

Knowledge Brief

Health, Nutrition and Population Global Practice

HIV RESPONSE

REDUCING THE HIV/AIDS EPIDEMIC: LESSONS FROM ARGENTINA

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KEY MESSAGES:

- Argentina reduced its HIV/AIDS burden by 21 percent from 2000 to 2010, saving an estimated 4,379 lives. This makes Argentina's HIV/AIDS burden the second lowest in South America after Chile.
- Argentina reduced the mother-to-child HIV/AIDS transmission rate by 62 percent from 2000 to 2011.
- The National HIV/AIDS Program was created in 1995 and has since introduced key innovations that have contributed to the reduction of the HIV/AIDS burden in Argentina (Box 1).
- As of 2010, the National HIV/AIDS Program is entirely domestically funded, and a World Bank study has found the Program to be cost-beneficial.

Box 1. HIV/AIDS key programmatic innovations

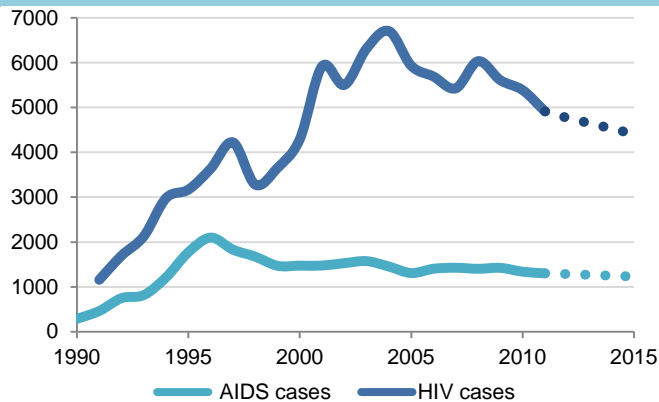
- I. Early introduction of free antiretroviral treatment (ART) since 1997;
- II. Comprehensive legal framework for sexual and reproductive rights;
- III. New sexual education program in schools;
- IV. Strategic alliances between key health Programs for reducing mother-to-child transmission;
- V. Introduction of incentives and results-based financing in the HIV/AIDS program;
- VI. Strategic planning using results of national supply-side surveys in public health facilities;
- VII. Electronic monitoring of supplies and medicines for increased accountability;
- VIII. Implementation of an electronic clinical governance system for improving quality of care and patient follow-up.

Where does Argentina stand on HIV/AIDS?

Argentina is a country of 41.45 million people, (6 percent of the Latin American and Caribbean (LAC) population), with a GDP of US\$14,760 per capita, surpassing the 2013 regional GDP average of US\$10,512. Argentina also fares above regional averages in indicators such as mean years of schooling (9.7 years, compared to the 7.9 LAC average) and life expectancy (76 years, compared to 74.6).

Over the last 20 years, Argentina felt the impact of the HIV/AIDS epidemic, with HIV cases increasing from 1,000 in 1990 to 4,223 in 1997, and peaking at over 6,700 new infections per year in 2004. Despite the exponential growth of new HIV cases, early financial coverage of ARTs beginning in 1997 has been essential in keeping the number of AIDS cases under control (Figure 1). Currently, there are an estimated 110,000 people living with HIV/AIDS (PLWHA) and approximately 5,500 new HIV cases per year. In 2010, the HIV/AIDS burden in

Figure 1. New and projected HIV/AIDS cases in Argentina, 1990-2015

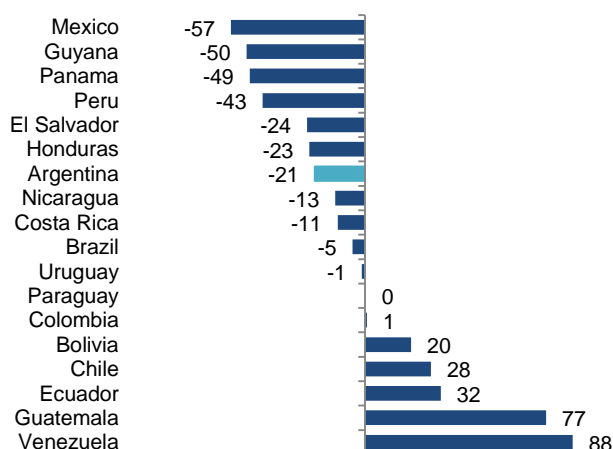


Argentina was 223 disability adjusted life years (DALYs) per 100,000, less than half the regional average of 519 HIV/AIDS DALYs per 100,000.

Argentina has 2.9 percent of the total regional HIV/AIDS DALYs. Colombia, a country with a similar GDP and population size, has 15.7 percent of the region’s total HIV/AIDS DALYs. Argentina has the second lowest HIV/AIDS burden in South America after Chile. However, while Chile showed an increase in the HIV/AIDS burden from 2000 to 2010, Argentina further reduced its already low burden by 21.2 percent—the seventh largest reduction in LAC during that time (Figure 2).

Brazil and Argentina were the first LAC countries to guarantee free universal access to HIV/AIDS treatment in 1996 and 1997, respectively. Despite the high cost of ART, a WB study shows that the Argentine National HIV/AIDS Program is cost-beneficial, with an estimated 1.03 benefit to cost ratio. From 2001 to 2010, Argentina saved 4,379 potential lives, corresponding to an average of 23,600 DALYs per year.

Figure 2. Percentage change in HIV/AIDS DALYs in Latin America, 2000-2010



The cost of HIV/AIDS in Argentina

In 2012, the Argentine government spent US\$285.95 million on the HIV/AIDS Program. The country currently spends US\$3,178 per DALY of HIV/AIDS—almost three times the regional average of US\$1,052. Argentina’s expenditure per DALY is the third highest in LAC after Cuba and Chile. The country also has the second highest spending per person living with HIV/AIDS in the region after Barbados. Argentina allocates 80 percent of total HIV/AIDS spending to care and treatment, compared to the LAC average of 75 percent. This is partially due to the higher cost of ARTs in Argentina and lower allocation to prevention (Argentina allocates 1.2 percent of HIV/AIDS spending to prevention activities, compared to 15 percent in LAC).

What can we learn from Argentina’s HIV/AIDS programmatic innovations?

I. UNIVERSAL ACCESS TO HIV/AIDS TREATMENT IS A KEY PREVENTION INTERVENTION

Brazil and Argentina showed that universal access to HIV/AIDS treatment is key to reducing the HIV/AIDS burden. Argentina achieved universal access to treatment in 2012, with 81 percent coverage (universal coverage is defined by WHO as over 80 percent ART treatment). Both countries made HIV/AIDS treatment a public good, providing free access to all those in need.

II. A COMPREHENSIVE LEGAL FRAMEWORK FOR SEXUAL AND REPRODUCTIVE RIGHTS MATTERS

In 1995, Argentina’s Law 24,455 guaranteed universal access to HIV/AIDS care and treatment, including clinical, pharmaceutical and psychological assistance for PLWHA. In 1997, the country introduced the free provision of ART, regardless of income or health insurance status, guaranteeing the financial protection of HIV/AIDS treatment for all. This legal framework became vital for reducing both new HIV infections and AIDS deaths.

In 2002, Law 25,543 mandated all health providers and facilities to offer HIV testing to pregnant women. The law also mandated financial coverage of testing, becoming key for the prevention of vertical transmission. Also in 2002, the law on Sexual Health and Responsible Parenthood (Law 25,673) mandated the provision of contraceptive methods and free family planning counseling in primary health care centers and public hospitals.

In 2006, another law (26,150) established the creation of the National Comprehensive Sexual Education Program, which is part of federal and state school curricula across

the country and seeks to expand knowledge on safe sexual practices.

In 2010, the Marriage Equality Law (26,618) recognized unions between persons of the same sex. Most recently, in 2012, the Gender Identity Law (26,743) allowed transgender and transsexual persons, who carry a disproportionate burden of HIV/AIDS in the country (34 percent HIV prevalence), to change their gender. These laws create a legal framework to reduce stigma that prevents diverse populations from accessing health services.

III. SEXUAL EDUCATION IN SCHOOLS IMPROVES PREVENTION KNOWLEDGE AMONG YOUTH

Since the 2006 passage of Law 26,150, Argentina implemented a new sexual health education program in all public schools. Argentine youth have the highest knowledge of HIV transmission and prevention in the region, with 84 percent of young men and 89 percent of young women (ages 15-24) accurately identifying prevention methods and major misconceptions about HIV transmission, followed by Chile with 78 percent and 85 percent of young men and women, respectively.

IV. STRATEGIC ALLIANCES IN SERVICE DELIVERY CAN HELP TO REDUCE MOTHER-TO-CHILD TRANSMISSION (MTCT)

Argentina has reduced its MTCT rate by 62 percent, from 13.7 per 100,000 live births in 2000 to 5.2 in 2011 (Figure 3). This success was possible thanks to: (i) A strategic alliance with the safe blood program, creating a comprehensive system for integrated prenatal testing of HIV/AIDS, STIs and other diseases; and (ii) A strategic alliance with the public health surveillance system for the epidemiological monitoring of health events of seropositive pregnant women and analysis of related data.

From 2009 to 2010, 47 percent of newly diagnosed HIV positive women were diagnosed in the context of pregnancy, underlining the need for early HIV testing among women of all ages.

V. INCENTIVES AND RESULTS-BASED FINANCING (RBF) CAN BOOST THE EFFECTIVENESS OF HIV/AIDS PROGRAMS

The use of RBF by the HIV/AIDS Program increased overall systemic accountability and improved Program performance. Under the Essential Public Health Functions Project (EPHFP), a package of guaranteed public health services was created with the use of RBF in six public health programs for the following conditions: vaccine preventable diseases, vector-borne diseases,

tuberculosis, non-communicable diseases, blood services, and HIV/AIDS. In each of the programs, intermediate results were identified as outputs. In the case of the National HIV/AIDS Program, a third party external auditor verifies the completion of six outputs prior to authorizing payments to provinces. The use of RBF has since been expanded, and the use of outputs has been consolidated throughout the country.

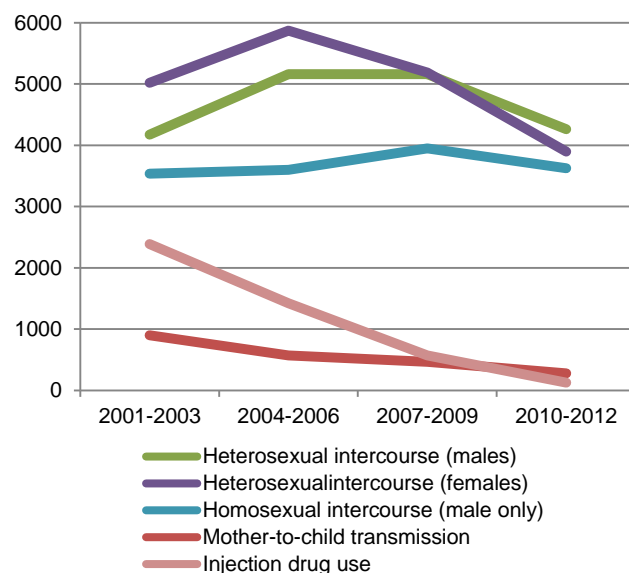
VI. NATIONAL SUPPLY-SIDE SURVEYS CAN HELP TO IMPROVE STRATEGIC PLANNING

Argentina conducted two national supply side surveys (2007 and 2011) in health facilities throughout the country. Subnational HIV/AIDS program officers also participated in the survey. Responses, trends, practices and results were used to inform national HIV/AIDS strategic planning process. Results show that 90 percent of provinces reported an improvement in the supply of and access to preventive, diagnostic, and health care services for PLWHA from 2007 to 2011.

VII. ONLINE MONITORING SYSTEMS CAN PLUG DUPLICATION AND BOOST EFFICIENCY

In 2009, the MoH introduced an online monitoring system that tracks the use and distribution of HIV/AIDS supplies. The system was designed with support from the EPHFP to avoid loss and duplication of HIV/AIDS medication and supplies and to improve efficiency in procurement, shipment, and accountability. Implementation of the online monitoring system has been extended to half of the country's Provinces.

Figure 3. New HIV cases in Argentina by transmission route, 2001-2002



VIII. CLINICAL GOVERNANCE SYSTEMS IMPROVE THE QUALITY OF HEALTH SERVICE PROVISION

The EPHFP also supported the National HIV/AIDS Program in the development and implementation of a patient case-management system. The system allows for the online registration of patients, online request for authorizations, monitoring of patient's viral load and other tests, as well as monitoring of drug regimen and treatment protocols. The case-management software introduced in 2011 allows for assessment of treatment quality, adherence, and resistance to treatment. All provinces are linked into the system, which, by the end of 2012, included over 30,000 patients. The HIV monitoring system for patients increased the efficiency of prescription and delivery of ART, as well as patient follow-up.

Challenges

Despite these achievements, Argentina still faces a number of challenges in halting the spread of HIV, which include the following:

- Long-term financial sustainability of the AIDS Program, considering the increasing number of patients in treatment;
- High comparative cost of antiretroviral medicines;
- Stubbornly high number of new infections among young MSM, while most other groups show marked reductions (Figure 3);
- Geographical inequalities in HIV/AIDS rates between provinces;
- Insufficient coverage of HIV diagnostic testing;
- Governance issues in health service delivery (service networks, human resources, training, budget); and
- Low expenditure on HIV prevention.

Keep in mind

- Argentina's case shows that provision of free HIV treatment can help to reduce the number of new infections;
- Continued innovations make it possible to reduce an already low-level HIV/AIDS epidemic; and
- Recent HIV control efforts in Argentina have not yet been fully evaluated.

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This HNP Knowledge Brief highlights the key findings from a study by the World Bank on the "Thirty Years of the HIV/AIDS Epidemic in Argentina: An Assessment of the National Health Response" by Fernando Lavadenz, Carla Pantanali, and Eliana Zeballos (forthcoming).

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