

## Panelists

Dr. Carlos Mejía (Guatemala)

Dr. Elsa Palou (Honduras)

Dr. Pedro Escobar (El Salvador)

Dr. Sumaya Moreira (Nicaragua)

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Dr. Arelis Batista (Dominican Republic)

May 3 - 5, 2010

Santo Domingo, Dominican Republic

# Regional Technical Consultation on Antiretroviral Treatment

## III Regional Meetings of ARV Management Teams in Central America

May 3 - 5, 2010

Santo Domingo, Dominican Republic

# I Regional Meeting of ARV Teams in Central America

March 25 - 27, 2009  
San Salvador, El Salvador



# I Regional Meeting of ARV Management Teams

## San Salvador

### March 2009

COUNTRY	FIRST LINE (AZT 3TC EFV) COST YEAR 2008	SECOND LINE (MISC) COST YEAR 2008	
Belize	\$ 240	\$ 670	ABC ddI LPV/r
Guatemala* (SS)	\$ 2171.16	\$ 11186.50	TDF FTC LPV/r
El Salvador	\$ 279.28	\$ 2362.56	AZT ddI LPV/r
Honduras	\$ 278.52	\$ 1696.76	ABC ddI LPV/r
Nicaragua	N/A	N/A	
Costa Rica	\$ 739	\$ 6903	d4T ddI IDV/r
Panama	\$ 772.44	\$ 7711.22	ABC ddI LPV/r



# I Regional Meeting of ARV Teams San Salvador March 2009

## Strengths:

- There is a legal and regulatory frame that supports the work performed by the teams in charge of the antiretroviral therapy
- Availability of qualified human resources
- Work of multidisciplinary teams
- **In most countries, there is an available budget for the acquisition of ARV**



# I Regional Meeting of ARV Management Teams San Salvador March, 2009

## Weaknesses:

- Non-effective communication mechanisms between service providers
- **Poor assessment guidelines and treatment protocols**
- Lack of technological equipment for effective epidemiologic supervision
- Lack of retention of HR and low sustainability of the resources acquired through donors
- **Limited access to CD4 and Viral Load tests**



# I Regional Meeting of ARV Teams San Salvador March 2009

## CONCLUSIONS

- Every country is facing the challenge of antiretroviral therapy but it is necessary to **enhance the diagnosis of the ARV situation** in the region.
- It is essential to **implement epidemiological information systems that generate comparable data** as well as consistent and reliable regional indicators.



# I Regional Meeting of ARV Teams San Salvador March 2009

## CONCLUSIONS

It is necessary to strengthen HR in the region in:

- **Management and purchasing of ARV and lab supplies**
- **Monitoring and Evaluation**
- **Pharmacovigilance**

It is important for the region to have **harmonized methodologies to evaluate adherence to the antiretroviral treatment as well as the quality of the comprehensive care services**



# I Regional Meeting of ARV Teams San Salvador March 2009

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# I Regional Meeting of ARV Teams San Salvador March 2009

## CONCLUSIONS:

It is necessary to structure the ARV Regional Teams as part of the RCM (Regional Coordination Mechanism), HIV advisory body of the Consejo de Ministros de Salud de Centroamérica (COMISCA).



# II Regional Meeting of ARV Management Teams

October 12 - 13, 2009

San Jose, Costa Rica



# II Regional Meeting of ARV Teams San Jose October 2009

## CONCLUSIONS:

The SE-COMISCA has reactivated the regional negotiation process for the purchase of drugs and it is necessary for it to include the ARV, but before that, it is necessary that the countries define and harmonize the use of such drugs.





# LIST OF ARV DRUGS

CLASSIFICATION ACCORDING TO TREATMENT REGIMEN  
KEY:

- FIRST LINE = 1
- SECOND LINE = 2
- THIRD LINE = 3
- EXCLUDED = X
- IT HAS BEEN CONSIDERED BUT THERE IS NO DEFINED POSITION YET = 0
- HAS NOT BEEN CONSIDERED = NC

Source: NP of STD/HIV/AIDS of Central America

# LIST OF ARV DRUGS

ACTIVE PRINCIPLE	GUA	EL SAL	HON	NIC	C RICA	PAN
1. AZT	1	1	1	1	1	1
2. 3TC	1	1	1	1	1	1
3. d4T	X	1	X	2	1	1
4. ddl	2	2	2	2	1	1
5. Abacavir	1	2	2	1	1	1
6. Tenofovir	1	2	1	1	2	1
7. Emtricitabine	1	2	0	1	2	1
8. Efavirenz	1	1	1	1	1	1
9. Nevirapine	1	1	1	1	X	X
10. Etravirine	0	3	NC	NC	3	NC

# LIST OF ARV DRUGS

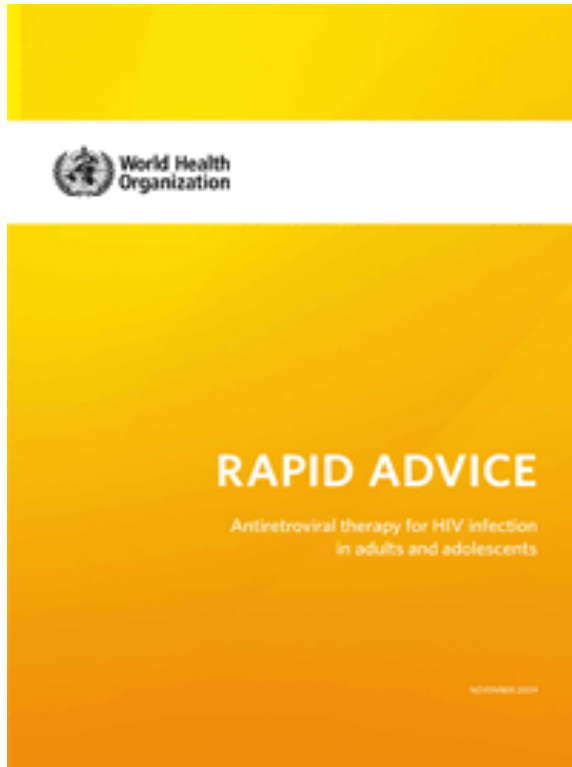
ACTIVE PRINCIPLE	GUA	EL SAL	HON	NIC	C RICA	PAN
11. Saquinavir	2	0	NC	0	3	
12. Indinavir	2	2	X	2		
13. Nelfinavir	X	0	X	X	1	
14. Ritonavir	2	2	X	2	2	2
15. Lopinavir/ritonavir	2	2	2	2	2	2
16. Atazanavir	0	2	NC	0		
17. Fosamprenavir	0	NC	NC	NC	NC	NC
18. Darunavir	0	3	0	3	3	3
19. Tipranavir	0	NC	0	NC	NC	NC
20. Raltegravir	0	0	0	NC	3	3





# Regional Technical Consultation on Antiretroviral Treatment

November 2009



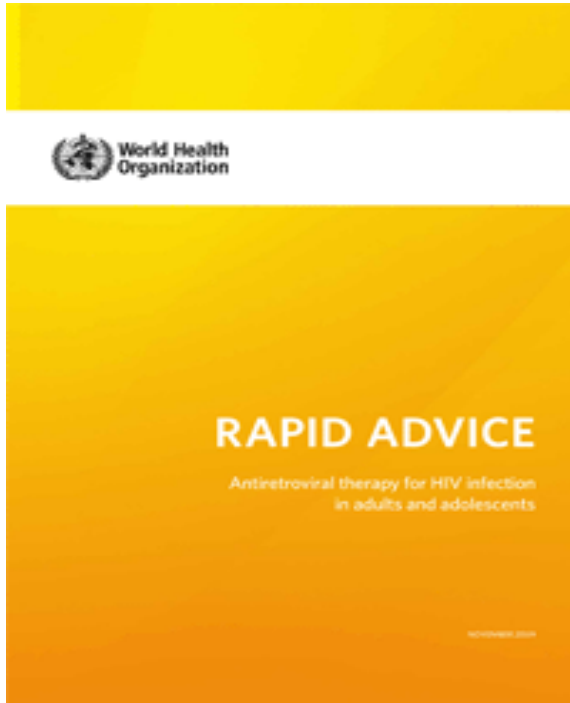
## Recommendation 1

When to begin treatment

- Begin ART in all patients with HIV with CD4  $\leq$  350 cel /mm<sup>3</sup> regardless of the symptomatology
- CD4 is required to identify patients with the clinical stage 1 or 2 of the disease who need to begin ART
- Begin treatment in all patients with clinical stage 3 or 4 HIV of their CD4 count

# Regional Technical Consultation about Antiretroviral Treatment

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## Recommendation 2

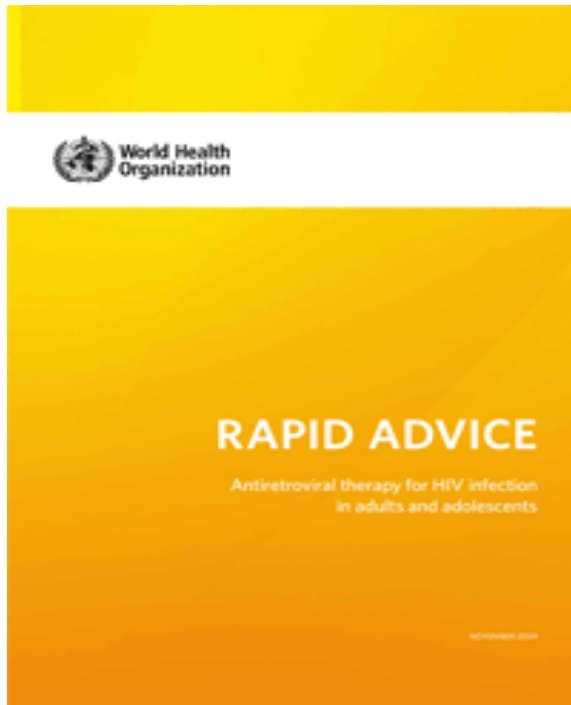
Begin one of the following regimes in new patients with treatment indication

- AZT+3TC+EFV
- AZT+3TC+NVP
- TDF+3TC or FTC+EFV
- TDF+3TC or FTC+NVP



# Regional Technical Consultation about Antiretroviral Treatment

November 2009



## Recommendation 7

An enhanced protease inhibitor (PI/r) plus two nucleosides (NRTI) as a second line regime is recommended

ATV/r and LPV/r are the preferred enhanced protease inhibitors for the second line

It is recommended to simplify second line regimes:

- If d4T or AZT were used for the first line, use TDF +3TC or FTC
- If TDF was used for the first line, use AZT+3TC

