

AIDS in Latin America

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Regional Overview

The most recent estimates [and ranges] for HIV in Latin America (including Central America), reported by the Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization, are presented in the table below.

Parameter	2005	2003
Adults & children living with HIV	1.6 million [1.2-2.4 million]	1.4 million [1.1-2.0 million]
Women living with HIV	480 000 [340 000-760 000]	420 000 [290 000-630 000]
Incident HIV infections	140 000 [100 000-420 000]	130 000 [95 000-310 000]
Deaths due to AIDS	59 000 [47 000-76 000]	51 000 [40 000-67 000]

The epidemics in Latin America are being fuelled by combinations of unsafe heterosexual sex, unsafe sex between men, and (to a much lesser degree in Central America) injecting drug use. Several countries are beginning to see HIV spread from vulnerable groups to the wider population. One prominent feature in most countries is that the highest number of HIV cases are among men who have sex with men (MSM). Female sex workers are generally the second-most affected group. Various studies from the region report HIV prevalence rates among MSM range from 2% to 28%; while among female sex workers, the range is 0% to 6.3%.

More studies are needed in many Latin American countries to better understand the spread of HIV, and in Central America, comprehensive surveillance information is still incomplete.

Profile of the Epidemic

Brazil is now home to over one third of the people living with HIV in the region. Brazil's diverse epidemic has spread to all 26 states in the country. With Brazil's large population, the national HIV prevalence rate remains below 1%; but prevalence rates spike among different sub-populations. Women and people living in poverty are among those increasingly being infected with HIV: prevalence rates among pregnant women in some sites reach 3-6%. In urban areas, HIV transmission among drug injectors appears to be declining, possibly attributable to harm reduction programs. In some areas, however, drug injectors still account for at least half of all AIDS cases. Lower levels of HIV are found among female sex workers (6.1%, according to one major survey). Young people aged 15-24 were more likely to use condoms the first time they had sex (over 60% did in 2003, compared to less than 10% in 1986), but are also having sex

at earlier ages (at least one third now report having sex before age 15), have more sexual partners (20% have had more than ten in their lifetime), and lack knowledge of HIV (38% did not know how HIV was transmitted).

Argentina's epidemic has grown rapidly among women. As infected males transmit the virus to female sexual partners, the male-to-female ratio among reported AIDS cases has dropped dramatically from 15:1 in 1988 to 3:1 in 2004. Among new HIV infections in 2004, the same ratio was 3:2. Unsafe injecting drug use and sex between men, especially in urban areas, still fuel the epidemic. For example, studies in Buenos Aires reported that 44% of drug injectors and 7-15% of MSM were HIV-positive.

In Honduras, AIDS is the leading cause of death for women, and is believed to be the second-leading cause for both overall hospitalization and mortality. About one sixth of people living with HIV in Central America are in Honduras. While commercial sex and sex between men are the major driving factors, HIV prevalence among pregnant women is as high as 2.9% in urban areas and 3.6% in rural areas, indicating a relatively mature epidemic.

Unsafe sex between men remains a key driving force. In Columbia, 83% of all AIDS cases to date have been among men, a large proportion among MSM. In many countries, including Columbia, prevalence among MSM surpasses that among female sex workers. In Costa Rica, more than 2/3 of all AIDS cases are among MSM. While 90% of Mexico's HIV cases are attributed to unsafe sex, about half of those involved sex between men. Very high prevalence rates among MSM have also been found in El Salvador (18%), Panama (11%), and Nicaragua (9%). Unsafe sex between men also figures prominently in epidemics in Bolivia, Ecuador, Guatemala, Paraguay, and Peru. The large proportion of MSM who also have sex with women has prompted the changing infection patterns seen throughout the region.

Brazil, Argentina, Chile, Mexico, Uruguay, and Venezuela all retain high treatment coverage. Leading the way, Brazil's health system provides full antiretroviral treatment coverage to all those with advanced HIV infection. Decreased AIDS mortality in Costa Rica and Panama appears to be related to increased treatment access. Poorer countries in Central America and the Andean region are less able to provide such coverage: Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay still lag behind.

This information has been compiled from the *AIDS Epidemic Update: December 2005* and the statistics have been updated from the *2006 Report on the Global AIDS Epidemic*. For more information, please visit the UNAIDS website: www.unaids.org.