Methods (cont.)

- The interventions were targeted to general population or key population (heterosexuals, men who have sex with men, migrants, female sex workers, transgender people and people who inject drugs).

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>EFFECTIVENESS</th>
<th>REF.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding the offer of rapid HIV test (all population)</td>
<td>16.0%</td>
<td>[2]</td>
</tr>
<tr>
<td>Electronic alerts (all population)</td>
<td>239.0%</td>
<td>[3]</td>
</tr>
<tr>
<td>“Index testing” (all population)</td>
<td>12.3%</td>
<td>[4]</td>
</tr>
<tr>
<td>Use of pre-exposure prophylaxis (all population)</td>
<td>0.3%</td>
<td>[5]</td>
</tr>
<tr>
<td>Advertising campaigns (all population)</td>
<td>27.0%</td>
<td>[6]</td>
</tr>
<tr>
<td>Training programs (all population)</td>
<td>30.3%</td>
<td>[7]</td>
</tr>
<tr>
<td>Advertising campaigns (non-invasive) on social networks of MSM contacts (MSM)</td>
<td>50.0%</td>
<td>[8]</td>
</tr>
<tr>
<td>Peer programs (MSM, migrant, Tu)</td>
<td>100.0% (8.3%)</td>
<td>200.0%</td>
</tr>
</tbody>
</table>

Results

- As the eight interventions were prioritized for diagnosis in 3 years, 3 for treatment and 3 for viral suppression in the period 2020-2030. Implementing or strengthening interventions until 2030 would increase the percentages of diagnosis by 13% up to around 100% (remaining undetectable cases almost residual), of treatment by 1% to 96%, and of viral suppression by 5% to 96% (Figure 1).

Methods

- The analysis was developed by a multidisciplinary Expert Panel (1 epidemiologist, 2 infectious disease specialists, 1 hospital pharmacist and 2 health economics consultants) in three phases:
  1. A comprehensive literature review was performed.
  2. Several consensus meetings were held to select and define the interventions, evaluate their effectiveness and select the target population, according to structured questionnaires.
  3. An analytical decision model was designed to project the impact of implementing or strengthening these interventions to improve the HIV continuum of care through the creation of different scenarios for the period 2020-2030.
- Interventions were based on expanding the offer of rapid HIV test, training programs, electronic alerts, peer programs, multidisciplinary care and mHealth, among others (Table 1).
- Effectiveness of each of the interventions was defined as the incremental percentage of PLWH diagnosed, on treatment, or virally suppressed after its implementation (Table 1) [2-23].
- HIV incidence and prevalence rate, number of PLWH, and HIV-related deaths were estimated using the tool that the Expert Panel developed to generate additional information.
- HIV incidence and prevalence rates were estimated by sex and age groups (15-24 years, 25-44 years, 45-59 years, and 60 years or over).
- The analysis was presented as a decision tree that showed the impact of implementing each intervention, as well as its effectiveness.
- The effectiveness of each intervention was calculated as the percentage of people who would benefit from it, based on the estimated prevalence and incidence rates of the population affected.
- The simulation of different scenarios through modelling could serve as a tool to evaluate the most appropriate interventions that increase the percentage of people diagnosed, on treatment, and virally suppressed.

References