

ACCESS TO ANTIRETROVIRAL (ARV) TREATMENT IN LATIN AMERICA AND THE CARIBBEAN

Since 1996, when the highly active antiretroviral therapy era (HAART) began, one of the most significant limitations has been the therapy's high cost. Access to therapy is even more difficult in countries with limited economic resources.

In the last report from WHO, UNAIDS and UNICEF (2007), global treatment coverage reached more than 2 million people, which is an increase from 7% coverage in 2003 to 28% in 2007.

- In Latin America and the Caribbean it is estimated that only 355,000 of the 490,000 infected people have access to ARVs. This accounts for 72%.
- The Latin American and the Caribbean region has the highest coverage among similar regions with medium and lower income countries.
- It is estimated that the 15,000 children who were treated by the end of 2006 in the region account for only 4.4% of those who require antiretroviral drugs in Latin America and the Caribbean.

HIV/AIDS diagnosis and treatment demands a political commitment to provide significant health resources. In addition to the cost of the drugs, other barriers to access include bureaucracy in the purchase and distribution system, centralization of supply, lack of personnel trained to care for HIV-positive patients and, above all, the need for a stronger political and social commitment.

In Latin America, policies at the national and regional levels that have been implemented and that have increased access to ARVs include:

- In the year 2000, the Accelerating Access Initiative (IAA), along with the introduction of generic drugs and public pressure from several countries, enabled a significant reduction in the price of medications. The IAA is a public-private alliance of five pharmaceutical companies and five international organizations to improve the care of those living with HIV.
- The first to take a regional approach were the Caribbean countries. In July 2002, the Caribbean Community (CARICOM) obtained a price reduction of the triple-drug regimen so that the prices were similar to those in sub-Saharan Africa.
- Subsequently, the Central American countries, through the Council of Ministries of Health of Central America (COMISCA), obtained a 55% reduction of brand name drugs in January 2003.
- Finally, 10 Latin American countries began the third initiative for the joint purchase of drugs. It was developed by the Ministries of Health of the Andean Region (Chile, Colombia, Ecuador, Peru and Venezuela), with the participation of Argentina, Mexico, Paraguay and Uruguay. This enabled a 30% to 92% price reduction for brand name and generic drugs. However, due to national difficulties faced at that time, such as tariffs and lack of patents, the drugs were obtained at a higher price than what was originally negotiated.
- In August 2005, these 10 countries, now joined by Brazil, negotiated again with 26 laboratories and obtained discounts between 15% and 55% for the therapeutic regimens most widely used in the region. For the first time they agreed on the same maximum price. Based on that limit each country could continue lowering prices.

Another key aspect in the progress toward access to drugs is that most of the Latin American countries are beneficiaries of international funds, such as the WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, or the President's Emergency Plan for AIDS Relief (PEPFAR). These organizations were designed for fundraising and distributing resources for the fight against AIDS.

However, the reality is that there are still several gaps in access that need to be bridged. According to the 2007 Report on HIV/AIDS in the Americas from UNAIDS, WHO and PAHO, there is no country with 100% coverage. Costa Rica and Cuba are the countries closest to this goal with coverage exceeding 95%. The Dominican Republic and Haiti are the countries with the highest prevalence of HIV/AIDS and they provide treatment for 37% and 39%, respectively. The country with the lowest coverage rate is Bolivia with an estimated accessibility rate of 24%.

Universal access to treatment and care are not the good intentions of governments, but rather the policies that prevent the deaths of thousands of people.

Now there are an increasing number of Latin American countries providing universal access to drugs for people living with AIDS. But, at the same time, in many countries throughout the region there is a lack of access to general healthcare, so many people living with HIV are unaware of their status and therefore, they do not have access to medical evaluation and treatment (even when they are available in the country). This explains why countries like Brazil or Argentina with legislation guaranteeing universal access, have, according to the previously mentioned report, coverage of 85% and 79%, respectively.

The most significant barriers to access to drugs in those countries that include coverage in their public policies are, on the one hand, the stigma and discrimination of people living with HIV and vulnerable groups. Poverty also plays a prominent role because it prevents people who live far from healthcare centers from obtaining their medication. And finally, there are not always trained and sensitized healthcare personnel available.

There is still much to do, especially when the deaths of thousands of people in the region could be prevented by improving currently existing structures. As stated by Dr. Mirta Roses, Director of PAHO, during her closing address for the IV Latin American and Caribbean Forum on HIV/AIDS and STDs: "the only way to stop and reverse the HIV epidemic is through a comprehensive response that achieves an adequate balance of prevention, care and treatment within a respectful social environment that focuses on the right to health, inclusion, and zero tolerance for stigma and discrimination".

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