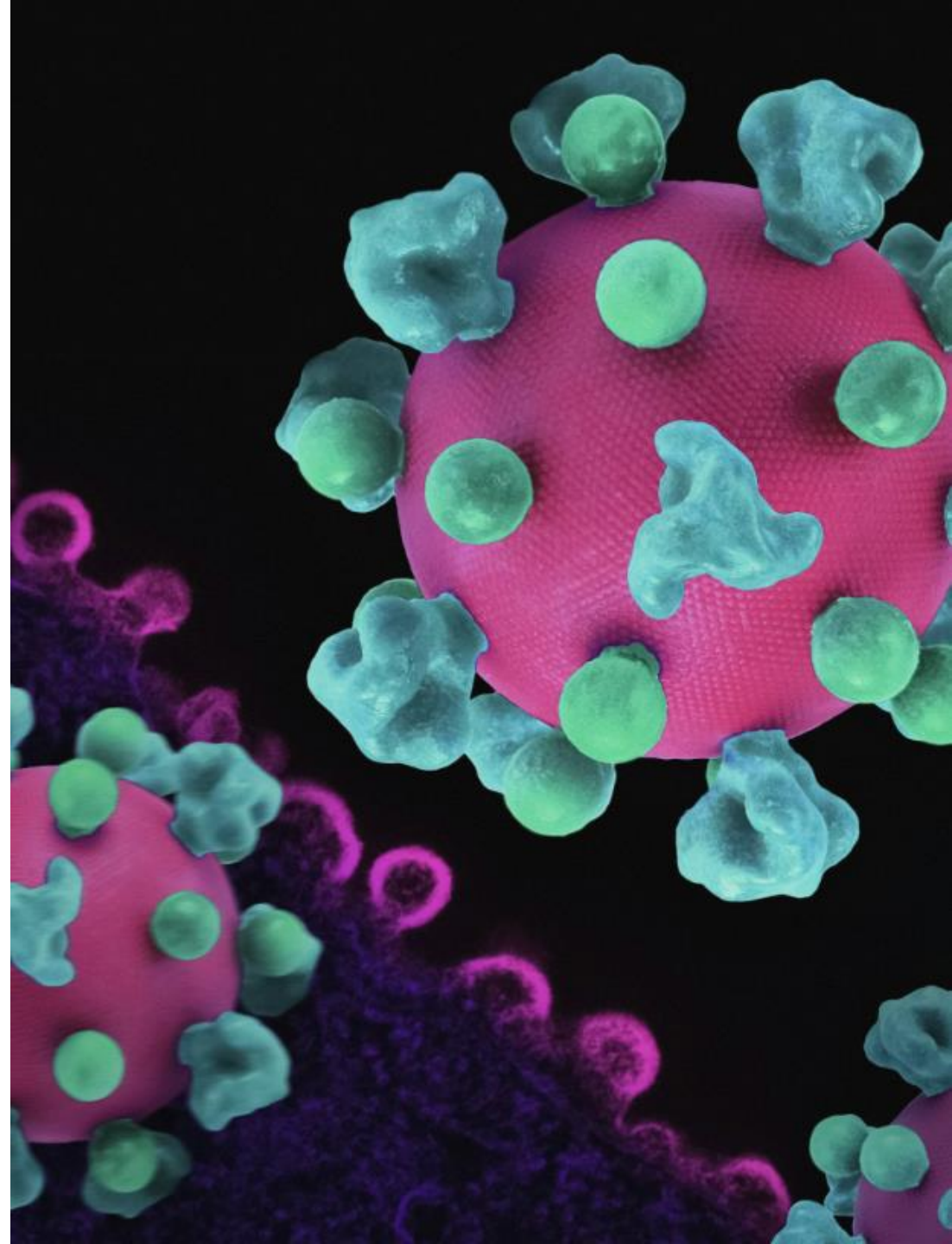
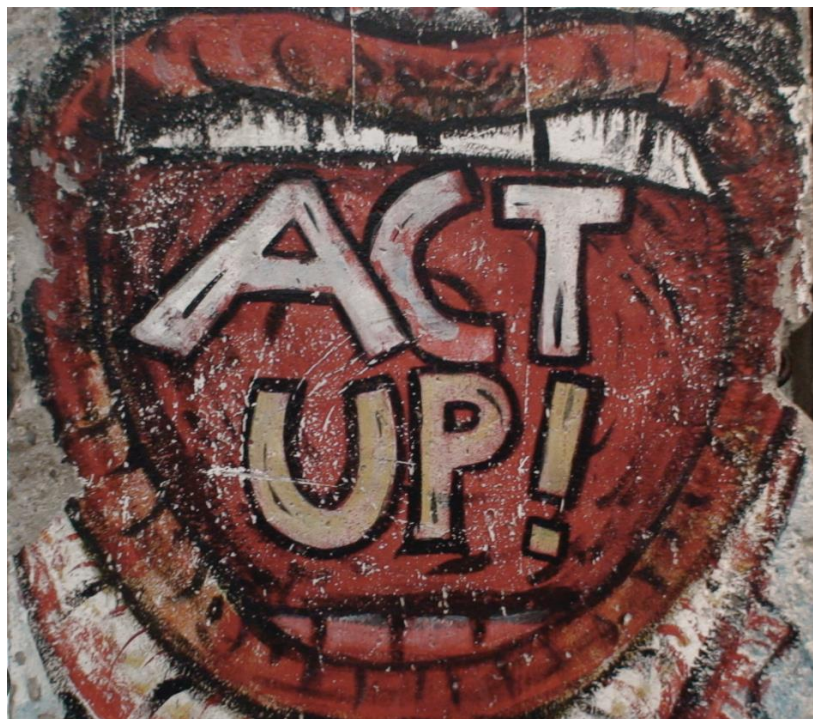


The communities' perspective

Why opportunistic
infections still
matter





»After 44 years of the HIV epidemic, some people continue to say that people are dying of AIDS.«

- This is why the new and expanding terminology called advanced HIV disease is important.
- With ARVs and more and better options, complications are less frequent, but they are.
- AHD deaths are preventable, i.e. fatal outcome can be prevented.

Late diagnosis

The most efficient and likely first step in the route to end advanced disease is undoubtedly the reduction of late diagnosis of HIV.

In Latin America more than 30% of people with HIV are diagnosed late, in some European countries it may exceeds 40%. The estimated ratio is 1:3.

The parameter refers to people diagnosed with less than 350 CD4. Although AHD is defined with 200 CD4.





» The existence of rapid tests should have contributed to timely testing, but we keep having low impact on the **social determinants, stigma and discrimination** that continue to keep people away from health centers.«

Access = Self-test

- More people know their status.
- Deal with the poor linkage to services.
- It is urgent to continue providing HIV testing at the first level of care.
- The first level includes community-based organizations.
- Access to self-testing with management of individuals with telemedicine and put testing including in pharmacies.





Criminalization of PLHIV and key populations is the main cause of late diagnosis, poor linkage to services and retention.

Stigma and discrimination are more lethal than HIV.

Reference to PLWH services

- Even with rapid tests, HIV diagnosis is delayed by 2 to 4 weeks; initiation of ARVs treatment in low-income countries can take up to 3 months.
- A high percentage of patients drop out before starting and will return in months or years with AHD.



Retention

- Loss to follow-up after the last consultation and it is estimated that he/she could live for 18 months to three years without treatment.
- Many people are lost between diagnosis and treatment.
- How diagnosis, referral and access to care and treatment are managed are critical determinants of adherence and retention in services.





**The loss of a person with HIV
before and after initiating
treatment is not a patient issue
but a reflection of serious
problems in the health services.**

**It is not an individual decision but
an institutional one.**

Advance HIV Diseases

- **Tuberculosis** is the leading cause of death in people with HIV. A person with HIV is 16 times more likely to have TB.
- **Histoplasmosis** represents up to 15% of the cause of death, often underdiagnosed, mistaken for tuberculosis. The disease is more prevalent in areas with specific geographical conditions.
- **Meningeal cryptococcosis** is one of the leading cause of death in HIV patients.



Recommendations to prevent avoidable deaths.

- **Timely diagnosis:** Self-tests, rapid tests and diagnosis at the first level of care.
- **Immediate initiation of ARVs:** Adequate referral to services, same-day initiation after CD4 and viral load sampling and availability of ARVs at all levels of care.
- **Retention and re-engagement:** Preventing stock-outs, friendly and safe services, multi-month dispensing, missing person search and social support to service users.
- **AHD:** Training of health professionals on diagnosis and management of AHD, access to drugs for prophylaxis and treatment of Opportunistic Infections.
- **Public health management:** Develop cascade by health centers and analyse mortality -to act on the weakest links- and taking responsibility for all missed opportunities.



Living with HIV with a good quality long life is part of our human rights, which begin with access to quality health care.

People and the HIV response benefit from Undetectable = Untransmissible, but when health services are not part of the problem.

In theory, there would be no valid reason to die of AHD. These deaths are preventable.

Opportunistic infections really matter.

iMuchas gracias!

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