Key Population-Led Health Services to Optimize HIV Testing and Linkage to Care

Miguel Pedrola MD PhD
Scientific Director
Latin America and Caribbean
AIDS Healthcare Foundation
I have no conflicts of interest to declare

Miguel Pedrola MD
FAST-TRACK CITIES

Why cities? Cities are where epidemics are driven. The 200 cities most affected by HIV account for more than a quarter of PLHIV worldwide. In some countries, more than a half of PLHIV live in cities. Fast-tracking HIV responses in urban areas is therefore crucial to ending the AIDS epidemic.

Fast-Track Cities’ aim is to build upon, strengthen, and leverage existing HIV programmes and resources in order to accelerate locally coordinated, city-wide responses to:

- **Increase use of prevention strategies**
- **Reduce discrimination and stigma to ZERO**
- **Monitor progress through a standardised approach to data generation, analysis, and reporting**

### 90% - 90% - 90%

- **90%** Diagnosed
- **90%** On treatment
- **90%** Virologically suppressed

Accelerating efforts to attain the UNAIDS 90-90-90 targets to end the AIDS epidemic by 2030.
Distribution of new HIV infections (aged 15-49 years), by population group, Latin America, 2018

Remaining population 35%

Clans of sex workers and sex partners of other key populations 15%

Transgender women 4%

Gay men and other men who have sex with men 40%

People who inject drugs 3%

Sex workers 3%
HIV prevalence among key populations, Latin America, 2014-2018

Issues to consider

- Stigma
- Discrimination
- Punitive laws, regulations
- Unfriendly Health Systems
- Hostile Context
- Labor laws
- Poverty
- Other barriers
Tests performed by AHF during 2018

- 4,655,685 clients tested
- 139,424 identified positives
- Prevalence 3%
TRANSGENDER PEOPLE

121 PEOPLE TESTED WITH 21% PREVALENCE
MEN CLINIC
RECIFE, BRAZIL
Data from Testing in Recife Men Clinic

- 8220 men HIV tested with Prevalence 6%
- 8049 men Syphilis tested with Prevalence 22%
- 8146 men HVB tested with Prevalence 0.5%
- 8154 me HVC tested with Prevalence 0.4%
Distribution by group of positive tests

- Homosexual: 71%
- Bisexual: 14%
- Heterosexual: 8%
- MSM: 5%
- Trans people: 1%
- Unknown: 1%

Total (n): 473 positive HIV tests

Source: Monitoring follow up spreadsheet of Clinica do Homem
Data recoded from 05/14/2018 to 06/27/2019
251 TESTS, 8% POSITIVITY

TREATMENT CENTER: 110 PATIENTS
### HIV Prevalence in the Ngäbe Buglé Population of Panama

<table>
<thead>
<tr>
<th>District</th>
<th>People Tested</th>
<th>Mean age (±SD)</th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>MSM</th>
<th>1st Test (%)</th>
<th>Positive results</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chichica</td>
<td>120</td>
<td>34.3 (13.1)</td>
<td>69 (57.5)</td>
<td>51 (42.5)</td>
<td>6</td>
<td>97 (80.8)</td>
<td>5</td>
<td>4.16%</td>
</tr>
<tr>
<td>Cerro Iglesias</td>
<td>131</td>
<td>35.1 (16.8)</td>
<td>83 (63.3)</td>
<td>48 (36.7)</td>
<td>7</td>
<td>115 (87.7)</td>
<td>3</td>
<td>2.29%</td>
</tr>
<tr>
<td>Alte. Brigada Guaymies</td>
<td>90</td>
<td>30.7 (13.3)</td>
<td>53 (58.8)</td>
<td>37 (41.2)</td>
<td>11</td>
<td>56 (62.2)</td>
<td>3</td>
<td>3.33%</td>
</tr>
<tr>
<td>Eben-Ezer Changuinola</td>
<td>36</td>
<td>32.5 (12.3)</td>
<td>19 (52.7)</td>
<td>17 (47.3)</td>
<td>0</td>
<td>31 (86.1)</td>
<td>2</td>
<td>5.55%</td>
</tr>
<tr>
<td>Finca 2 Changuinola Bocas</td>
<td>35</td>
<td>36.1 (10.3)</td>
<td>13 (37.1)</td>
<td>22 (62.9)</td>
<td>1</td>
<td>28 (80.0)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Finca 3 Changuinola Bocas</td>
<td>45</td>
<td>34.7 (10.6)</td>
<td>14 (31.1)</td>
<td>31 (68.9)</td>
<td>2</td>
<td>41 (91.1)</td>
<td>1</td>
<td>2.22%</td>
</tr>
<tr>
<td>Los Algarrobos</td>
<td>45</td>
<td>36.5 (14.7)</td>
<td>34 (75.5)</td>
<td>11 (24.5)</td>
<td>0</td>
<td>36 (80.0)</td>
<td>6</td>
<td>13.33%</td>
</tr>
<tr>
<td>Lajero</td>
<td>57</td>
<td>24.0 (12.1)</td>
<td>40 (70.2)</td>
<td>17 (29.8)</td>
<td>0</td>
<td>54 (94.7)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Puerto Vacamonte</td>
<td>54</td>
<td>35.0 (12.9)</td>
<td>14 (25.9)</td>
<td>40 (74.1)</td>
<td>1</td>
<td>20 (37.0)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>La Mesa</td>
<td>85</td>
<td>35.7 (13.7)</td>
<td>49 (57.6)</td>
<td>36 (42.4)</td>
<td>5</td>
<td>31 (36.5)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Overall</td>
<td>698</td>
<td>33.6 (13.7)</td>
<td>388 (55.6)</td>
<td>310 (44.4)</td>
<td>33</td>
<td>509 (72.9)</td>
<td>20</td>
<td>2.86%</td>
</tr>
</tbody>
</table>

Pedrola et al. HIV AMERICAS 2017 P30
MAYA Q’EQCHI’ INDIGENOUS POPULATION
TOTAL January to July 2019

- TOTAL TESTADOS: 1517
- TOTAL MUJERES: 728
- TOTAL HOMBRES: 789
- TOTAL REACTIVOS: 34

Prevalence: 2.24%
Linkage to Care and on Treatment

- TOTAL REACTIVOS: 34
- TOTAL VINCULADOS: 33
- TOTAL TRATAMIENTO: 31
First intervention in a gay sauna with rapid tests for HIV infection in the city of Cordoba, Argentina.
First intervention in a gay sauna with rapid tests for HIV infection in the city of Cordoba, Argentina.

N = 53

Pedrola, M et al. P030 HIV/HEP AMERICAS 2018
Draft Paper: Argentinean HIV Prevalence in Drug Users Non Injectable
User Drug Tested n=548

Prevalence 4.7%

- Men: 374 (8 Negative, 154 Positive)
- Women: 154 (10 Positive)
- Transgender: 18 (0 Positive)
Refugees and Migrants of Venezuela in Latin America and the Caribbean

Cucuta AHF Colombia Clinic
HIV Care Cascade on AHF Colombia

- LTC: 627
- TX: 562 (90%)
- retained Tx: 555 (99%)
- Undetectable: 499 (90%)
How can we make the difference?

Patient centered approach

- Skilled team
- Zero Discrimination
- Differentiated working hours
- Convinient location
- Referral system
- Marketing &communication
- Resolutiveness (specially STIs)
- Focused in particular population

Focused in particular population (specially STIs)
Many thanks to AHF family

Dr. Mike Kahane
Dr. Adele Benzaken
Dr. Patricia Campos
Lic. Saul Paau
Dr. Liliana Forero
Mr. Beto de Jesus
Dr. Jose Sebastián
Mrs. Natalia Haag
Dr. Guillermina Alaniz
Mr. Sal Guillen
and all Latin America and Caribbean Bureau