

HIV/AIDS has no Borders:

The Impact Of HIV/AIDS in our Latin and Caribbean Nations

Latin & Caribbean Countries	Estimated Numer of People Living with HIV		Estimated Number of AIDS Deaths
Country	Adults and children 2007 Estimate	Adult (15-49) Prevalence Percent, 2007	Deaths in Adults and Children, 2007 Estimate
CARIBBEAN	230,000	1.1	14,000
Bahamas	6,200	3	<200
Barbados	2,200	1.2	<100
Cuba	6,200	0.1	<100
Dominican Republic	62,000	1.1	3,900
Haiti	120,000	2.2	7,500
Jamaica	27,000	1.6	1,400
Trinidad y Tobago	14,0000	1.5	<1,000
LATIN AMERICA	170,0000	0.5	63,000
Argentina	120,000	0.5	5,400
Belize	3,600	2.1	<200
Bolivia	8,100	0.2	<500
Brazil	730,000	0.6	15,000
Chile	31,000	0.3	<1,000
Colombia	170,000	0.6	9,800
Costa Rica	9,700	0.4	<200
Ecuador	26,000	0.3	1,200
El Salvador	35,000	0.8	1,700
Guatemala	59,000	0.8	3,900
Guyana	13,000	2.5	<1,000
Honduras	28,000	0.7	1,800
Mexico	200,000	0.3	11,000
Nicaragua	7,700	0.2	<500
Panama	20,000	1	<1,000
Paraguay	21,000	0.6	<1,000
Peru	76,000	0.5	3,300
Suriname	6,800	2.4	N/A
Uruguay	10,000	0.6	<500
Venezuela	N/A	N/A	N/A

The HIV/AIDS epidemic continues to devastate our Latino communities both in the United States and abroad in our Latin and Caribbean nations. In the year 2007 there was an estimated 14,000 new HIV infections in Latin America, bringing the total number of people living with HIV to 1.7 million for this region—more than the total people living with HIV/AIDS in the United States, Canada, Western Europe, Australia, and Japan combined.^{1,2} The HIV/AIDS epidemic has reached devastating levels in the Caribbean, which

has the second highest HIV/AIDS infection rate in the world, after sub-Saharan Africa. Approximately half of the people living with HIV/AIDS in Latin America and the Caribbean reside in the four largest countries: Brazil, Mexico, Colombia, and Argentina. However, the most severe HIV/AIDS epidemics are in smaller countries including Haiti, the Bahamas, Guyana, Belize, and Trinidad & Tobago.³

Although the epidemic is widespread and continues to afflict communities across Latin America, there has been little success with efforts to curb new HIV infection rates. Overall, levels of HIV infections in Latin America have remained static in the past decade.⁴ In Latin America, HIV transmission primarily occurs among MSM, sex workers, and injection drug users. However, there is an increasing trend in women becoming infected through unprotected heterosexual sex.⁵ In Latin America and the Caribbean, the social expectations of women to hold off on sexual intercourse until marriage and stigma attached to female sexuality often prevent sexually active women from accessing health services and information.⁶ Consequently, the gap between the number of women and men infected with HIV/AIDS is narrowing in several Latin American and Caribbean countries. At the end of 1999, women made up 25% of HIV positive adults in Latin America and 30% in the Caribbean. In 2002, those percentages increased to 30% in Latin America and 50% in the Caribbean.⁷ The majority of these women get infected from male sexual partners who acquired HIV during unprotected sex with men or through use of contaminated needles.

Several factors put immigrants from Latin America at high risk for HIV infection. Migration occurs on a large scale between countries in Latin America due to civil conflicts, political and socio-economic conditions, and the high pace of urbanization. Recently, studies have established that the movement of people is linked with the spread of HIV in Latin America. Migrants in Latin America face various obstacles to HIV prevention, including poverty, violence, few available health services, increased risk-taking, rape, loneliness, and contact with large numbers of sex workers.⁸ A recent study in Mexico concluded that the vast majority of migrants do not protect themselves while engaging in sexual intercourse—less than 20% of male migrants reported having used condoms. The Mexican study also found that almost 1 out of every 10 female migrants experienced forced and unprotected sexual intercourse—8% of the women surveyed said they had been raped.⁹ Latin American migrants sometimes take major risks in order to survive day-to-day in a new and familiar area, such as by engaging in sex work.¹⁰

International migration, particularly between Mexico and the United States, challenge the coordination of HIV prevention interventions and the continuity of HIV/AIDS care. Frequently, language, cultural beliefs, and immigration attitudes and legislation act as barriers for Latino immigrants to the United States when trying to access the health care system. A study of Hispanic immigrants in California concluded that newer Hispanic immigrants: "...have less stable sexual partnerships and less health-seeking behavior, including testing," whereas "established immigrants report HIV test rates comparable to the national average."¹¹ The author of another study focusing on Hispanic immigrants in the New York metropolitan area concluded that fears of deportation act as a major barrier to seeking health services, screening, and HIV testing. Undocumented Hispanic immigrants engage in high risk behavior while living alone in the United States, including hiring sex workers, using condoms inconsistently, and abusing substances. However, this vulnerable population remains isolated from health services while living in the United States and thus is at an increased risk of contracting HIV. Therefore, undocumented immigrants are more likely to bring HIV back to their Latin American communities than to bring it into the U.S., because they engage in

riskier activities and are unlikely to seek testing or treatment for the disease while in the U.S.¹²

The global health community needs to recognize the severity of the epidemic in Latin America and take action to improve access to quality healthcare and health education for Latinos in order to prevent the spread of the HIV/AIDS throughout this region. By 2015, according to projections from WHO and UNAIDS, the 1.7 million HIV-infected people in Latin America and the Caribbean will increase to nearly 3.5 million¹³. In 2007, AIDS claimed the lives of 63,000 people, but between 2007 and 2015, another 1.5 million Latin Americans and Caribbean islanders, at a minimum, are projected to die from AIDS.^{14,15} In recent years, there has been an increased political will, cheaper antiretroviral drugs, stronger presence of non-profit organizations, and generous donations, which have all helped to improve Latin Americans' access to HIV treatment and care. Since antiretroviral therapy became available to treat HIV in the late 1990s, the distribution of this treatment across the Latin American region has been widespread. According to World Health Organization figures, around 71% of those in need of antiretroviral drugs in South and Central American countries were receiving them by the end of 2007.¹⁶

However, despite this high average figure for Latin America compared to other regions of the world, there are major disparities in access to antiretroviral medications between Latin American and Caribbean countries. Efforts to improve antiretroviral coverage, HIV testing, and HIV/AIDS health care and prevention need to be sustained if we are to curb the HIV/AIDS epidemic in Latin America.

1. "2008 Report on the Global AIDS Epidemic". UNAIDS and the World Health Organization, 2008.
2. Cohen, J. "Overview: The Overlooked Epidemic". *Science Magazine*, Vol. 313(5786), p. 468-469, 2006.
3. Pan-American Health Organization. "The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean: Women, Health and Development Program". Washington, DC: Regional Office of the World Health Organization, 2002.
4. "2008 Report on the Global AIDS Epidemic", 2008.
5. Cohen, J. "Overview: The Overlooked Epidemic". *Science Magazine*, Vol. 313(5786), p. 468-469, 2006.
6. Pan-American Health Organization. "The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean: Women, Health and Development Program". Washington, DC: Regional Office of the World Health Organization, 2002.
7. AIDS Epidemic Update. Geneva: UNAIDS/WHO, 2002.
8. Avert. "AIDS in Latin America". <http://www.avert.org/aidslatinamerica.htm>
9. *Science* (2006), 'Mexico: Prevention Programs Target Migrants', Vol. 313 Issue 5786.
10. AIDS (2002), Mobile populations and HIV/AIDS in Central America and Mexico: research for action, Vol 16 Suppl pp S42-S49.
11. Centers for Disease Control. "HIV-Related Risk Behavior Among Hispanic Immigrant Men in a Population-Based Household Survey in Low-Income Neighborhoods of Northern California". *Medical News*. November 1, 2005.
12. Shedlin, M. et al. Immigration & HIV/AIDS in the New York Metropolitan Area. *Journal of Urban Health*, Vol.83, No.1, 2006.
13. Cohen, J. "Overview: The Overlooked Epidemic". *Science Magazine*, Vol. 313(5786), p. 468-469, 2006.
14. "2008 Report on the Global AIDS Epidemic". UNAIDS and the World Health Organization, 2008.
15. Cohen, J. "Overview: The Overlooked Epidemic". *Science Magazine*, Vol. 313(5786), p. 468-469, 2006.
16. Avert. "AIDS in Latin America". <http://www.avert.org/aidslatinamerica.htm>