

2014

Antiretroviral Treatment in the Spotlight: A Public Health Analysis in Latin America and the Caribbean

KEY MESSAGES

- The number of persons on antiretroviral treatment (ART) in Latin America and the Caribbean (LAC) continues to increase, reaching an estimated 795,000 persons at the end of 2013. This indicates that 44% [34%-50%] of all persons living with HIV in LAC are receiving lifesaving treatment. In addition, the percentage of all children living with HIV (0-14 years) on ART is estimated to be 51% [38%-63%].
- Countries in the region have adhered to ambitious but feasible programmatic targets by 2020 to guide the regional response to HIV post-2015: 90% of people living with HIV diagnosed; 90% of those eligible on ART; 90% of those on ART with viral suppression. An additional target of reducing late diagnosis (<200 CD4 cells /mm³) below 10% among newly diagnosed individuals was also included.
- Regionally, in 2013, an estimated 71% of people living with HIV were aware of their status, 56% of persons eligible for treatment were receiving ART and 77% of persons on treatment had achieved viral load suppression. In addition, 35% of new cases were diagnosed late in the course of the infection.
- In 2013, approximately 71% of patients on ART were on a first-line regimen, 24% on second-line and 5% on third-line regimen. This indicates that an estimated 29% of patients have already experienced a treatment failure.
- Countries in LAC have significantly improved in the public health approach to prescribing practice of ART. The median number of regimens in use in Latin America and the Caribbean is respectively 7 for first-line and 9 for second-line. Nevertheless the number of regimens in use still exceeds 15-20 in a number of countries.
- In 2013, 79% of patients on first-line were being prescribed a WHO-recommended regimen (preferred or alternative). In 2013, 31% of patients on first-line were using the WHO preferred regimen, either TDF+3TC+EFV (18.2%) or TDF+FTC+EFV (12.4%).

1. BACKGROUND AND OBJECTIVES

In Latin America and the Caribbean (LAC), the number of patients on antiretroviral treatment (ART) has continued to grow and the region leads the world, among middle- and low-income countries, with respect to providing ART. In the last two years, the region has adopted the Treatment 2.0 (T2.0) Initiative(1) and countries have incorporated it into their national programs, supported by the new 2013 World Health Organization (WHO) guidelines for the use of antiretroviral drugs for treating and preventing HIV infection(2). Since 2012, fifteen joint T2.0 missions have been conducted, and National Programs started updating national guidelines to align them with the new WHO recommendations, and made plans to transition patients to more effective and less toxic regimens.

In the region, countries have also adopted the model of the continuum of HIV care and are monitoring key milestones of the so-called HIV care and treatment cascade: HIV diagnosis, linkage to services, retention in care, access to treatment and viral suppression(3).

In 2012 and 2013, the Pan American Health Organization (PAHO) published *Antiretroviral Treatment in the Spotlight: an Analysis of Public Health in Latin America and the Caribbean*(4). The 2013 report represented a product of the collaboration with key partners in the response to HIV in Latin America and the Caribbean, such as the HTCG and civil society networks.

The present report builds on the previous ones, taking advantage of the progress of implementation of the Treatment 2.0

Initiative in the region, and addresses key aspects of ART program management and innovation, as well as strategic monitoring of the continuum of HIV care.

2. DATA SOURCES AND METHODS

- The data included in this report were submitted by countries and territories (herein referred to only as “countries”) in the region to WHO and UNAIDS as part of the national reports on the health sector response to HIV/AIDS for the 2014 Global AIDS Response Progress Reporting (GARPR) (5). Data were also taken from WHO AIDS Medicine and Diagnostic Services (AMDS) surveys on the use of antiretroviral drugs, reported by the competent agencies in each country to PAHO/WHO, and from published secondary sources.
- Information on drug shortages was obtained from:
 - National reports on the health sector response to HIV/AIDS, that contained the number and percentage of establishments that dispense ARV and that included at least one episode of shortage of supplies.
 - WHO surveys on the use of ARV that report the number of shortages and their causes.
- The data on new infections come from UNAIDS.
- The data on antiretroviral procurement come from the PAHO Strategic Fund.
- Regional coverage of antiretroviral treatment among persons eligible for treatment was estimated using the assumption that 80% of the estimated number of persons living with HIV are

eligible for ART under the new WHO 2013 recommendations. In addition, the proportion of all persons living with HIV that are on antiretroviral treatment was also calculated based on UNAIDS Spectrum estimates.

3. RESULTS

3.1. POLICIES

Multiple policies are in place regarding ART initiation criteria and ART regimens recommended in LAC (Figure 1, Appendix Table 1).

- **CD4 cell/mm³ cutoff for ART initiation**

- Initiation of ART at 500 CD4 cells/mm³ is currently recommended in the majority of countries (23 out of 33 countries reporting) while 8 countries recommend initiation at 350 cells/mm³ and 1 country recommends initiation at 200 cells/mm³.
- One country currently encourages initiation of ART regardless of CD4 cell count (Brazil).

- **ART initiation among specific populations**

- Among people co-infected with active tuberculosis, the majority of countries currently recommend ART initiation regardless of CD4 cell/mm³ count (29 out of 30 countries reporting).
- Among people co-infected with hepatitis B, slightly fewer but still the majority of countries currently recommend ART initiation regardless of CD4 cell/mm³ count (24 out of 28 countries reporting).

- Among serodiscordant couples, even fewer but still the majority of countries currently recommend ART initiation regardless of CD4 cell/mm³ count (21 out of 33 countries reporting).

- **ART among children**

- ART initiation regardless of CD4 cell/mm³ count is currently recommended for children <1 year of age in 9 countries, for children <2 years of age in 9 countries and in children <5 years of age in 9 countries.
- Initiation of ART for children <3 years of age with lopinavir/ritonavir-based regimens is currently recommended in only 14 out of 17 countries reporting data.

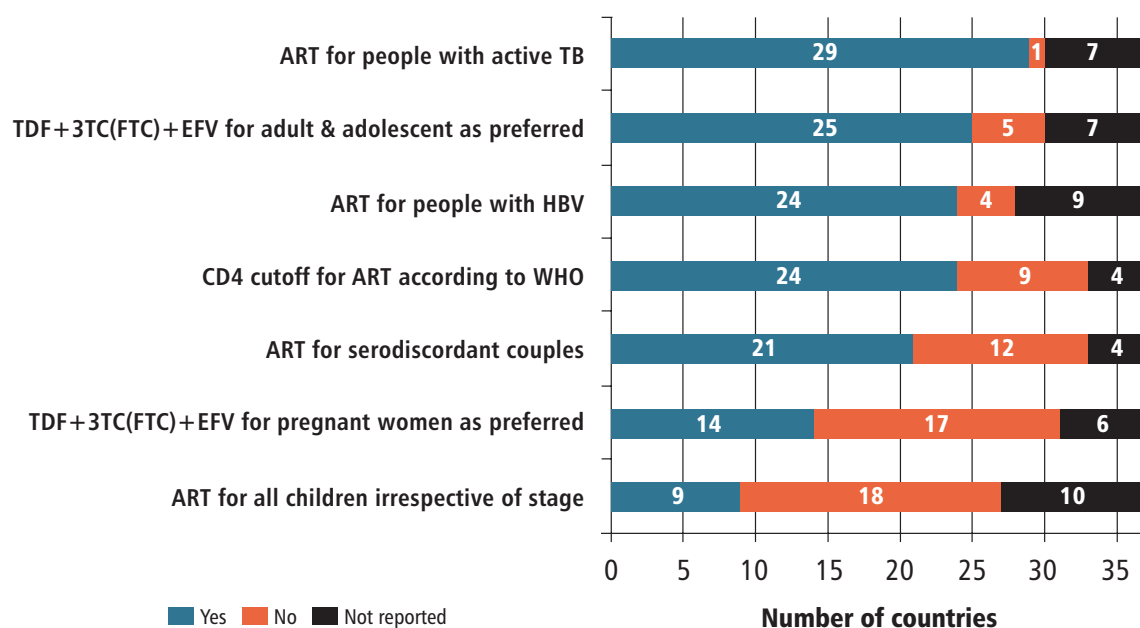
- **ART among pregnant women**

- Initiation of TDF + 3TC (or FTC) + EFV as the preferred regimen for pregnant and breastfeeding women is recommended in 14 of 31 countries reporting.
- Option B+ (defined as WHO-recommended life-long ARVs for all HIV-positive pregnant women) is currently recommended in the majority of countries (30 out of 35 countries reporting). The remaining 5 countries provide Option B (defined as ARVs during pregnancy and breastfeeding).

- **ART initiation with WHO preferred regimen among adults and adolescents**

- Initiation of TDF + 3TC (or FTC) + EFV as the preferred regimen for adults and adolescents is recommended in a majority of countries (25 out of 30 reporting).

FIGURE 1. Policies related to treatment of HIV in Latin America and the Caribbean, 2013.



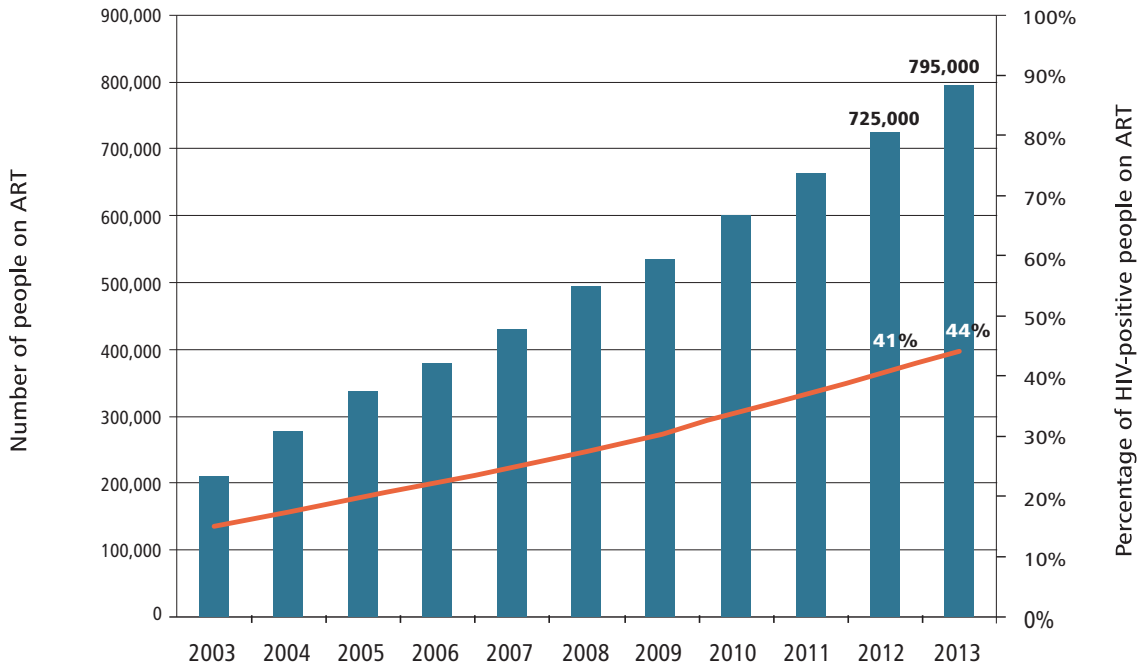
Source: UNAIDS/WHO Country Global AIDS Response Progress Reports (2014) and PAHO direct communication with countries, 2014.
 Note: 23 countries adopted the cutoff of 500 CD4; 1 country initiates ART irrespective of CD4 count; 8 countries use cutoff of 350 CD4 and 1 country uses cutoff of 200 CD4.
 9 countries recommend initiating ART for all children under 1 year of age; 9 countries recommend initiating ART for all children under 2 years of age; 9 countries recommend initiating ART in all children under 5 years of age.

3.2. ART COVERAGE AND TREATMENT OUTCOMES

- The number of adults and children on ART in LAC increased from 725,000 in 2012 to 795,000 in 2013 (Figure 2).
- In 2013, 44% [34%-50%] of all people living with HIV in low and middle income countries in LAC were on ART, a 29% increase since 2010 (Figure 2). In addition, the percentage of children living with HIV (0-14 years) on ART is estimated to be 51% [38%-63%].
 - In Latin America, 45% [33%-49%] of all people living with HIV were on ART in 2013. Specifically 64% [42%-84%] of children were covered compared to 44% [33%-50%] of adults.

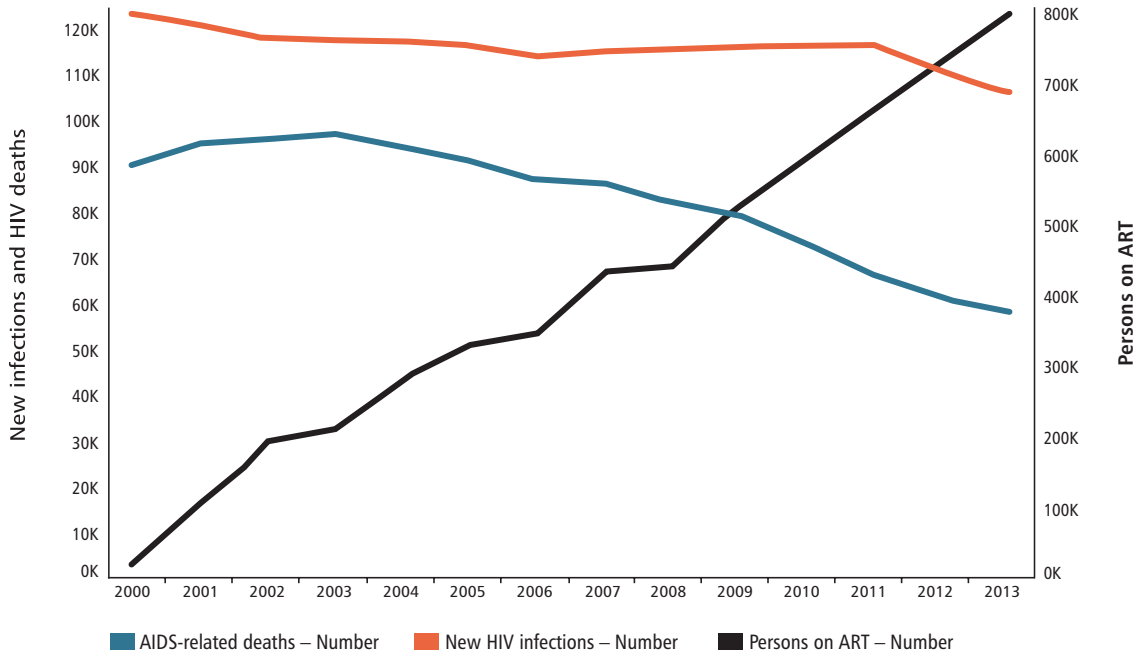
- In the Caribbean, among only seven countries reporting, only 24% [20%-28%] of children were covered compared to 42% [37%-47%] of adults. This low percentage of children covered by ART is due to some countries reporting very low coverage among children, including Dominican Republic (28% [12%-30%]) and Haiti (20% [17%-23%]).
- Despite significant increases in ART coverage over time, the number of deaths has not dramatically decreased over time and the number of new HIV infections has remained relatively stable (Figure 3). This indicates a need to better understand the epidemiology of this situation, to assure that prevention follows a combination approach, to promote earlier diagnosis and access to ART and to work to close the gap between those in need of treatment and those on treatment.

FIGURE 2. Number of HIV-positive adults and children on ART in Latin America and the Caribbean and percentage of HIV-positive adults and children in Latin America and the Caribbean on ART, 2003-2013.



Source: WHO, Universal Access Reports, 2005-2014; PAHO, 2013 ART in the Spotlight Report.
 Note: Number of persons on treatment in all years includes low, middle and high income countries in the Region. Percentage of persons on treatment includes data from low and middle countries in LAC.

FIGURE 3. Estimated new HIV infections, AIDS-related deaths and persons on ART in Latin America and the Caribbean, 2000-2013.



Source: 2014 UNAIDS Gap Report: HIV estimates, 200-2013 and UNAIDS/WHO Country Global AIDS Response Progress Reports (2014)
 Note: Data comes from low, middle and high income countries in LAC.

3.3. NEW REGIONAL TARGETS FOR HIV: 90/90/90 AND THE HIV CONTINUUM OF CARE AND TREATMENT CASCADE

The First Latin American and Caribbean Forum on the Continuum of Care was held in Mexico City, May 26-28, 2014. The theme was *from diagnosis to effective treatment: optimizing the stages in the continuum of care*, with the aim of contributing to the expansion and sustainability of the HIV response and in particular the comprehensive care through partnerships between national programs, health services, clinicians and representatives of civil society. The Forum was attended by over a hundred people from 26 countries and included representatives of National HIV / AIDS Programs, scientists, academics and experts in HIV, civil society and the different collaborating organizations and sponsors of the event (Department of Health, Mexico, Government of Brazil, Horizontal Technical Cooperation Group [GCTH], Aids Healthcare Foundation [AHF], International Association of Providers of AIDS Care [IAPAC], U.S. Government [PEPFAR, USAID, and CDC], PANCAP, UNAIDS [Regional Support Team in Latin America and the Caribbean], PAHO/WHO).

During that forum, participants agreed to new ambitious but feasible programmatic targets (called “90-90-90”) by 2020 to guide the regional response to HIV post-2015: 90% of people living with HIV diagnosed; 90% of those eligible for treatment on ART; 90% of those on ART with viral suppression. Participants also proposed that countries define national goals based on regional ones (90-90-90) to expand HIV treatment and care and to use these targets as tools for political advocacy.

- With regards to the 90-90-90 targets, the baseline regional situation in 2013 shows that an estimated 71% of persons with HIV were aware of their status, 56% of persons eligible for treatment were receiving it, and 77% of persons on treatment were virally suppressed (the later with significant variation among countries, from 43% to 88%).
- Based on the 2013 regional cascade of the continuum of care, an estimated 71% of people living with HIV were aware of their HIV-positive status, while 44% were currently on ART and 34% achieved viral load suppression (Figure 4).

TABLE 1. Latin America and the Caribbean Regional agreed upon HIV targets by 2020.

GOALS FOR 2020	REGIONAL 2020 TARGETS
To close the gap of persons living with HIV that do not know their diagnosis	Percentage of persons living with HIV that know their diagnosis $\geq 90\%$
Increase the coverage of persons living with HIV on antiretroviral treatment ^a	Percentage of persons with HIV eligible for treatment that receive ART $\geq 90\%$ ^b
Increase the number of persons on treatment with suppressed viral load	Percentage of persons on treatment with a suppressed viral load $\geq 90\%$ ^{c,d}
Earlier HIV diagnosis and access to care: reducing the percentage of persons with baseline CD4 under 200 cel/mm³	Percentage of persons with baseline CD4 under 200 cel/mm ³ $\leq 10\%$

Notes:

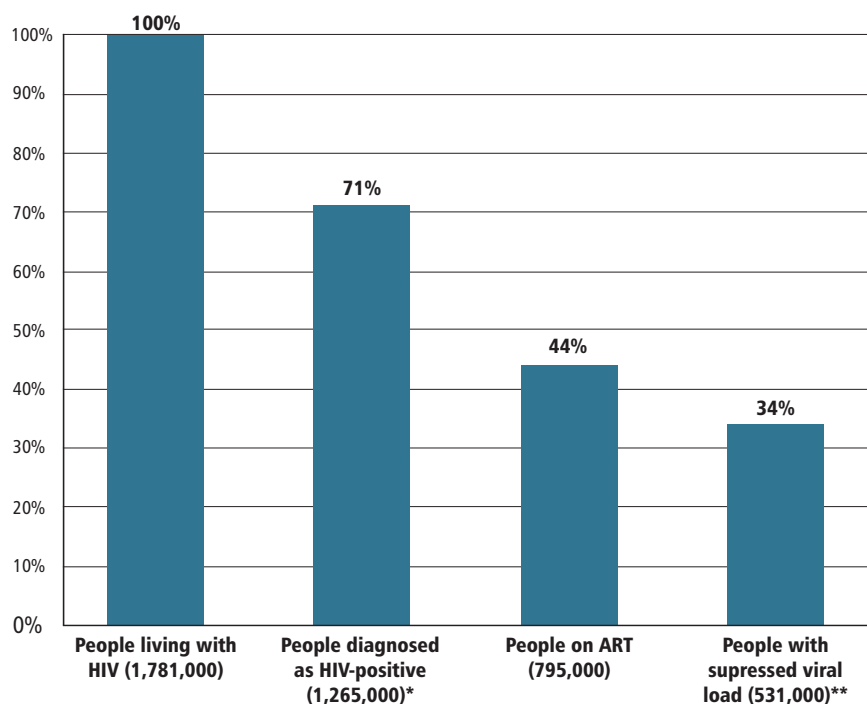
a Including a subtarget for children: By 2020, 90% or more of children (0 to 14 years of age) eligible for treatment receive ART.

b Persons on ART should represent approximately 80% of total persons living with HIV.

c Persons with suppressed viral load should represent approximately 75% of persons living with HIV.

d Viral suppression: viral load $< 1,000$ copies/mm³. A higher cutoff level for viral load suppression, requiring an undetectable viral load (e.g. < 50 copies) is the target applied among most countries in LAC.

FIGURE 4. HIV Continuum of care and treatment cascade for Latin America and the Caribbean, 2013.



Source: PAHO, 2014. Developed based on UNAIDS/WHO Country Global AIDS Response Progress Reports (2014) and direct communication to PAHO.

Note: Persons on treatment includes low, middle and high income countries in Latin America and the Caribbean

*Data from 13 countries, representing 73% of all persons living with HIV

** Data from 21 countries representing 76% of persons on treatment

3.4. COUNTRY CASCADES

In the past years, the response to HIV in the countries of Latin America and the Caribbean has undergone a process of updating HIV treatment and care programs based on the pillars of the Treatment 2.0 strategy and the monitoring of the HIV continuum of care cascade. During the First Latin American and Caribbean Forum on the Continuum of Care participants recommended that countries use the cascade of the continuum of HIV care as tool to strengthen the response to HIV.

Countries have been improving their information systems and the analysis of data to obtain their HIV continuum of care cascades. Examples, of these efforts appear in Figure 5. Countries are now focusing on improving the quality of their information systems and data to develop improved and more accurate estimates of these indicators. The country cascades that appear in Figure 5 may be based on preliminary values and should not be taken as final national figures in all cases.

FIGURE 5. Examples of HIV continuum of care cascade developed by countries in Latin America and The Caribbean, 2012-2013

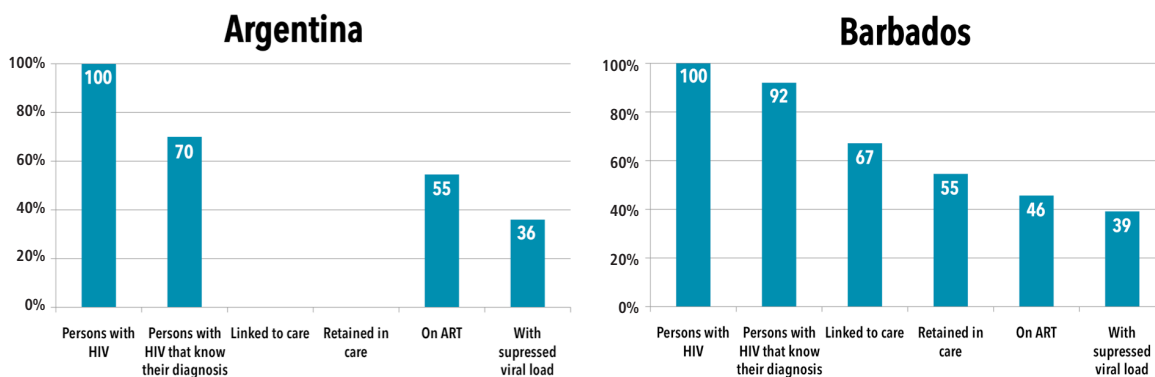


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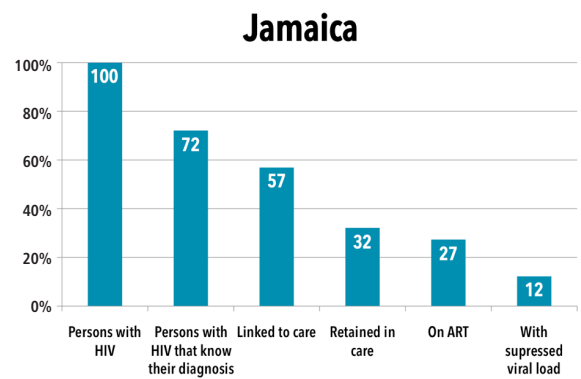
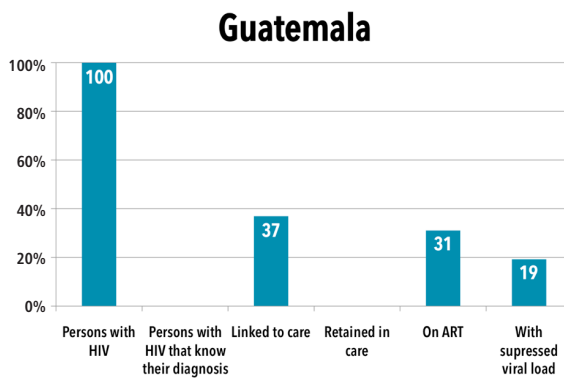
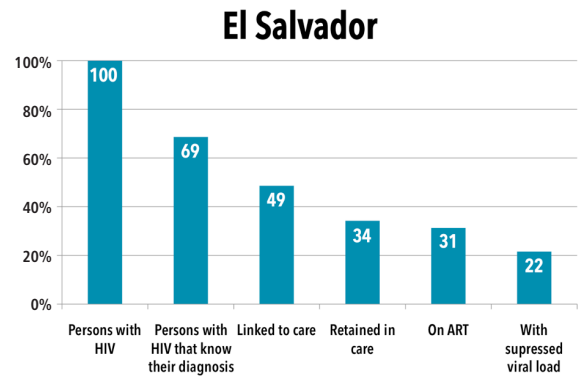
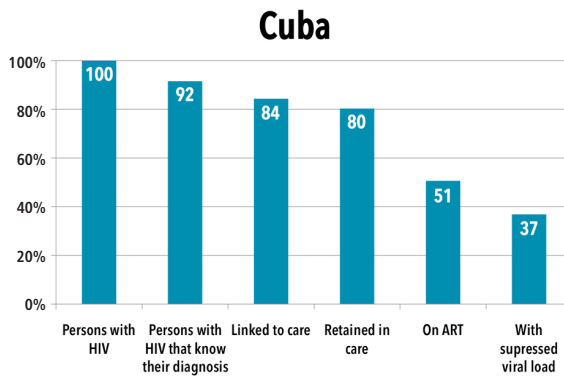
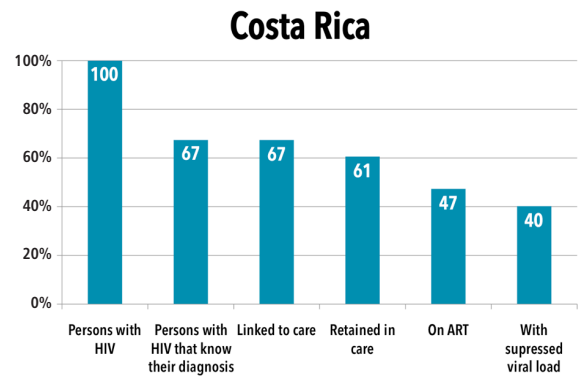
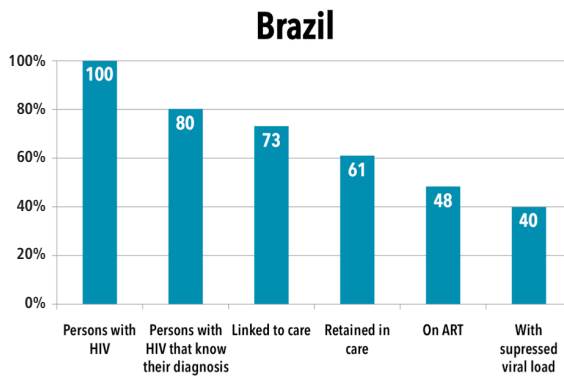
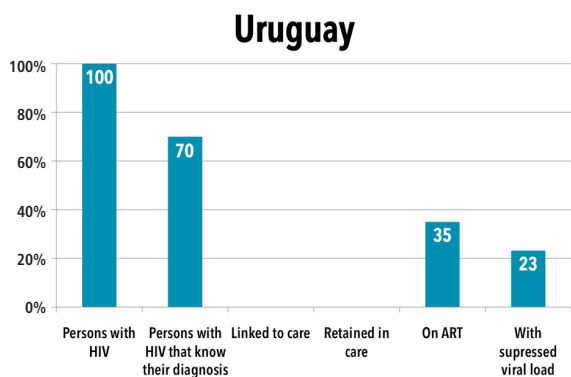
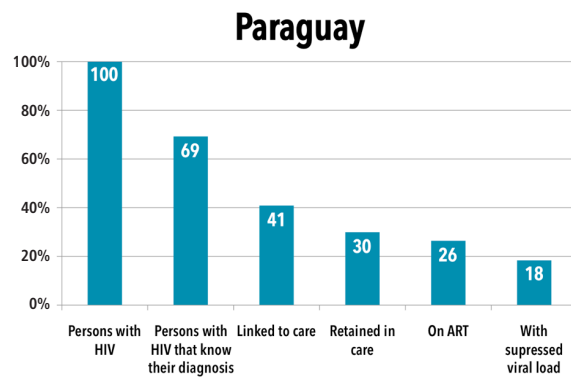
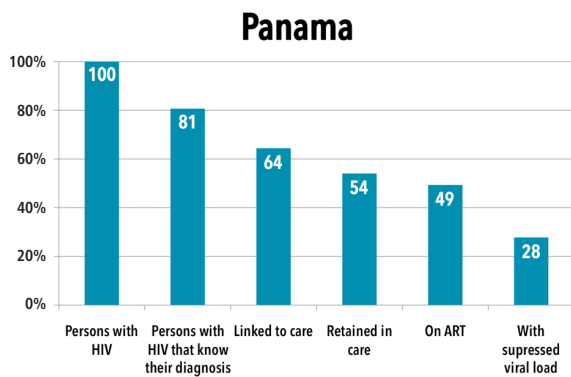
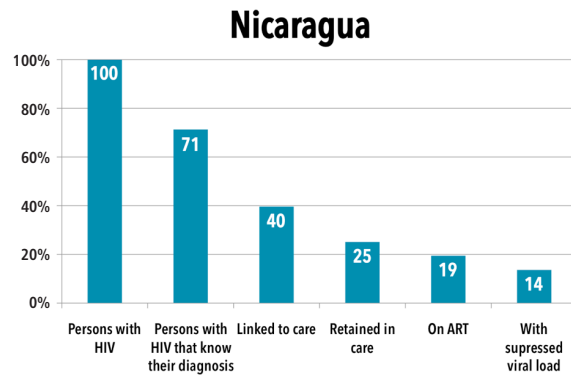
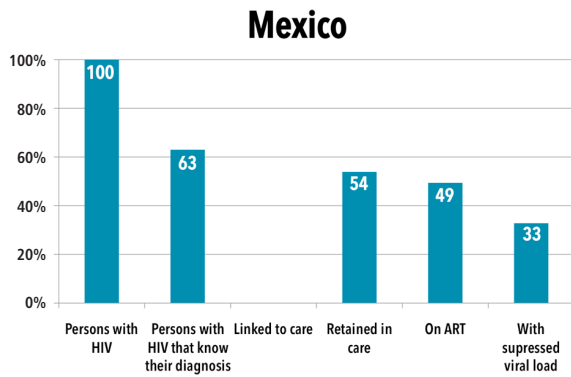


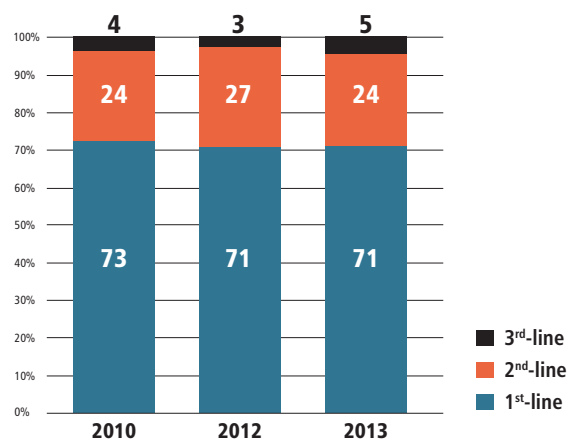
FIGURE 5., continued



3.5. TREATMENT 2.0 AND OPTIMIZATION OF DRUG REGIMENS

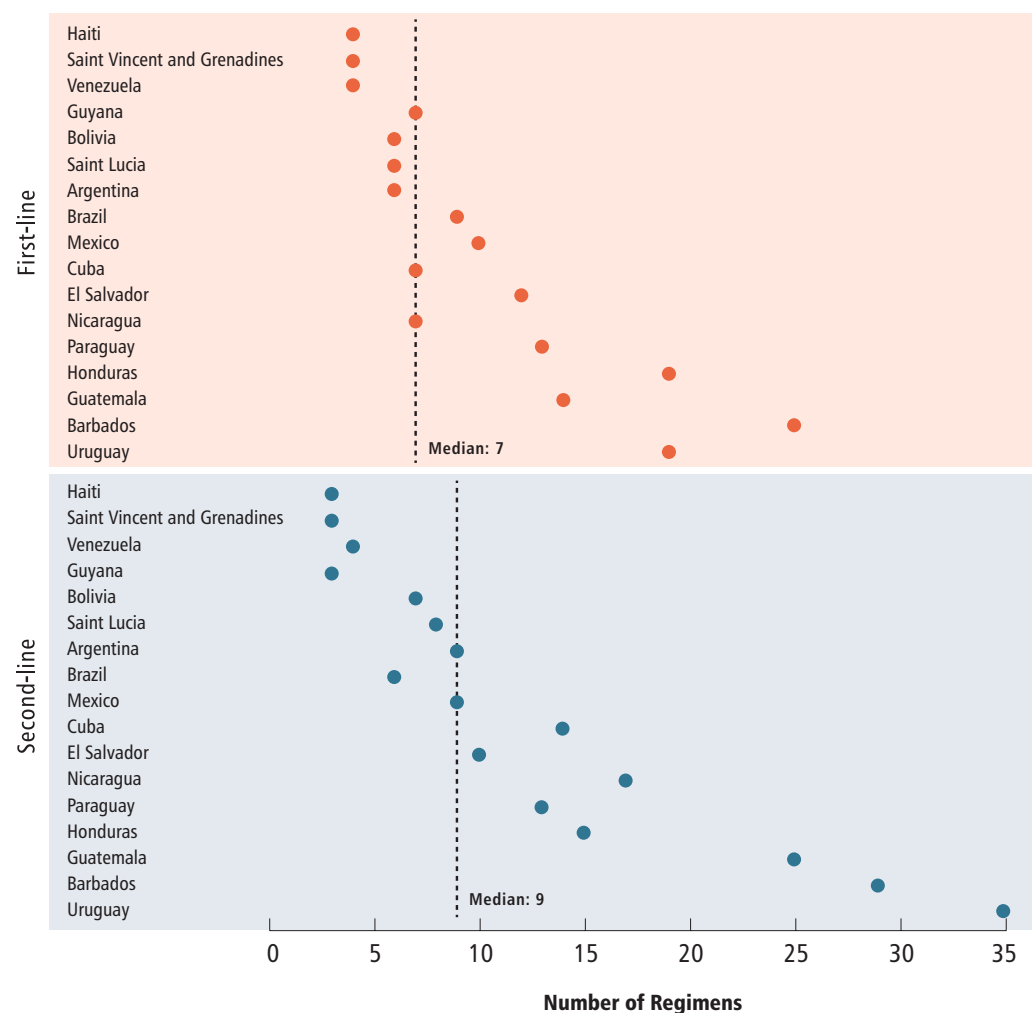
- The first pillar of the Treatment 2.0 Initiative refers to the optimization of ARV drug regimens and aims at providing effective, affordable, one pill, once-daily potent ARV regimens with minimal toxicities or drug interactions and high barriers to resistance. This involves the update of national guidelines with the inclusion of the preferred WHO first-line regimen, a public health approach to prescribing practices with reduced number of regimens for first- and second-line, access to fixed dose combinations; phase out of obsolete ARV drugs.
- In 2013, approximately 71% of patients on ART were on a first-line regimen, 24% on second-line and 5% on third-line regimen (Figure 6). This indicates that an estimated 29% of patients have already experienced a treatment failure and are likely to carry a drug resistance virus.
- The percentages of people on first, second, and third-line therapies has remained unchanged over time, despite the significant increase in the number of people initiating first-line ART in LAC over time.
- Countries in LAC have significantly improved in the public health approach to prescribing practice of ART. The median number of regimens in use in Latin America and the Caribbean is respectively 7 for first-line and 9 for second-line (Figure 7). Nevertheless the number of regimens in use still exceeds 15-20 in a number of countries.
- In a subset of 16 countries, the comparison between 2010/2011 and 2013 data, shows a 50% reduction in the median number of first-line regimens and 33% reduction in median number of second-line regimens.
- Based on data reported in 2013 on the use of ARV drugs, 79% of patients on first-line were being prescribed a WHO recommended regimens (preferred or alternative), the most common one being AZT+3TC+EFV (35%) (Figure 8).
- Data also show that prescribing practice was generally narrowed down to four most common NNRTI-based WHO recommended regimens for 75.5% of patients on first-line. At least 16.8% were taking a PI-based first-line regimen.
- In 2013, 31% of patients on first-line were using the WHO preferred regimen, either TDF+3TC+EFV (18.2%) or TDF+FTC+EFV (12.4%), showing significant increase overtime since 2010 (Figure 8). In a subset of 13 countries, the comparison between 2010/2011 (16.3%) and 2013 data (29.7%) showed an 82% increase. This increase is mainly attributed to patients initiating treatment with the WHO-preferred regimen, and to a lesser extent to migration of existing first-line patients to the preferred regimen.
- In 2013, adherence to WHO recommendations was even higher for second-line with 91% patients being prescribed a WHO-recommended regimens. In a subset of 13 countries, the comparison between 2010/2011 (44.3%) and 2013 data (88.4%) shows almost 100% increase in adherence to WHO recommendations for second-line regimens.

FIGURE 6. Distribution of patients per line of ARV treatment in Latin America and the Caribbean, 2010, 2012 and 2013.



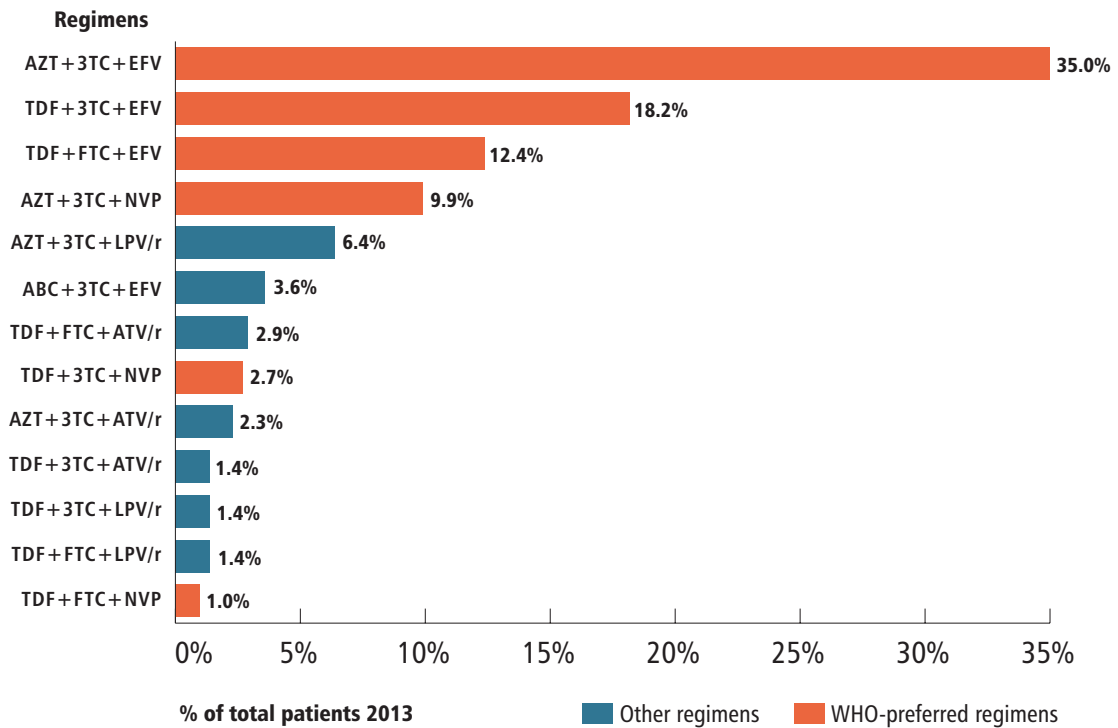
Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys. For 2013, data are based on 17 countries, 11 from Latin America and 6 from the Caribbean that represent approximately 73% of all persons on ART in the region.
 Note: Rounded figures.

FIGURE 7. Number of regimens: first-line and second-line ART in 2013.



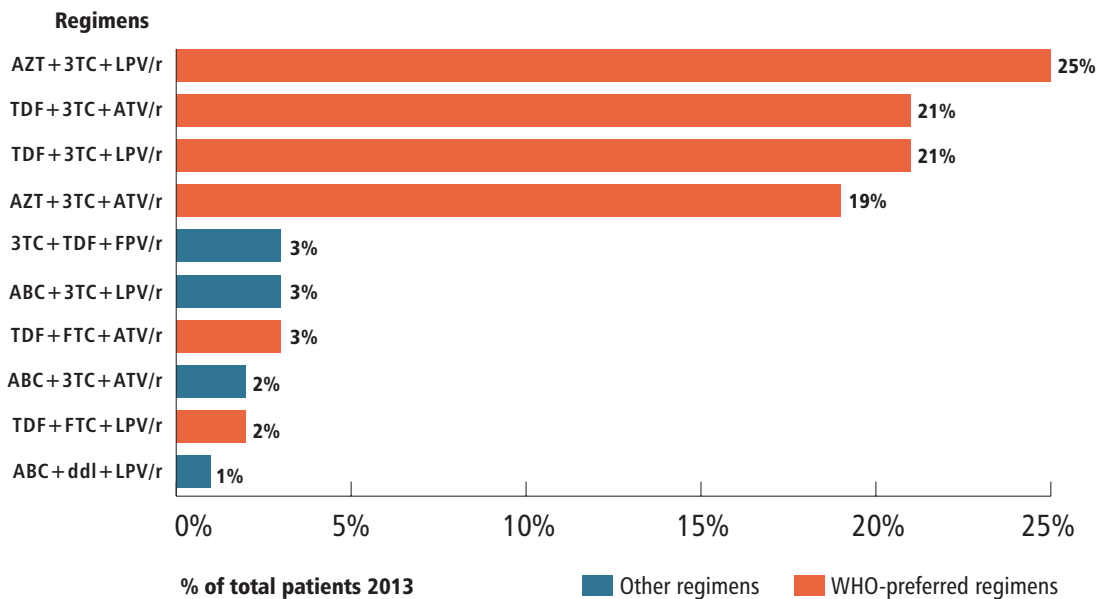
Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys (2014).
 Note: For 2013, data are based on 17 countries (11 from Latin America and 6 from the Caribbean that represent approximately 73% of all persons on ART in the region.)

FIGURE 8. Percentage of people on more commonly used first-line ARV regimens in Latin America and the Caribbean in 2013.



Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys (2014).

FIGURE 9. Percentage of people on more commonly used second-line ARV regimens in Latin America and the Caribbean, 2013.



Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys (2014).

- For second-line also, the choice of regimen was generally narrowed down to four most common PI-based WHO recommended regimens for 86% of patients (Figure 9).
- The use of obsolete or non-recommended drugs (ddI, d4T, NFV, IDV) is very limited in the region, corresponding to <1% of people on ART (0,4% of persons in first-line and 1,6% in second-line) in 2013. Even though most countries are progressing or completing phase out plans, 13 still prescribe one or more non-recommended drugs.
- The 2013 WHO guidelines recommend the use of fixed dose combinations (FDC) for the preferred first-line regimen (TDF/FTC or 3TC/EFV). Even though regional data on the use of FDC for the preferred first-line regimen are not available, an important increase in their procurement through the PAHO Strategic Fund has been observed since 2011 (Figure 10). In 2011 only one country (Ecuador) was purchasing preferred first-line FDC at the average cost of 19.9 USD per bottle, while in 2014 6 countries procured these products at the average cost of 11.5 USD per bottle.

3.6. PEDIATRIC ART

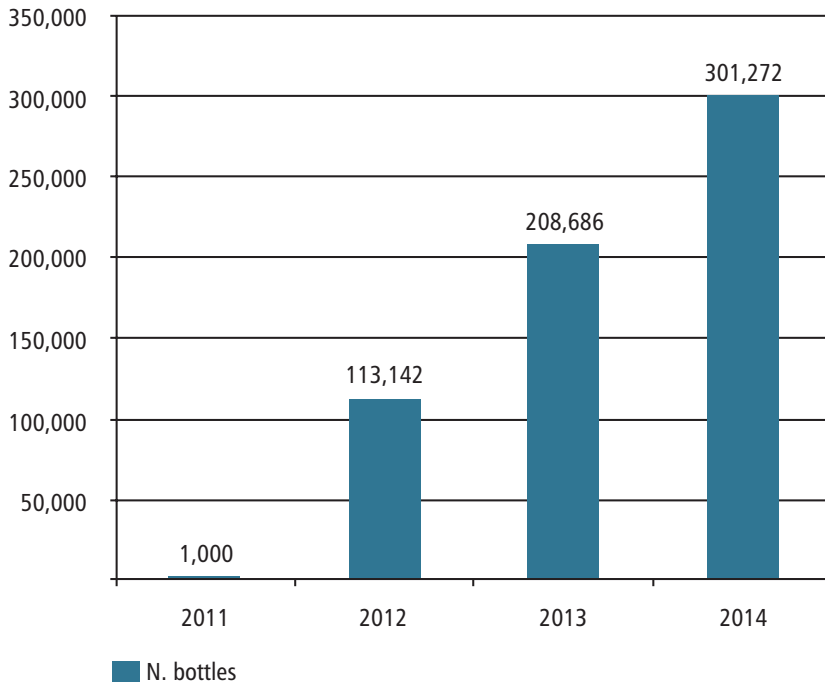
In 2013, 26,000 children <15 years old were receiving ART in Latin America and the Caribbean. Compared to adults and adolescents, the proportion of children in second- and third-line is higher.

Prescribing practice of ARV drugs in children shows good public health approach, with a median of 4 regimens for first-line and 3 regimens for second-line. This may also be due to limited availability and options of paediatric formulations in the countries. Adherence to WHO recommendation for first-line was quite high with 95,5% of children on a WHO recommended regimen, while adherence to second-line was still low (39%).

3.7. ART STOCK-OUT EPISODES

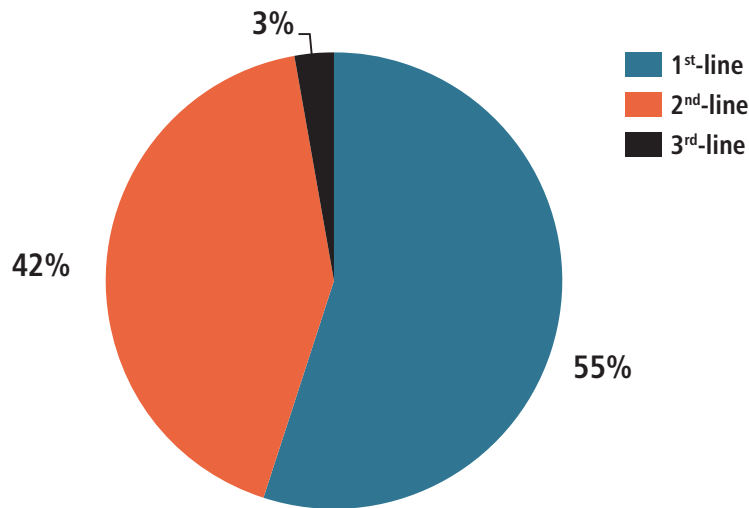
- In 2013, 41% of countries (9 out of 22 reporting countries) suffered at least one stock-out in one treatment site. (Table 2). This problem continues to persist in Latin America and Caribbean countries and points to the need for greater health system strengthening and aligned forecasting and procurement processes with policies for simplified treatment regimens.

FIGURE 10. Procurement of FDC of preferred first-line regimen through PAHO Strategic Fund, 2011-2014.



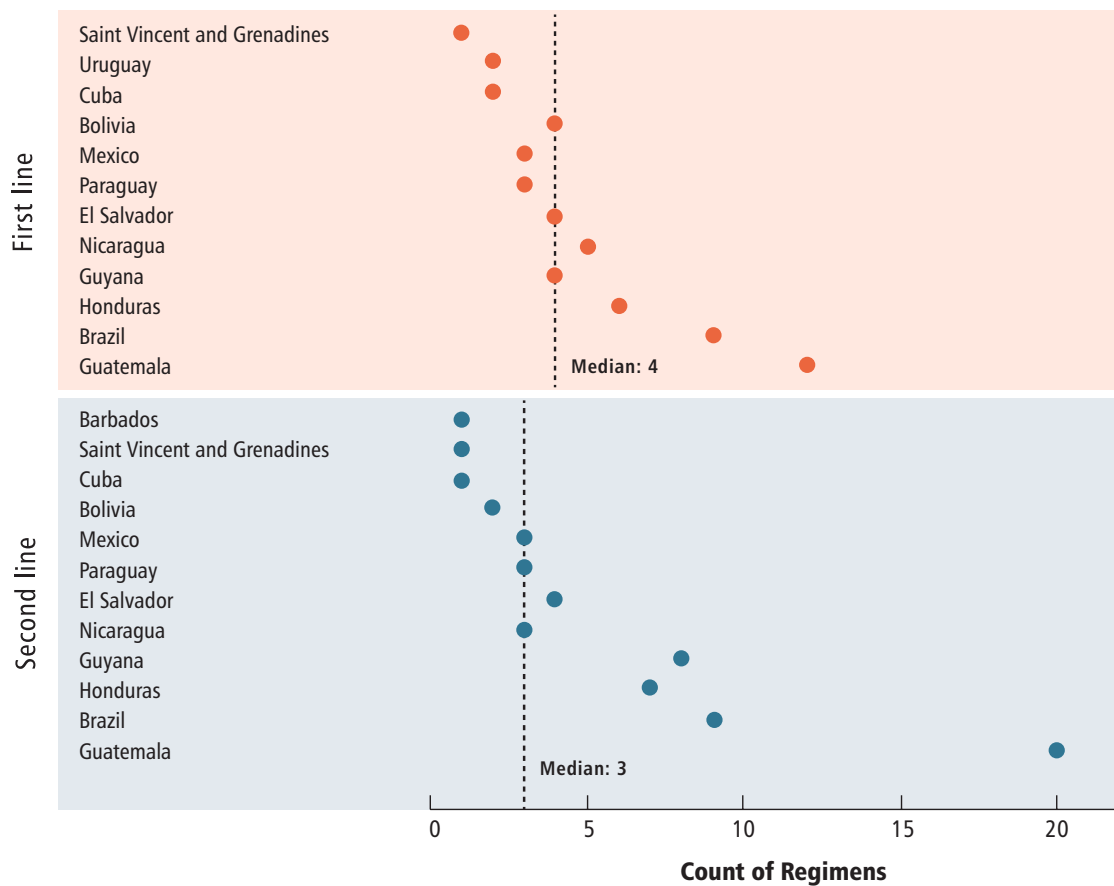
Source: PAHO, Strategic Fund database, 2014.
 Notes: 2014 data incorporates data up to 06 Nov 2014.
 FDC: Fixed Dose Combination

FIGURE 11. Distribution of pediatric patients (<10 years) per line of ARV treatment in Latin America and the Caribbean in 2013.



Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys (2014).

FIGURE 12. Number of ART regimens in use for first- and second-line in pediatric patients (<10 years).



Source: WHO AIDS Medicines and Diagnostics Service (AMDS) Surveys (2014).

TABLE 2. Reported percentage of treatment sites providing antiretroviral medication that experienced at least one drug stock-out during 2011-2013.

	2011	2012	2013
Antigua and Barbuda	100%	0%	0%
Argentina	0%	0%	1%
Bahamas (the)	0%	50%	50%
Barbados	0%	0%	50%
Belize	33%	8%	
Bolivia	0%	0%	0%
Brazil		7%	
Chile	0%		0%
Costa Rica	83%	0%	0%
Cuba	4%	0%	4%
Dominica	0%		0%
Dominican Republic (the)	78%	22%	
Ecuador		0%	
Grenada	50%		100%
Guatemala	24%	25%	0%
Guyana	0%	0%	0%
Honduras		0%	0%
Jamaica	100%	0%	
Mexico	18%	2%	6%
Nicaragua	0%	3%	0%
Panama	80%	73%	93%
Paraguay	0%	0%	0%
Peru		37%	
Saint Kitts and Nevis	0%	0%	0%
Saint Lucia	0%	0%	0%
Saint Vincent and the Grenadines	100%	0%	100%
Suriname		0%	
Trinidad and Tobago	0%	0%	0%
Uruguay		0%	8%

Source: WHO. Country universal access reports, 2012, 2013, 2014.

Note: The percentage reported in Brazil in 2012 refers to stock-out of antiretrovirals in 48 of the 647 drug distribution units due to logistic problems of distribution at state level. Since 2012, the Ministry of Health did not report any shortage of antiretroviral drugs at central level.

APPENDIX TABLE 1. Policies related to treatment of HIV in Latin America and the Caribbean, 2013.

Countries	CD4 cut-off criteria for ART initiation	ART initiation irrespective of CD4 count for those with active tuberculosis	ART initiation irrespective of CD4 count for those with hepatitis B	ART initiation irrespective of CD4 count for those with serodiscordant couples	ART initiation irrespective of CD4 count for children < 5 years of age	Initiation of ART among adults and adolescents with TDF + 3TC (or FTC) + EFV as the preferred option	Initiation of ART for children < 3 years of age with a lopinavir/ritonavir-based regimen	Provision of Option B+ for HIV-positive pregnant women	Initiation of ART among pregnant and breastfeeding women with TDF + 3TC (or FTC) + EFV as the preferred option
Anguilla	...	...	...	...	...	...	...	Yes	Yes
Antigua and Barbuda	500	...	...	Yes	...	No	...	Yes	Yes
Argentina	500	Yes	Yes	Yes	<2	Yes	Yes	Yes	Yes
Aruba	...	...	...	No	...	...	...	In progress	No
Bahamas	350	Yes	...	No	<1	No	No	No	Yes
Barbados	350	Yes	Yes	No	<2	Yes	...	No	No
Belize	500	Yes	Yes	Yes	Yes	Yes	No	No	...
Bolivia	500	Yes	No	Yes	<2	Yes	...	Yes	No
Brazil	Irrespective of CD4 cell count	Yes	Yes	Yes	<1	Yes	Yes	Yes	Yes
Chile	350	Yes	...	Yes	<1	Yes	Yes	Yes	No
Colombia	500	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Costa Rica	500	Yes	Yes	Yes	<1	Yes	Yes	Yes	No
Cuba	500	Yes	Yes	Yes	Yes	Yes	...	Yes	No
Dominica	500	Yes	Yes	Yes	<2	Yes	...	Yes	Yes
Dominican Rep	350	Yes	No	No	<1	Yes	...	Yes	Yes
Ecuador	500	Yes	Yes	No	...	Yes	...	Yes	Yes
El Salvador	500	Yes	Yes	Yes	Yes	Yes	...	Yes	Yes
Grenada	500	Yes	Yes	No	<2	Yes	...	Yes	Yes
Guatemala	500	Yes	Yes	Yes	<1	Yes	Yes	Yes	...
Guyana	500	Yes	No	Yes	<2	Yes	...	Yes	No
Haiti	500	Yes	Yes	Yes	<2	Yes	...	Yes	Yes
Honduras	500	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jamaica	350	Yes	...	No	Yes	Yes	No	Yes	Yes
Mexico	500	Yes	Yes	Yes	<1	Yes	Yes	Yes	No
Nicaragua	350	Yes	Yes	No	<2	No	Yes	No	No
Panama	500	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Paraguay	350	Yes	Yes	No	Yes	No	Yes	Yes	No
Peru	350	Yes	Yes	No	<1	No	Yes	Yes	No
Saint Kitts and Nevis	500	...	...	...	...	Yes	...	Yes	No
Saint Lucia	500	...	...	...	...	Yes	...	...	...
Saint Vincent and the Grenadines	500	Yes	...	Yes	<2	Yes	...	...	...
Suriname	200	Yes	Yes	No	...	No	...	Yes	Yes
Trinidad and Tobago	500	...	Yes	...	...	...	...	Yes	...
Turks and Caicos Islands	...	...	Yes	Yes	...	...	...	Yes	...
Uruguay	500	Yes	Yes	Yes	<1	No	Yes	Yes	No
Venezuela	500	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Virgin Islands (UK)	...	No	No	No	...	...	...	Yes	No

Source: WHO. Country universal access reports, 2014; and PAHO direct communication with countries.

Acronyms

3TC	lamivudine
ART	antiretroviral treatment
ARV	antiretroviral
ATV	atazanavir
ATV/r	atazanavir/ritonavir
CARICOM	Caribbean Community
DWB	Doctors Without Borders
EFV	efavirenz
SF	Strategic Fund (of the Pan American Health Organization)
FDC	fixed-dose combination
FTC	emtricitabine
HBV	Hepatitis B virus
HTCG	Horizontal Technical Cooperation Group in Latin America and the Caribbean
INH	isoniazid
LAC	Latin America and the Caribbean
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV and AIDS
STI	sexually transmitted infections
TB	tuberculosis
TDF	tenofovir
WHO	World Health Organization

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