

# Regional Office for the Eastern Mediterranean (EMRO)



***Silvia Bertagnolio, MD***

***On behalf of Dr Gabriele Riedner,  
Regional advisor***

# EMRO Countries

- Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen



# Achievements

Limited.... mainly low HIV prevalence countries

- HIVDR Regional Workshop – (Yemen, Nov 2007)  
20 countries attended
  
- 2. IRAN is planning to implement HIVDR Threshold Survey in IDVU in Tehran and asked for WHO technical support



# Towards the Implementation of HIV Drug Resistance Prevention, Monitoring and Surveillance in Latin America and Caribbean

Noreen Jack, Monica Alonzo, Ward Schrooten and Giovanni  
Ravasi

**Pan American Health Organization**

# AMRO - Regional Office for the Americas

- Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, United States of America, Uruguay, Venezuela, Nicaragua, Panama, Paraguay, Peru
- Caribbean: Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti,

## Status of the HIV epidemic (2007)

- Estimated 160,000 new infections in LAC.
- 211 deaths each day in LAC
- The number of children living with HIV in LAC has increased to 55 000 children.
- Most countries with concentrated epidemics

**PAHO intends to provide technical TA in a selection of Member States from every sub-region:**

- Central America: El Salvador; Honduras
- Andean Region: Bolivia; Venezuela
- Southern Cone: Brazil; Uruguay
- The Caribbean: Haiti, Dominican Republic, Cuba, Guyana, Jamaica, Bahamas, Barbados, Trinidad and Tobago to implement the monitoring protocol.
- All countries are being supported/encouraged to report on EWIs

## The countries will benefit as follows:

- Provide training on WHO HIVDR prevention and assessment strategy to the national working groups
- TA for the development of a national HIVDR work plan/budget
- TA for the development of a plan for EWI monitoring and implementation of EWI reporting
- TA for the development a plan to monitor HIVDR prevention and associated factors in sentinel ART sites
- TA for the development of a plan for the surveillance of transmitted drug resistance (threshold surveys)
- TA for the implementation of HIVDR surveys
- Identification of national and regional genotyping laboratories and assistance for the application for WHO accreditation-Panama, Brazil. Two laboratories -in Martinique and Puerto Rico already accredited

## **Workshops held in LAC for Prevention, Surveillance and Monitoring of HIV Drug Resistance: A public health approach**

### *In the Caribbean*

- Fort de France, Martinique, May 2006
- Port-of-Spain, Trinidad, January 2007
- Follow-up workshop being held November 18-21, 2008

### *In Latin America*

- Rio de Janeiro – Nov 2007
- Lima – Mar 2008

## Progress to date

- HIVDR regional Coordinator hired in Sept 2007
- In general work plans have been drafted as workshop activity, but country planning and implementation of national strategies has not followed and even the formation of national working groups has been slow.
- The recent availability of technical assistance provided by PAHO has revitalized and motivated many countries but work has just begun!

## Progress to date

- Many countries have done assessments of emergence of HIVDR (Brazil, Argentina, Honduras, Cuba, etc) as cohort evaluation of patients on treatment, but these experiences have been conducted as clinical trials without standardized methodology and public health population approach.

## WHO Accreditation of genotyping laboratories in the region:

- WHO Accredited labs: Martinique and Puerto Rico in the Caribbean
- Urgent need for WHO accreditation of other sub-regional genotyping laboratories
  - Genotyping laboratory of the Gorgas Institute for Health Studies in Panama to serve in Central America and has been assessed by WHO ResNet in Sep 2007.
  - RENAGENO: Brazilian network of genotyping laboratories (20 labs with standardized procedures and QC providing genotyping test for clinical purpose). Infrastructures have been improved, experience on HIVDR matured and SOPs developed
  - The Andean Region doesn't have sufficient lab capacity at the moment and could be served for HIVDR surveys purposes by Panama and Brazil, once accredited.



In the Caribbean expected achievements for 2008-2009  
and current status

<b>Planned Activities</b>	<b>Targets</b>	<b>Current status</b>
Operationalize national HIVDR WG	10-15 countries	3 countries
Report on EWIs	10-15 countries	5 countries
Monitoring surveys implemented	3 countries	0 country
Threshold survey implemented	1 country	0 country
Prepare Annual Regional Report	1 regional report	preparing 2008

## Preliminary EWI results from 4 countries in the Caribbean-Haiti, Guyana, Belize and Suriname

- Results are preliminary as further data checks and validation are ongoing. EWI definitions 2007 are used.
- The total sample size for these 4 countries is 2155 patients
- **EWI1: percentage of patients starting on an approved first-line ARV regimen**
- **EWI2: percentage of patients who are lost-to-follow-up 1 year after start ARV**
- **EWI3: percentage of patients who are on approved first – line ARV regimen 1 year after start ARV**
- **In addition: other outcome measures 1 year after start ARV are shown**

# Caribbean



## Haiti

- Technical assistance provided
- EWI collected in 14 ART sites
- Developed HIVDR Monitoring survey protocol and planning to start in January
- Challenge: WG not functioning, WHO staff left Haiti in Oct ---problems in coordinating HIVDR work

## Constraints/Challenges in the Caribbean

- Small countries and territories along with decentralization and integration of services in larger countries- limit the number that can implement HIVDR monitoring ( 6-7 can) and threshold studies (3). Identification of other mechanisms important for smaller countries/sites.
- Patient records and information system strengthening required for reporting of EWI
- Funding: may be a challenge for countries implementing HIVDR monitoring and threshold studies
- In-country TA essential-necessary for the reporting of EWIs and there is anticipated need for the implementation of the protocols
- Shipping logistics in the Caribbean may be another challenge