



HIV/AIDS in Tijuana: Recommendations for Improving Access to Quality Care

- Move CAPASITS closer to downtown, or at least open a more convenient satellite. It's currently a 1.5-hour bus ride for many people.
- Offer free methadone or other opiate substitutes, again closer to downtown.
- Purchase GeneXpert machines for CAPASITS and maybe Tijuana General (which only has one for multi-drug resistant Tuberculosis clinic, purchased with support from ICF).
- Provide funding for the Prevencasa and SER needle/syringe exchange programs that lost their support after the Global Fund money ended.
- Improve testing to make it more routine. The health system has little-used mobile testing vans. Do venue-based testing. Support self-testing. Sponsor health days that test for many conditions (diabetes, hypertension, Pap smear, etc.) along with HIV to reduce stigma.
- Improve the treatment cascade so that people who test positive are linked to care and have patient navigators who make sure they get on antiretroviral (ARV) drugs, become undetectable, and maintain the suppression of their virus levels.
- Promote Pre-Exposure Prophylaxis for people at high risk, including men who have sex with men, sex workers, injecting drug users and discordant couples.
- Move all testing for CD4 counts and viral loads to Tijuana with funding that does not require federal government oversight and approval. Use simpler CD4 machines like PIMA that are point of care. Do away with CD4 counts for people who are stable on ARVs, and rely instead on viral loads every 6 months or even yearly.
- Fund a commission to study and publish a report that focuses on shortcomings, not successes. Analyze the treatment cascade and address the gaps.