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TARGETS UPDATE

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City Case Studies: Buenos Aires

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TARGETS UPDATE

Argentina: current status of the HIV pandemic

Estimated HIV prevalence

- General population: 0.4%
- MSM: 12-15%
- TGW: 34%
- SW: 2-5%

Argentine HIV Cascade - 2021

- 83% knows their diagnosis
- 75% on ART
- 71-75% virally suppressed



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Argentina: current status of the HIV pandemic

Gráfico 7. Porcentaje de diagnóstico tardío de VIH según vía de transmisión sexual y grupo de edad en varones cis, Argentina, 2019-2020*.

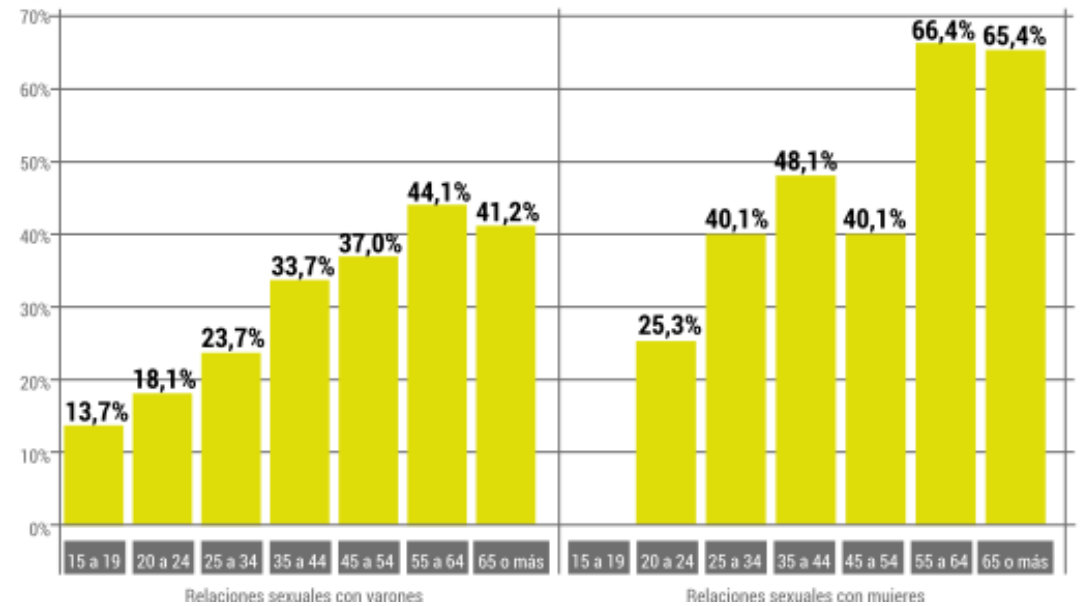
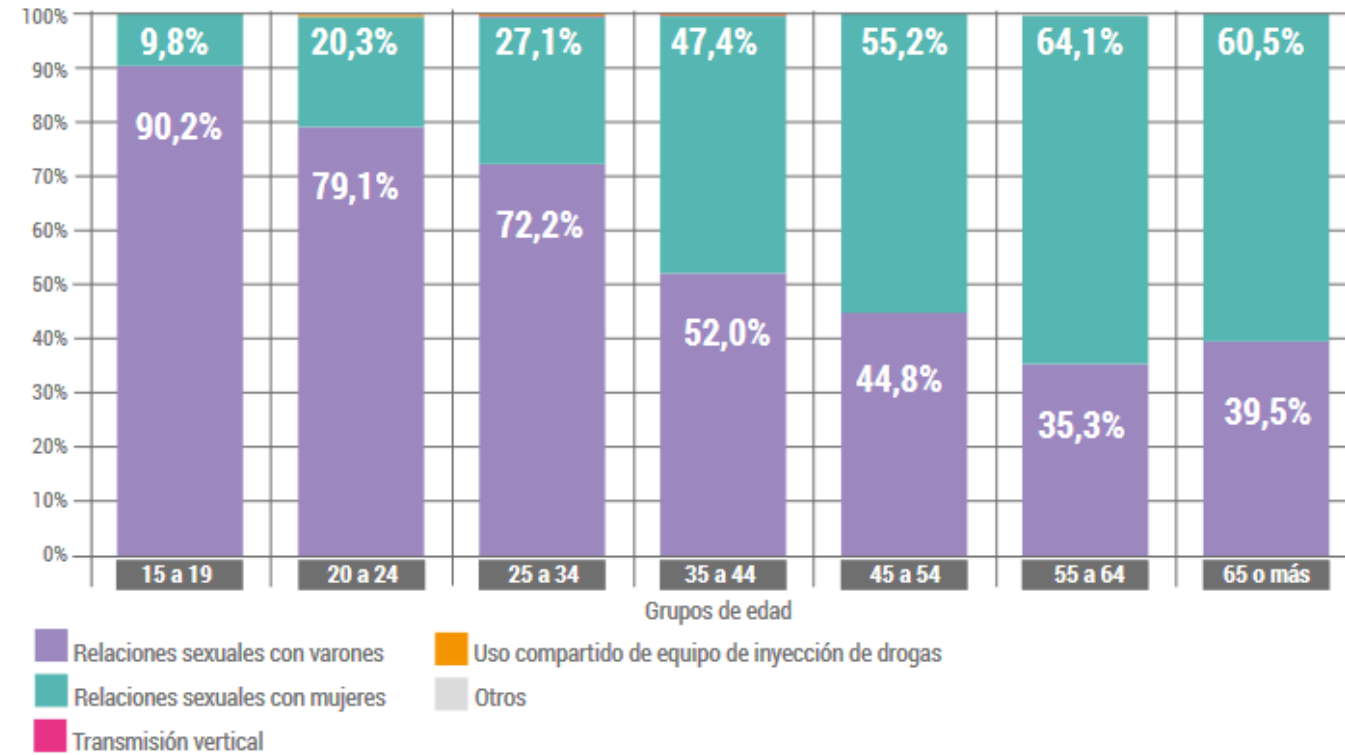


Gráfico 13. Distribución de las vías de transmisión del VIH en varones cis según grupo etario. Argentina, 2019-2020*.



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Source: Argentina's National Ministry of Health, 2021

Argentina: healthcare system structure

- Public healthcare system: publicly funded, universally accessible, free of out-of-pocket charge. ~ 40% of population.
- Social security healthcare system: funded and managed by entities under the control of workers unions. Covers individuals employed or retired under the formal sector. ~ 50% of population.
- Private healthcare system: provides optional, private health insurance. ~10% of population.

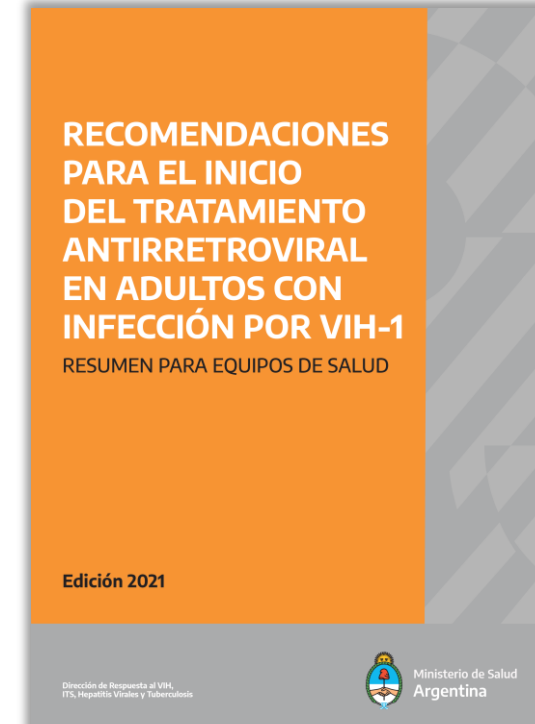
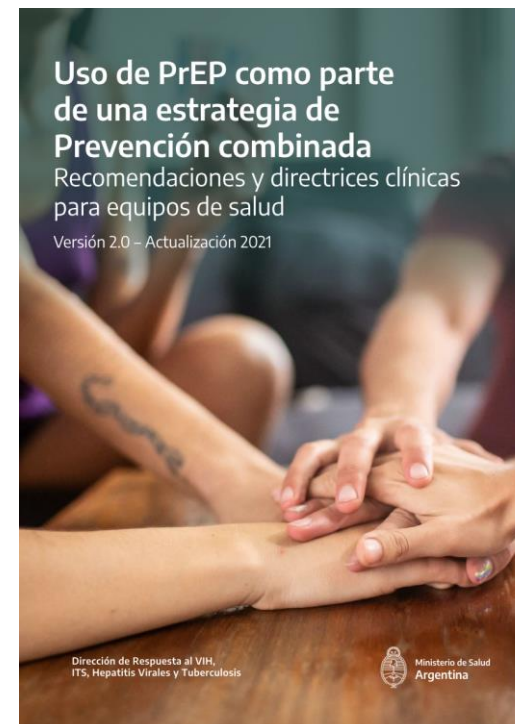
~65% of all PLHIV in Argentina receives care and ART in the public healthcare system.

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Source: Argentina's National Ministry of Health, 2021

Argentina: current status of the HIV pandemic



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Source: Argentina's National Ministry of Health, 2021

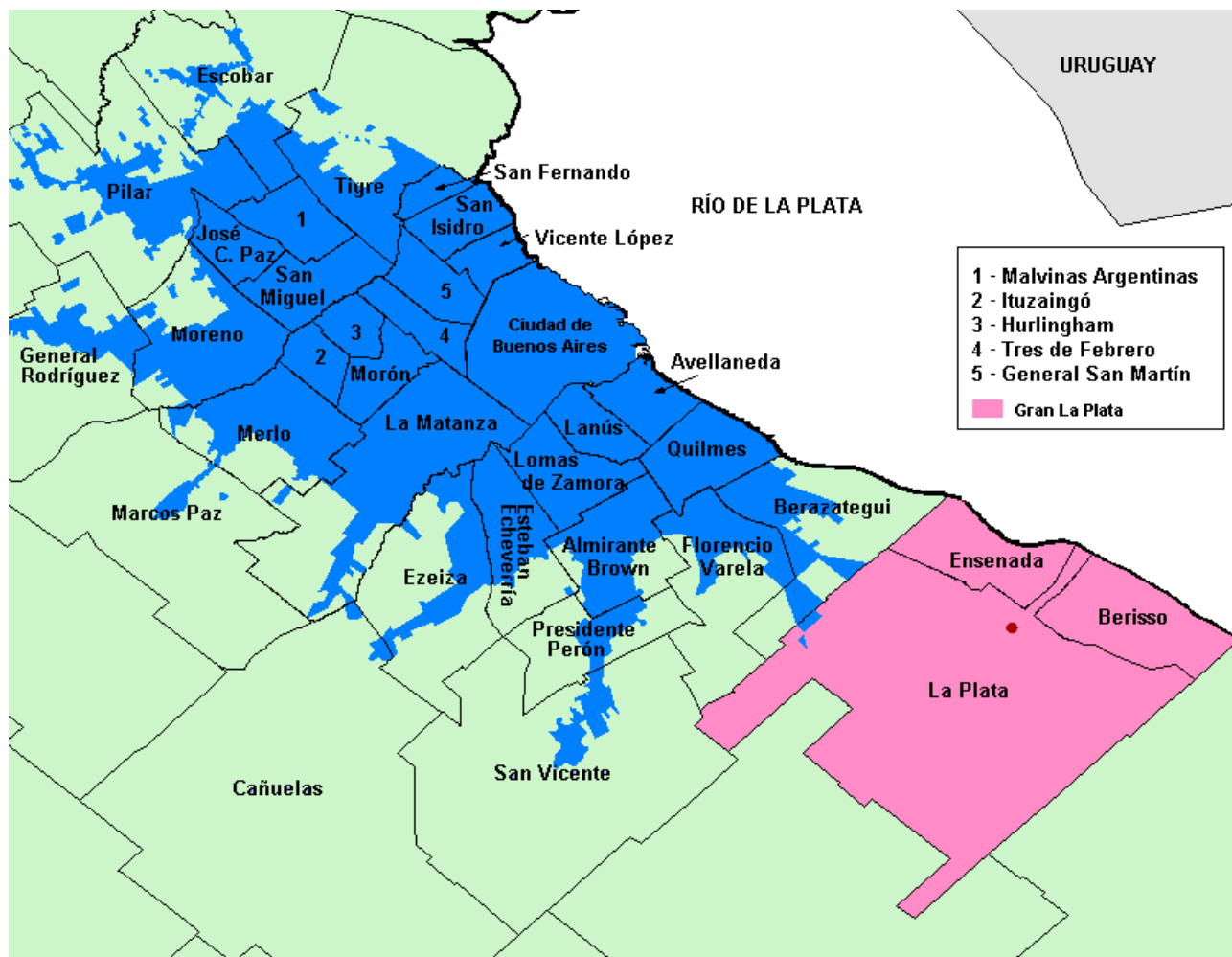
Fast Track City Program: the Argentina experience

39 Municipalities have signed the Paris Declaration so far

- *Buenos Aires City* (2015)
- *Province of Santa Fe*: Municipality of Rosario (2015) and Municipality of Perez (2021)
- *Province of Mendoza*: Municipality of Mendoza, capital city (2016),
- *Province of Córdoba*: Municipality of Córdoba, capital city (2016)
- *Province of Buenos Aires*: Municipalities of Merlo, Berisso, General Alvear, La Matanza, Brandsen, General Paz, La Plata and Tandil (2016); Campana, Escobar, Exaltación de la Cruz, José C. Paz, Malvinas Argentinas, Pilar, San Fernando, San Isidro, San Martín, Tigre, Vicente López, Zárate (2018)
- *Province of Santiago del Estero*: Municipalities of Santiago del Estero (Capital City) and Termas de Río Hondo (2021)
- *Province of San Juan*: Municipality of San Juan (Capital City), Santa Lucía and Chimbas (2021)
- *Province of Jujuy*: Municipalities of San Salvador (Capital City), Ledesma, Fraile Pintado, San Pedro, Palpalá, Perico y La Quiaca (2021)
- *Province of Entre Ríos*: Municipalities of Concordia and Concepción del Uruguay (2021)

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Focus on Buenos Aires Metropolitan Area



Buenos Aires City

203 km²

Population: 3.1 million

Buenos Aires Metropolitan Area

14.000 km²

Population: 15 million

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Focus on Buenos Aires Metropolitan Area



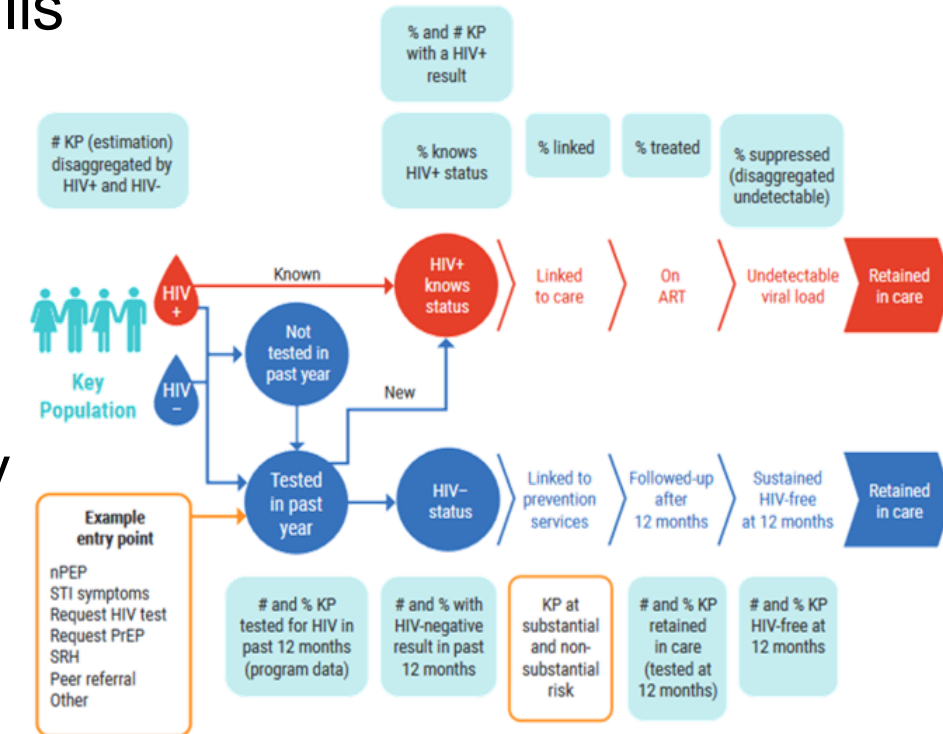
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Source: unequalscenes.com

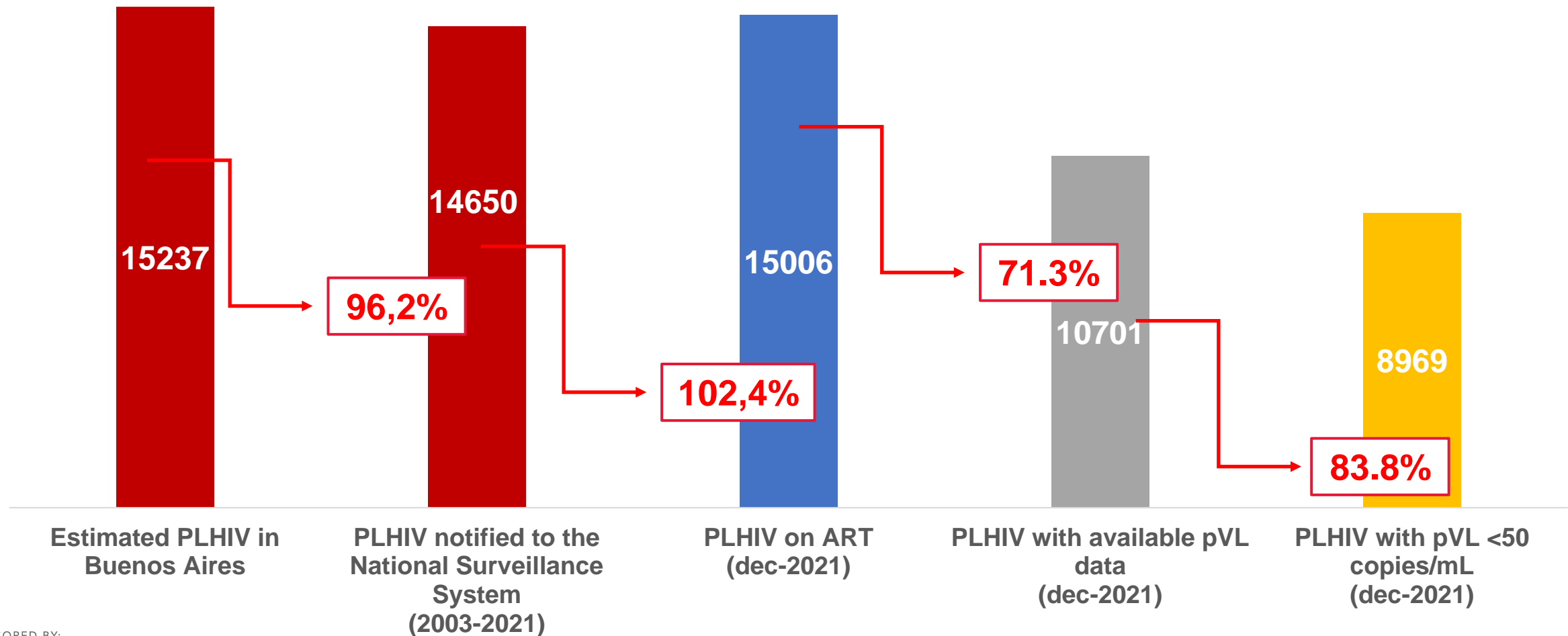
Implementation of combined prevention health services Buenos Aires 2022

- 58 sites offering rapid POC testing for HIV and syphilis
- Wide distribution of penile condoms
- Female condom acceptability survey
- 2300 transgender people receiving hormone therapy
- Scaling up PrEP (~1000 active users) and PEP
- Expanding access to care for PLHIV and ART with focus on primary-care settings
- Ongoing HIV ST acceptability and feasibility pilot in KP.



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The Buenos Aires Cascade of care of PLHIV – 2021

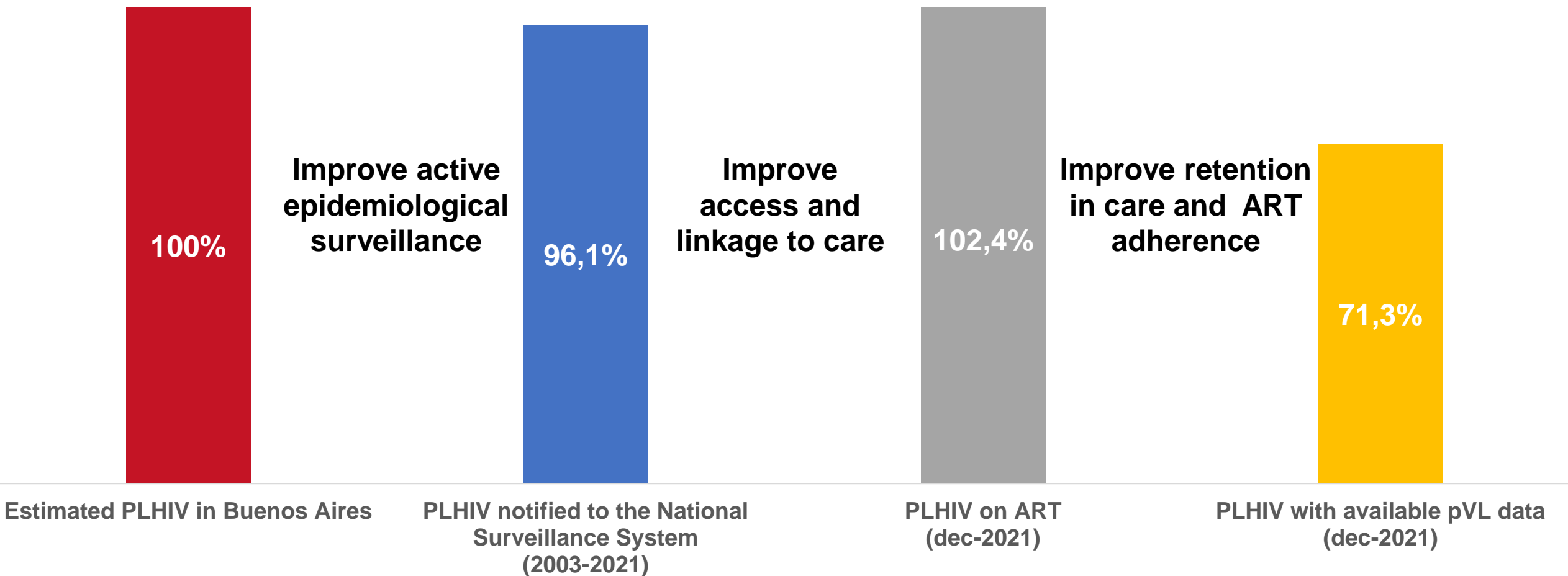


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Source: Buenos Aires Ministry of Health
ART and pVL data includes only PLHIV receiving care in the public healthcare system
(residents + non-residents)

Buenos Aires – Gaps and proposed strategies towards 95-95-95

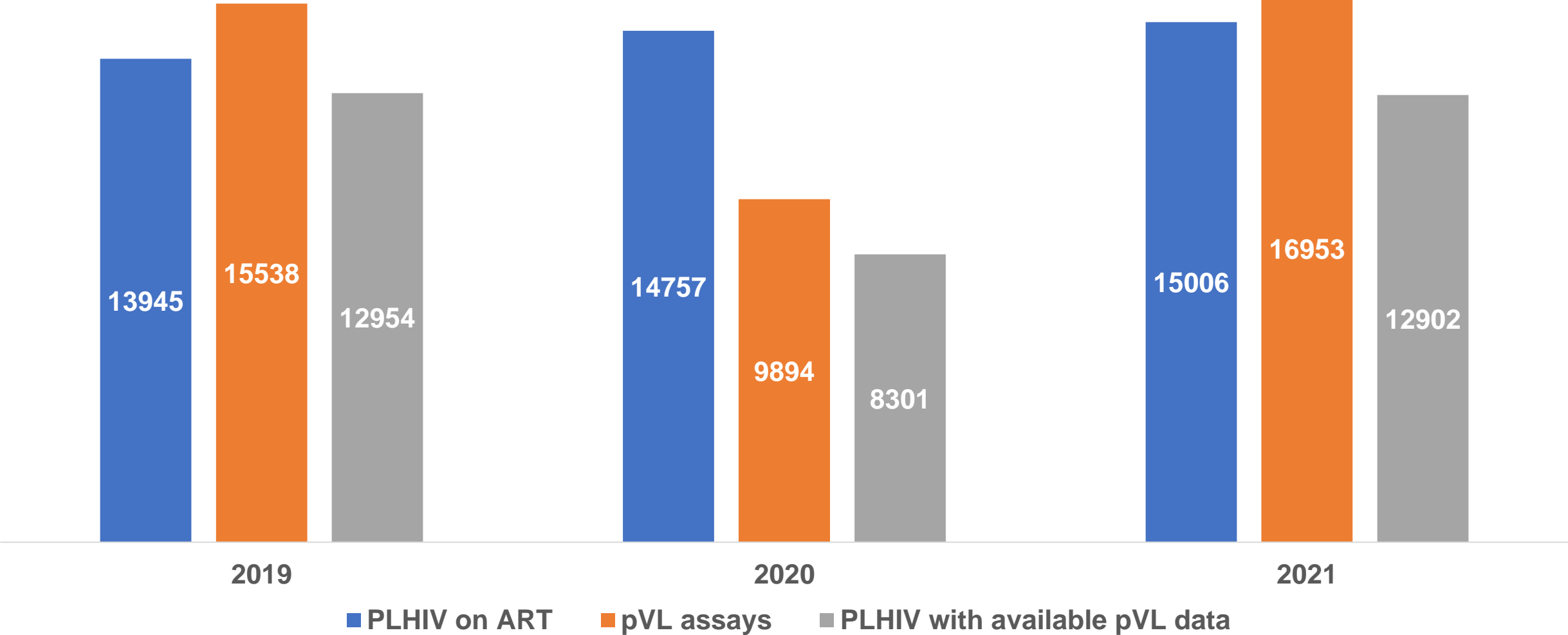


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Source: Buenos Aires Ministry of Health
ART and pVL data includes only PLHIV receiving care in the public healthcare system (residents + non-residents)

COVID-19 pandemic impact on access to ART and care

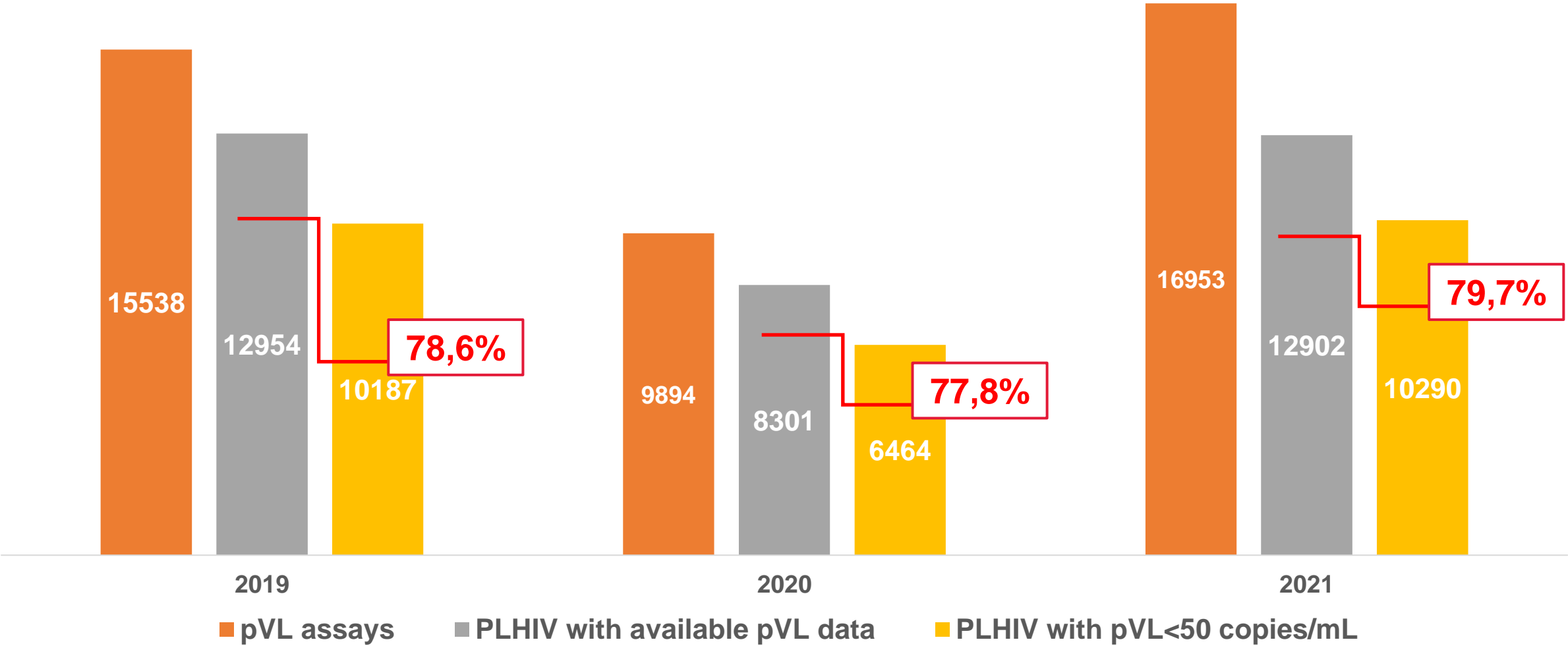


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Source: Buenos Aires Ministry of Health
ART and pVL data includes only PLHIV receiving care in the public healthcare system
(residents + non-residents)

COVID-19 pandemic impact on the pVL monitoring coverage



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Source: Buenos Aires Ministry of Health

Conclusions

- Improvements are required in population estimations and monitoring frameworks for the sub-national levels.
- DSD with focus hard-to-reach populations should be considered to improve access to ART for those not linked to care.
- Collaboration between healthcare system and community played a major role in maintaining access to ART and care throughout the pandemic.
- Additional efforts are needed to achieve the 95-95-95 goals.

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Acknowledgements

- Community of PLHIV.
- Argentine National HIV, STI, Viral Hepatitis and TB Program.
- Buenos Aires Coordination for Sexual Health, HIV and STI.

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