

The importance of addressing HPV among women living with HIV in Latin America and the Caribbean

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Outline

- Epidemiological situation of HIV and of HPV/CxCa among women living with HIV
- Synergies among HPV-HIV
- Lessons learned with the HIV response and opportunities for integration
- Regional next steps



Summary of the global HIV epidemic (2018)

37.9 million
people living with HIV
[32.7 million – 44.0 million]

2018



1.7 million

people newly infected
[1.4 million – 2.3 million]



0.8 million

HIV-related deaths
[0.6 million – 1.1 million]

Source: UNAIDS/WHO estimates

HIV epidemic in the Americas, 2018

WHO Region
of the **Americas**
3.5 million
People living with HIV



- 1%

New diagnoses annually
relative to 2010



- 23%

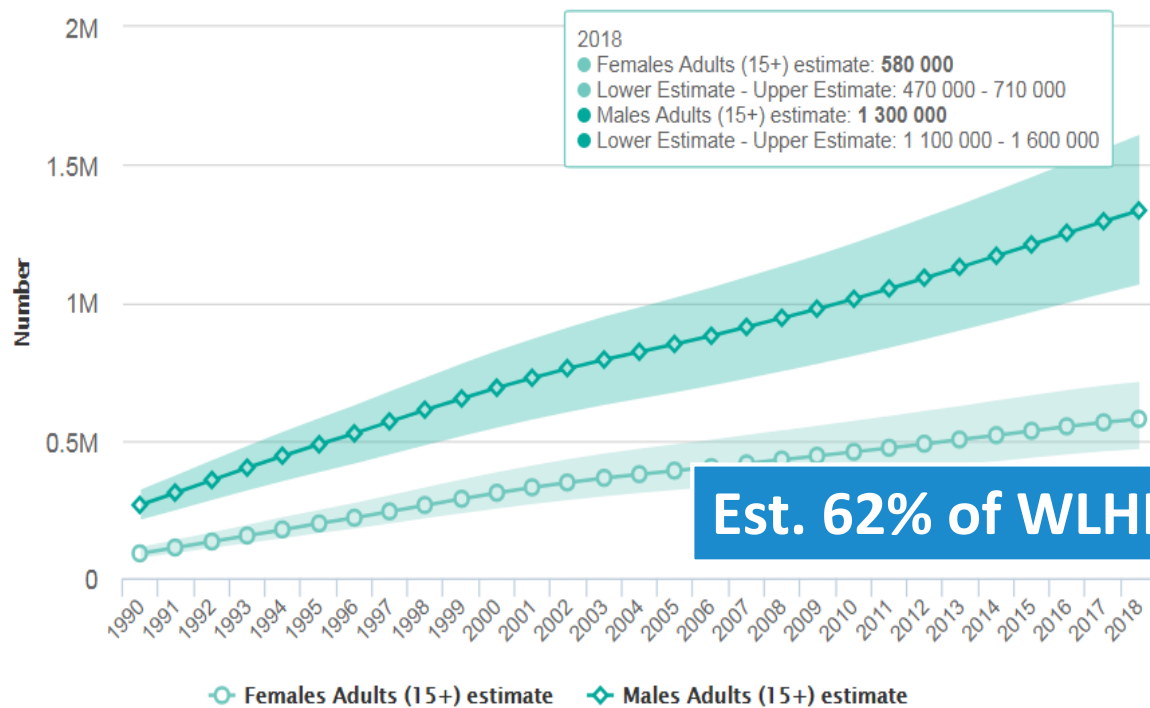
Deaths annually
relative to 2010



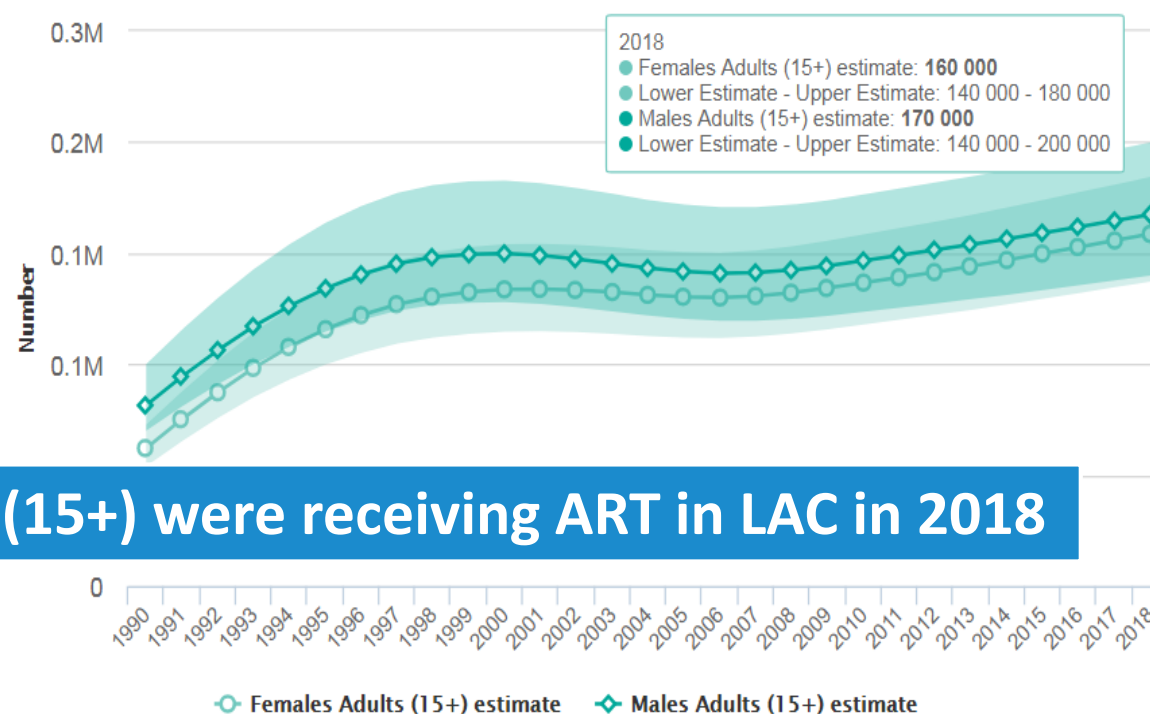
Trend in adults living with HIV in Latin America and the Caribbean, by sex

Est. 740,000 WLHIV (15+) in LAC in 2018

Latin America



Caribbean



Est. 62% of WLHIV (15+) were receiving ART in LAC in 2018

Source: UNAIDS Estimates 2019

Cervical cancer screening among women living with HIV aged 30-49, last year available (Pap, VIA, HPV)



- 34 countries in the Americas report to the Global AIDS Monitoring (GAM) platform, six reported on this indicator:

Country	Year	Indicator value (%)	Numerator	Denominator (est. % screened)	Estimated # WLHIV (15+), same year	Source (MOH)
Grenada	2017	53.1	17	32 (>16%)	<200	Clinical and pathology records
Argentina	2015	43.6	78	179 (0.4%)	42,000	2014 cohort of WLHIV newly infected; Pap
Honduras	2018	13.5	225	1,671 (19%)	8,900	10/52 Servicios de Atención Integral; Pap
Guatemala	2018	11.1	1,265	11,394 (100%)	--	9/19 Unidades de Atención Integral
St. Lucia	2017	5.8	19	326 (>65%)	<500	Castries STI and Vieux-Fort STI data
Barbados	2018	1.9	17	899 (90%)	1,000	Users of Ladymead Reference Unit

Source: UNAIDS, Global Aids Monitoring

HPV in women living with HIV in LAC

- **High prevalence** of HPV infection in WLHIV (**median: 68%**)
- Higher prevalence of oncogenic types, especially **HPV-16**
- > 3-fold increased risk of SIL

Factors associated with HPV infection in WLHIV

- **Age under 35**
- Lower schooling level
- Alcohol use (light or heavy drinking)
- > 3 sexual partners

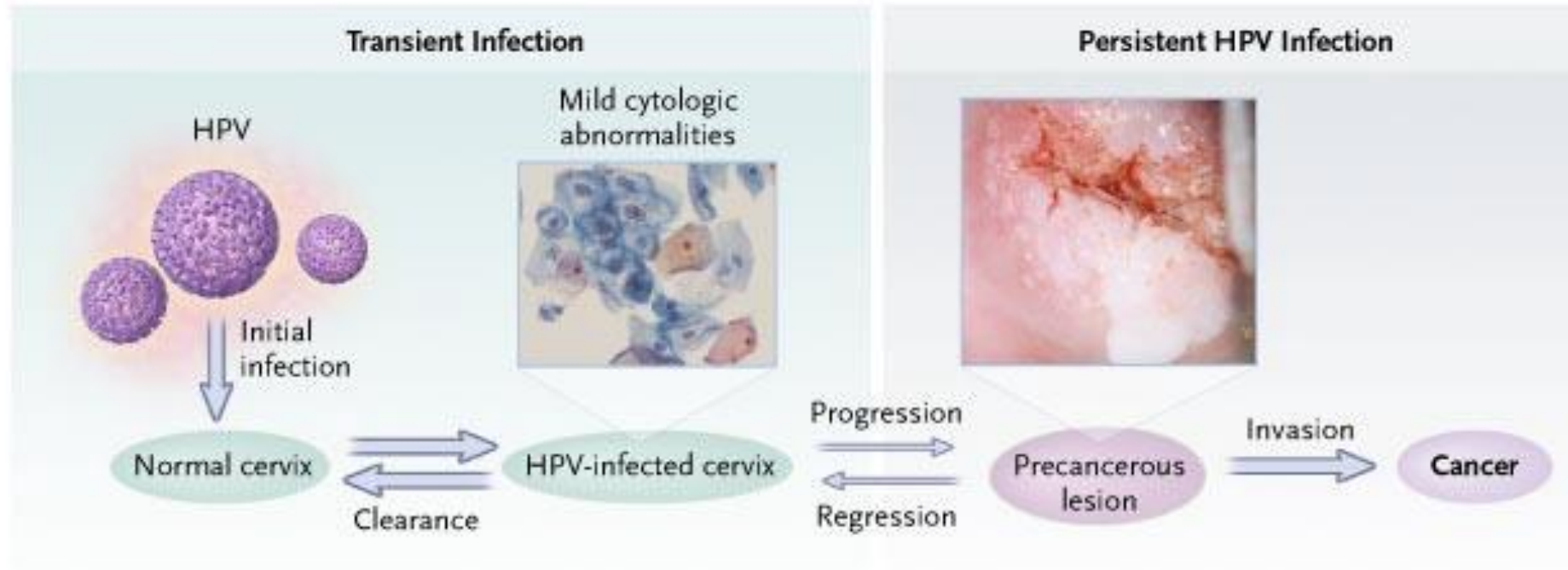
Factors associated with abnormal cytology/CIN

- No use of ARV
- Early sexual debut (<19)
- Low CD4 cell count (ex. <200 cells/mm³)
- High HIV viral load

Reference	Country	year	n	HPV prevalence (WLHIV)	Notes
Queiroz	Brazil	1999-2000	20	100%	
Levi	Brazil		208	98.0%	
Jalil	Brazil	2007	44	79.5%	pregnant
Correa	Brazil	2003-2008	288	78.8%	
Dames	Bahamas	2008	167	78.0%	
Entiauspe	Brazil	2006-2007	38	76.4%	
Munoz	Colombia		245	70.6%	
Nicol	Brazil	2001-2008	532	69.4%	only 16, 18, 6, 11
Camargo	Colombia	2007-2012	216	69.0%	
Araújo	Brazil	1997-2009	348	68.0%	
Dames	Bahamas		100	67.0%	
Firnhaber	Brazil		160	65.6%	only 16, 18, 6, 12
Brandão	Brazil	2006-2007	51	62.7%	pregnant
Melgaço	Brazil		140	60.0%	
Brandão	Brazil	2006-2008	51	52.9%	
Luz	Brazil		703	48.9%	
Grinsztejn	Brazil	1996-2006	634	48.0%	
Silva Martins	Brazil	2007-2011	450	47.5%	
Rocha Brisschiliari	Brazil	2011	178	46.6%	
Cerqueira	Brazil		122	42.7%	

Source: PAHO literature review 2015 (by G. Ravasi), unpublished

Synergistic effects of HPV, Cervical Cancer Carcinogenesis and HIV infection



HIV

**Increases HP-
HPV acquisition**

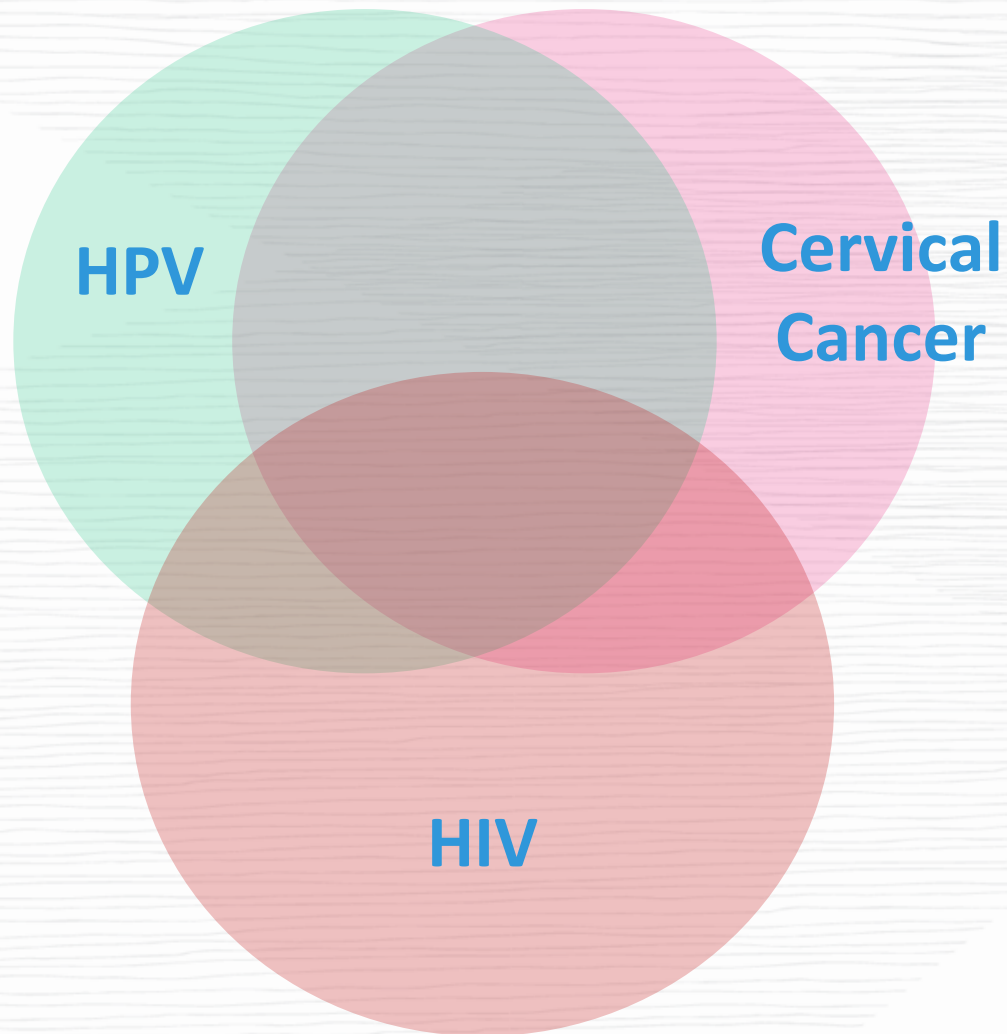
**Decreases
clearance**

**Accelerates progression
Decreases regression**

**Increases
recurrence**

ART reduces progression and increases regression of SIL-CIN

Synergistic interventions to control HPV, Cervical Cancer Carcinogenesis and HIV infection



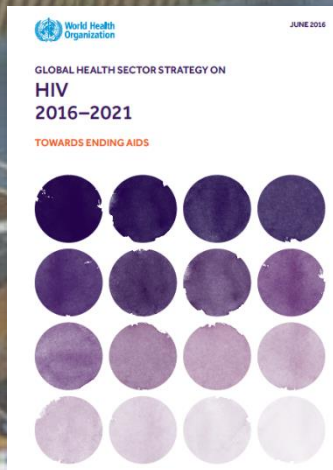
- ART reduces HPV incidence and prevalence



- HPV vaccine impacts on HIV acquisition
- HPV treatment impacts on HIV acquisition

Global and Regional Commitments towards ending AIDS and STI as a public health problem by 2030 that supports CxCa Elimination

Fast-Track Targets	
by 2020	by 2030
90-90-90 Treatment	95-95-95 Treatment
500 000 New infections among adults	200 000 New infections among adults
ZERO Discrimination	ZERO Discrimination



Lessons learned with the HIV response

- **Adaptability** to a fast changing environment
- Effective prevention efforts require a **combination approach of biomedical, behavioral and structural interventions**
 - Early diagnosis and immediate treatment
 - Differentiated models of care
 - Community and peer-led screening and treatment
 - Active linkage to care
 - POC diagnostics with simplified algorithms
 - Use of communication technologies (ex. SMS)
- Competition in **generics** drug markets
- **Meaningful engagement** of civil society from the start
- Strong community mobilization



Opportunities for Integration

- Established HIV prevention and care services
 - effective strategies for linkage to care
 - **access to highly vulnerable populations:** WLHIV, female sex workers, transgender men, women who uses drugs, etc.
- SRH, STI and Adolescents' services
- EMTCT *Plus* initiative: use of MCH platform for screening
- Lab multiplex platforms and specimen referral



Universal health
Access and coverage for all



Nearly 90% of women who die from cervical cancer have poor access to prevention, screening and treatment.

Take a stand against inequality.



Regional next steps

- Support the roll out and the monitoring of the Global STI Strategy & the Regional Plan of Action
- Complete regional mapping of policies and update epidemiological situation
- Support interprogrammatic work and service integration at country level
- Support countries to address data gaps
- Continue working in partnership with civil society organizations



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