

HIV/AIDS IN LATIN AMERICA AND THE CARIBBEAN: Many Epidemics

The HIV/AIDS epidemic in Latin America and the Caribbean presents one of the most important challenges for health systems, civil society, researchers and governments. At the same time, this is the region with some of the most creative and energetic responses.

Since the beginning of the epidemic, the prevalence of the disease and the populations at risk have changed:

- In the beginning, injection drug users were a vulnerable population mainly for the Southern Cone, now they are a vulnerable population for Mexico's northern border, Puerto Rico and Bermuda.
- In Brazil, the number of injection drug users has diminished in some cities thanks to harm reduction programs.
- In Argentina, most of the new cases are caused by heterosexual sexual relations. Previously the cases were concentrated among injection drug users and men who have sex with men.
- Honduras, Guatemala, El Salvador and Panama are reaching prevalence levels that correspond to a generalized epidemic.
- In Haiti, one of the countries most affected by the epidemic with prevalence similar to that of African countries (3.8% in the adult population), the forms of transmission have been significantly reduced due to changes in sexual behavior (increased condom use).
- Migration, people deprived of their liberty, and the armed forces in Central America and at the Mexican borders are newly vulnerable populations affecting the epidemic.

Some of the factors that hinder the response to HIV/AIDS in the region are the generalization of poverty, migration, absence of leadership in some countries, homophobia, gender-based violence, scarce research about transmission patterns, stigma and discrimination, pressure of some churches to not promote the use of condoms and contextually inappropriate laws relating to the epidemic in the region.

However, something that hasn't changed in the region is that sexual transmission continues to cause the greatest number of cases, generally among the most vulnerable populations:

- Sex workers in Honduras, Suriname and Guyana represent 10% of the cases, 4% in Guatemala and 3% in El Salvador. However, the prevalence among this population decreased by 4% in Argentina and by 2% in Nicaragua and Panama.
- Men who have sex with men represent a quarter of the new infections in Latin America and half of the new cases in Brazil.
- Young people and especially women between 15 and 24 years are another vulnerable group.
- The trans group (transvestites, transsexuals and transgender) represents a 45% prevalence rate in Peru.
- The Caribbean countries have a mainly heterosexual epidemic due in part to the demand for sexual tourism.

Social taboos, stigma and discrimination are barriers that hinder social and individual behaviors to promote safer sexual relations as well as care and support services for people living with HIV. The lack of laws sensitive to these issues and to these populations causes governments to promote treatment efforts over prevention.

- Homophobia is one of these factors in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama and Mexico.
- The criminalization of sex work increases the vulnerability of this population and obstructs prevention and care efforts.

Women and Young People, Two Populations to Focus on Within the Region

Due to the biological and social vulnerability of this population, the feminization of the epidemic is also reflected in the region:

- In the Caribbean, 37% of the total number of adults living with HIV in 2001 were women. This number increased to 43% in 2007.
- In Latin America, the percentage of women with HIV in 2007 was 32%, approximately 512,000 people.
- Women suffer a double discrimination for being women and living with HIV.

The groups most vulnerable to the epidemic in the region still lack the necessary prevention, care and support, especially in countries in the Caribbean, Central American and Andean regions.

In the 2001 “Declaration of Commitment on HIV/AIDS”, the United Nations outlined a plan to reduce the prevalence among young people between the ages of 15 and 24 years by 25%.

- In 2007, there were 2.5 million children living with HIV in the world. Of these, 39,000 were in Latin America and 10,000 in the Caribbean. In 2007, it was estimated that among children there were 6,700 new cases in Latin America and 2,000 new cases in the Caribbean.
- In Haiti, the age of sexual initiation was delayed and condom use was increased among young people between the ages of 15 and 24.
- There was a significant reduction in the prevalence of HIV among young pregnant women, mostly due to prenatal care.
- In Brazil, 41.1% of the sexually transmitted HIV cases registered in 2006 occurred among men between 13 to 24 years old who have sex with men.

However, studies carried out in 9 countries of the region (Argentina, Belize, Brazil, Chile, Mexico, Nicaragua, Peru, Venezuela and Uruguay) to evaluate whether or not the integration and coordination of sexual and reproductive health services as well as the prevention and care services for HIV/AIDS met the goals proposed in the declaration of commitment discovered that:

- Sexual health and HIV/AIDS education is not readily available for young people and teenagers.
- There are no protocols to provide victims of sexual violence with post-exposure prophylaxis and emergency birth control.
- It is difficult to ensure the sexual and reproductive health of women living with HIV.

Addressing the vulnerability at a structural level requires a sustained intervention including the broadening of access to health and education services, establishing anti-discrimination laws and policies, and ensuring the treatment and legal protection of those living with HIV and the most vulnerable populations.

LATIN AMERICA

Clearly, one cannot talk about only one epidemic in the region because of the diversity of the region.

The general statistics in the region show that:

- The HIV epidemic has remained stable since 2003 with a prevalence of 0.5%.
- The estimated number of new infections was 100,000 [47,000-220,000].
- There are 1.6 million [1.4 million–1.9 million] people with HIV.
- According to estimates, approximately 58,000 [49,000-91,000] people died due to AIDS.
- By 2015 it is estimated that there will be 3 million people living with HIV in the region and one and a half million deaths.

Each Country, A Different Reality: The Many Epidemics in the Region

Brazil, Mexico, Argentina and **Colombia** are the Latin American countries with the largest populations and, as a consequence, with the greatest number of people living with HIV. However, the highest prevalence is in smaller countries such as **Honduras, Panama, El Salvador** or **Guatemala**, where the prevalence among adults is around 1%. In **Haiti**, the **Bahamas, Guyana** and **Belize** prevalence is higher than 2%.

Approximately one third of the people who have HIV in Latin America live in **Brazil**, the first country to offer universal access to antiretroviral treatment.

- It is estimated that in 2006, 620,000 people were living with HIV.
- In the beginning, the epidemic was mainly focused among men who had sex with men (which is currently still an important group in the epidemic in this country). Later, it extended to injection drug users and, with time, to the general population, with a growing number of women becoming infected.
- The prevalence of HIV among injection drug users has decreased in some cities as a result of harm reduction programs.
- Over the last five years, a general decrease in new cases has been reported, with 32,000 cases reported in 2006.

México has a prevalence of 0.3% and almost 90% of the known HIV cases are the result of unprotected sexual relationships, half of them between men who have sex with men.

- It is estimated that 182,000 people are infected in the country, of which only a third know their status.
- CENSIDA (National Center for Prevention and Control of HIV/AIDS) estimates that approximately 3,000 people die every year due to AIDS-related diseases. While universal access to treatment is guaranteed (currently there are 25,000 people in the program), many people living with the virus get attention and treatment too late.
- The role of migration in Mexico is still undetermined. Some studies show an increase in the infection among heterosexuals and a feminization of the epidemic in the rural areas, which could be related to immigration to the United States.

In **Argentina**, in recent years, unprotected sexual relations have become the main way HIV is transmitted.

- In 2006, it was estimated that between 130,000 and 150,000 people were living with the virus in the country, which meant a 0.6% prevalence rate among the adult population.
- It is estimated that two out of three people with HIV (between 70,000 and 100,000) are not aware of their status.
- The male-to-female infection ratio decreased from 15:1 in 1988 to 2.4:1 in 2004 with a disproportionate number of infections among the young population in the poor urban areas.
- According to estimates, four out of every five new HIV cases diagnosed in 2005 were attributed to unprotected sexual relations, mainly heterosexual.
- A higher prevalence is seen among men who have sex with men.
- Estimates show that injection drug use is responsible for only 5% of the new infections registered in the city of Buenos Aires.

The HIV epidemic in **Uruguay** is focused mainly in the capital city, Montevideo, and its surrounding areas, where more than three fourths of the total number of AIDS cases have been reported.

- Unprotected sexual relations, mostly heterosexual, are responsible for approximately two thirds of the reported HIV cases.
- The sexual practices between men and the use of unsterile needles constitute important causes of infection.
- Uruguay has a strong program to prevent transmission from mother to child that has seen significant results in recent years.

In **Paraguay**, the epidemic is focused mainly in Asunción, the capital city, as well as in border areas with Argentina and Brazil

- Most of the people with HIV at the end of 2005 were men.
- The prevalence of HIV among pregnant women at a national level was 0.3% in 2005.

Chile has a prevalence of 0.3% and most of the infections are concentrated in urban areas.

In **Bolivia**, the prevalence is 0.1%, in **Ecuador** it is 0.3% and in **Colombia** and **Peru** it is 0.6%. HIV infections continue to be focused among men who have sex with men.

- The **Andean region** has a more homogeneous trend, where the main forms of HIV transmission are sexual commerce and sexual relationships between men.
- In **Bolivia** the epidemic is centered in the urban areas. A study performed in Cochabamba showed that 3.5% of the children living in the street have HIV, most of whom were infected through sexual contact.
- Sex workers have generally avoided infection, with prevalence less than 1% in 2002 in cities like Cochabamba, Oruro or Tarija and less than 0.5% in La Paz.
- In **Peru**, the prevalence among men who have sex with men in cities such as Arequipa, Iquitos, Pucallpa and Sullana is between 6% and 12% and reaches 23% in Lima.
- Sexual relations between men is an important factor in **Ecuador**, where HIV cases have doubled since 2001 and more than two-thirds of infections were caused by this type of sexual relation.

- In **Colombia**, 83% of the total AIDS cases are among men who have sex with men and, as it happens in various countries in the region, who transmit it to their female partners, affecting the appearance of the epidemic.

In Central America, the virus is spread mainly among the most vulnerable groups and is focused in the urban areas and transportation routes. The epidemic in this region is affected by generalized homophobia and a high prevalence among men who have sex with men as seen in **Belize, Costa Rica, El Salvador, Guatemala, Nicaragua** and **Panama**.

Guatemala has a prevalence of 0.9%. In addition to men who have sex with men and sex workers, the prevalence in Mayan indigenous villages could be up to 3 times higher than among the general population.

With 1.5%, **Honduras** has one of the highest prevalence rates in the region. However, some data indicate a decreasing trend and the regular use of condoms among high risk populations.

- The preliminary findings from a study done in 2006 show an HIV prevalence of 5.7% among men who have sex with men in Tegucigalpa (a decrease of 8.2% registered in 2001 and 10% in 1998).
- A strong decrease in the HIV prevalence among sex workers has also been observed in three Honduran cities.
- Among the Garífuna (descendants of Nigerian slaves), a population with generalized poverty and scarce access to health services, a prevalence rate of 8.4% is observed and the rate is 7.6% among people deprived of their liberty.

There are clearly different realities in the epidemiological profile of the sub-region. In some countries we observe a heterosexualization of the epidemic, in others, the epidemic is still concentrated mainly among men who have sex with men.

In Colombia, Mexico and other Central American countries, some experts say that preventive campaigns oriented toward the general population have the adverse effect of making the population of men who have sex with men less visible. In this manner, prevention efforts will not be effective until specific answers to different problems are sought.

THE CARIBBEAN

The epidemic in this sub-region varies significantly by country and population, as a reflection of the cultural, ethnic and geographic diversity. As in Latin America, there has been a growth in cases among women and young people, and in particular, young women.

- This region is the second most affected in the world, after Africa, with a prevalence of 1%.
- Adult women represent 51% of 230,000 people living with HIV in the sub-region.
- During 2007, 11,000 people died due to causes related to AIDS, of which 1,500 were children. AIDS continues to be the number one cause of death in adults between 15 and 44 years old.

In the Caribbean, the structural factors hindering the response to the epidemic are poverty, homophobia, unemployment, stigma, discrimination and gender differences.

The Caribbean has experienced significant advancements in the issue because it has achieved a stabilization of the epidemic in most countries. National answers in the form of National AIDS Commissions, strategic plans, laws, programs, services and an active participation of social networks and civil society have been developed, strengthening the response and improving access to prevention, treatment and care for people.

Young women are especially vulnerable. In some countries, studies have found rates of infection among young women between 2 to 6 times higher than their male partners.

The main form of HIV transmission in this region is sexual, mostly among the population of men who have sex with men, a population that remains invisible due to the associated stigma. The available data suggest that about 12% of the new infections each year correspond to sexual transmission. Unprotected sexual relations between sex workers and clients also constitute a significant factor in the transmission of HIV.

Different Countries, Different Answers

Haiti, where the highest number of people living with HIV in this region is found, has a prevalence of 2.2%.

- Among pregnant women treated in prenatal outpatient clinics, the HIV prevalence decreased from 5.9% in 1996 to 3.1% in 2004 and was stable during 2006.
- There is a decreasing trend in the capital city, Port-au-Prince, and in other cities where the HIV prevalence in women between 14 and 44 years old decreased from 5.5% to 3% between 2000 and 2005.
- The decrease in deaths associated with AIDS and the number of new infections are the results of community-based efforts, cooperating agencies and governments promoting behavior changes and strengthening attention.

In the **Dominican Republic**, the population of sex workers is one of the most vulnerable populations. One study discovered that condom use increased from 75% to 94% in 12 months among the population in the capital, Santo Domingo.

Cuba has the lowest prevalence in the region (including Latin America) with 0.1% among the adult population.

- The mother-to-child prevention program is among the most effective in the world.
- This country offers free universal access to antiretroviral treatment. This has limited both the number of AIDS cases as well as AIDS-related deaths.

The transmission of HIV in **Guyana**, with a prevalence of 2.4%, is mainly due to unprotected sexual relations. The last survey carried out in prenatal outpatient clinics in these countries shows an HIV prevalence rate of 16% among pregnant women. This is lower than the prevalence observed in a similar survey in 2004.

A Stabilizing Epidemic

The stabilization of the epidemic doesn't mean that new HIV infections have stopped or that the number of AIDS associated deaths has decreased. It indicates that the prevalence levels have been maintained over time, which, in the case of some Central American and Caribbean countries such as **Barbados** (1.5%), **Dominican Republic** (1.0%) **Jamaica** (1.5%) and **Bahamas** (3.3%) and **Trinidad & Tobago** (2.6%) are still very high.

The stabilization of the epidemic is good news. However, it is still necessary to address the vulnerability at a structural level. This implies a sustained intervention including a broadening of access to health and education services, establishing anti-discrimination laws and policies and ensuring the treatment and legal protection of people living with HIV. Moving away from predetermined notions of the region to address the different contexts of the epidemic may lead to the attainment of an effective and efficient response that ends the expansion of the HIV epidemic.

Social issues in the Caribbean agenda still include HIV/AIDS-related stigma and the discrimination of the most vulnerable populations such as men who have sex with men, sex workers, and injection drug users.

REFERENCES

- Az Prensa – España. *Young people are still not using protection during sexual relations, in spite of the danger of infection*, March 2008
- Barria/EFE. *Leaders during the IV Meeting of the First Ladies of Latin America Coalition*, March 2008
- CENSIDA. *Only half of the seropositive individuals receive free medical attention*, February 2008
- Cohen. *HIV/AIDS: Latin America and the Caribbean*, Science, July 2006
- Comisión Caribeña de Salud y Desarrollo, 2005; Inciardi, Syvertsen y Surratt, 2005
- El Mundo – España. *Brazil launches a campaign to reduce AIDS among young homosexuals*, October 2008
- Fundación Huésped. *Actualizaciones en SIDA*. Vol. 16, No. 59, March 2008
- Gupta et al., 2006; Secretaría de Estado de Salud Pública y Asistencia Social de República Dominicana, 2005b; OPS, 2007; Gebre et al., 2006; Allen et al., 2006
- InfoPAE. *The cases of HIV and AIDS in women increase*, January 2008
- Kaiser Family Foundation. *HIV/AIDS Policy Fact Sheet. The HIV/AIDS Epidemic in the Caribbean*, November 2007
- Ministerio de Salud de Jamaica, 2007; Ministerio de Salud de las Bahamas, 2006; OPS y OMS, 2006; Ministerio de Salud de Trinidad y Tobago, 2007
- Montano et al., 2005; Programa Nacional del sida del Uruguay, 2007; IDES et al., 2005
- UNAIDS and World Coalition about Women and AIDS. *Keep the promise: A program for action related to women and AIDS*, 2006
- UNAIDS. *Information Sheet, The Caribbean*, June 2005
- UNAIDS/World Health Organization. *Situation of the AIDS Epidemic*, 2007
- UNAIDS. *2006 Report on the Global AIDS Epidemic*
- UNAIDS. *2006 Report on the Global AIDS Epidemic. Annex 1. Country Profiles*
- UNAIDS. *Inciting the World against AIDS*, November 2007