

STRATEGIC INFORMATION to strengthen HIV services for key populations



SINCE

2019, 10 COUNTRIES

in Latin America and the Caribbean have been collecting and analyzing data on the HIV response in order to close gaps in services for key populations.



High-quality
data is critical
to improving
the provision
of HIV/STI
services



Celebration of World AIDS Day in Colombia.

In Latin America and the Caribbean, the HIV epidemic focuses on key populations (gay men and other men who have sex with men [MSM], transgender women, and sex workers). To manage and adapt services to the needs of each person, it is essential to have information about how many people are receiving care or prevention services for HIV and sexually transmitted infections (STIs), and the quality of those services. However, the availability of such information in Latin American and Caribbean countries has been limited and not used in decision-making.

IN
2019,
BETWEEN
50% AND 65%

of new HIV infections in the region were among MSM, transgender women, sex workers, and their clients or intimate partners.

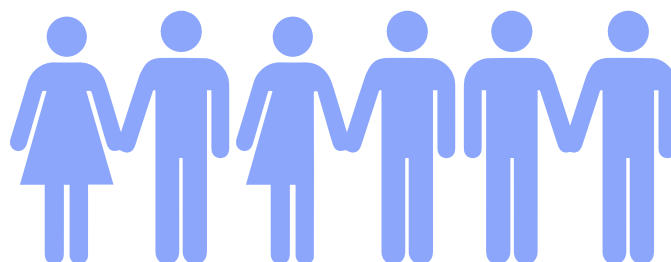


Figure 1.

Countries participating in the project to improve information on HIV/STI care services for key populations by starting year



Since 2019, 10 countries in Latin America and the Caribbean have been improving the availability and quality of strategic information on the HIV/STI response with a focus on key populations (**Figure 1**).

The countries have used tools such as analysis of the HIV care cascade, which measures the **impact of care services** in terms of the proportion of people living with HIV who manage to suppress their viral load.

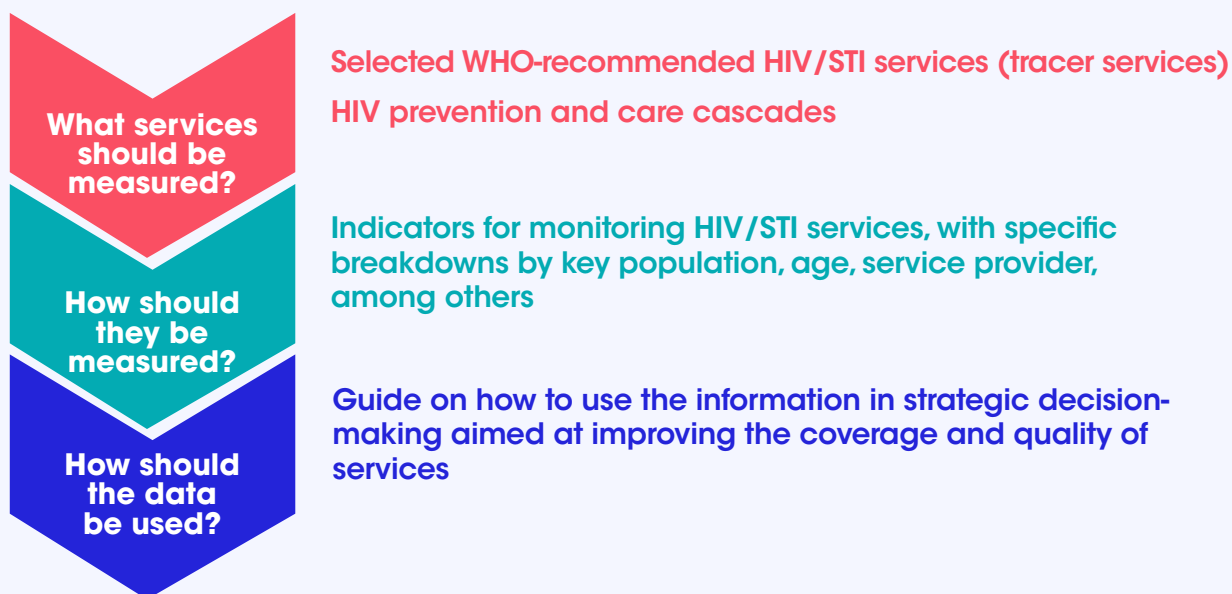
In addition, to better understand the **impact and quality of HIV prevention services**, the countries have strengthened the information on HIV prevention services, using PAHO's new monitoring framework.

THE PROJECT IS THE RESULT OF THE COOPERATION AMONG:

Pan American Health Organization (PAHO)
The Global Fund to Fight AIDS Tuberculosis and Malaria
Joint United Nations Program on HIV/AIDS (UNAIDS)
Other partners

PAHO's new monitoring framework marks a paradigm shift

PAHO's proposed Framework for Monitoring HIV/STI Services for Key Populations in Latin America and the Caribbean (**Figure 2**) introduces a novel analysis. The basis of the analysis is that the impact of HIV services on key populations is determined not only by HIV-positive people maintaining an undetectable viral load, but also by seronegative people remaining HIV-free. This tool provides guidance to countries on what services to measure, how to measure them, and how to use the data.

Figure 2.**Main components of PAHO's new monitoring framework**

“To design successful strategies, it is very important to know our gaps. In addition, it is necessary to have strategic information that is generated by and for communities.”

Domingo Centurión, Center for Research and Social Ecology (CIES) Ñepyrú (Paraguay).

Monitoring prevention services by analyzing the prevention cascade

Person-centered HIV combination prevention implies that seronegative people in key populations regularly access HIV/STI services to remain HIV-free. The prevention cascade is used to monitor the continuity of services, which begins with a negative HIV test result and is followed by other interventions.

Eight countries are already conducting cascade analyses, disaggregated by key populations (**Figures 3, 4, and 5**). This makes it possible to identify and quantify gaps in HIV prevention and treatment services (**Box 1**).¹ These data are used to guide improvements in service quality and coverage through changes in care models and the expansion of service packages and HIV combination prevention strategies.

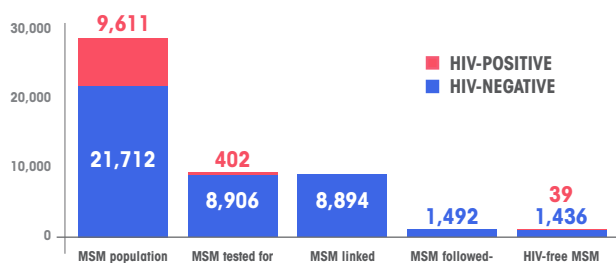


Capacity building workshop to develop the HIV cascades in Guatemala (March 2020).

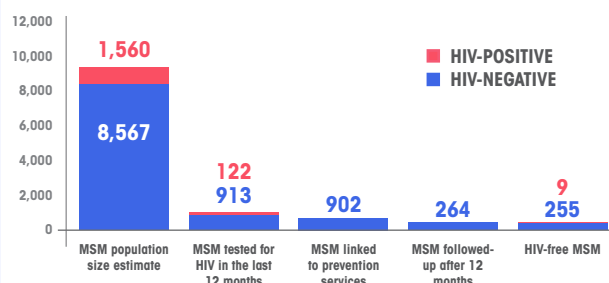
Figura 3.

HIV prevention cascades for MSM in eight Latin American and Caribbean countries, 2019.

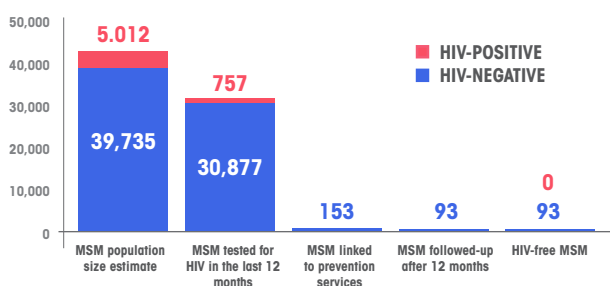
Bolivia: HIV prevention cascade: MSM (2019)



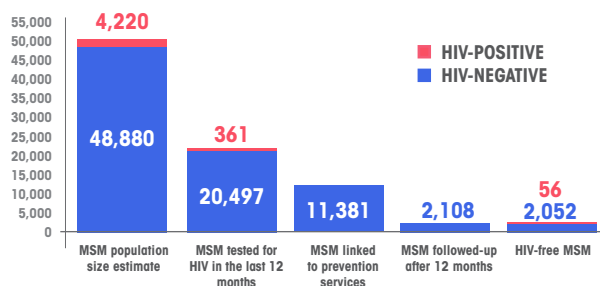
Costa Rica: HIV prevention cascade among the MSM who attend 8 HIV clinics (2019)



Ecuador: HIV prevention cascade among the MSM who attend to the Kimirina services (2019)



El Salvador: HIV prevention cascade: MSM (2019)

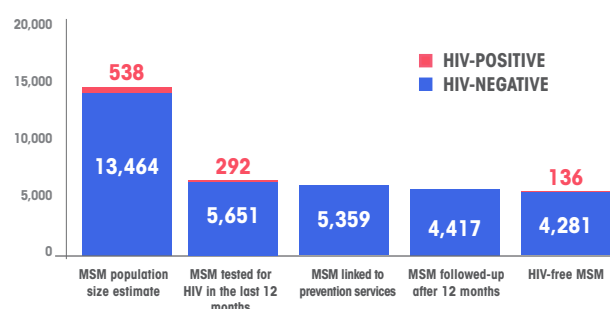


¹ For more information on the prevention and care cascades, see Pan American Health Organization. Framework for Monitoring HIV/STI Services for Key Populations in Latin America and the Caribbean. Washington, DC: PAHO; 2019. Available from: <http://apps.who.int/iris/bitstream/handle/10665/260233/9789241550239-eng.pdf>

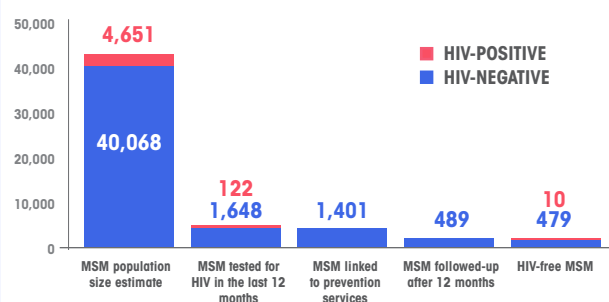
Figure 3.

HIV prevention cascades for MSM in eight Latin American and Caribbean countries, 2019 (*continuation*).

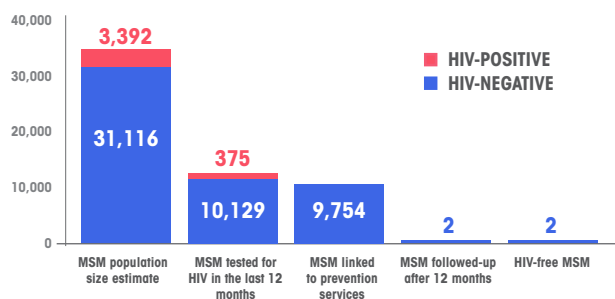
Guatemala: HIV prevention cascade among the MSM who attend to the CAS services (2019)



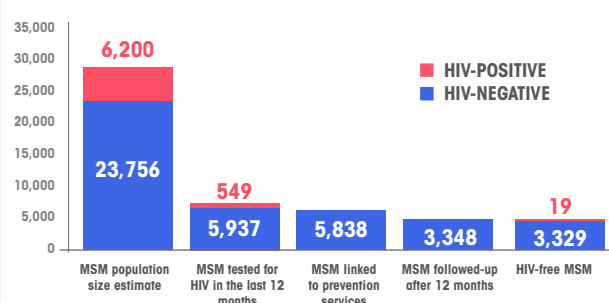
Honduras: HIV prevention cascade: MSM (2019)



Nicaragua: HIV prevention cascade: MSM (2019)



Paraguay: HIV prevention cascade: MSM (2019)



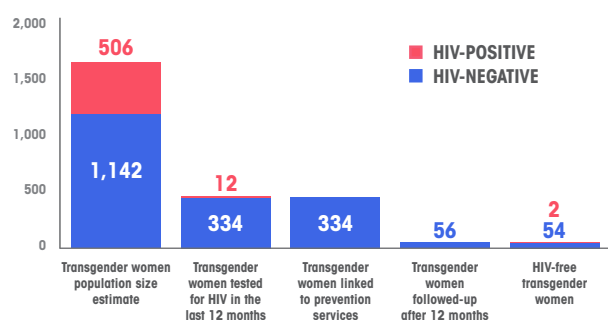
Note: The results shown in these cascades are an example of the work that countries have done and do not necessarily reflect the definitive figures for each country. In the case of Ecuador and Guatemala, the data are from NGOs (Kimirina and Colectivo de amigos contra el SIDA [Friends against AIDS Collective]).



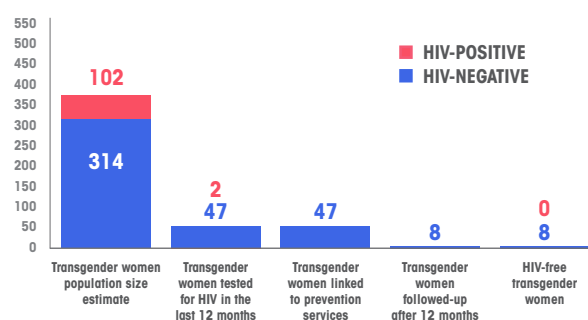
Figure 4.

HIV prevention cascades for transgender women in eight Latin American and Caribbean countries, 2019.

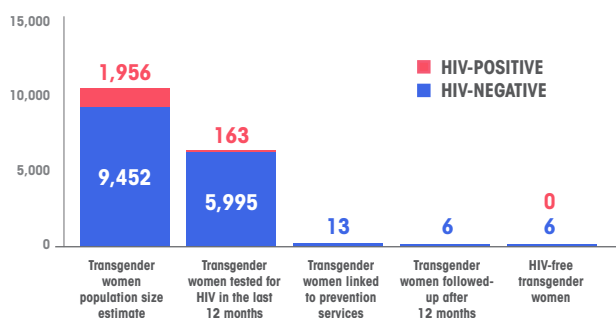
Bolivia: HIV prevention cascade: transgender women (2019)



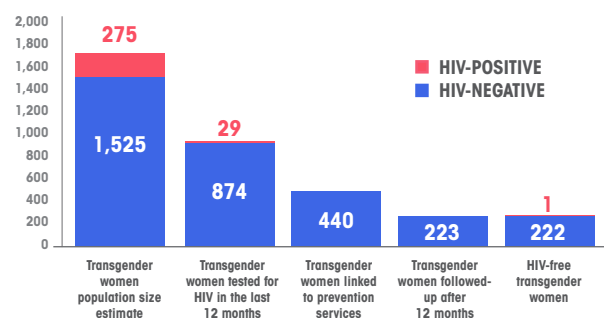
Costa Rica: HIV prevention cascade among the transgender who attend 8 HIV clinics (2019)



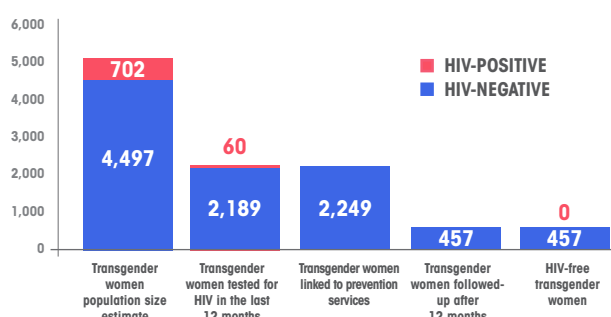
Ecuador: HIV prevention cascade among the transgender women who attend to the Kimirina services (2019)



El Salvador: HIV prevention cascade: transgender women (2019)



Guatemala: HIV prevention cascade among the transgender women who attend to the Otrans services (2019)



Honduras: HIV prevention cascade: transgender women (2019)

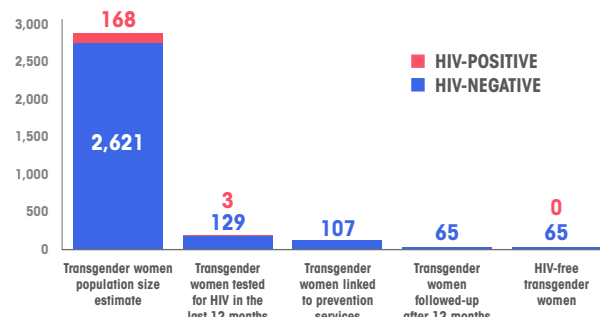
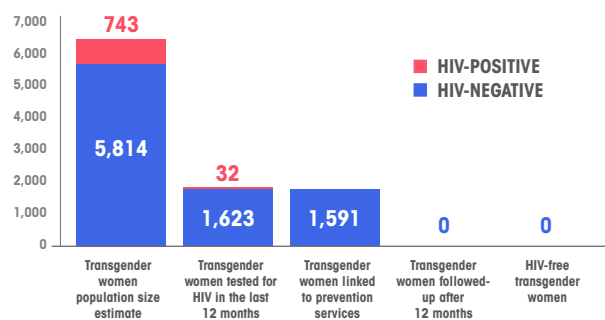
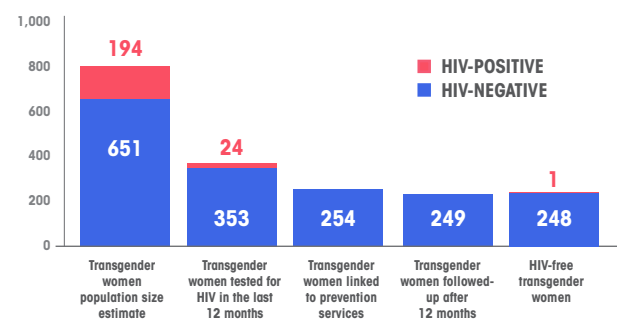


Figure 4.

HIV prevention cascades for transgender women in eight Latin American and Caribbean countries, 2019 (*continuation*).

Nicaragua: HIV prevention cascade: transgender women (2019)**Paraguay: HIV prevention cascade: transgender women (2019)**

Note: The results shown in these cascades are an example of the work that countries have done and do not reflect the definitive figures for each country. In the case of Ecuador and Guatemala, the data are from NGOs (Kimirina and OTrans).

Figure 5.

HIV prevention cascades for sex workers in four Latin American and Caribbean countries, 2019.

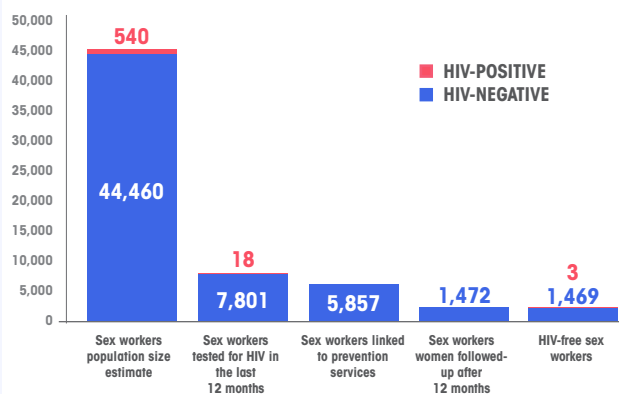
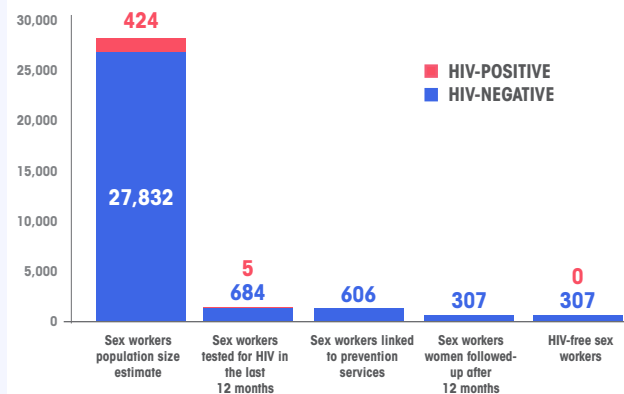
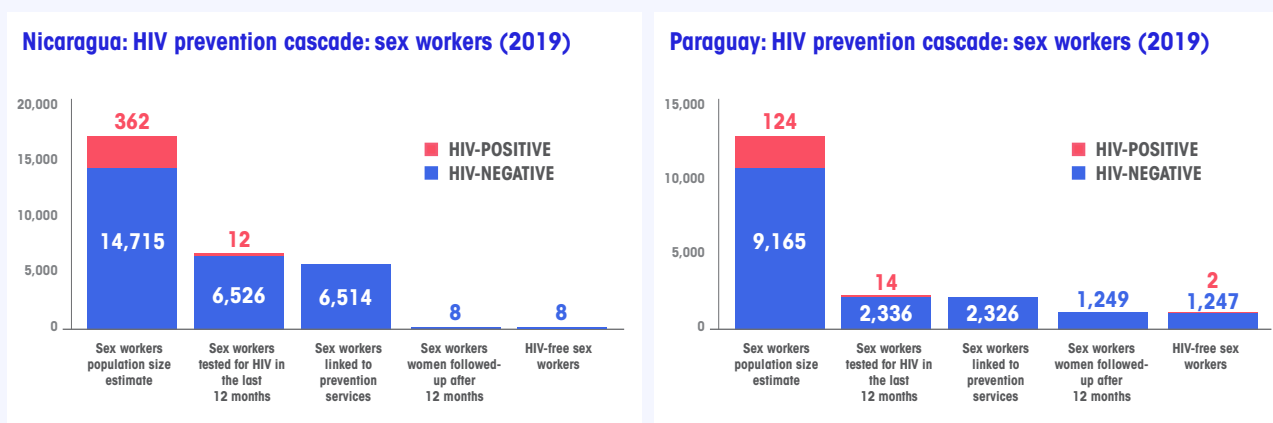
El Salvador: HIV prevention cascade: sex workers (2019)**Honduras: HIV prevention cascade: sex workers (2019)**

Figure 5.
HIV prevention cascades for sex workers in four Latin American and Caribbean countries, 2019 (*continuation*).



Note: The results shown in these cascades are an example of the work that countries have done and do not reflect the definitive figures for each country.

Box 1.

Country-level results of building and analyzing the HIV care and prevention cascades

- ✓ Updating and improving information systems **(5 countries)**
- ✓ Analysis of HIV prevention and care cascades **(8 countries)**
- ✓ Data quality improvement protocols **(1 country)**
- ✓ Updated strategic plans, concept notes on funding, introduction of new services, modification of model of care:
 - Introduction or expansion of pre-exposure prophylaxis (PrEP) **(7 countries)**
 - Introduction of post-exposure prophylaxis for consensual sex **(3 countries)**
 - Introduction of assisted partner notification **(2 countries)**
 - Review of HIV/STI service standards and protocols for key populations
 - Stigma and discrimination prevention workshops **(2 countries)**
 - Exercises to plan HIV testing goals **(2 countries)**

Measuring civil society's contribution to the provision of services



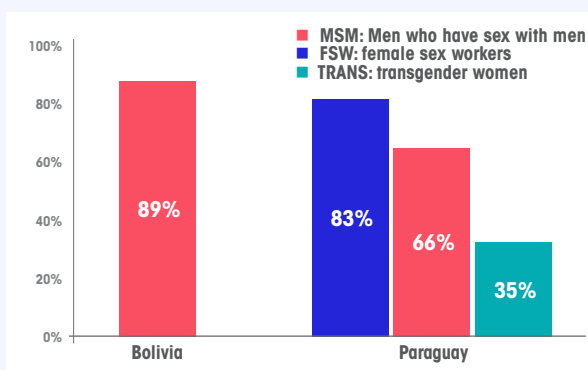
HIV testing in a community center in Jamaica.

The services provided by civil society organizations (CSOs) are key in the response to HIV. However, measuring their contribution and impact is challenging. As part of this project to strengthen information and the use of prevention cascade metrics, several countries have begun to analyze the services that CSOs provide to key populations. Integrating the resulting information into national health information systems can help improve data reliability, ensure transparency, promote sustainability, and guide strategic decision-making.

For example, CSOs conducted 89% of HIV testing of MSM in Bolivia in 2019. In Paraguay, CSOs conducted 66% of HIV testing for MSM, 83% for sex workers, and 35% for transgender women (**Figure 6**).

Figure 6.

Percentage of HIV tests carried out by civil society organizations, by key population, in Bolivia and Paraguay, 2019.





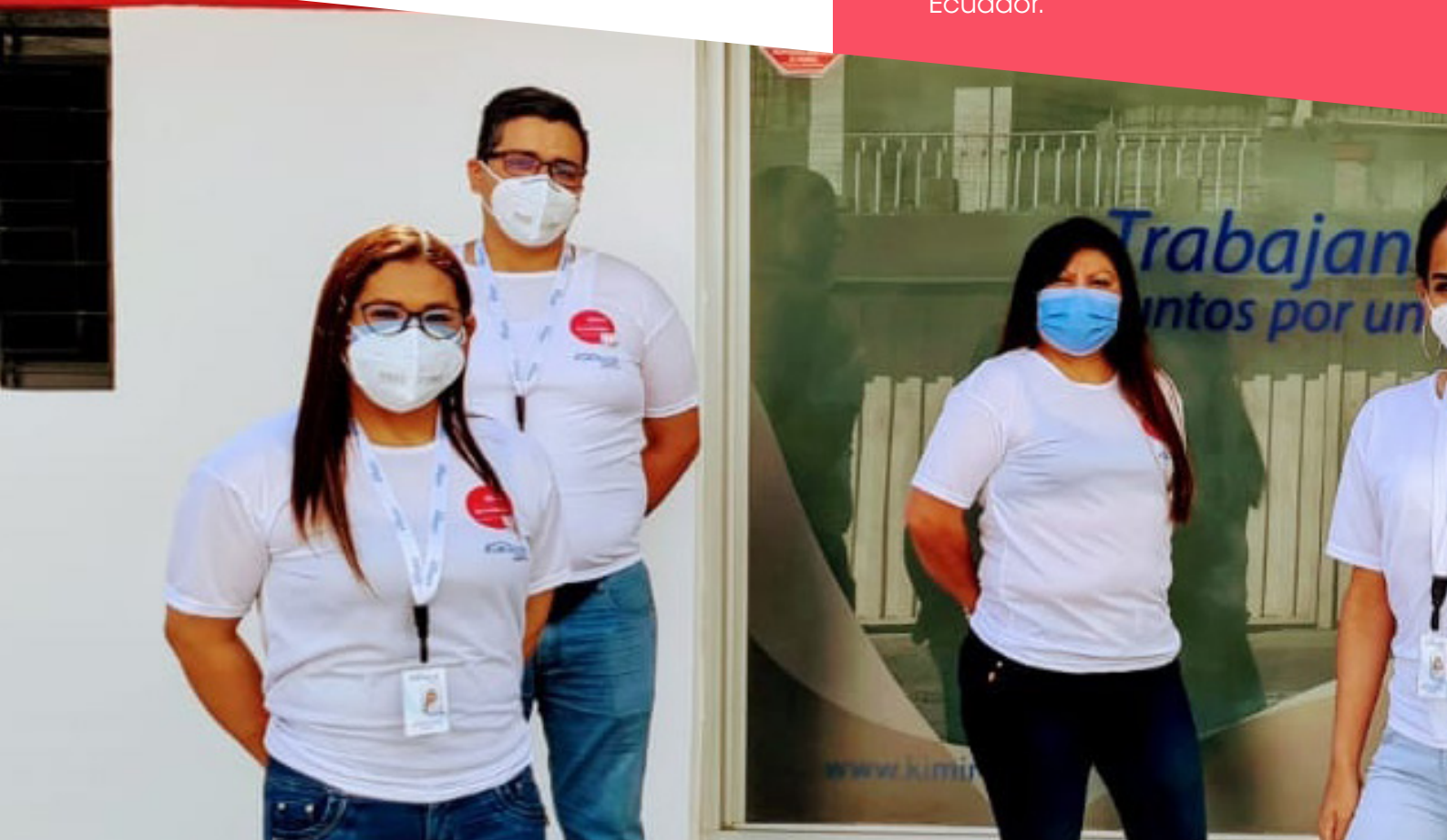
“Generating data and measuring services helps better direct our actions towards trans women to help reduce their risk of HIV.”

Debby Maya Linares, OTrans, Guatemala.

These analyses provide key arguments for the sustainability of services provided by CSOs, with national funding. Several CSOs have developed their own analyses of prevention cascades. The Friends against AIDS Collective and Otrans (both in Guatemala) and Kimirina (Ecuador) have led these analyses of prevention cascades for MSM and transgender women, and they are already using the results to improve the quality of their services.

“The cascade is a monitoring tool that allows us to objectively demonstrate our contribution to responding to the HIV epidemic in key populations. It also reflects the challenges in our efforts to reduce the number of new infections in these populations.”

Maria Elena Acosta, Kimirina, Ecuador.



2021 marks the beginning of the last decade for meeting the Target 3.3 of the Sustainable Development Goals: ending AIDS as a public health threat by 2030. In a scenario conditioned by the COVID-19 pandemic, it is necessary to optimize the use of resources to guide HIV prevention and control interventions. Improving strategic information is essential to help countries in the region achieve the HIV elimination targets.



Technicians from the Central Laboratory of the Tropical Medicine Institute in Asuncion (Paraguay).

The Pan American Health Organization (PAHO) recognizes the financial contributions made by The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to implement these cooperation actions in Latin America and the Caribbean. We especially appreciate the collaboration of the national HIV/STI programs in Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and the Dominican Republic, as well as that from civil society organizations that work with key populations in these countries.

