Examining geographical differences in the HIV care cascade among men who have sex with men in Mexico

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Introduction

In 2018, there were an estimated 230,000 people living with HIV (PLWH) in Mexico

- 79% know their status
- 72% are on ART
- 55% are virally suppressed

In an effort to reach the UNAIDS 90/90/90 goal, it remains important to examine barriers to its achievement.

Examining regional differences can shed light on intervention planning tailored to regional, historical, social, and economic contexts.

(De La Torre, 2019)

AIM

To describe regional differences in the HIV care cascade among MSM in Mexico

Methods

Data

Es entre Hombres Study
Self-reported data from
N=15,889 MSM

Similar study design to the American men's Internet Survey

Recruitment

Online through Social Networking applications:
- Grindr
- Facebook
- Etc.

Timeline

May-June 2017

Eligibility

- Cisgender male
- 18+ years of age
- History of anal/oral sex with another man
- Mexican Residence

Zlotorzynska (2020)

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Regional Stratification

Based on the self reported state of residence, participants were stratified into the following 6 regions:

1) Noroeste
   - *Tijuana, Ciudad Juarez, Chihuahua*
2) Noreste
   - *Monterrey, Nuevo Laredo*
3) CDMX/EdoMex
   - *Toluca*
4) Centro
   - *Puerto Vallarta, Colima, Guadalajara*
5) Bajio/Occidente
   - *Puebla, Tlaxcala, Veracruz*
6) Sur/Sureste
   - *Oaxaca, Cancun, Campeche*

(Baruch, *in progress*)

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HIV Care Cascade and related variables

HIV negative

- History of HIV testing
- HIV testing in past year

PLWH

- HIV counseling at diagnosis
- Linkage to care <1 month
- Lab results <1 month
- Accessed ART <1 month
- Currently on ART

Analysis

Descriptive statistics
Chi Squared tests
Alpha=0.05

Geographical depictions of regional differences in the HIV care cascade and related variables

# Demographics

65.7%
18-29 years

15,889
Total Participants

64.8%
≥ Technical/
Bachelors

Regional Stratification

1) n=1,630
N=14,261,736

2) n=1,662
N=14,746,589

3) n=5,428
N=24,026,942

4) n=2,394
N=21,936,558

5) n=2,900
N=22,423,972

6) n=1,875
N=14,940,741

1) Noroeste
2) Noreste
3) CDMX/EdoMex
4) Centro
5) Bajio/Occidente
6) Sur/Sureste

Results HIV Neg/Unk.

- ■ HIV Negative/Unknown (N=13,597)***
- ■ Ever tested for HIV (N=8,827)***
- ■ Tested in the past 12 months (N=5,617)***

*p<0.05, **p<0.01, ***p<0.001

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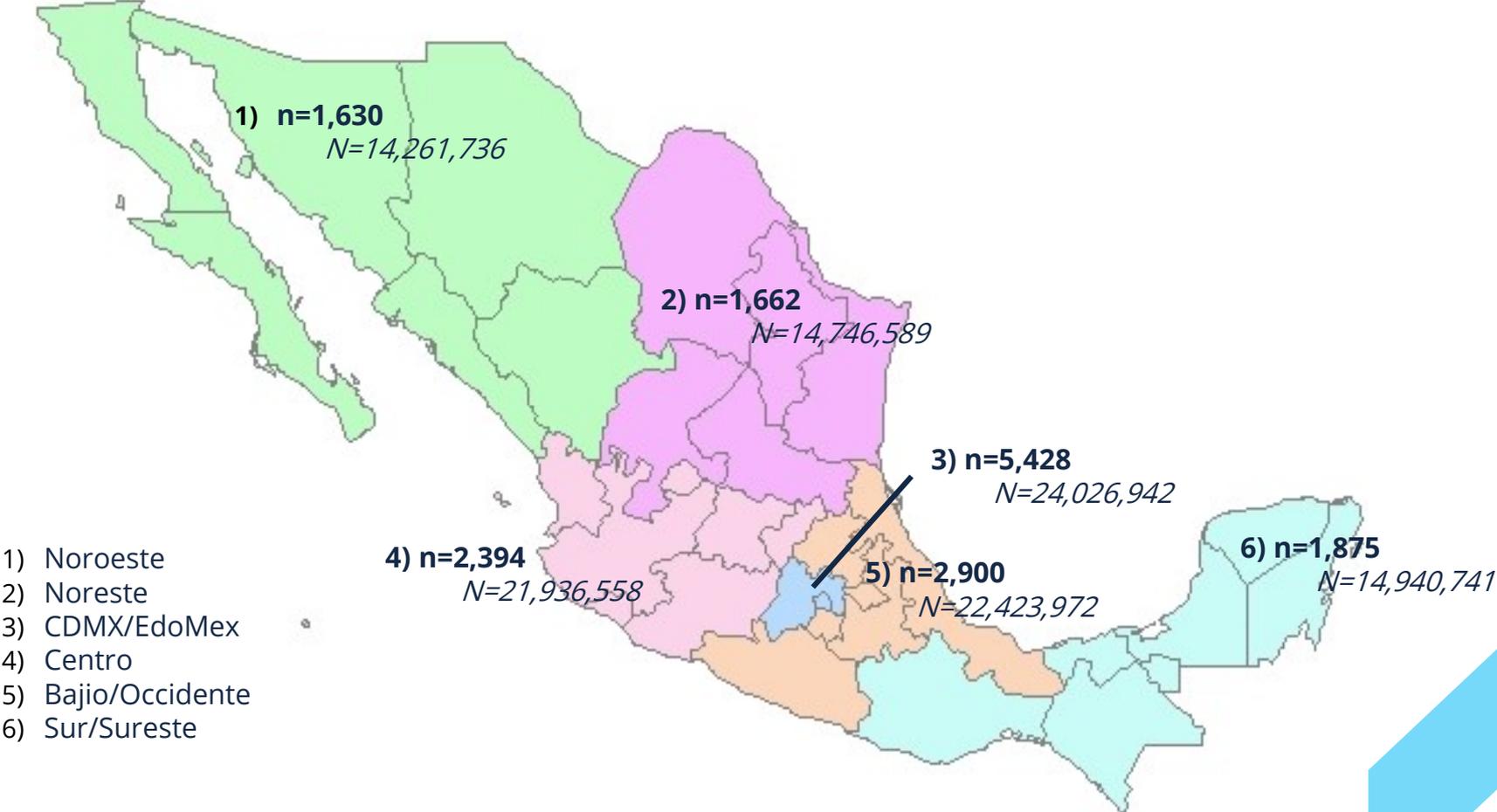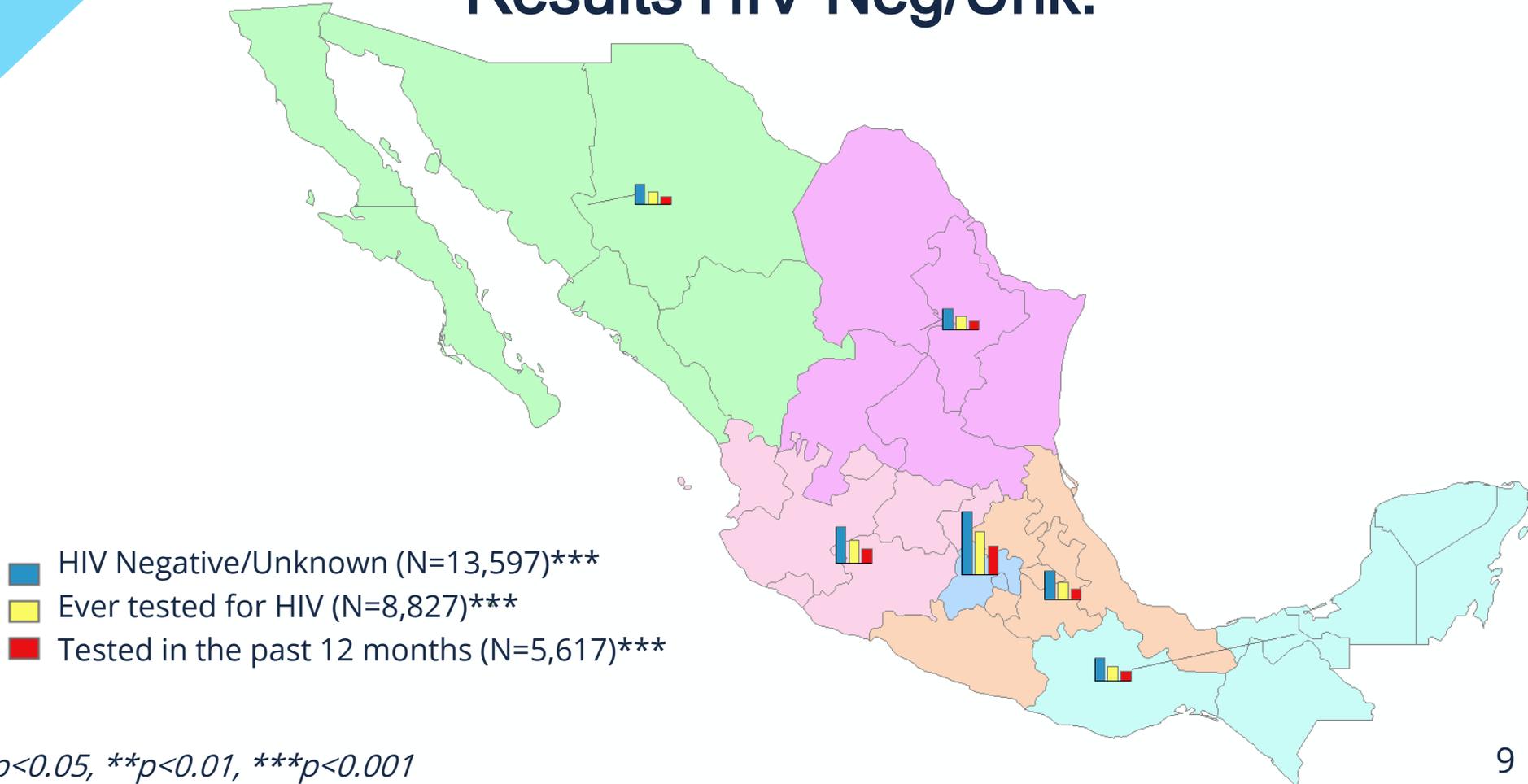
Results HIV Neg/Unk.

	Noroeste	Noreste	CDMX	Centro	Bajio	Sur
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
HIV neg/unk.	906 (58.3)	935 (58.6)	3,101 (59.5)	1,250 (54.6)	1,607 (57.6)	1,028 (56.9)
Ever HIV Test	906 (63.4)	935 (63.4)	3,101 (68.6)	1,250 (62.2)	1,607 (62.8)	1,028 (64.3)
HIV Test 12m	546 (39.9)	587 (41.6)	2,054 (47.3)	765 (39.6)	992 (40.3)	673 (43.9)

Results HIV Positive

- HIV Positive (N=1,650)***
- HIV counseling at diagnosis (N=1,226)
- Linkage to care <1 month (N=913)
- Lab results <1 month (N=618)***
- Accessed ART <1 month (N=561)*
- Currently on ART (N=1,299)**

*p<0.05, **p<0.01, ***p<0.001
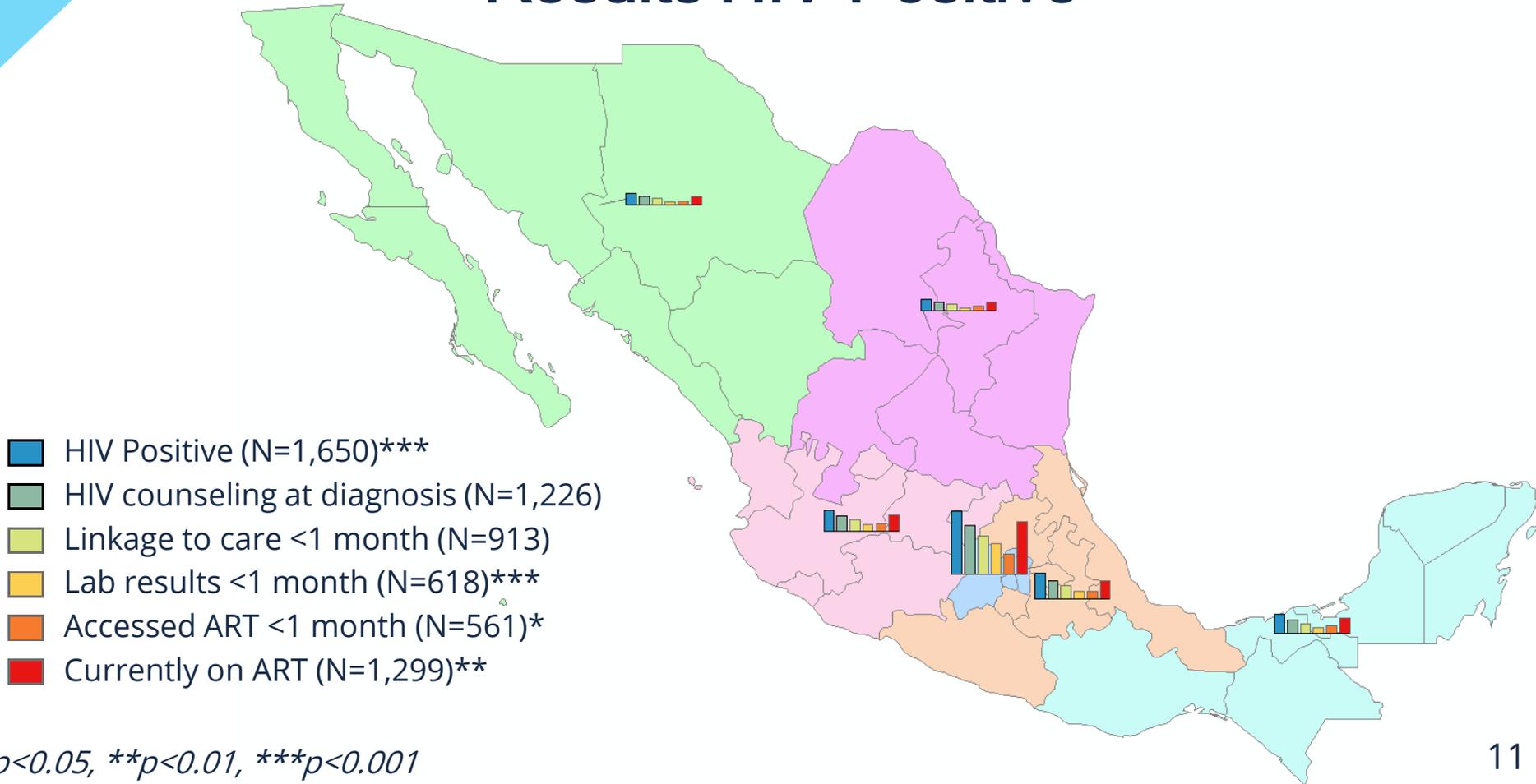
Results HIV Positive

	Noroeste	Noreste	CDMX	Centro	Bajio	Sur
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
HIV Positive	124 (8.0)	123 (7.7)	686 (13.2)	279 (12.2)	230 (8.2)	208 (11.5)
Received Labs	36 (33.0)	32 (29.4)	331 (53.9)	84 (35.3)	78 (37.1)	57 (31.8)
Accesed ART	40 (36.0)	57 (52.3)	222 (35.8)	83 (34.9)	83 (39.7)	76 (42.0)
Current ART	95 (84.8)	97 (88.2)	571 (91.2)	196 (81.7)	182 (86.3)	158 (86.8)

Discussion

This is the first study to examine regional difference is in the HIV care cascade among MSM in Mexico

90/90/90

Not yet close
- 31.3% have unknown HIV status
- 87.7% are currently on ART

HIV negative

Despite testing recommendations,
- 43.1% of HIV neg/unk received test in 12m
    - Low Centro (39.6%)
   - High CDMX/EdoMex (47.3%)

Lower resources, increased stigma, and accessibilty issue could be driving regional disparities

HIV positive

HIV Labs 1m receipt
- Overall 42.4%
    - Low Noreste (29.4%)
    - High CDMX/EdoMex (53.9%)

Fragmented health system, lab processing protocols, lower resources

Recs.

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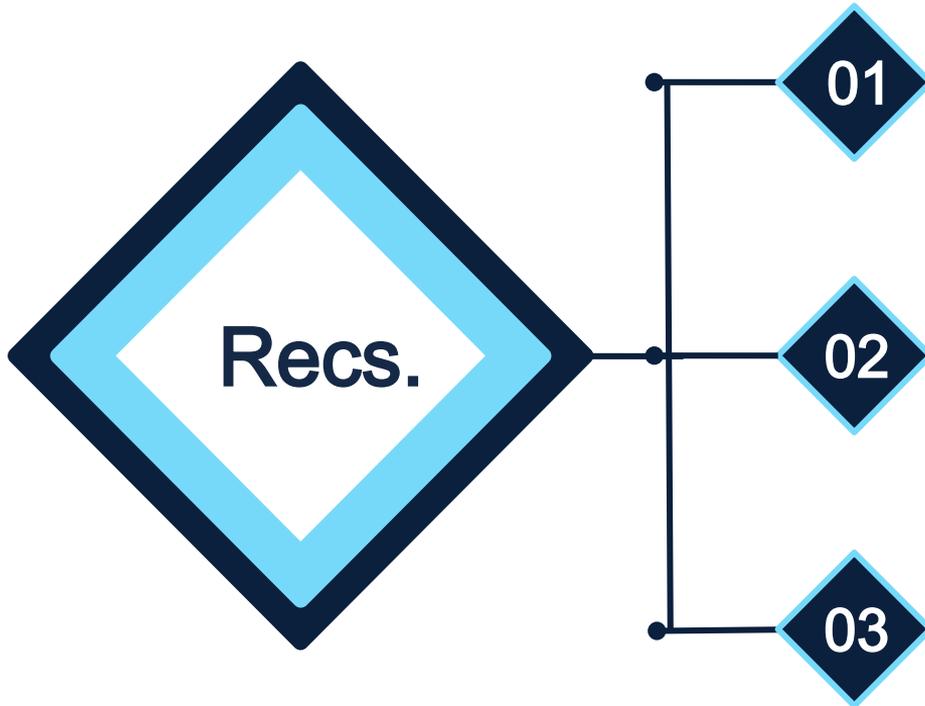
Continued Surveillance
Similar NHBS/AMIS

Allows for researchers to identify trends

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Resource Distribution
Resources for HIV should be distributed in a more targeted way

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Policy
Policies surrounding lab processing, health system communication, clinic accessability, and stigma are necessary

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Thanks

Do you have any questions?
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