

HIV/AIDS

HIV/AIDS has had a substantial impact on health in the LAC region since the early 1980s. The Caribbean continues to be one of the most affected regions in terms of prevalence, second only to some African regions (UNAIDS, 2019^[1]). The UN has set the goal of eliminating AIDS as a public threat in the 2030 SDGs, for which a target has been defined as reducing the number of new HIV infections and AIDS-related deaths by 90% relative to 2010 (UNAIDS, 2014^[2]).

In LAC26, the prevalence in adults aged between 14 and 49 ranges from 0.2% in Guatemala and Honduras to 1.8% in Haiti in 2021 (Figure 3.31, left panel). Although overall prevalence in the region is relatively low, the number of people living with HIV is over 2.5 million in reporting countries, most of which live in Brazil with 960 000 people, followed by Mexico with 360 000 and Colombia with 170 000.

Expanded access to antiretroviral therapy (ART) has increased the survival rates of people living with HIV, but about half of the people eligible for HIV treatment do not receive it worldwide. In LAC24, the estimated coverage was particularly low (<50%) in Jamaica and Belize while it is over 70% in Haiti, Peru, Ecuador, Colombia, Guatemala, Brazil, Cuba and Argentina (Figure 3.32). This indicates that some countries with high prevalence (e.g. Haiti) are addressing the issue of treatment coverage, but the region remains substantially far from the goal of treating 90% of people living with HIV/AIDS.

However, the trend is positive in recent years, with most LAC countries reducing the incidence of HIV transmission. Between 2010 and 2021, Haiti and Bahamas reduced incidence rates by more than 50%, followed by Barbados, Nicaragua, Ecuador and the Dominican Republic, all of which have reduced the number of new cases of HIV infection by more than 25% (Figure 3.33). Among the five countries reporting an increase in incidence, Costa Rica experienced the highest growth at 17%, followed by Belize with 14%, and Peru, Cuba and Uruguay with 13%. In terms of prevalence, these countries (except for Belize) remain below the LAC average.

Strengthening the agenda on HIV prevention and treatment could further tackle the AIDS public health threat in the region. The UNAIDS 95-95-95 approach to 2025 is a key initiative, aiming to achieve targets of 95% of all people living with HIV knowing their HIV status, 95% of people with an HIV diagnosis receiving ART, and 95% of people receiving ART achieving viral suppression. The rapid scale-up of antiretroviral therapy in LAC presents an unprecedented opportunity to successfully implement antiretroviral-based interventions for prevention and treatment, and the integration of ART with other key services related to sexual and reproductive health and rights addressing hepatitis B and C, tuberculosis, provision of clean needles and syringes, medication-assisted therapy, and non-communicable diseases. The benefits of antiretroviral therapy and integrated services can only be fully realised if people living with HIV are diagnosed and successfully linked to care. This will require targeted efforts to remove barriers among populations disproportionately impacted by HIV/AIDS, including sex workers, their clients, men who have sex with men, transgender persons, and people who inject drugs, along with collaborations with stakeholders and civil society in at national and subnational levels (Bekker et al., 2018^[3]).

Definition and comparability

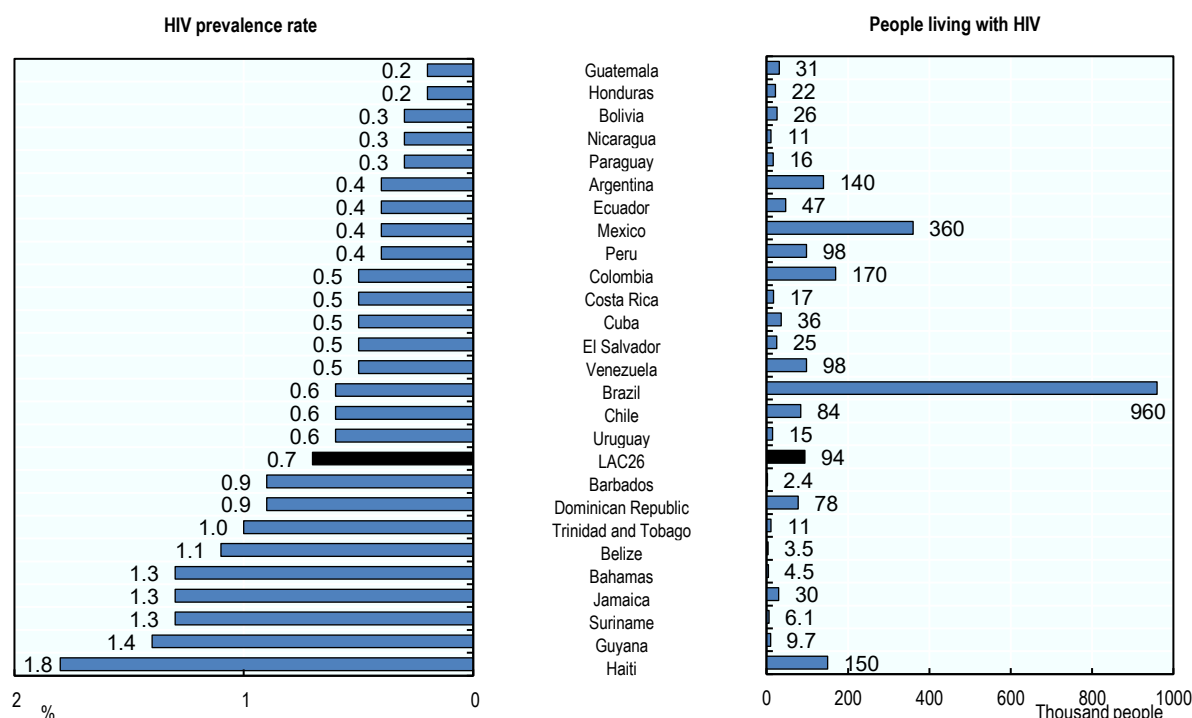
Human immunodeficiency virus (HIV) is a retrovirus that destroys or impairs the cells of the immune system. As HIV infection progresses, a person becomes more susceptible to infections. The most advanced stage of HIV infection is the acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS, although antiretroviral drugs can slow down the process.

The HIV prevalence amongst adults aged 15 to 49 is calculated as the number of persons aged 15-49 estimated to be living with HIV divided by the total number of persons aged 15-49 in the country at this time.

References

- Bekker, L. et al. (2018), "Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission", *The Lancet*, Vol. 392/10144, pp. 312-358, [https://doi.org/10.1016/s0140-6736\(18\)31070-5](https://doi.org/10.1016/s0140-6736(18)31070-5). [3]
- UNAIDS (2019), *AIDSinfo*, Joint United Nations Programme on HIV and AIDS, <http://aidsinfo.unaids.org/>. [1]
- UNAIDS (2014), *90–90–90: an ambitious treatment target to help end the AIDS epidemic*, Joint United Nations Programme on HIV/AIDS, Geneva, https://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf. [2]

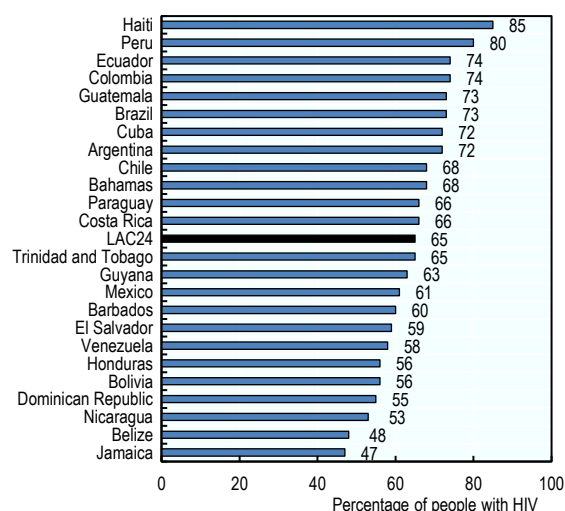
Figure 3.31. HIV Prevalence rate, percentage of adults aged 15-19, and people living with HIV, absolute number, 2021 (or nearest year)



Source: WHO GHO 2022.

StatLink <https://stat.link/1bo9xl>

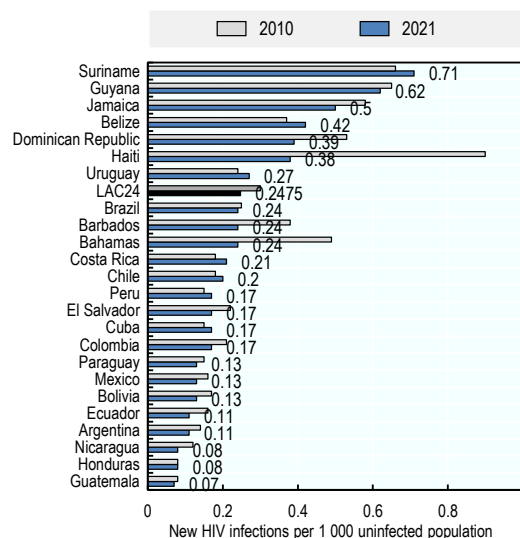
Figure 3.32. Antiretroviral therapy coverage amongst people living with HIV, 2021 (or nearest year)



Source: WHO GHO 2022.

StatLink <https://stat.link/ivza4t>

Figure 3.33. New HIV infections per 1 000 uninfected population, 2010 and 2021 (or nearest year)



Source: WHO GHO 2022.

StatLink <https://stat.link/heyicx>



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