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BACKGROUND

The Medical Research Foundation of Trinidad and Tobago (MRFTT) is the largest HIV Treatment Centre in the English speaking Caribbean and as of May 31, 2019, there were 6,434 patients currently enrolled in care and of these, 688 (10.7%) were self-identified MSM. The MRFTT accounts for approximately 74% of all PLHIV engaged in care in Trinidad and Tobago. In 2013 the UNAIDS launched the 90-90-90 strategy, an ambitious treatment target to end the HIV/AIDS epidemic. By the year 2020, 90% of persons living with HIV should know their status, 90% of those diagnosed with HIV should be linked to care and on antiretroviral therapy (ART) and 90% of those on ART should have their HIV viral load suppressed. Studies have shown that MSM living in high-income countries with lower levels of same-sex stigma and discrimination had better HIV care cascade outcomes as compared to MSM living in environments with very high stigma and discrimination that had some of the worst HIV cascade outcomes.

OBJECTIVES

The purpose of the study is to examine the HIV treatment cascade among men who have sex with men (MSM) attending a large HIV Clinic in Trinidad towards achieving the UNAIDS treatment targets in this patient population.

METHODS

Data were extracted from the electronic patient records on all MSM attending the HIV Clinic between the June 2018 and May 2019. Patient demographic and clinical data were extracted to identify the number of MSM enrolled in care, of those enrolled in care the number on antiretroviral therapy (ART), and of those on ART, the number men who were virally suppressed (viral load <1000 copies/ml).. The treatment cascade of MSM was compared to that of heterosexual males attending the HIV Clinic.

RESULTS

There were 688 MSM enrolled in the Clinic over the study period, age range 17-80 years, mean age 37 years. The main ethnic composition included those of African origin (60.3%), mixed race (24.0%) and East Indian origin (13.9%). Of the 688 MSM, 582 (84.6%) patients were on antiretroviral therapy, of whom 488 (83.8%) had their viral load suppressed. MSM aged 35 years and older were more likely to be viral suppressed than those younger than 35 years ($p < 0.5$). As of June 2019, the HIV outcomes among MSM were better compared to heterosexual men engaged in care at the MRFTT

CONCLUSION

At the end of 2019, HIV outcomes among MSM were better compared to heterosexual men engaged in care at the MRFTT (Figure 1). In Trinidad and Tobago--a high income developing country-- HIV prevalence is higher among MSM than in the general population. Institutional factors such as stigma may deter access to care among MSM. Targeted interventions are needed among younger MSM to improve viral load suppression contributing to the achievement of the UNAIDS 90 90 90 targets.

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Figure 1: The HIV Treatment Cascade among MSM and Heterosexual Men Engaged in Care at the MRFTT (June, 2019).

