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The Complicated Path to PrEP in Latin America: Costa Rica as an Example

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PrEP (Pre exposition prophylaxis as HIV prevention) exists in Costa Rica and currently a generic version of Truvada/emtricitabine (TDF/FTC) is financed by the Global Fund which been the case for over two years. But the Caja Costarricense de Seguro Social (CCSS) is responsible for delivery of the product and several NGO's are responsible for publicizing the existence of PrEP but the publicity is very limited and is hardly sufficient to reach the estimated 50,000 HSH, and others in the target population who could benefit from PrEP.

Many of these target populations don't have access to internet and live in remote areas or in very economically stressed conditions. Only HSH, Trans, and Sex workers and personas in serodiscordant relationships are eligible to receive PrEP, other single or married persons are not included in the program. About 40% of the population which requires PrEP is ineligible because they are not affiliated with CCSS system. An estimated 110,000 people contracted HIV in 2021 according to the most recent UNAIDS report. About 40,000 people die of AIDS in the Latin American region each year,32% of those due to late diagnosis.

As of December 2021, 696 people on PrEP, with 50,000 to go

The NGOs of HIV positive people in Costa Rica which receive support to help implement PrEP have perhaps been well intentioned but have not succeeded in creating a comprehensive program, raising numerous questions. (PrEP should always be used in the context of combined prevention, meaning that condom use is also important)

An article published six months earlier in June of 2022 in Seminario Universidad indicated that 1000 people were on PrEP as of that date. Figures provided by PAHO indicated that there were 696 as of December of 2021. There is no website provided by the Costa Rican CCSS that provides an updated figure for the number of people on PrEP.

In all of Latin America only 57,900 people were on PrEP as of December of 2021, again figures provided by PAHO. Brasil accounted for just under 40,000 of these. With 700 million people in the region, one might expect that about 2 million would be eligible for PrEP so the percentage receiving it is woefully small, less than 1%. Still, the same networks and NGOs, mostly of people living with HIV, continue to receive and accept financing for PrEP in spite of the fact that they achieve practically nothing, as the figures indicate.

Price Gouging in the Private Sector in Costa Rica

The Costa Rican figure would not include several hundred people who buy PrEP privately in several pharmacies here, which is the original (not generic) version of Truvada supplied. The price in private pharmacies is 96,000 Costa Rican colons or about \$150 per month. The price of the generic product is about \$6 per month, purchased by the CCSS through the Global Fund financing mechanism known as WAMBO. The price is the same, (\$6 per month), if PrEP were to be purchased by the CCSS through the PAHO rotating fund. The owner of the Tabush pharmacy in San Jose was unwilling to tell me how many people are buying their version of PrEP at the price of \$150 per month, but the cost is 25 times higher than what the CCSS is paying for the product, and totally out of reach for most Costa Ricans who need PrEP..

Almost three years ago (January and February of 2020) a group of activists (without financial support) including myself formed a coalition and met several times in order to develop an advocacy plan with the goal that the CCSS would be responsible for providing PrEP. However, when this group issued the press release on February 12th, several members of our coalition received warnings from the HIVOS liaison asking them to not participate in these actions. HIVOS is the principal Receptor for the Global Fund. (In fact a HIVOS liaison for the Global Fund, called me to ask me the names of the people participating in the Coalition) This very successful attempt to inhibit advocacy was due to the fact that the Global Fund was planning to implement its \$200,000 grant for the purchase of generic Truvada, and HIVOS and the sub receptors apparently did not want anything to interfere with the global fund grant.

However, Dr. W. Ravelli, then of PAHO told me in a conversation that it would be important for PrEP sustainability to have the CCSS be the primary financing and implementing agent. Other PAHO employees have subsequently echoed this sentiment.

A unnecessary "Pilot Project" that disappeared.

Initially the PrEP program financed by the Global Fund was described as a “pilot project for 200 persons” but since it began in July of 2020, no results of such a project have been published. The question was frequently raised as to why a Pilot project was even necessary since the efficacy of PrEP has already been confirmed in numerous studies. HIV transmission in Canada, Europe, and the United States has been reduced by 70 to 90% since PrEP has been implemented by public health systems in these regions. Again, PAHO officials indicated that they did not agree that a “pilot project” was necessary.

Even when an HSH, Trans person or person in a serodiscordant relationship is informed about PrEP, it is not a simple process to obtain it. Also, The average person who obtains an HIV negative test in a CCSS venue, will not ordinarily be told about PrEP. And if they are aware, there is no clear path to obtaining it within the CCSS. There are two NGOs that directly support individuals in this process, Asociacion Esperanza Vida and the Asociacion Demografica however, these organizations are known only to a very small number of HIV negative individuals. Both do offer free testing twice a month. At this point it is not clear if these two associations remain as sub receptors of the Global Fund, since Costa Rica now has authorized its lottery proceeds to finance several NGOs working in the HIV field.

I would estimate that less than 5% of the target population for PrEP has contact with any NGO working in the HIV field.

I have found no telephone number within CCSS for interested individuals although there is one email address that appears to be functioning. Apparently, PrEP is available in three CCSS clinics in Costa Rica all in San Jose. This makes it extremely difficult for people in rural areas to follow through on the various steps necessary to complete the requirements and receive PrEP. Also those people who are not affiliated with the CCSS are not eligible to receive PrEP. Approximately 40% of the labor force in Costa Rica is not affiliated with the CCSS because of economic and other social factors and can only receive emergency attention but not ongoing treatments.

Conclusions: Who should really be financed for PrEP implementation?

In conclusion and related to the mediocre coverage of PrEP in the Latin American region, I wonder if using networks and organizations of HIV+ individuals is really the best method to augment the coverage of PrEP?. There are certainly exceptions but HIV+ NGOs have a very full agenda and very complicated financial arrangements as well.

The assumption that networks and ONGs of HIV+ people are the best source of implementing PrEP has rarely been questioned, which I think is a serious error, and is reflected in the very low percentage of

people receiving PrEP in almost all countries in the region, including the small number of people in Costa Rica. But I am not clear on precisely what is the logic behind the decision to rely on NGOs of HIV positive to advocate for and implement PrEP. There are annual press releases and pronouncements on World AIDS day (and throughout the year) denouncing the mediocre availability of PrEP in Latin America, but the actions needed to implement changes do not seem to be congruent with this situation.

PAHO and UNAIDS, as well as the Global Fund, need to make changes to the paradigm of PrEP implementation in Latin America within civil society if efforts to increase access to PrEP are to be successful. They also need to emphasize the critical importance of acceptance and need for PrEP in the region's public health systems. The Global Fund should finance NGO's that advocate effectively with their health care systems to make PrEP free and sustainable. **As stated above the panorama is that NGO's of People living with HIV/AIDS continue to receive financing for helping to implement PreP when almost nothing is accomplished.**

Advocacy for Cabotagravir?

There is now a new option for PrEP, Cabotagravir, which needs to be given as an injection just once a month but costs \$22,000 a year normally. A licensed generic version of this drug may become available in a very few Latin American countries in 2023 at a still unspecified but presumably much lower price. This will help to overcome adherence problems with the one pill per day dose of PrEP, but there has been little or no advocacy among PLWA groups to make Cabotegravir more widely available in this region, and the intellectual property obstacles are significant.

The best option for both sustainability and implementation are the public health systems in this region. Brasil is the largest successful example of this, with about 40,000 people now on PrEP which is supplied through more than 900 public health sites. Mexico was reported as second as of December of 2021 with 2,600.

Comments and other points of view are welcome.

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