Continuity of HIV Care for Mexico and Central America

May 3, 2017
AIDS ON THE FRONTLINE
Orange County, California
Keeping HIV Patients Who Return to Mexico in continuous Care

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San Diego, California
Objectives

At the end of the webinar, participants will be able to:

- Discuss the HIV epidemic on border and in Mexico
- Review evolving health care delivery systems in US and Mexico, focusing on those for HIV services
- Facilitate continuity of care for HIV-infected patients returning to Mexico
- Utilize 7 one-page bilingual continuity of care fact sheets for Mexico and 6 Central American countries
- Utilize fact sheet for communicating with US ICE
- Utilize other fact sheets that could facilitate continuity of HIV care and retention in care for migrants
HRSA Continuum of Engagement

Not in Care ❯❯❯ Fully engaged

<table>
<thead>
<tr>
<th>Unaware of HIV status</th>
<th>Aware of HIV status</th>
<th>May be receiving other medical care but not HIV care</th>
<th>Entered HIV medical care but dropped out</th>
<th>In and out of HIV care or infrequent user</th>
<th>Fully engaged in HIV medical care</th>
</tr>
</thead>
</table>

What about HIV Patients Who Return to Mexico?

The U.S. HIV Care Continuum

Where do you work the most?

0%  1. Prevention
100%  2. Testing & diagnosis
0%  3. Linkage to care
0%  4. Retention in care
0%  5. Treatment
I have worked in HIV for ___ years

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0-1</td>
</tr>
<tr>
<td>100%</td>
<td>1-3</td>
</tr>
<tr>
<td>0%</td>
<td>3-5</td>
</tr>
<tr>
<td>0%</td>
<td>5-10</td>
</tr>
<tr>
<td>0%</td>
<td>10-15</td>
</tr>
<tr>
<td>0%</td>
<td>15-20</td>
</tr>
<tr>
<td>0%</td>
<td>20+</td>
</tr>
</tbody>
</table>
Another person I wish could be here is .....
The HRSA/Federal definition of the U.S. border region is how many miles from Mexico?

0% a. 5 miles
100% b. 12 miles
0% c. 62 miles
0% d. 75 miles
0% e. 100 miles
The Border
Who is UMBAST?

- U.S.-
- Mexico
- Border
- AETC
- Steering
- Team

- Promote high-quality, culturally sensitive education & capacity building programs
- Provide focused collaboration through joint planning, resource sharing, & evaluation
U.S. Border Region Challenges

• Health Professional Shortage Area (HPSA)
• Higher incidence of infections diseases compared with the U.S. average
• If made a state, the border region would rank:
  – 1\textsuperscript{st} in number of uninsured children
  – 2\textsuperscript{nd} in death rates due to hepatitis
  – 3\textsuperscript{rd} in deaths related to diabetes
  – Last in access to health care
  – Last in per capita income

Source: US/Mexico Border Health Commission
Where the Poor and Uninsured Americans Live

Adults ages 19 to 64, excluding residents of institutions and ineligible immigrants
Assisting HIV-Infected Patients Who Return to Mexico:

Tom Donohoe
In your opinion, why do you think is #1 reason HIV patients return to Mexico?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>1. Legal Reasons (deportation)</td>
</tr>
<tr>
<td>100%</td>
<td>2. Lack of US work opportunities</td>
</tr>
<tr>
<td>0%</td>
<td>3. Family Emergency</td>
</tr>
<tr>
<td>0%</td>
<td>4. Other ideas/experiences</td>
</tr>
</tbody>
</table>
HIV medications are available to all Mexican citizens that return to Mexico.

1. True
2. False
3. Unsure
How many HIV medications are available in Mexico?

0%  1.  0-5
100% 2.  5-10
0%  3.  10-15
0%  4.  15-20
0%  5.  More than 20
Mexico has a higher HIV seroprevalence rate than the United States

0% 1. True
100% 2. False
0% 3. Unsure
Overview of HIV epidemiology in Mexico
UCLA CHPDP HIV/AIDS Training Programs Delivered in Mexico: 1995-2005
Cumulative Mexican AIDS Cases by Gender

- 82.1% Men
- 17.9% Women

From: Update on HIV/AIDS in Mexico, June, 2007, Dr. Jorge Saavedra, General Director, National HIV/AIDS Program (Centro Nacional para Prevención y Control del VIH/SIDA CENSIDA).

http://www.salud.gob.mx/censida
Source cited in original slide: CENSIDA based in National AIDS Cases Registry.
HIV/AIDS Cumulative Cases along the U.S.-Mexico Border

Baja California Norte: 7,352
Sonora: 3,224
Chihuahua: 4,716
Coahuila: 1,866
Nuevo Leon: 5,062
Tamaulipas: 3,961
Mexico’s adult HIV prevalence in regional context

- Mexico 0.3%
- United States 0.6%
- El Salvador 0.7%
- Guatemala 1.1%
- Honduras 1.8%
- Belize 2.4%

HIV and AIDS in Mexico: 2012

- Population: 120.8 million
- Est. # of people living with HIV: 170,000
Immigration
Immigration (1)

- Nearly 195 million passenger crossings in vehicles & 49 million pedestrian crossings annually at 25 ports of entry into the U.S.
- Border region has higher incidence of infectious diseases compared to rest of U.S.
- Border demographics may favor vulnerability to HIV and other STIs.
Immigration (2)

- As of 2005, 11 million Mexican immigrants living in the U.S.
  - ~ 66% are located in the 4 border states
  - 70% are 18 - 44 years of age
  - 59% have no health coverage

- People of Mexican origin represent 29.5% of all immigrants in the U.S.
Transnationalism and Mexican Migrants

Community Development (from 2,000 miles away)
Mexican "hometown associations" are common in American cities. They host dances, rodeos, and picnics, and send the proceeds back to their members' native towns to finance water, electricity, or building projects. Migrants in Chicago, for instance, gathered $240,000 one year to build a church in the small village of La Purísima (pop. 4,000). The Mexican government matches such funds 3-to-1.

Branching Out
Social networks have long connected certain communities in Mexico to specific cities in the U.S.—Puebla to New York, Michoacán to Chicago, Jalisco to Boston. As migration has grown, these networks have proliferated. But new links are forming as well; for instance, workers are increasingly migrating from Guerrero to Georgia, with money flowing back the other way.

The Hollow States
Five predominantly rural Mexican states—Guanajuato, Jalisco, Michoacán, San Luis Potosí, and Zacatecas—send a disproportionately large number of emigrants to the United States. Their links to the U.S. date back a century, to when American mining and railroad companies recruited workers from these regions to offset reductions in Chinese and Japanese immigration. Home to less than a third of Mexico’s population, they receive 44 percent of Mexico’s remittances.

Staying Put
The relatively small remittance flow to Mexico’s border states attests to their economic strength. The spread of factories along the border to perform cheap manufacturing for U.S. companies allows many Mexicans to find work without crossing over.
MEXICAN HEALTH CARE DELIVERY SYSTEMS
U.S. Health Care--pre ACA

- Guaranteed only for military, prison, and special programs for poor or elderly
- Most obtain coverage through an employer, but employers are not required to provide coverage
- Employees often must share plan costs
- >30 million without coverage often use ER or pay-for-service clinics
U.S. Health Care Systems

- Principal funding sources
  - Private employer-sponsored insurance
  - Government funded programs (Medicare/Medicaid)
  - Private health insurance

- Millions U.S. citizens uninsured

- Funding for HIV care
  - Medicaid
  - Medicare
  - Ryan White Program
  - AIDS Drug Assistance Program
Mexican Healthcare Funding Sources

- IMSS
- ISSSTE
- DIF
- Secretaría de Salud SSA
- SEGURO POPULAR
- Cruz Roja Mexicana
- Hospitales Universitarios
- PEMEX
- SDN
- Secretaría De Marina
- Servicios Médicos Privados
- Servicios Médicos Municipales
- Servicios Médicos Estatales
Seguro Popular

- 2001: Secretaria de Salud institutes Seguro Popular insurance program to provide health care coverage to uninsured/underserved populations
- 2005: 5.1 million families covered by Seguro Popular
- 2007: Seguro Popular becomes law
1997 Free ARV coverage to insured population.
1998 FONSIDA starts coverage for <18 and pregnant women without insurance.
1999 Starts coverage for non-insured adult population.
At the end of 2003 universal access to HAART, originally planned for 2006.

Source: CENSIDA based in National AIDS Cases Registry.
HIV Healthcare Funding Sources

**SSA:**
- Secretaría de Salud
- Secretariat of Health

**CENSIDA:**
- Centro Nacional para la Prevención y el Control del VIH/SIDA
- Natl Center for the Prevention & Control of HIV/AIDS

**ISSSTE:**
- Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado
- Institute of Safety and Social Services for State Workers

**IMSS:**
- Instituto Mexicano del Seguro Social
- Mexican Inst. of Social Security

**PEMEX:**
- Petróleos Mexicanos
- Mexican Petroleum

**ONG:**
- Organizaciones No Gubernamentales
- NGOs

**Hospitals & Universities**
Major HIV Care Sources

• Most public employees: **ISSSTE**
  *(Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado)*

• Insured private sector employees: **IMSS**
  *(Instituto Mexicano del Seguro Social)*

• Uninsured/Migrant: **SSA/CENSIDA**
  *(Secretaria de Salud/Centro Nacional para la Prevención y el Control del VIH/SIDA)*
  – Referred to CAPASITS Clinics
  – Insured under Seguro Popular
<table>
<thead>
<tr>
<th>CAPASITS</th>
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<tbody>
<tr>
<td>Centro</td>
</tr>
<tr>
<td>Ambulatorio de Prevención y Atención en SIDA e Infecciones de Transmisión Sexual</td>
</tr>
</tbody>
</table>
CAPASITS National Infrastructure

CAPASITS Services

• General medical care
• HIV care
• Laboratory services
• Referrals to specialists
• Dental care
• Behavioral health services
• Social work services
• Adherence counseling
CAPASITS

Ciudad Victoria

Nayarit

La Paz

Mexicali

Veracruz

Zacatecas

From: National Center for Prevention and Control of HIV/AIDS, Operative Investigation Administration, Mexico Secretariat of Health, (Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de Salud), http://www.salud.gob.mx
## ARVs in Mexico

<table>
<thead>
<tr>
<th>Antiretrovirals Available in the United States</th>
<th>Antirretrovirales Disponibles en México</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td><strong>Genérico</strong></td>
</tr>
<tr>
<td><strong>Brand Name</strong></td>
<td><strong>Nombre Comercial</strong></td>
</tr>
<tr>
<td><strong>Nucleoside/Nucleotide Analogues (NRTIs)</strong></td>
<td><strong>Inhibidores de la Transcriptasa Reversa Análogos a Nucleósidos (ITRAN)</strong></td>
</tr>
<tr>
<td>Abacavir</td>
<td>Ziagen</td>
</tr>
<tr>
<td>Didanosine</td>
<td>Videx</td>
</tr>
<tr>
<td>Emtricitabine</td>
<td>Emtriva</td>
</tr>
<tr>
<td>Lamivudine</td>
<td>Epivir</td>
</tr>
<tr>
<td>Stavudine</td>
<td>Zerit</td>
</tr>
</tbody>
</table>
How do I find all these resources when I need them?
U.S.-Mexico Border Federal Training Center Collaborative

This website features resources from the U.S.-Mexico Border AETC Steering Team (UMBAST) and its Federal Training Center partners. Together we offer free, expert training, technical assistance, and capacity-building programs on the prevention and treatment of HIV, tuberculosis, hepatitis C, sexually transmitted diseases, reproductive health, and related topics for clinicians working in the U.S.-Mexico border region.

UMBAST is supported by the HRSA HIV/AIDS Bureau and the Minority AIDS Initiative.

Border Blog
The Border Blog is a place to discuss what's happening with HIV, clinical training, and health care in general on the border. Read, comment, and join in!

Services Map
Find local HIV testing and treatment resources, and sources for related health services such as substance abuse treatment.

Border Training Calendar
Find out what's happening in your area.

State Profiles
These profiles summarize the impact of the HIV/AIDS epidemic in border communities.

Library
Our team of trainers have developed fact sheets on topics such as care options for patients returning to Mexico and Central America, working with patients with substance abuse problems, and navigating U.S. Immigration and Customs Enforcement. Check here for important reports and publications related to border health.

Contacts
If you have questions or need help with clinical training and capacity building in the border region, contact your closest border training coordinator.
U.S.-Mexico Border

Learn more about the AETC Network's capacity building activities on the U.S.-Mexico border.

New Initiatives and Updates from the United States-Mexico Border Binational Infectious Diseases Conference

July 16, 2014
Posted by: Marcos Alcorn, BS, MPA, Texas/Oklahoma AIDS Education and Training Center

I was honored to represent the Texas/Oklahoma AIDS Education and Training Center (AETC) and the U.S.-Mexico Border AETC Steering Team (UMBAST) this year at the United States – Mexico Border Binational Infectious Disease Conference in El Paso, Texas. This binational meeting is convened each year by...

Training and Technical Assistance for U.S. Immigration and Customs Enforcement (ICE) Clinicians: HIV Champions Pave the Way

November 13, 2013
Posted by: Alyssa A. Bittenbender, MFH, Arizona AETC, University of Arizona Health Sciences Center, Pacific AIDS Education and Training Center, Tom A. Donohoe, MBA, Pacific AIDS Education and Training Center, UCSF Center for HIV Information, UCLA AETC

We have found great partnerships with ICE. With leadership from our champions, we easily found that perceived hurdles that were once thought to be barriers in working with ICE were more a matter of connecting with the appropriate people. At every level we have found true partners and champions...

HIV and ACA Implementation on the United States-Mexico Border

August 6, 2013
Using AETCBorderHealth.org: Library

U.S.-Mexico Border

Learn more about the AETC Network's capacity building activities on the U.S.-Mexico border.

Active Resources: 13

Pocket Guides
- Clinician's Reference Guide to Curanderismo
  7/24/2014
  Source: Texas/Oklahoma AIDS Education and Training Center, Valley AIDS Council

Fact Sheets
- Tips for Implementing Routine HIV Screening on the U.S.-Mexico Border
  6/20/2014
  Source: Pacific AIDS Education and Training Center

- Information for Providers Assisting HIV Patients Returning to Mexico and Central America / Información para Proveedores que Asisten a Pacientes que Regresan a México y los Países de Centro América
  4/1/2013
  Source: Pacific AIDS Education and Training Center, Mountain Plains AIDS Education and Training Center, Texas/Oklahoma AIDS Education and Training Center, AETC National Resource Center

- Information for Health Care Providers with Patients Who Have Been Detained by U.S. Immigration and Customs Enforcement (ICE)
  6/21/2012
  Source: U.S. Customs and Immigration Enforcement

Webinars
- AETC Health Care Disparities Collaborative Webinar: UCLA PAETC MAI Workforce Development Project: Developing the Next Generation of Spanish-Speaking HIV Providers
  5/23/2014
  Source: Pacific AIDS Education and Training Center, AETC National Resource Center

- The Affordable Care Act and Tuberculosis Control: Navigating New Territory

Events
Past Events
Recommendations for Providers Assisting HIV Patients Returning to Mexico

What’s Available in Mexico
Nearly all HIV medications available in the United States are now available to Mexican citizens in Mexico through a range of public and private programs. Access to HIV medications in Mexico has expanded greatly in recent years.

HIV Treatment in Mexico
Each state has an HIV/AIDS director responsible for coordinating treatment and prevention programs. You or your patient can contact this person to determine the availability of HIV diagnostic tests and HIV medications in the state to which your patient is returning. Patients are treated either in general hospitals or in CAPASITS (HIV specialty clinics – “Centro Ambulatorio de Prevención y Atención en SIDA e ITS”). The CAPASITS network was introduced in Mexico in 2005 and is still expanding. As of 2012, it comprised 70 centers around the country. See below for a link to CAPASITS locations.

What Patients Will Need
Patients must enroll for care and provide certain documents to be eligible to receive medications. To speed the process, encourage your patients to bring the following:

**Necessary**
- Positive HIV antibody test result (confirmed with Western Blot)