HIV/AIDS Data:
Inclusions and Exclusions

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April 2004
AIDS MDG
Halt and Reduce

Condom use in CPR

Condom Use High Risk sex

Comprehensive Correct Knowledge

Use Condoms
Monogamy with uninfected partner
Reject 2 local misconceptions
Healthy person can transmit HIV

Consistent condom use
Healthy person can transmit HIV

Orphans
school attendance 10-14 year old vs non orphans

HIV Prevalence
pregnant women 15-24 years
The HIV/AIDS MDG: Questions for LAC

No treatment indicator

– Child Mortality- <1 yr measles;
  MM - % of births attended by skilled personnel; malaria - % using effective treatment; TB – % detected and cured by DOTS
Percentage of those in Need Receiving ARV Treatment - 2002
The HIV/AIDS MDG: Questions for LAC

High risk sex

–Should Men and Women define risk the same way?
## Sex, Love, Monogamy and Risk

Data from the 2002 Dominican Republic DHS

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>% persons in union with only 1 sexual partner</td>
<td>98.5</td>
<td>81</td>
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<tr>
<td>% 15-19 yrs in union with &gt; 1 sexual partner</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>% 19-24 yrs in union with &gt; 1 sexual partner</td>
<td>3</td>
<td>22</td>
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<tr>
<td>Condom use with spouse/ live in partner (%)</td>
<td>2.0</td>
<td>1.1</td>
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<tr>
<td>Condom use with non resident partner</td>
<td>25.2</td>
<td>50</td>
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<tr>
<td>Tested for HIV (%)</td>
<td>29</td>
<td>53</td>
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The HIV/AIDS MDG: Questions for LAC

• Somewhat vague or overly ambitious?

  – Other health MDGs have a clearer target – reduce by 2/3 <5 mortality; ¾ MMR - but they all will same greater institutional challenges

• Orphans

  – How applicable in LAC? A bigger problem in Africa

  – Brazil 31,000 vs Uganda 997,400, S. Africa 370,00
Who does not receive prenatal care in LAC?

Focus on pregnant women 15-24 yrs old

In LAC 80% of all women attended by skilled personnel

Who is not seen during pregnancy?

Source: DHS surveys
HIV Prevalence in selected groups
1998-2002

- Focus on pregnant women 15-24 yrs old
  - Is it appropriate in a concentrated epidemic?
Data and Surveillance: Friend or Foe
Adult HIV Prevalence - 2001

Source: UNAIDS 2003

Source: UNAIDS Epidemiological Estimates, 2003
Behavioral Studies 1983-2002
Does time improve quality?

Number of studies

Population groups

HCW
Prisoners
Men GP
Male SW
M/FSW
Mobile P.
Women GP
IDU
MSM
PLHWA
Female sex workers
General population
Adolescents

Source: PAHO/WHO
Risk and vulnerable groups, risky behaviours: Are there other ways to think of LAC populations?

- Poverty
- Indigenous and Afro Latin populations
- Gender
- Urban/rural
Access to health services by poverty level in selected LAC countries
Race and Location?

Condom Use and Knowledge, women
Guatemala - 1995

| Source: DHS |
|---|---|---|---|---|---|---|
| All | 15-24 yrs | urban | rural | indigenous | Ladino |
| 30 | 30 | 17 | 41 | 8 | 34 |
| 4,5 | 2,6 | 6,2 | 2,7 | 1,5 | 5,2 |

%
Why Do We Need Financial Data?

- Track resource allocation patterns
- Assess what additionality will look like in LAC
• Like bad shoppers, we don’t always buy what we say we need.
Prevention, Care and Treatment Resource Needs Estimates 2004 - 2007

Source: IDB: 2004

Actual Expenditure 2000 Patterns from National AIDS Accounts in 15 Countries

Source: SIDALAC 2003
Allocations patterns: Accidents or Intentions?

Source: SIDALAC 2001
What will Additionality look like in LAC?

• **Fund substitution** – are grant resources replacing public funds rather than adding to the pie and are the latter being allocated elsewhere?
What will Additionality look like in LAC?

Source of Funding for Prevention - 2003

Source: SIDALAC 2003
What will Additionality look like in LAC?

- Equity
  - Are grant funds subsidizing higher income groups versus the poor or the socially excluded sub populations most affected by the epidemic?
  - Out of pocket expenditures are not insignificant. They are estimated to rise from $350 to 400 million a year. Can have negative health impacts – reduces health seeking behaviour, can increase automedication or drug sharing or reduction
What will Additionality look like in LAC

- Absorption capacity and sustainability
  - Are grants stretching limited implementation capacity, drawing it from other priority areas and creating structures that may not be sustainable without grant resources?
Data on the overall Programme and Policy environment
API Scores by component and region - 2003
Programme Effort Scores for selected LAC countries - 2000

Source: UNAIDS 2003
What of the future?

• What data do we need?
  – Monitoring data for assessing programme performance
  – Programme evaluation data for assessing programme impact
  – Operations research for assessing the effectiveness of implementation models.
What of the future?

• Should LAC consider access to treatment as part of its reporting for the MDGs? If so, what is an appropriate indicator for generalised and concentrated epidemics? Access to ARV? OI? HIV/TB?
What of the future?

• Do we have too many indicators or too many people asking for indicators? UNGASS, MDGS, CRIS, Global Fund projects, loans, bilaterals?
What of the future?

• What will it cost to improve data collection and who will pay for it?
What of the future?

- Scaling-up will increase the demand for strategic information for planning, programming and research. What do we do with our old friends: data collection and data usage?