



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF·WFP·UNDP·UNFPA·UNODC
ILO·UNESCO·WHO·WORLD BANK

Fact sheet

AIDS epidemic in Latin America and the Caribbean

In Latin America and the Caribbean, the total number of people living with HIV continues to rise. It is estimated that 2 million people (range: 1.6–2.6 million) are living with HIV in these countries—a figure that includes the 250 000 who were newly infected in 2003. In the same year, AIDS claimed approximately 120 000 lives.

- In the Caribbean, 52 000 people acquired HIV in the past year, bringing the total number of people living with HIV to around 430 000 (range: 270 000–760 000). AIDS killed a further 35 000 people last year.
- The Caribbean's epidemic is predominantly heterosexual, and is concentrated among sex workers in many places. However, the virus is spreading in the general population.
- Three countries in the Caribbean have national HIV prevalence levels of at least 3% - the Bahamas, Haiti, and Trinidad and Tobago. Barbados is at 1.5% and Cuba's prevalence is well below 1%.
- Haiti is the worst-affected country, with a national HIV prevalence of 5.6%. HIV spread is uneven: sentinel surveillance reveals prevalence ranging from 13% in the north-west of the country, to 2–3% in the south.
- Haiti shares the island of Hispaniola with the Dominican Republic, which also has a serious HIV epidemic. However, the Dominican Republic's previously high prevalence has declined due to effective prevention efforts that encourage people to reduce the number of sexual partners and increase condom use—more than 50% of 15–29-year-olds used a condom with non-cohabiting partners.
- In Santo Domingo, the capital of the Dominican Republic, the prevalence of pregnant women declined from 3% in 1995 to less than 1% at the end of 2003. But high levels are still reported elsewhere, ranging from less than 1% to nearly 5%. In 2000, female sex workers' HIV prevalence ranged from 4.5% in the eastern province of La Romana to 12.4% in the southern province of Bani. In addition, little is known about a potentially important facet of the country's epidemic: men who have sex with men.
- Latin America's epidemic tends to be highly concentrated among populations at particular risk, rather than being generalized.
- In most South American countries, the majority of infections are caused by contaminated drug-injecting equipment or sex between men.
- In Central America, the virus is spread predominantly through sex. HIV prevalence among female sex workers varies significantly—from less than 1% in Nicaragua to more than 10% in Honduras. Among men who have sex with men, HIV prevalence is uniformly high—ranging from 9% in Nicaragua to 24% in Argentina. In several countries, notably Colombia and Peru, sex between men is the predominant transmission mode. Recently, in Bogotá, HIV prevalence of 18% was reported in this population group. Meanwhile, another survey in the same city found consistently low condom use among this group.

- Conditions appear ripe for the virus to spread more widely, as large numbers of men who have sex with men also have sex with women. Peru is a case in point: in a survey of young men and women (aged 18–29), 9% of men indicated that at least one of their last three sexual partners was a man and that condoms were not used in 70% of those contacts.
- In this region, low national prevalence is disguising some serious epidemics. For example, in Brazil—the region’s most populous country, and home to more than one-in-four people living with HIV—national prevalence is well below 1%. However, in some cities, infections levels above 60% were reported among injecting drug users.
- Although Brazil’s epidemic has spread from the major urban centres to smaller municipalities, median HIV prevalence of pregnant women attending antenatal clinics has remained below 1%, with little variation over the past five years. This is partly a testament to the prevention programmes mounted since the 1990s, including efforts to extend coverage of harm reduction and other prevention programmes among vulnerable groups (and, in addition, an active and successful programme to treat HIV-positive people).
- The epidemics will not be vanquished until countries come to terms with the widespread realities of injecting drug use and male-to-male sex. Stigmatizing and denying such behaviour can only fuel the silent epidemics that are under way. Better epidemiological and behavioural surveillance data, coupled with stronger social and political mobilization around AIDS, can boost responses to match the epidemic’s realities.
- The proportion of people who need and receive antiretroviral treatment varies significantly—from less than 25% in some countries to more than 75% in others. But several subregional initiatives are raising the prospect of increased access in some countries, including the Bahamas, Barbados and Honduras.

For more information, please contact Dominique De Santis, UNAIDS, Geneva, tel. +41 22 791 4509 or mobile (+41 79) 254 6803, or Abby Spring, UNAIDS, Geneva, tel. +41 22 791 4577 or mobile (+41 79) 308 9861. For more information about UNAIDS, visit www.unaids.org.