Differentiated Service Delivery strategies for HIV in Latin America and the Caribbean in times of COVID-19
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The health crisis caused by the COVID-19 pandemic has social and economic implications for the 1.9 million people living with HIV in the region. Isolation, lockdown and/or quarantine, and economic downturn limit the protection and fulfillment of human rights. The decline of productive activities further affects populations in vulnerable situations, thereby decreasing access to an income that can guarantee their social, food and health security.

Worldwide studies indicate that the COVID-19 pandemic raises significant barriers to accessing HIV services\(^3\). Thus, a survey conducted by UNAIDS\(^4\) and other collaborating organizations found - after analyzing the results of more than 20,000 LGBTI people representative of 138 countries around the world - that 21% had experienced “interrupted or restricted access” to antiretroviral therapy supplies, and 42% of them had less than a month’s supply available\(^5\). Disruptions in the provision of pre-exposure prophylaxis (PrEP) and HIV testing were also reported, and racial and ethnic minorities had poorer access to HIV services.

The COVID-19 pandemic presents a complex work scenario that poses specific challenges to the sustainability of ongoing initiatives in pursuit of the 90-90-90 targets:

- By 2020, 90% of all people living with HIV will know their HIV status.
- By 2020, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy.
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

It is within this context that the UNAIDS Regional Office for Latin America and the Caribbean, as part of its advocacy actions and its efforts to generate strategic information to contribute to the Differentiated Dispensing of Services, carried out a study to provide contextual representation through the “Analysis of multi-month dispensing (MMD) of antiretroviral treatment, community distribution and pre-exposure prophylaxis in Latin America and the Caribbean Region during COVID-19”.

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This document is the result of the review of policies, regulations, guidelines and practices of health systems established prior to August 2020 to determine the implementation of MMD, both for antiretroviral treatment (ART) and Pre-Exposure Prophylaxis (PrEP), the risks of antiretroviral (ARV) stock-outs, the factors that allow the successful implementation of MMD, and the barriers and obstacles to its execution at a public policy and operational level that emerged during the first semester of the pandemic in the countries of Latin America.

This report presents a framework for MMD implementation, explains the methodology of the analysis, and provides a summary of the main findings based on the following sections of the document: i) description of the status of ARV treatment dispensing services for people with HIV; ii) multi-month antiretroviral dispensing in the context of the COVID-19 pandemic; iii) information on the availability of antiretrovirals for MMD implementation. 
According to UNAIDS\(^3\), there is evidence that, since the start of the pandemic, the number of people tested for HIV has declined dramatically in both the Caribbean and Latin America: “During the first semester of 2020, there were approximately 4,000 diagnoses of HIV less in comparison to the first six months of 2019 in eight countries in Latin America and the Caribbean - Guatemala, Dominican Republic, Guyana, Haiti, Honduras, Jamaica, Peru, and St. Lucia”.

Data obtained by UNAIDS through the II Survey on the impact of COVID-19 among PLHIV in the month of April 2020 showed that 5 out of 10 people faced difficulties in obtaining antiretroviral treatment. The social, preventive and mandatory lockdown established in most countries in the region, the fear of exposure to COVID-19 and the lack of means of transportation were the main difficulties faced by PLHIV in accessing health services.

\(\text{Graph 1. Percentage of people of all ages receiving antiretroviral treatment (ART) in Latin America.}\)

According to the UNAIDS epidemiological estimate, the coverage of universal access to medical care is higher than the coverage of antiretroviral therapy in at least 11 Latin American countries (see Graph 2), which suggests obstacles to accessing health services among people living with HIV.

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According to the Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection issued in 2016 by the World Health Organization\(^4\), less frequent clinical visits and medication pickups are recommended (every 3 to 6 months) for stable patients on ART.

Antiretroviral treatment consists of the administration of antiretroviral drugs. Adherence to antiretroviral treatment is essential in the response to HIV, which is why UNAIDS and WHO/PAHO are promoting the application of the Multi-Month Prescription (MMP) system and the consequent Multi Month Dispensing (MMD) of antiretrovirals.

To achieve MMD, the “differentiated care” strategy of the World Health Organization (WHO) is used as a reference in terms of the group classification of People Living with HIV (PLHIV)

- First group: PLHIV who are not receiving ART.
- Second group: PLHIV who started treatment when their infection has reached an advanced stage.

As of March 2020, eight countries in Latin America and the Caribbean were implementing MMD in different intervals (no longer than three months): Brazil, Cuba, Guyana, Haiti, Paraguay, Peru, Suriname and Venezuela.

- Third group: PLHIV who are currently undergoing treatment but are in an unstable clinical situation and need careful follow-up.
- Fourth group: stable PLHIV receiving ART. The goal of MMD is to safely reduce the frequency of medical appointments (and the consequent cost to both the health system and PLHIV), reduce the frequency of medication pickups at pharmacies or specialty clinics, and allow individuals to eventually receive ART in community settings. The recommended implementation of MMD consists of a periodic dispensing ranging from three to six months.

UNAIDS, in response to the health emergency, establishes advocacy actions for the implementation of the MMD of ART: it urges, through official notes, to adopt the multi-month dispensing scheme as a measure of care within the framework of the Differentiated Dispensation of Services, it holds specialized meetings on the subject with national HIV/AIDS Program Directors and provides technical assistance with concrete information and graphs through social networks to contribute to the social audit of Civil Society Organizations (See Image 1).
Image 1. ARVs Multi-month Dispensing Flowchart.

As part of this advocacy process, in July 2020, UNAIDS and PAHO/WHO jointly developed the document “Guidelines for the Implementation of Multi-Month Dispensing of Antiretrovirals” (PAHO/WHO & UNAIDS, 2020, p. 2)⁵, which elaborates in detail all the technical and logistical aspects of the proper implementation of MMD, a strategy that targets people in stable clinical situations to relieve pressure on overburdened health care settings and facilitate the provision of better care to patients with more complex conditions that require rapid diagnosis and treatment (e.g. treatment of opportunistic infections, therapeutic adherence support, viral load testing and eventual changes of therapeutic regimen, HIV drug resistance testing, or other specialized care).

The benefits mentioned in the Guidelines have been considered by LAC countries in response to the COVID-19 health crisis. According to PAHO/WHO ⁷, “there is currently no strong data to suggest that people living with HIV are at a higher risk of acquiring SARS-CoV-2 (coronavirus resulting in the COVID-19 pandemic) or developing a more severe case if they do acquire it, especially if their immune system is not compromised, although people with underlying conditions and a weaker immune system may be most vulnerable to COVID-19 infection”.

The UNAIDS report “COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities – how to seize the moment to learn, leverage and build a new way forward for everyone’s health and rights”, identifies three opportunities for strengthening responses to health emergencies: (1) how key insights gained from the HIV response should illuminate the path for responses to the COVID-19 pandemic; (2) how the existing HIV infrastructure is in some ways already guiding responses to the COVID-19 pandemic and has the potential to drive accelerated progress; and (3) how responses to the COVID-19 pandemic and HIV offer a historic opportunity to build a bridge to flexible, results-oriented health systems that work for people.

One of these bridges of opportunity used by countries to implement strategies to achieve national targets is related to Multi-Month Dispensing of ARVs. As of March 2020, only 8 countries in Latin America and the Caribbean were implementing MMD in different intervals (no longer than three months): Brazil, Cuba, Guyana, Haiti, Paraguay, Peru, Suriname and Venezuela.

It is within this framework, and considering the relevance of the availability of ART and other products for the care of people living with HIV and people at a higher risk of acquiring HIV, that this

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⁵ PAHO/WHO & UNAIDS (July 2020). Guidelines for the implementation of multi-month dispensing of antiretrovirals. UNAIDS – PAHO/WHO
⁶ According to PAHO/WHO & UNAIDS (2020), clinically stable persons are defined as those who have been on ART for at least one year and show no adverse reactions to the medication to warrant regular monitoring, have no current illness or pregnancy, are not breastfeeding currently and clearly understand the lifetime treatment adherence and show success in treatment (that is, two consecutive viral load tests below 1000 copies/ml)
document, “An analysis of multi-month dispensing of antiretroviral treatment, community distribution and pre-exposure prophylaxis in Latin America and the Caribbean during COVID-19”, was carried out to determine the outlook of the first six months (March to August 2020) of the implementation of MMD of ART for PLHIV and Pre-Exposure Prophylaxis for serodiscordant couples.
Methodology

The background research for the analysis is based on the “Guidelines for the Implementation of Multi-Month Dispensing of Antiretrovirals” (PAHO/WHO & UNAIDS, 2020, pp. 3-4), which establishes six requirements for multi-month dispensing (MMD):

1. Updated regulation on prescription with recommendation of extended ARV prescription and validity for 3-6 months, especially for stable people on treatment.
2. Regulation on dispensing revised and adjusted to allow the extended and valid AR dispensing for 3-6 months, especially for stable people on treatment.
3. Information system with tracking of patient prescription and dispensing.
4. Periodic monitoring of inventory management, ensuring the local level stocks required for dispensing selected drugs for 3-6 months.
5. Adequate facilities, with storage capacity, control of environmental factors, safety and other requirements defined in the “Good Storage Practices”.
6. Trained human resources, mainly in pharmaceutical care and inventory management.

Elements related to these requirements were incorporated into the data collection tool to provide a contextual snapshot of the implementation of MMD. The 24 LAC countries considered in the analysis are: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela.

This process was developed over a period of 4 months involving 3 stages (see Figure 1). The first stage consisted of a desk research on national regulatory frameworks and information compiled by UNAIDS and PAHO/WHO, the main products of which were national data sheets for 24 countries. The second stage involved a round of validation in which each country received a completed form with the information collected in the first stage for review, approval and feedback. The third and final stage was implemented upon receipt of the revised data sheets and consisted of a process.

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of compilation analysis that concluded with a collective review of the results for the region.

The pre-filled form was divided into the following sections:

1. Regulatory framework.
2. Program planning.
5. MMD in practice.
6. Actions carried out by Civil Society Organizations to monitor the availability and coverage of ART.
7. Key national institutions for tracking and monitoring drug availability that have been operational in the context of COVID-19.

Figure 1. Methodological stages

Source: Prepared by the author.

Data sources consulted include:

- Two UNAIDS surveys: II Survey on the impact of COVID-19 among people living with HIV (April 2020) and III Survey to understand the impact of COVID-19 among key populations in Latin America and the Caribbean (August 2020).
- UNAIDS website with information on the HIV care system in the context of the COVID-19 pandemic (section 7).
• HIV Services Tracking [https://hivservicestracking.unaids.org/](https://hivservicestracking.unaids.org/) website.

• PAHO/WHO Surveys: Status of HIV/STI Services in the context of the COVID-19 Pandemic (June-July 2020) and HIV/STI Services Situation in the Context of the COVID-19 Pandemic.

• Antiretroviral Inventory compiled by PAHO/WHO and UNAIDS.

• Information on antiretrovirals collected by the PAHO Strategic Fund.

• Interviews with key actors: UNAIDS Country Offices and regional organizations (SE-COMISCA and Horizontal Technical Cooperation Group - GCTH).

It is important to mention that the collected information refers to the public health systems of the countries involved, but other health providers such as social security, health institutions of the military forces and private institutions were not included in the analysis.
Findings

Since March 2020, 13 more countries have adopted MMD for ART. As of August 2020, a total of 21 countries in LAC included MMD in their guidelines.

This analysis was conducted regarding the first six months of the pandemic (March to August 2020), and the main findings were:

- **Out of the 24 countries included in this study, 21 of them implement multi-month dispensing (MMD) of antiretrovirals.**
- **The implementation of MMD arose from the context of the COVID-19 pandemic in 13 of the 21 countries.**
- It is possible to conclude that the main reason for this was guaranteeing health care for people living with HIV to reduce the risk of treatment disruption due to the decrease of services in terms of hours and personnel caused by the health emergency.

National MMD implementation status from March to August 2020:

- As of February 2020, eight countries had already included MMD in their guidelines: Brazil, Cuba, Guyana, Haiti, Paraguay, Peru, Suriname, and Venezuela.
- Thirteen countries started implementing MMD in March 2020: Argentina, Belize, Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama and Uruguay.
- Countries that have not yet implemented MMD: Costa Rica, Jamaica and Nicaragua.

According to the number of months of distribution authorized by their guidelines, countries are classified as follows:

- Two countries with MMD guidelines for a maximum of 6 months: Guatemala and the Dominican Republic.
- Eleven countries with MMD of ARV for a maximum of 3 months: Argentina, Brazil, Chile, Colombia, Haiti, Mexico, Panama, Paraguay, Peru, Uruguay y Venezuela.
- Eight countries with MMD guidelines for a maximum of 2 months: Belize, Bolivia, Cuba, Ecuador, El Salvador, Guyana, Honduras and Suriname.
- Three countries with MMD guidelines for one month: Costa Rica, Jamaica and Nicaragua.
Regarding community ARV distribution policies, the results of the analysis show the following:

- Six countries (Cuba, Guatemala, Dominican Republic, El Salvador, Haiti and Paraguay) report having a domestic policy for community ARV distribution, of which only 3 (Cuba, Guatemala and Haiti) achieved compliance with community ARV distribution during the health emergency.

Although it is not possible to quantify a specific number of countries that have adopted the MMD as a result of advocacy and activism initiatives carried out by UNAIDS (from its country offices - UCOs - as well as from the regional office for LAC) due to the collective decision-making processes in each country, it is possible to see the essential role of country offices in facilitating actions, providing technical assistance and establishing links between countries in support of existing regional mechanisms. The UCOs have proven to be highly efficient in adapting to contexts, finding creative means of communication and troubleshooting, and implementing the spirit of “UN ONE” by leveraging joint support and complementing resources with other UN System agencies.

According to the PAHO Strategic Fund, there were 12 ARVs prescribed for adults at risk of stock-out: Darunavir (DRV), Tenofovir/Lamivudine/Dolutegravir (TLD), Lamivudina/Tenovir/Tenofovir/Efavirenz (TLE), Dolutegravir (DLG), Emtricitabina/Tenofovir (TE), Efavirenz/Emtricitabina/Tenofovir (TEE), Abacavir/Lamivudina (ABC/3TC), Zidovudina/Lamivudina (AZT/3TC), Ritonavir (RTV), Lopinavir/Ritonavir (LOP/r), Tenofovir/Emtricitabina (TEN/FTC), Atazanavir/Ritonavir (ATV/r). The pediatric ARVs found to have the greatest drawbacks were: Zidovudine (AZT) in oral solution, Zidovudine 60mg + Lamivudine 30mg + Nevirapine 50mg in dispersible tablets, Zidovudine 60mg in dispersible tablets, and Lamivudine 10 mg/ml in solution.

UNAIDS, to crosscheck national data provided by Ministries of Health, included questions related to ART dispensing in its surveys aimed at PLHIV and Key Populations. According to what was reported in the II Survey on the impact of COVID-19 among PLHIV, by April 2020, only 3 out of 10 people surveyed had ARV treatment for more than 2 months. In August 2020, the III Survey on the impact of COVID-19 among key populations in Latin America and the Caribbean reported that 6 out of 10 people received ARVs for a minimum of 2 months.

According to the PAHO Strategic Fund, the most frequent problems in the ARV supply chain include the closure of pharmaceutical laboratories, restricted transportation, cancellation of commercial flights, stoppage of product import and export, and high transportation costs, among others. In response to this situation, countries sought alternatives and joined efforts to mitigate the impact on the treatment of PLHIV with the inter-agency support of
the United Nations system. Main strategies for dealing with the risk of ARV stock-outs were the optimization of treatment regimens, including migration to TLD (4 countries: El Salvador, Panama, Guatemala and Venezuela) and solidarity between countries for the exchange and/or loan of medicines and supplies (6 reported cases). In this regard, it should be noted that in 2020, 14 countries complied with the recommendations of the PAHO Strategic Fund by acquiring products such as TLD and DLG.

Three countries included guidelines that support the administration of pre-exposure prophylaxis (PrEP) for HIV prevention in serodiscordant couples in their national health policies: Brazil, Chile and the Dominican Republic.

To summarize the continuity of ARV treatment schemes under current regulations in times of COVID-19, see the table below:

<table>
<thead>
<tr>
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<td>No</td>
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<td>Chile</td>
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<td>No data</td>
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<td>Yes</td>
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<td>Dominican Republic</td>
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<td>Ecuador</td>
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<td>Yes</td>
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<td>No</td>
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<td>3 to 6 months</td>
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<td>Yes</td>
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<tr>
<td>Nicaragua</td>
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<tr>
<td>Peru</td>
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<td>3 months</td>
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<tr>
<td>Suriname</td>
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<td>2 months</td>
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<td>Country</td>
<td>Access</td>
<td>Duration</td>
<td>Testing</td>
<td>Diagnosis</td>
<td>Treatment</td>
<td>Vaccination</td>
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<tr>
<td>Venezuela</td>
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<td>No</td>
</tr>
</tbody>
</table>

Status of the implementation of Multi-month Dispensing of ARVs in LAC countries

As of March 2020, only 8 countries in Latin America and the Caribbean implemented the ARV multi-month dispensing strategy: Brazil, Cuba, Guyana, Haiti, Paraguay, Peru, Suriname and Venezuela. Brazil has the longest precedent, having established the practice in 2018 through the “Clinical protocol and therapeutic guidelines for the management of HIV infection in adults”, followed by Mexico and Guatemala adopting MMD in 2019. Mexico implemented it through its “Guidelines for the antiretroviral management of people with HIV” and Guatemala through its “Guidelines for the use of ARVs in people with HIV, and their prophylactic application”.

Beginning in March 2020, 13 more countries included MMD in their services as a response to the health emergency caused by COVID-19 pandemic: Argentina, Belize, Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Uruguay. All these countries follow instructions or programmatic guidelines issued by the relevant HIV Program of the Ministries or Entities in charge of Health. By the end of this report, no official changes were registered in the policies or guidelines for the care of people with HIV in these 13 countries.

The table below lists the dates and names of the regulations available to date:

<table>
<thead>
<tr>
<th>Country</th>
<th>Maximum dispensing frequency</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>2 months</td>
<td>004/2020 INSTRUCTIONS - addressed to the Departmental Heads of STI/HIV/ AIDS-HEPATITIS VIRAL PROGRAMS.</td>
</tr>
<tr>
<td>Brazil</td>
<td>3 months</td>
<td>Multi-month dispensing protocol was being implemented since 2018 in a pilot project. With the advent of covid19 it became a technical guideline and will remain so even after the covid19 crisis ends. In the context of COVID-19 it became a technical guideline. MoH adopted the strategy of providing ARVs to the 634,000 people living with HIV (PLHIV) on ART for 90 days to avoid excessive movement of PLHIV and increased flow of people into health services. Source: UNAIDS.</td>
</tr>
</tbody>
</table>

Source: Prepared by the author based on information from documentary research and UNAIDS country offices.
<table>
<thead>
<tr>
<th>Country</th>
<th>Maximum dispensing frequency</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>3 months</td>
<td>Decree No. 4 of February 8, 2020 authorizes the dispensing of treatments for all persons living with chronic health problems for a period of up to 3 months according to the conditions of availability and storage of the establishments. In Decree No. 10 of March 25, instructions were updated, but the provisions of Decree No. 4 regarding the delivery of multi-month treatment in the indicated group were maintained. On March 27, the Undersecretary of Health Care Networks issued Ordinance No. 808, which reaffirms the delivery of medicines for a period of 2 to 3 months and requests the health care network to evaluate the possibility of implementing home delivery. This is complemented by Ordinance No. 916 of April 7, 2020 from the same Undersecretary’s Office, which explicitly identifies people living with HIV as the target population for multi-month dispensing.</td>
</tr>
<tr>
<td>Colombia</td>
<td>1 month</td>
<td>April 2020 - Recommendations on the Continuity of Care for People Living with HIV and Hepatitis during the Covid-19 Pandemic in Colombia. (Colombia establishes MMD for 3 months by regulation. However, at an operational level, it only provides for 1 month).</td>
</tr>
<tr>
<td>El Salvador</td>
<td>2 months</td>
<td>Memorandum No. 2020-6010-299 signed by the Minister of Health (March 16, 2020) gives the following indication: for patients who attend clinics for appointments, provide antiretroviral drugs for 2 months and a prescription for the following two months (a single delivery). The purpose is to avoid patients from coming to the hospital every month. Viral load and CD4 tests should be postponed, for they are not considered urgent.</td>
</tr>
<tr>
<td>Haiti</td>
<td>3 a 6 months</td>
<td>2018 (previous policy issued in 2016 allowed 36 to 70 days of dispensing).</td>
</tr>
<tr>
<td>Guatemala</td>
<td>3 a 6 months</td>
<td>2019 - Guidelines for the use of ARVs in people with HIV and their prophylactic application, MSPAS. April 2020 - Guidelines for comprehensive care units regarding the approach to the HIV response during the state of emergency caused by the COVID-19 pandemic, MSPAS (this is a recommended option based on the availability of medicines in care units, but it is not mandatory). The IGSS provides services to 13% of PLHIV with treatment and has independent regulations. Information obtained from user comments indicate that ART is mostly provided on a bimonthly basis.</td>
</tr>
<tr>
<td>Mexico</td>
<td>3 months</td>
<td>2019: Guidelines on antiretroviral management of people living with HIV. CAPACITS implements recommendations since 2019. Other service delivery systems have separate regulations. April 7, 2020: Recommendations for CAPASITS and SAH’s in response to the COVID-19 pandemic.</td>
</tr>
</tbody>
</table>

Source: Prepared by the author based on information from documentary research and UNAIDS country offices.
Table 2. MMD guidelines in public health policies. (cont.)

<table>
<thead>
<tr>
<th>Country</th>
<th>Maximum dispensing frequency</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panama</td>
<td>3 months</td>
<td>The regulation (Drug Law) establishes dispensing for 1 month at a programmatic level. In the context of the health emergency, from March 2020, a 2-month dispensing is established according to availability.</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>6 months</td>
<td>2019: Resolution No. 000003 of 05/08/2019 mandating the implementation of a strategy focused on comprehensive care services supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to rapidly increase the number of people on antiretroviral treatment to control the HIV epidemic and meet the 90-90-90 targets in the Dominican Republic. March 21, 2020: Clinical Guideline for the Provision and Dispensing of Antiretroviral (ARV) Drugs during the COVID-19 Epidemic Emergency.</td>
</tr>
</tbody>
</table>
| Uruguay          | 3 months                     | On an operational level, MMD is implemented. However, “a MMD policy is not defined in Uruguay due to many administrative problems (as well as considering new national authorities in the government that took office on March 1, 2020)”.
| Venezuela        | 3 months                     | 2019: Antiretroviral treatment for people with HIV. Practical Guide.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
A total of 21 countries have adopted, at least by regulation, Multi-Month Dispensing of ARVs. The following map of the region shows where and how MMD practices are implemented:

**Image 2.** Latin America and the Caribbean map of ARV dispensing months based on guidelines \(^{14}\).

**Months of ARV dispensing**

MMD as a strategy for access to ARV treatment and other commodities for PLHIV and those at risk of HIV infection in the context of COVID-19.

- 1 month
- 2 months
- 3 months
- 6 months

Map: ONUSIDA • Created with Datawrapper

Source: Prepared by the author.

\(^{14}\) In Guatemala, according to the MSPAS guidelines on HIV in the context of COVID-19, MDD goes from 3 to 6 months.
ARVs dispensing frequency according to national regulations

Country regulations allow multi-month dispensing from 2 to 6 months. In 2 countries, ARVs are dispensed for 6 months, in 11 countries they are dispensed for 3 months, in 8 countries for 2 months and in 3 countries they are dispensed for 1 month.

**Table 3.** ARVs dispensing frequency rate in the countries of the region.

<table>
<thead>
<tr>
<th>Maximum dispensing frequency</th>
<th>Number of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>2</td>
</tr>
<tr>
<td>3 months</td>
<td>11</td>
</tr>
<tr>
<td>2 months</td>
<td>8</td>
</tr>
<tr>
<td>1 month</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Prepared by the author with data compiled from the UNAIDS website and PAHO/WHO surveys dating of March and August 2020.

**Table 4.** Dispensing frequency rates in 24 countries of Latin America and the Caribbean.

<table>
<thead>
<tr>
<th>6 months</th>
<th>3 months</th>
<th>2 months</th>
<th>1 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>Argentina</td>
<td>Belize</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Brazil</td>
<td>Bolivia</td>
<td>Jamaica</td>
</tr>
<tr>
<td>Chile</td>
<td>Cuba</td>
<td>Nicaragua</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>Ecuador</td>
<td>El Salvador</td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td>Guyana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>Panama</td>
<td>Honduras</td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td>Peru</td>
<td>Suriname</td>
<td></td>
</tr>
<tr>
<td>Uruguay</td>
<td>Venezuela</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Prepared by the author based on data from UNAIDS and PAHO/WHO. Created using Datawrapper.
In order to corroborate national data provided by Ministries of Health through UNAIDS Country Offices and PAHO/WHO, the UNAIDS regional office for LAC includes questions related to ART dispensing in its surveys addressed to People Living with HIV and Key Populations.

According to what was reported in the II Survey on the impact of COVID-19 among people living with HIV, by April 2020, only 3 out of 10 people had ARV supplies for more than 2 months, only 1 out of 10 had for more than 6 months and 2 out of 10 had NO ART to finish the month.

This situation changes in the context of the COVID-19 pandemic, as stated by the findings of the III Survey to understand the impact of COVID-19 among key populations in Latin America and the Caribbean concluded in August 2020, which shows that multi-month dispensing is becoming a trend in the countries of the region, since 61% of the total number of respondents to this last survey reported receiving ARVs for a minimum of 2 months (see Graph 3).

Graph 3. Percentages of ARV dispensing periods reported by the participants of the III Survey conducted by UNAIDS

Source: Prepared by author with information from the Survey on the Impact of COVID-19 Among Key Populations (UNAIDS, August 2020) with a sample of 1250 people living with HIV.
Challenges to the implementation of MMD

Based on interviews with key actors in the response to HIV in the LAC region, the main challenges to the implementation of MMD that were identified during this analysis are:

- **Lack of multi-month dispensing policies (3 to 6 months).** Despite the increase in the adoption of MMD in the context of the COVID-19 pandemic, there are 7 countries that only have recommendations or internal use instructions issued by the National HIV Programs to implement multi-month dispensing. Official and programmatic regulations had not been modified by the end of this analysis.

- **Risk of ARV stock-outs.** Multi-month dispensing implies supply logistics that anticipate demand. In the context of the COVID-19 pandemic, this has been one of the main challenges.

- **Restriction of ART dispensing to stable patients only.**

- **Low demand from people with HIV.**

- **Resistance of medical staff to space out their patients’ check-ups.**

- **Multiple ART schemes.**

- **Cultural and linguistic barriers in the country.** According to the III Survey to on the impact of COVID-19 among key populations in Latin America and the Caribbean completed in August 2020, 3 out of 10 indigenous respondents stated that information on COVID-19 was not available in their local language.

- **Stigma and discrimination.** In its II Survey on the impact of COVID-19 among people living with HIV (April 2020), UNAIDS highlights that 3 out of 10 people refrained from using HIV care services during the pandemic due to the fear of being discriminated against.

In this regard, by means of the II Survey on the impact of COVID-19 among PLHIV (April 2020), UNAIDS inquired about visits to local health facilities for ARV pick-ups:

- **56.5%** stated that they received care and medicines.

- **31.5%** responded that they did not access services for two main reasons: either they were not able to get there (due to social isolation, lockdown or quarantine) or the local facility did not have the capacity or human resources to provide the service.
Barriers to ARV access were multifactorial and had different causes. 57% of respondents in the LAC region reported some type of difficulty, including:

- Fear of exposure to the virus: 3.7%
- Lack of means of transportation: 11.3%
- Travel distance: 10.8%
- National ARV stock-out: 8.8%
- Lack of financial resources: 3.7%

It is important to note that, after breaking down the data from the II Survey on the impact of COVID-19 among people living with HIV into key populations, the following results were obtained:

- 12% of the LGBTI population do not know where to obtain their ARVs.
- 21% of the migrant population does not know where to obtain ARVs. This may be related to the difference in health systems between the country of origin and host country, or to the lack of guarantees and access to the health system free of charge.

Opportunities for the implementation of the MMD in the context of COVID-19

According to Grimsrud, “Differentiated Service Delivery (DSD), or differentiated care, is a client-centered approach. It simplifies and adapts HIV services across the cascade of HIV care to reflect the preferences and expectations of various groups of people living with or at risk of acquiring HIV while reducing unnecessary burdens on the health system” 15.

DSD provides the necessary tools to limit PLHIV’s exposure to COVID-19 co-infection while accessing continuous care and treatment. One of these tools is Multi-Month Dispensing (MMD). Among the opportunities to implement MMD, there is the threat of decreased access to services due to the health emergency. Essentially, this is what prompted countries to consider multi-month dispensing of ART, and thus avoid the risk of treatment disruption.

According to data from 19 countries regarding the closure or reduction of services in HIV care units, most of them did not experience service closures. Only 5 countries (Ecuador, El Salvador, Guatemala, Peru and Venezuela) reported a decrease in human resources for care, as well as a reduction in opening hours.

- 14 countries with no care units closed.
- 4 countries with less than 25% decrease in services.
- 1 country with a 25-50% decrease in services.

Dispensing of Pre-Exposure Prophylaxis (PrEP) in the context of COVID-19

Table 5 lists the 10 countries in the LAC region that have regulations or pilot projects to provide pre-exposure prophylaxis for serodiscordant couples.

- 3 out of these 10 countries have national policies that support PrEP: Brazil, Chile and the Dominican Republic.
- 7 out of these 10 countries have or had at some point a pilot project for dispensing.

Chile is the only country that reports having dispensed PrEP for several months (2 months), and Ecuador is the only country that reports community distribution.

Table 5. PrEP guidelines and pilot projects identified in the analysis.

<table>
<thead>
<tr>
<th>Country</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>Clinical protocol and therapeutic guidelines for Pre-Exposure Prophylaxis (PrEP) in case of risk of HIV infection. IMPrEP is a research protocol led by UNITAID in partnership with Fiocruz – Oswaldo Cruz Foundation (include 3,000 individuals from Brazil, Peru and Mexico).</td>
</tr>
<tr>
<td>Colombia</td>
<td>PrEP Pilot Project in 2019 with no continuity and no MMD strategy implemented.</td>
</tr>
<tr>
<td>Country</td>
<td>Regulation</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Guatemala</td>
<td>The country offers PrEP for MSM and transgender women under the Global Fund project (demonstration project). The drug was dispensed through the CSO Colectivo Amigos contra el Sida (CAS), a sub-recipient of the Global Fund project. In some cases, PrEP was distributed through home delivery strategies, while in others, it was dispensed at the CAS clinic. The country does not have policies or guidelines regulating PrEP as a national strategy. Source: PNS/MSPAS.</td>
</tr>
<tr>
<td>Mexico</td>
<td>Civil society organizations provide PrEP on a small scale. The country does not have policies or guidelines regulating PrEP as a national strategy. IMPrEP is a research protocol led by UNFPA and will include 3,000 individuals (Brazil, Peru and Mexico).</td>
</tr>
<tr>
<td>Peru</td>
<td>IMPrEP and TransPrEP initiatives ended in July 2018 and there was no continuity. According to records, as of August 2017, approximately 1500 people were counted as having received PrEP.</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Guidelines on HIV Pre-exposure Prophylaxis (PrEP) in the Dominican Republic (July, 2020). These guidelines do not determine the number of months of dispensing.</td>
</tr>
</tbody>
</table>

Source: Prepared by the author based on documentary research and the sources identified for each country.

---


Availability of antiretrovirals for MMD implementation

Between the months of March and April 2020, countries faced a period of social isolation, lockdown and quarantine resulting in the following supply data:

1. First-line ARVs for adults:
   Following an analysis of the inventories of ARVs and diagnostic kits for HIV and STIs shared by 19 countries in the region, PAHO/WHO indicated that 7 countries out of 19 (37%) were at risk of stock-out of ARV drugs required to treat PLHIV with first-line treatment regimens (TEE, TLD, TEE). One country reported a one-month stock, implying a clear stock-out. Six countries reported a two to six-month stock, with a high risk of shortage. Lastly, 12 countries reported having first-line ARV supply for more than six months.

2. Second-line ARVs:
   When analyzing the ARVs required for second-line treatments, the risk of stock-outs was even greater, occurring in 13 of 19 countries (68%). This was especially noticeable with Lop/r and ATV/r, since three countries reported shortages with a supply for less than one month. Ten countries reported having enough supply for 1 to 6 months. After performing the analysis, it was determined that this situation was due to the stock-out of the active ingredient of Lop/r, which was notified by suppliers at the beginning of 2020.

3. Third-line ARVs:
   Within the ARVs used in third-line regimens, the most affected were Darunavir and Ritonavir, with 9 countries (47%) reporting supplies for less than 6 months.

4. Pediatric ARVs:
   The shortage of pediatric ARVs was even more evident. In addition to being a category that has been presenting procurement problems due to low volumes, the analysis of inventories indicated that 14 of 19 countries (74%) experienced stock-outs to some degree. Of these 14 countries, 10 reported complete stock-outs (supplies for less than one month).

Furthermore, the PAHO Strategic Fund was able to identify problems in the supply of diagnostic kits: 4 countries had a high risk of stock-out in rapid HIV tests, 3 other countries were at risk of stock-out for viral load tests, and 1 country for CD4 count tests.
Given the multi-month ARV dispensing strategy targets the clinically stable HIV population, below is the estimated percentage of PLHIV receiving ARVs in relation to dispensing frequencies for 13 countries in the region (see Table 6).

Table 6. Dispensing frequency rates in 13 countries of the region.

<table>
<thead>
<tr>
<th>Country</th>
<th>Maximum dispensing frequency</th>
<th>Percentage of PLHIV on treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 month</td>
</tr>
<tr>
<td>Argentina</td>
<td>3 months</td>
<td>5%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>2 months</td>
<td>20%</td>
</tr>
<tr>
<td>Brazil*</td>
<td>3 months</td>
<td>1%</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>6 months</td>
<td>30%</td>
</tr>
<tr>
<td>Ecuador</td>
<td>2 months</td>
<td>20%</td>
</tr>
<tr>
<td>El Salvador</td>
<td>2 months</td>
<td>20%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>3 to 6 months</td>
<td>34%</td>
</tr>
<tr>
<td>Haiti</td>
<td>3 months</td>
<td>10%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1 month</td>
<td>100%</td>
</tr>
<tr>
<td>Paraguay</td>
<td>3 months</td>
<td>30%</td>
</tr>
<tr>
<td>Peru</td>
<td>3 months</td>
<td>15%</td>
</tr>
<tr>
<td>Uruguay</td>
<td>1 month</td>
<td>100%</td>
</tr>
<tr>
<td>Venezuela</td>
<td>3 months</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Prepared by the author based on information from the UNAIDS website (July 2020).

Additionally, the PAHO Strategic Fund leveraged close relationships with antiretroviral treatment suppliers to plan deliveries schemes based on long-term agreements, thereby ensuring supply availability and mitigating price inflation. This mechanism also coordinated with PAHO’s Procurement and Supply Management Department (PRO) to assess alternative shipping methods and adapt to the most cost-effective and timely practices during the COVID-19 pandemic-related disruptions.

Over the course of 2020, the PAHO Strategic Fund supported 21 countries in the region in the acquisition of ARVs. The following were the most purchased ARVs:

- Tenofovir 300 mg ++ Lamivudine 300 mg + Efavirenz 600 mg in tablet form.
- Tenofovir 300 mg + Lamivudina 300 mg + Dolutegravir 50 mg in tablet form.

* As of June 2020.
• Tenofovir 300 mg + Emtricitabina 200 mg in tablet form.
• Tenofovir 300 mg + Emtricitabina 200 mg + Efavirenz 600 mg in tablet form.
• Lopinavir 200 mg + Ritonavir 50 mg in tablet form.
• Dolutegravir 50 mg in tablet form.
• Lamivudina 150 mg + Zidovudina 300 mg in tablet form.
• Tenofovir 300 mg + Lamivudina 300 mg + Efavirenz 400 mg in tablet form.
• Abacavir 600 mg + Lamivudina 300 mg in tablet form.
• Ritonavir 100 mg in tablet form.
• Atazanavir 300 mg + Ritonavir 100 mg in tablet form.
• Zidovudina 50 mg/5 ml in oral solution.

One of the strategies implemented by the Strategic Fund to improve the procurement response was the organization and planning of the consolidation of the regional demand for medicines and public health supplies to be acquired by member countries by 2021. This initiative facilitated the presentation of the procurement plans of 20 countries and is currently underway with the procurement processes initiated in the last quarter of the year.
ARV Dispensing in the context of mandatory preventive social isolation

Cuba, Guatemala, Dominican Republic, El Salvador, Haiti and Paraguay are the countries that reported a policy of community distribution of antiretroviral drugs. During the health emergency period, 3 countries were able to comply with community distribution of ARVs at a national level: Cuba, Guatemala and Haiti.

Graph 4. Percentage of countries with a policy for community distribution of ARVs

The most common practices used by these countries for community distribution through social organizations were home delivery and distribution of ARVs by mail. In Argentina, this situation accelerated the decentralization process in the response to PLHIV at first-level care, to add more consultation spaces close to the place of residence of people living with HIV.

The following are the strategies or initiatives taken by several countries in the LAC region for the community distribution of ARVs in which dispensing for several months was implemented:
### Table 7. Community ARV distribution strategies in the COVID-19 context.

<table>
<thead>
<tr>
<th>Country</th>
<th>Dispensing method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>The pandemic prompted the development of an electronic prescription for patients with chronic diseases. This allowed people to obtain a special permit for the pick-up of medication through the Mi Argentina/Mi Salud platform. One of the main measures adopted was the distribution of antiretroviral medication to the corresponding health jurisdictions in quantities that would allow them to deliver it to users for longer periods than usual (two or three months), so that patients would not be required to visit health facilities so frequently.</td>
</tr>
<tr>
<td>Bolivia</td>
<td>Civil society organizations requested authorization to distribute medicines to patients who could not get to health facilities. This was implemented with limitations in rural areas.</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Telemedicine and/or telephonic home consultations and home delivery.</td>
</tr>
<tr>
<td>El Salvador</td>
<td>MED Express (Country Emergency Fund finances delivery of ARVs through El Salvador’s postal service), with coverage for 1,000 people living with HIV. Home delivery in 4 departments of the country that are covered by PEPFAR’s Care and Treatment Project. Source: UNAIDS COVID-19 website. (May 12, 2020) - COVID-19 and impact on HIV and related services.</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Delivery by mail (courier service to homes or strategic points), delivery through CSOs to homes or points in the community, delivery by personnel of the home care units, and face-to-face delivery in care units. This practice involved inter-institutional strengthening, with the support of cooperation agencies for the delivery of ARVs to users of the UAI through courier services. Source: PNS/MSPAS.</td>
</tr>
<tr>
<td>Brazil</td>
<td>In two of the states of the country, services were complemented with community distribution (by establishing pick-up points close to homes to reduce mobility barriers). The Balaio Project tested community distribution of ARVs for PLHIV at higher risk of COVID-19 in São Paulo.</td>
</tr>
<tr>
<td>Panama</td>
<td>Through the project Antiretroviral Drug Delivery Strategy in the province of Coclé (financed by UNAIDS), the Viviendo Positivamente Association serves patients at the Aquilino Tejeira Hospital in the city of Penonomé. They also provide telephone support services.</td>
</tr>
<tr>
<td>Paraguay</td>
<td>Home delivery of medicines for people who grant authorization.</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>The Clinical Guideline for the Provision and Dispensing of Antiretroviral (ARV) Drugs during the COVID-19 epidemic emergency[^19] allows for home delivery of ARVs to those individuals who consent to it.</td>
</tr>
<tr>
<td>Venezuela</td>
<td>Civil society, with the support of the National AIDS Program, has coordinated and prepared some locations and venues for ARV delivery events to facilitate access to treatment.</td>
</tr>
</tbody>
</table>

Source: Prepared by the author with information from UNAIDS and PAHO/WHO.

involves civil society in the design and implementation of public health policies. There is no offer of health services made directly by civil society, save rare exceptions.

**Antiretroviral supply status**

For this chapter’s analysis, the main data source is the Services Survey (August 2020) conducted by PAHO/WHO, which inquiries about the following:

- For how long is there a guaranteed supply of the main first-line HIV treatment drugs (TLE/TEE/ TLD) for people currently undergoing treatment?
- What is the percentage risk of ARV supply stock-out in your country due to COVID-19?
- Are there disruptions in the supply of 1st and 2nd line ARVs, Pediatric ARVs or other ARVs?

Out of the 15 countries that responded to the survey, only 3 had availability of first-line ARVs for treatment of HIV infection (TLE / TEE / TLD) for less than 4 months. Eleven countries reported availability for 6 months or more, and 1 country had no information available (see Graph 5).

**Graph 5. Guaranteed ARV supply times in 15 countries of LAC as of August 2020**

![Guaranteed ARV supply times in countries of LAC as of August 2020](Image)

Source: Prepared by the author based on data from the PAHO/WHO Services Survey conducted in August 2020.

Regarding the percentage risk of ARV supply disruption in their country due to COVID-19, 3 countries reported having a high risk of stock-out (see Graph 6) and no country reported disruptions in supplies of first and second-line ARVs, Pediatric ARVs or other ARVs.
During the COVID-19 pandemic, the PAHO Strategic Fund was mobilized through inter-programmatic work with PAHO regional technical units (for HIV/STI/AIDS, Tuberculosis, Malaria, among others) through the implementation of the following strategies:

a. Rapid assessment of medicines and supplies being purchased through the Strategic Fund and communication to the countries about supply interruptions to map the situation and identify which countries and medicines were at risk of stock-out.

b. Monitoring of regional inventories of medicines for HIV, tuberculosis and malaria, to identify risks of stock-outs and/or oversupply of medicines and other commodities.

c. Supporting countries in decision making in the event of imminent stock-outs by:
   a. measuring available supply based on information on existing inventories;
   b. searching for mechanisms to facilitate the availability of critical products;
   c. mobilizing regional stocks;
   d. reviewing alternative transportation routes; and
   e. identifying treatment alternatives.

d. Working together with PAHO member countries to identify and analyze antiretroviral treatment alternatives based on the status of available inventories and migration to optimized treatment schemes.

e. Working with suppliers to expedite split deliveries through various transportation options.
Solidarity among countries as a strategy to reduce the risk of stock-outs of medicines and other supplies

One of the barriers that stands out before the opportunity to widely implement MMD is the disruption in the supply chain, especially ARV stock-outs, which are explained by UNAIDS as “Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period. The consequences of stock-out—the scale of treatment interruption and risk for drug resistance—depend on the number of people whose treatment product stock-out will disrupt”.

During the months in which this analysis was carried out (March to August 2020), there were only episodes of risk, but no ARV stock-outs.

Considering the most frequent problems in the ARV supply chain identified by the PAHO Strategic Fund, it was necessary to generate efficient alternatives and promote collaborative efforts among countries to mitigate the impact of these difficulties on the ARV treatment of people living with HIV.

In this regard, and within the framework of the cooperation and solidarity between countries reported by the Horizontal Technical Cooperation Group (GCTH), as well as by the regional coordination mechanisms between countries for the Andean region and Central America, this analysis registered 7 episodes of risk of shortages (in Bolivia, El Salvador, Guatemala, Panama, Jamaica, Dominican Republic), out of which 6 were overcome thanks to the solidarity between countries through loans and exchange of ARV drugs, and only one through inter-institutional coordination of the health sector at a national level (a loan between social security and the Ministry of Health). No country at risk of stock-out failed to implement MMD on an ongoing basis.

It is also necessary to establish two important considerations when it comes to risk management:

- The role and duties of the PAHO Strategic Fund as a regional technical cooperation mechanism for joint procurement of essential medicines and strategic public health supplies. The Strategic Fund also strengthens supply management systems and provides technical cooperation to plan demand, thereby guaranteeing rational use and avoiding the risk of stock-outs in countries of the Americas.
• The document Regulations for the management of donation, exchange or loan of medicines and medical devices of health interest between health institutions of the SICA Member States (COMISCA, 01-2019) as the sole regulatory instrument to carry out solidarity loans between countries for the LAC region.

Despite identifying problems in the supply of diagnostic kits (rapid tests for HIV, viral load measurement and CD4 count), it was not possible to support exchanges since there was no surplus in other countries.

Civil Society Organizations monitoring ARV dispensing

Within the framework of this analysis, it was possible to identify five countries (Argentina, Ecuador, Guatemala, Peru and Venezuela) with initiatives of Civil Society Organizations linked to the monitoring of ARV dispensing:

Argentina:

the UNAIDS country office and PAHO/WHO coordinated an initiative of the NGO Ciclo Positivo based on providing quality information related to the COVID-19 pandemic and HIV, ensuring ARV distribution to PLHIV in vulnerable situations, monitoring ARV stocks and supporting adherence.

Ecuador:

the networks of facilitators working in non-governmental organizations and community-based organizations have established platforms for monitoring complaints of access difficulties, whether due to a lack of medicines from the suppliers or to other issues encountered by PLHIV. They also set up peer support groups.20.

Guatemala:

the Red Legal y su Observatorio de Derechos Humanos, VIH y PEMAR provided social audits with legal support in response to claims of stock-outs and human rights violations, among other issues21.

21 Source: National Program for the Prevention and Control of STIs, HIV and AIDS of Guatemala.
Peru: the networks of facilitators working in non-governmental organizations and community-based organizations have established platforms for monitoring complaints of access difficulties.

Venezuela: the Red Venezolana de Gente Positiva (RVG+) and Acción Ciudadana Contra el SIDA (ACCSI) conducted social audits that included 16 Venezuelan states, 22 pharmacies and 28 HIV being monitored.
The guidelines derived from the COVID-19 health emergency for Multi-Month Dispensing of ARVs are a key opportunity to drive a permanent strategy in the 21 countries that are currently implementing it in the LAC region.

National regulations allow MMD from 2 to 6 months. However, to be eligible to receive the maximum time allowed, it is necessary to be a stable patient, so the MMD poses challenges in terms of increasing early diagnosis (strategy for the identification of new infections and consequent early care), and considering intersectoral work to improve the quality of life (taking into account the social determinants of health) of people living with HIV for the prevention of co-infections and chronic diseases.

Lockdowns prompted extraordinary distribution measures with the active participation of civil society organizations. This enabled six countries (Cuba, Guatemala, Dominican Republic, El Salvador, Haiti and Paraguay) to establish or consolidate a community-based ARV distribution policy at a national level.

There is a clear need to promote Pre-Exposure Prophylaxis (PrEP) broadly and nationally. Only 3 countries in the LAC region have national policies that support HIV prevention in serodiscordant couples: Brazil, Chile, and the Dominican Republic.

The decrease of HIV care services, specifically in terms of reduced staff and/or schedules, although in few countries, did constitute an obstacle to obtaining treatment for people living with HIV. Other relevant and independent obstacles to health services, more closely related to the context of a health emergency, were the fear of exposure to the virus and the lack of transportation due to the restrictions of free movement in the countries.

In response to the episodes of risk of stock-outs, two alternatives were implemented: migration to TLD as an alternative treatment scheme and inter-country solidarity for the loan of antiretrovirals as the main alternative.

Among the key elements for reducing the risk of stock-outs through the exchange, loan or donation of antiretroviral drugs among the countries, it is important to highlight the coordination within the framework of the Horizontal Technical Cooperation Group and other regional mechanisms, as well as the added value of the Strategic Fund of the Pan American Health Organization (PAHO) through its role of technical assistance and joint purchasing.
The MMD strategy needs community awareness and an empowered civil society to increase demand and social audits. In this sense, this analysis shows the relevance of empowering civil society organizations as regulators of health services to ensure the correct implementation of the Differentiated Services (DSD) tools.

One of the most significant strategies for the national implementation of MMD has been the constant advocacy and technical assistance provided by the country offices (UCOs) and the UNAIDS regional office for LAC. Although it was not possible to quantify the exact number of countries that have adopted the MMD as a result of UNAIDS advocacy (due to countries’ own collective decision-making processes), its role was essential in facilitating actions, providing technical assistance and establishing links between countries by supporting existing regional mechanisms. UCOs have proven to be highly efficient in adapting to contexts through multiple and different resources, finding creative ways of communication and troubleshooting, as well as implementing the “UN ONE” spirit by generating and promoting joint work and complementing resources with other agencies of the United Nations System.
The implementation of differentiated health services that include the MMD strategy and community distribution is recommended, for which the document “Guidelines for the Implementation of Multi-month Dispensing of Antiretrovirals” (PAHO/WHO & UNAIDS, 2020) should be taken as a reference. This service should be sustainable and strengthened through official regulations and programmatic guidelines that support MMD strategies, as well as community distribution of ART and other products for PLHIV and those at a higher risk of acquiring HIV.

Reducing the number of treatment regimens and/or migrating to a fixed-dose treatment (TLD) should be one of the steps to be considered to facilitate the management of MMD with fewer therapy schemes. In addition, a reduced or single regimen that can be implemented in several countries in the region could help to reduce drug resistance in the key population.

Promoting early diagnosis and treatment adherence strategies is a key factor that should be considered to achieve greater multi-month dispensing coverage among PLHIV and people receiving antiretroviral treatment.

National programmatic planning is recommended to extend the use of MMD to other treatment regimens and other strategies such as pre-exposure prophylaxis.

Developing training plans for health personnel to reduce resistance against longer intervals between consultations and follow-up cycles, as required for the implementation of MMD.

Promoting social audit strategies in civil society organizations regarding the monitoring of the implementation of the MMD. The greatest possible involvement of civil society organizations is suggested to strengthen the demand and monitoring of the MMD, especially the management of support to achieve distribution at a community level.

Using social networks to maintain contact with PLHIV, as well as to ensure adherence to treatment, keeping in mind that, without adherence to ARVs, the practice of MMD is ineffective.
Bibliography


PAHO/WHO & UNAIDS. (2020, July). Guidelines for the implementation of Multi-month dispensing of antiretrovirals. UNAIDS - PAHO/WHO.


