

## NAVIGATING THE HIV AND HCV EPIDEMICS: INSIGHTS AND STRATEGIES FROM LATIN AMERICA

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Both Latin American and European countries face challenges in controlling the HIV and HCV epidemics. Inequalities and disparities are also present within both regions. Factors such as availability, accessibility, quality of healthcare, prevention programs, and resources for testing and treatment significantly influence the trajectory of both epidemics. Harmful and prohibitionist (drug) policies in Latin America further increase inequalities in access to health care, along with the criminalization and pervasive stigma faced by individuals engaged in drug use.

Latin American countries operate within significantly higher budgetary constraints and a more harmful political framework. Despite many challenges socially, politically, and economically, this region has developed a rich set of strategies for community health care (and HIV and HCV elimination) compared to high-income countries. This includes advocacy for universal access to healthcare services, including HIV and HCV testing and treatment, and care for all; the engagement of community organizations, civil society groups, and healthcare providers, especially in reaching marginalized populations such as people who use drugs, people in prison, and indigenous communities; targeted public health campaigns; and integrated person-centered care models, where full-spectrum harm reduction services address intersectionality's and operate with a broad understanding of health and wellbeing.

These lessons and country models are valuable blueprints that can be adapted and multiplied in environments with greater staff capacity, better-structured monitoring systems, and financial support. By leveraging Latin America's successful strategies, other countries can accelerate progress toward achieving HIV burden control and HCV elimination as a critical public health objective. We aim to have a space to address these issues and provide lessons learned and challenges specificities of the region that can be valuable to INHSU audiences to replicate and improve access to HCV/HIV care for PWUDs.

### Objectives:

- Describe epidemiology of the region including the sociocultural dynamics surrounding drug use (political and social).

- Explain the differences between European and Latin American regions substance use trends (IV drug use versus stimulants/sniffing) and related harms introduce the concept of expanded harm reduction services and provide tools for the audience to implement into their models of care.
- Provide lessons learned from that region that can be applied to high-income countries and other LMICs as well

**Agenda and format:**

**10 min.** Introduction to the topic

**20 min.** Overview of Latin American challenges and success when providing care for PWUDs, HIV, and HCV, including the impact of drug trafficking in the region.

**15 min.** Explain the concept of expanded harm reduction services: broader focus in the context of violence, mental health, and personal wellbeing.

**15 min.** Closure, lessons learned from Latin American countries that can be applied in high-income countries.

**Target audience:**

- Participants looking to learn about innovative models of care for HIV, HCV care, and people who use drugs.
- Policymakers and funding organizations.

**Chair/s name, role, organization:**

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**Speaker/s name, role, organization:**

<sup>1</sup>Farah Riazi, Mount Sinai Hospital, MPH in Epidemiology at NYU School of Global Public Health. Public Health Worker with ten years of experience in the field. Collaborated on publications to improve access to HCV treatment for people who use drugs, naloxone access in a hospital setting, and transitioning to telehealth services to improve HCV care.

<sup>2</sup>Marta Conte, Brazilian Harm Reduction and Human Rights Network (REDUC). Psychologist. Since 1982, she has researched Harm Reduction policies. She created the first Harm Reduction Program in Porto Alegre (RS), Brazil, advised the HIV/AIDS and Mental Health State

department, chaired the Council on Drug Policies, and is an active member of the Brazilian Harm Reduction and Human Rights Network (REDUC).

<sup>3</sup>Joana Canedo, EuroNPUD (executive committee), GAT-MANAS and ICS-University of Lisbon, Portugal, Joana is an activist for people who use drugs rights. EuroNPUD (European Network of People Who Use Drugs) local campaigns coordinator. Working with women and non-binary people who use drugs at MANAS/GAT. Expert in drug policy, harm reduction and public policies, working from intersectionality to achieve efficient public policies, specially focusing and engaging women experiencing multiple violence. Dedicated to foster peer-led initiatives in collaborative settings. PhD candidate in Development Studies.

<sup>4</sup>Jessica Morales, Red Latinoamericana y del Caribe de Personas que usan Drogas (LANPUD), Guatemala, Jessica is a feminist, mother and a woman who uses drugs, member of LANPUD and the central American collective of people who uses drugs.

<sup>5</sup>Ernesto Corte, Costa Rican Association on Drug Studies and Interventions, Costa Rica, social anthropologist has a master's degree in criminology and other master's degree in mental health. He is Director of the Costa Rican Association on Drug Studies and Intervention (ACEID). Secretariat of the Latin American and Caribbean Network of People Who Use Drugs (LANPUD). Board member of the International Network of People who Use Drugs (INPUD) and the International Network on Hepatitis and Substance Users (INHSU). Vice President of the United Nations New York Committee on Drugs (NYNGOC).