



Mexico's Domestic Financing and Implementation Strategy for HIV and Hepatitis Prevention and Treatment

A case study by the HIV Multisector Leadership Forum

(a community of practice of Director Generals of National AIDS Coordinating Authorities)

With support from the Global HIV Prevention Coalition



CENSIDA

CENTRO NACIONAL PARA LA
PREVENCIÓN Y EL CONTROL
DEL VIH Y EL SIDA

Mexico has a diverse and large population of approximately 130 million people, spread across its 32 states of a country that covers approximately 1,964,375 km². Although Mexico's official language is Spanish there are some 68 other linguistic groups represented, of which about 21% are indigenous and 2% are afro-mexican.

Mexico is also a country with marked inequalities. Despite being considered a high-middle income country, about 36.3% of its population is poor while 53% lack social security. In addition, over the last couple of decades organized crime and violence has impacted Mexico's territory and social fabric, with 3 million gun associated crimes in 2022. These demographic and social determinants challenge significantly the response to HIV and hepatitis epidemics. Moreover, historical approaches that have largely focused on treatment rather than combined prevention, has resulted in significant gaps including the lack of a hepatitis elimination program or addressing migrants' treatment for as long as required.

Since 2019, Mexico embarked on an ambitious journey to make HIV and hepatitis prevention and use of evidence and human rights principles core to its response. Central to this was the need for additional resources for the Directorate of HIV and STIs that resides in the Ministry of Health to implement the program transformation.

MEXICO'S AIDS COORDINATING AUTHORITY

CENTRO NACIONAL PARA LA PREVENCIÓN Y EL CONTROL DEL VIH Y EL SIDA (CENSIDA)

The CENTRO NACIONAL PARA LA PREVENCIÓN Y EL CONTROL DEL VIH Y EL SIDA (CENSIDA) is located within the Ministry of Health in Mexico. It is responsible for HIV/AIDS and STIs prevention, care and treatment. CENSIDA was created by Presidential Decree and reports Directly to the Undersecretary of the Ministry of Health and has a Council that provides coordination across sectors (CONASIDA). The Council comprises the Ministries of Health, Gender, Education and Social as well as community leaders and representatives of States. It is responsible for tracking and defining the HIV and AIDS, and Sexually Transmitted Infections epidemics through four committees namely: HIV prevention, HIV attention and care, Human Rights and National Regulations and Monitoring and Evaluation.

STRATEGIC ANALYSIS AND BUDGET ADVOCACY

CENSIDA's significant challenge was to advocate for increased funding for the national response as well as resource optimization for the implementation of new policies. CENSIDA undertook a thorough analysis of available data on HIV and hepatitis prevalence, treatment outcomes, and the impact of existing policies. A 10-year retrospective detailed economic analysis was created in a cost case scenario that projected the costs and benefits of investing additional resources in prevention. CENSIDA provided data comparing the financial implications of continuing with the status quo versus implementing a robust prevention program as well as a hepatitis elimination strategy on the future and lifetime cost of treatment. The analysis highlighted the long-term savings and public health benefits of early prevention and treatment, addressing the economic argument. These epidemiological and cost data were granulated by each of the 32 states of Mexico and their 2746 municipalities and considered their differences and unique prevalence, incidence, access to healthcare and socioeconomic factors influencing health outcomes.



The report that was produced articulated the economic, public health, and societal rationale for increasing the budget allocation towards HIV and hepatitis prevention as a core part of the treatment continuum.

A national procurement policy for healthcare supplies named “triple optimization” was implemented. The strategy includes three steps:

- A) CLINICAL OPTIMIZATION** based on data and literature review to have an evidence-based selection of the best current options.
- B) PUBLIC HEALTH OPTIMIZATION** which allows to identify equivalents (potential supplies with same health outcomes) and to make sure no one is left behind.
- C) ECONOMIC OPTIMIZATION** consolidated procurement for all public healthcare providers increasing the demand and reducing costs.

This strategy allowed in 2019, not only the introduction of Integrase inhibitors like bictegravir and dolutegravir as the first and main treatment options for people living in HIV in Mexico -including children-, but also saving more than 1.6 billion MXN in one year which was invested for the HIV combined-prevention strategy, and the program to eliminate hepatitis C in the country.

Gaining the endorsement of institutional leaders and aligning the HIV and hepatitis prevention strategy with broader health and economic policies were critical. These data provided CENSIDA the evidence for budget advocacy. Engagements were initiated with critical stakeholders, including the Ministry of Health, financial institutions, and political leaders. A pivotal moment in the budget advocacy process was a presentation and involvement to Mexico's Secretariat of Finance and Public Credit and other financial authorities. This included presenting not only the economic case for prevention but also addressing any concerns about the feasibility and financial implications of the proposed changes. The support from these leaders facilitated the

approval of a 20% increase in the budget for people without social security and the integration of the prevention and hepatitis program into the national health agenda.

INSTITUTIONALIZING HIV AND HEPATITIS PREVENTION

Once approvals were given for additional budgets a new process was required to facilitate its application in use. An assessment of existing laws, policies, and guidelines was undertaken, and the gaps and barriers informed the subsequent regulatory reforms. In 2020, CENSIDA was part of the Mexico COVID-19 response and leveraged the pandemic health policy and regulation changes to ensure that HIV and Hepatitis prevention and treatment were included as a priority. Thus, despite the pandemic, new strategies were put in place highlighting the importance of aiming for a resilient system.

CENSIDA invested in many meetings with stakeholders such as academics, community leaders, communities of persons living with HIV, key populations and civil society to facilitate the implementation to its proposals. By strengthening CENSIDA, multiple strategic stakeholders and sectors were able to reach different populations across the country. It presented the HIV response as the quickest pathway for the Government to Universal Health Coverage and developed a deliberate strategy to engage the broader Ministry of Health identifying areas of collaboration and partnership that could be supported through the additional budget. At the sub-national level, CENSIDA continued a three-pronged approach, engaging directly with Governors, with technical officers in the different States and with community leaders. This multifaceted approach contributed to expediting reforms of existing regulations and new guidelines that prioritized prevention including hepatitis elimination, use of PrEP and PEP, a human rights-based approach and inclusivity of all populations were developed.



Achieving regulatory changes required inter-institutional agreements and coordination, especially given Mexico's complex healthcare system (nearly half of the population receives their Health services from the Social Security Institutions, and the other half by an Institute created specifically for them along with the 32 States' Ministries of Health). This involved aligning policies across various health providers and ensuring that new regulations were adopted uniformly across the country. A breakthrough came with the restructuring of the purchasing and procurement process, allowing for the national-level acquisition of medications, testing kits, and prevention supplies including PEP and PrEP. This not only standardized treatment and preventive measures across the country but also resulted in significant cost savings.

THE CURRENT STATUS OF HIV PREVENTION

Nation-wide implementation of HIV prevention programmes: by the end of 2023, Mexico had significantly expanded its HIV prevention programs to include PrEP and PEP across the country, as well as established a national program for the elimination of hepatitis C. Scale-up was possible due to the institutionalization of the HIV prevention approach from budgets, services, procurement, a central planning including NGOs and communities by CENSIDA and by-in the States' Health Authorities. A national campaign for PrEP uptake coordinated by CENSIDA, applied variedly across different communities, and supported by a 24-hour hotline facilitated increased public awareness and engagement. HIV prevention programs are increasingly integrated into a broader health strategy and access to those who need services is supported through multiple sectors emphasizing a holistic approach to public health.

Challenges remain and Mexico's HIV programme is still a work in progress. Coordinating across various institutions to ensure consistent service delivery remains a challenge. Reducing geographic access, stigma, discrimination and

violence including drug cartels remain a barrier to effective delivery of services and despite efforts to be inclusive, reaching marginalized communities, such as migrants, people living in rural areas, and those in detention facilities, continues to be challenging. More budget, policy and regulatory changes are required to effectively deliver a people-centered approach, culturally adequate, to the HIV treatment and prevention programme and adapt to emerging health challenges and scientific advancements. CENSIDA will continue to innovate, institutionalize, and advocate.



THE LESSONS

The strategic analysis and budget advocacy process in Mexico's approach to HIV and hepatitis prevention underscored the importance of a detailed evidence-based strategy, effective stakeholder engagement, and the ability to present a compelling economic and public health case. By focusing on long-term savings, improved health outcomes, and the inclusivity of prevention efforts, Mexico successfully advocated for a significant shift in its public health strategy, setting a precedent for similar initiatives globally.

The process of attaining regulatory changes and inclusion in Mexico's HIV and hepatitis strategy was marked by a careful blend of evidence-based advocacy, stakeholder engagement, and strategic policy formulation. Mexico was able to enact meaningful regulatory reforms that aimed to improve public health outcomes and ensure access to prevention and treatment services for all populations, especially those historically marginalized or at high risk.

CENSIDA's ability to adapt strategies in response to changing circumstances has been crucial. This flexibility was particularly tested and needed during the COVID-19 pandemic, when quick pivots were made to deliver the budget, strategically position the HIV response, and highlight the value of prevention approaches and facilitate reforms, as well as the importance of working in resilient systems.

An important factor is the engagement with political and policy makers while tying the HIV response and by extension HIV prevention into Mexico's financing and social ecosystems. This means that the CENSIDA can continue to leverage its legal mandate to engage in actions that retain HIV prevention as a political and national priority and utilize other sectors to fast-track implementation. CENSIDA offers valuable lessons for other countries grappling with prioritizing HIV prevention and making incidence reduction sustainable pre and post 2030.





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