WHO global health sector strategies for HIV and sexually transmitted infections (STIs) for the 2016-2021 period *(2, 3)*, as well as the Global Strategy for Women's, Children's, and Adolescents' Health 2016-2030 *(4)*. It also adheres to the framework of the Sustainable Development Goals (SDGs). Its implementation will contribute to the goal of ending AIDS as a public health problem under SDG 3 *(5)*. The goal of this Plan of Action is to accelerate progress toward ending the AIDS and STI epidemics as public health problems in the Region of the Americas by 2030 through reduction in the incidence of new HIV infections, AIDS-related mortality, and STI-related complications. The Plan also integrates the goals of the previous Regional Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis *(6)*.

Analysis of Progress Achieved

2. This report summarizes the Region's midterm progress toward achievement of the objectives of the Plan as of 2016-2017. It also highlights the challenges that will need to be overcome in the next three years in order to meet the goals set forth in the Plan. The tables below include baselines, targets, and progress in the overall impact indicators, as well as in the indicators related to the objectives of the Plan under each strategic line.

3. Unless otherwise specified, the main sources consulted to compile this report were the UNAIDS/WHO/UNICEF Global AIDS Monitoring data collection system (GAM) *(7, 8)* and the 2017 PAHO/UNAIDS HIV Prevention in the Spotlight report *(9)*, complemented by desk reviews of national plans, strategies, and policies.

Goal	Impact indicator	Status
To accelerate the progress towards the end of AIDS and STI epidemics as public health problems by 2030 in the Region of the Americas	**1.** Estimated number of new HIV infections [a, b] Baseline: 120,000 (2014)[c] Target: 40,000 (2020)	120,000 (2016) *(7)*. No change in estimated new infections has been observed. Expanding and innovating HIV combination prevention strategies is a regional priority.
	2. Estimated number of AIDS-related deaths [a, b] Baseline: 50,000 (2014)[c] Target: 19,000 (2020)	49,000 (2016) *(7)*. Estimated AIDS-related deaths are down by 2%. Late diagnosis continues to limit the impact of treatment on HIV-related mortality.
	3. Rate (%) of mother-to-child transmission (MTCT) of HIV [b, d] Baseline: 12% (2014)[c] Target: 2% or less (2020)	9% (2016). The MTCT rate in Latin America is estimated to have fallen by 32%, but it is stagnant in the Caribbean. To lower it, greater effort is needed to reach adolescent and adult women from key populations and those under conditions of vulnerability.
	4. Incidence of congenital syphilis (cases/1,000 live births) [d, e, f] Baseline: 1.4% (2014)[g] Target: 0.5 or less (2020)	1.6 (2016). The main factors affecting progress are insufficient use of point-of-care diagnostics, shortages of benzathine penicillin G, late access to antenatal care, and low coverage of adequate treatment for pregnant women and their partners.
	5. Estimated number of new cases of cervical cancer[e, h] Baseline: 83,200 (2012) Target: 79,000 (2020)	No updated estimates were available from WHO/International Agency for Research on Cancer Globocan. Implementation of the new PAHO Plan of Action for Cervical Cancer Prevention and Control 2018-2030 will help to monitor this indicator through improvements in data collection, analysis, and modeling.

Strategic Line of Action 1: Strengthened stewardship, governance, strategic planning, and information		
Objective	**Indicator, baseline and target**	**Status**
1.1 Develop and update national HIV and STI plans and/or strategies aiming at ending AIDS and STI epidemics as a public health problem and in	**1.1.1** Number of countries with a national HIV/AIDS strategy that incorporates the regional prevention and 90-90-90 targets[e, i] Baseline: 20 (2015) Target: 30 (2020)	33 (2016). Regional prevention and 90-90-90 targets have been incorporated in national HIV plans or strategies in 33 countries.

Objective	Indicator, baseline and target	Status
line with global and regional ones	**1.1.2** Number of countries and territories validated for having achieved the elimination of mother-to-child transmission of HIV and syphilis [e, i] Baseline: 1 (2015) Target: 20 (2020)	7 (2017). One country was validated in 2015 and 6 in 2017 (all Caribbean); 6 additional countries applied in 2016 but were not validated: 3 failed to meet the targets and 3 will be reassessed in 2018.
	1.1.3 Number of countries that have developed national STI strategies in line with the Global Health Sector Strategy for STIs [e, i] Baseline: 9 (2015) Target: 20 (2020)	11 (2016). There were 11 countries that had developed national STI plans or strategies in line with the WHO Global Health Sector Strategy on STIs.

Strategic Line of Action 2: Strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care, and treatment		
Objective	**Indicator, baseline and target**	**Status**
2.1 Review and update guidelines and norms for health promotion, prevention, diagnosis, comprehensive care and treatment of STIs, HIV and co-infections	**2.1.1** Number of countries and territories that have updated their national HIV care and treatment guidelines in line with latest WHO ones [d, e] Baseline: 5 (2015) Target: 25 (2020)	22 (2017). So far, 22 countries have updated their national guidelines, including the WHO "treat all" recommendation, and 6 more are currently in the process of revising their policies.
	2.1.2 Number of countries and territories that have updated their national STI management guidelines in line with latest WHO ones [e, i] Baseline: 0 (2015) Target: 17 (2020)	16 (2016). Following publication of the new WHO STI management guidelines in 2015, 16 countries reported that their national guidelines are now in alignment with these latest global norms.
2.2 Implement and increase coverage of key interventions for health promotion, HIV prevention,	**2.2.1** Number of countries with at least 90% of estimated people with HIV who have been diagnosed [b, d] Baseline: 0 (2014) Target: 10 (2020)	0 (2016) *(8)*. No country has yet reached the target, although 3 countries report having diagnosed greater than 85% of their estimated population with HIV (81% for Latin America as a whole; 64% for the Caribbean).

diagnosis, care, and treatment	**2.2.2** Number of countries with at least 80% coverage of antiretroviral therapy (ART) among estimated people living with HIV[b, d] Baseline: 0 (2014) Target: 10 (2020)	0 (2016) *(8)*. No country has yet reached the 80% target, although 3 countries reached coverage between 60% and 70% (58% for Latin America; 52% for the Caribbean). LAC as a whole saw a significant increase, from 48% in 2015 to 56% in 2016.
Objective	**Indicator, baseline and target**	**Status**
2.3 Implement and increase coverage of key interventions for STI prevention, diagnosis and treatment, including EMTCT of syphilis	**2.3.1** Number of countries and territories with at least 95% coverage of syphilis treatment among pregnant women[e, i] Baseline: 14 (2014) Target: 30 (2020)	19 (2016). The main challenges are insufficient use of point-of care diagnostics and failure to adopt immediate treatment, shortage of benzathine penicillin G, and late access to antenatal care.
2.4 Implement strategies for the prevention and control of HIV/STI antimicrobial resistance	**2.4.1** Number of countries that monitor gonococcal antimicrobial resistance in accordance with PAHO/WHO recommendations[e, i] Baseline: 8 (2015)[j] Target: 23 (2020)	12 (2016). The number of countries reporting data on gonococcal antimicrobial resistance through the ReLAVRA network increased, but surveillance based on a standardized methodology still needs to be expanded.

Strategic Line of Action 3: Expanded and equitable access to comprehensive and quality HIV/STI services		
Objective	**Indicator, baseline and target**	**Status**
3.1 Increase equitable access to and coverage of interventions for HIV/STI combination prevention in key populations	**3.1.1** Regional median of the proportion (%) of gay men and other MSM that have been tested for HIV in last 12 months and know the result[b, d, k] Baseline: 47% (2014) Target: 90% (2020)	48% (2016) *(9)*. Countries adopted more focused approaches, including community-based outreach activities, to increase MSM access to HIV testing. Most of these programs are still highly dependent on donor funding.
	3.1.2 Regional median of the proportion (%) of female sex workers that have been tested for HIV in last 12 months and know the result[b, d, k]	65% (2016) *(9)*. Same as above.

	Baseline: 65% (2014) Target: 90% (2020)	
Objective	**Indicator, baseline and target**	**Status**
	3.1.3 Regional median of the proportion (%) of gay men and other MSM that used a condom in last episode of anal sex with a male partner[b, d, k] Baseline: 64% (2014) Target: 90% (2020)	63% (2016) *(9)*. No improvement was observed for this indicator. WHO recommends not only improving traditional prevention approaches but also adopting new biomedical interventions (e.g., PrEP and non-occupational PEP).
	3.1.4 Number of countries that report data on access to HIV testing or prevention services in transgender women[b, d] Baseline: 1 (2015) Target: 10 (2020)	15 (2016) *(8)*. The number of countries collecting information on transgender women has significantly increased, already exceeding the target for 2020.
3.2 Increase quality of HIV care and treatment	**3.2.1** Number of countries that achieve 90% of retention on ART at 12 months[b, d] Baseline: 5 (2014) Target: 18 (2020)	5 (2016) *(8)*. Although only 5 countries have reached the 90% target, 7 more countries have a 12-month retention rate of greater than 80%.
	3.2.2 Number of countries that achieve 90% of viral suppression (viral load <1000 copies/ml) in persons on ART[b, d] Baseline: 1 (2015) Target: 10 (2020)	2 (2016) *(7)*. Although only 2countries have reached the 90% target (Brazil and Chile), 5 more countries have viral suppression rates of greater than 80%.
3.3 Promote and strengthen effective participation of civil society in the provision of health promotion, HIV/STI prevention, diagnosis, care and treatment	**3.3.1** Number of countries with peer support offered to persons with HIV in care and treatment[b, d, l] Baseline: 21 (2015) Target: 33 (2020)	28 (2016). More countries are offering peer support for persons with HIV on treatment, but this activity is still highly dependent on external funding or volunteer service. No information is available on coverage.

Strategic Line of Action 4: Increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability		
Objective	**Indicator, baseline and target**	**Status**
4.1 Ensure universal access to nationally funded HIV/STI prevention, diagnosis, care and treatment services	**4.1.1** Number of countries with no or low dependency on external funding for the HIV response (0-5% of total funding)[e, m] Baseline: 11 (2014) Target: 17 (2020)	Data on overall dependency of HIV response on external funding not yet available. In 2017, only 6 countries reported no dependency on external funding for HIV prevention *(9)*.
4.2 Promote efficiency in the procurement of HIV/STI medicines and other strategic commodities	**4.2.1** Number of countries utilizing the PAHO Strategic Fund or other regional mechanisms to improve access to ARVs and other HIV/STIs/OIs commodities[e, i] Baseline: 15 (2015); Target: 20 (2020)	19 (2016). In 2016, 13 countries procured antiretroviral medicines through the PAHO Strategic Fund. OECS procures ARVs through a pooled procurement mechanism.

[a] Source: UNAIDS, Spectrum estimates (data validated and approved by the countries).
[b] Baseline and target refer to Latin America and the Caribbean.
[c] Baseline and target updated in 2017 to reflect new UNAIDS estimates for 2014.
[d] Source: UNAIDS/WHO/UNICEF, Global AIDS Monitoring (GAM).
[e] Baseline and target refer to the Region of the Americas.
[f] Source: EMTCT reports from countries applying for validation (another source in addition to GAM).
[g] Baseline was updated in 2017 to reflect updated information on the number of cases of congenital syphilis published or shared with PAHO by the countries. The delays were due to late notification of cases and work on improving the information systems.
[h] Source: WHO/IARC Globocan estimates or country estimates.
[i] Source: PAHO desk review.
[j] Baseline updated to reflect desk review of available results from ReLAVRA.
[k] These baseline proportions represent the median value of a series of results gathered from behavioral surveys.
[l] The original indicator (*Number of countries with community workers engaged in ART patient support*) has been dropped from the GAM. The current indicator, baseline, and target have been updated to reflect the current data collection system.
[m] Source: UNAIDS, Aidsinfo. Available from: http://aidsinfo.unaids.org.

Action Necessary to Improve the Situation

4. Countries should accelerate their national responses directed toward ending the AIDS and STI epidemics as public health problems by 2030 and expanding equitable access and coverage of HIV and STI services within the broader framework of universal health and current ongoing processes of health system reform *(10)*.

5. Strengthening HIV and STI prevention programs with a person- and community-centered combination approach is critical to increasing the impact on HIV incidence. The full range of high-impact interventions recommended by WHO, including PrEP and non-occupational PEP for sexual exposure, should be fully offered with a special focus on key populations and others in situation of vulnerability *(11-13)*. In addition, new communication technologies should be adopted to promote access to information and prevention services among adolescents and youth. The contribution of civil society should

be acknowledged and funding should be increased to ensure the sustainability of civil society-led services.

6. Evidence-based, innovative, and effective approaches to improving HIV testing services need to be incorporated and expanded, including key population-focused community-based testing, "testing for triage" by trained lay providers, HIV self-testing, and voluntary assisted partner notification *(14, 15)*. Barriers to HIV testing need to be urgently addressed, including complex and inefficient diagnostic algorithms, national norms and regulations that limit task shifting to perform rapid tests, requirements for signed informed consent, mandatory pre-test counseling (in favor of shorter pre-test information), and parental consent for adolescents.

7. Countries should fully adopt EMTCT Plus, the new platform for eliminating mother-to-child transmission that integrates interventions for the elimination of perinatal HIV, perinatal HBV, congenital syphilis, and congenital Chagas into enhanced maternal and child health and sexual and reproductive health programs at the primary health care level. Continued efforts are needed to encourage pregnant women and their partners to seek early antenatal care, including early screening and immediate interventions and follow-up. Point-of-care services and community-based interventions are essential strategies for increasing the rate of screening, particularly among adolescent and women in conditions of vulnerability *(16)*.

8. Countries should accelerate adoption and full implementation of the WHO "treat all" recommendation and proceed with rapid initiation of antiretroviral therapy *(17, 18)*, prompt revision of current policies, rational use of antiretroviral medicines and introduction of new more potent agents (e.g. dolutegravir), assurance of quality care, and measures to maximize adherence, retention, prevention, and control of HIV drug resistance *(19)*. In keeping with the integrated health service delivery network model, HIV care and treatment services should be decentralized and integrated into all levels of the health system with efficient resolution capacity at the first level *(20)*.

9. In addition, it is urgent to improve the efficiency of supply chain management and ensure the availability of essential drugs, including antiretroviral medicines, penicillin and other antibiotics, as well as laboratory commodities. The PAHO Strategic Fund will seek to fast-track the inclusion of new WHO-recommended antiretroviral medicines and fixed-dose combinations in its list and expand its role in supporting more efficient procurement of strategic lab commodities *(21)*.

10. Furthermore, it is critical to enhance strategic information aimed at ensuring that the response is sustainable. Priority areas include maintaining and expanding surveillance of HIV drug resistance and gonococcal antimicrobial susceptibility promoting a standardized methodology for data reporting *(22)*; improving congenital syphilis surveillance and aligning case definitions with international standards; strengthening the capacity of Member States to generate strategic information disaggregated by gender, age, key populations, and ethnicity; and enhancing their capacity to analyze current investments and outcomes in the HIV and STI response.

11. It also remains imperative to address structural barriers, particularly stigma and discrimination in health care settings towards people living with HIV and key populations. Greater effort should be made to ensure that people-centered services are offered by sensitized health care providers, including the adoption of supportive policies and norms, the creation of transparent mechanisms for the monitoring of discrimination in health care settings with meaningful civil society engagement, and the availability of mechanisms for redress *(23)*.

12. In the context of reductions in external funding and transition to domestic resources, it is critical to improve the sustainability of the response to HIV. Member States should consider adhering to the recommendations endorsed at the Third Latin American and Caribbean Forum on HIV, held in November 2017 in Port-au-Prince, Haiti, which set forth specific actions aimed at sustaining the response to HIV with a view to eliminating AIDS by 2030, based on the principles of human rights and universal health *(24)*.

Action by the Directing Council

13. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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