

Antiretroviral Treatment Adherence and the HIV Treatment Cascade in Central America

Authors: Hellen Centeno, El Salvador; Carlos Mejía, Guatemala and Ana Belen Arauz, Panama, as USAID | Central America Capacity Project consultants; **Roberto Leon** USAID | Central America Capacity Project, et al.
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Establishing the HIV treatment cascade in Central America

To harmonize antiretroviral therapy monitoring indicators and strengthen analytic capabilities in the region, the Council of Ministers of Health of Central America (COMISCA) and Pan American Health Organization, with technical assistance from the USAID | Central America Capacity Project, agreed to implement the Continuum of Care model. Countries agreed on the following objectives:

- 1 Establish the current status of ART adherence for people living with HIV (PLHIV) in El Salvador, Guatemala, and Panama by measuring viral suppression (below 50 copies/ml and 1000 copies/ml).
- 2 Construct the Continuum of Care Cascade model to analyze gaps in linkages to care, retention, and viral suppression in the three countries.

Steps toward harmonization

USAID | Central America Capacity Project worked with regional experts to develop a guide to track ART adherence based on viral load and to document the HIV treatment cascade (diagnosis, linkage to/retention in care, ART initiation, viral suppression). The analysis focused on data from HIV treatment clinics in 2013.

National HIV/AIDS programs in each country implemented the following steps to contextualize and implement a regional adherence monitoring guide:

- Step 1** Review and approve monitoring guide and define the timeline, along with the HIV clinics, WHO, UNAIDS, and PLHIV. Identify data sources for the Continuum of Care cascade.
- Step 2** Meet with key actors involved in care and registry of information related to antiretroviral treatment adherence to review the technical indicators of the HIV care services cascade.
- Step 3** Visit each of the HIV clinics for an additional random sampling of 20 files to confirm the accuracy of data originally sent via phone.
- Step 4** Ensure that data from the HIV clinics was gathered in a standardized and consistent manner for all countries.

Framework for this intervention

El Salvador, Guatemala and Panama estimated the total number of PLHIV with SPECTRUM software. Disaggregation categories include the total population of PLHIV linked to care at HIV clinics, number of patients on ART, and those patients with viral loads lower than 1000 and 50 copies/ml.

Adherence monitoring took place in 20 HIV clinics in El Salvador, 17 in Guatemala, and 8 in Panama.

The adherence monitoring exercise was observational; descriptive; and both cross-sectional and retrospective approaches. The summary of data was performed with absolute and relative frequency tables and bar graphs with percent frequencies.

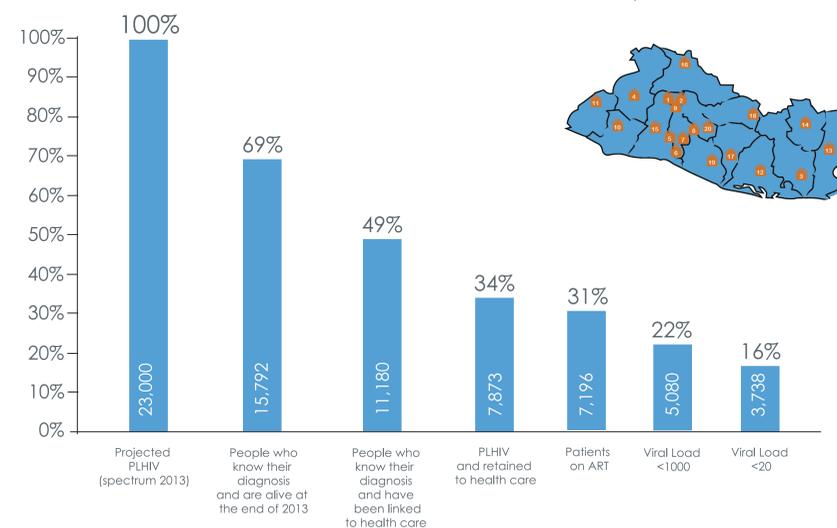
What the continuum of care cascades show us

Percentage of PLHIV in antiretroviral treatment with viral load < 1000 y < 50, ml, per country, 2013

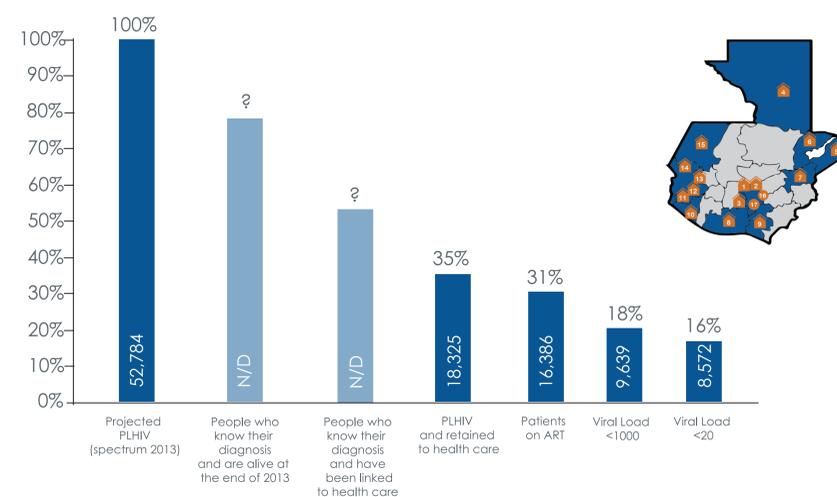
Country	PLHIV retained to health care	Patients on ART	% PLHIV on ART	Viral Load ≤ 1000	% PLHIV on ART with VL ≤ 1000	Viral Load ≤ 50	% PLHIV on ART with VL ≤ 50
El Salvador	7,873	7,196	91%	5,080	70%	3,738	47%
Guatemala	18,325	16,386	89%	9,639	59%	8,572	52%
Panama	8,524	7,782	91%	4,954	64%	4,292	55%

Source: USAID | Central America Capacity Project

Continuum of Care Cascade El Salvador, 2013



Continuum of Care Cascade Guatemala, 2013



The cascade identifies gaps in HIV services

All three countries show gaps in early diagnosis of HIV, linking patients to care and retaining PLHIV within health services. Overall 30%-50% of PLHIV are receiving treatment while 18%-32% had viral loads < 1000 copies/ml.

Countries must identify a strategy to improve early diagnosis of HIV, which includes actions to strengthen referral care systems linking and retaining PLHIV to the health system, particularly for key populations.

Improved national HIV registry systems require valid, accurate data that are updated daily, in order to analyze gaps at all stages of the Continuum of Care Cascade and focus evidence-based actions for increased adherence resulting in an improved quality of life and a reduction in HIV transmission.

HIV programs should strengthen coordination with health services and community organizations to achieve better retention and adherence, ultimately impacting on the PLHIV quality of life.

Using the cascade to establish goals and strategies

Using the Continuum of Care Cascade baseline, countries can establish goals where 90% of people know their serological status, 90% of PLHIV who know their status are on ARV treatment, and 90% of ART patients with a viral load < 50 copies/ml by 2020.

Each country should meet to define its national strategy to strengthen adherence in an organized manner with the central level, HIV clinics, PLHIV, community organizations and other key actors, performing coordinated actions based on the analysis of gaps identified through this exercise.

Continuum of Care Cascade Panama, 2013

