



## LATIN AMERICA

*The HIV epidemics in Latin America remain generally stable, and HIV transmission continues to occur among populations at higher risk of exposure, including sex workers and men who have sex with men. The estimated number of new HIV infections in Latin America in 2007 was 100 000 [47 000–220 000], bringing to 1.6 million [1.4 million–1.9 million] the total number of people living with HIV in this region. An estimated 58 000 [49 000–91 000] people died of AIDS in the past year.*

*Unprotected sex between men is an important factor in the epidemics of Bolivia, Chile, Ecuador and Peru in South America, as well as in several Central American countries, including El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama.*

About one third of all people living with HIV in Latin America reside in **Brazil**. In 2005, an estimated 620 000 [370 000–1 million] people were living with HIV. Although initially concentrated primarily among men who have sex with men, the epidemic subsequently spread to injecting drug users and eventually into the general population, with increasing numbers of women becoming infected (Dourado et al., 2007). It is estimated that a large proportion of infections among women can be attributed to the behaviour of their male sexual partners (Silva & Barone, 2006). However, unprotected sex between men remains an important factor, and is estimated to account for about half of all HIV infections that are sexually transmitted in Brazil. HIV prevalence among injecting drug users in Brazil has declined in some cities as a result of harm-reduction programmes, changing from injecting to inhaling drugs, and mortality among drug users (UNAIDS & WHO, 2006).

In recent years, unprotected sex has become the main route of HIV transmission in **Argentina** (Cohen, 2006), with an estimated four in five new HIV diagnoses in 2005 attributed to unprotected sexual intercourse (mainly heterosexual) (National AIDS Programme Argentina, 2005). However, as in several other South American countries, the highest HIV prevalence has been

found among men who have sex with men. Injecting drug use as well as the use of non-sterile injecting equipment, once an important risk factor in the epidemic, has decreased in the last decade. It was estimated that injecting drug use accounted for only about 5% of new HIV infections in the capital of Buenos Aires between 2003 and 2005 (Cohen, 2006).

The HIV epidemic in **Uruguay** is concentrated largely in and around the capital, Montevideo (where more than three quarters of all AIDS cases have been reported), and in the Canelones, Maldonado and Rivera districts. Unprotected sex (mostly heterosexual) accounts for approximately two thirds of reported HIV cases. In addition, unsafe sex between men and the use of non-sterile injecting drug equipment account for substantial proportions of HIV infections (Montano et al., 2005; National AIDS Program Uruguay, 2007; IDES et al., 2005).

In **Paraguay** the epidemic is concentrated mainly in the capital city (Asunción), the department of Central, as well as in some areas bordering Argentina and Brazil (National AIDS Program Paraguay, 2007). The majority of people living with HIV at the end of 2005 were men. HIV prevalence among pregnant women nationally was 0.3% in 2005 (National AIDS Program Paraguay, 2006).

In **Bolivia, Chile, Colombia, Ecuador** and **Peru**, HIV infections continue to be concentrated among men who have sex with men (Martínez, Elea & Chiu, 2006; Ministerio de Salud y Deportes, ONUSIDA, 2007a,b).

National HIV prevalence in Peru is estimated to be low and concentrated in specific populations. Prevalence among men who have sex with men remained between 18% and 22% in various studies conducted between 1996 and 2002 (Sanchez et al., 2007; Ministerio de Salud del Peru, 2006).

Against the background of widespread homophobia, high HIV prevalence has been found among men who have sex with men in several Central American countries, including **Belize, Costa Rica, El Salvador, Guatemala, Nicaragua** and **Panama**. Compared with HIV prevalence in the adult general population, research in 2002 suggested that infection levels among men who have sex with men were seven times higher in Honduras, 10 times higher in Guatemala and Panama, 22 times higher in El Salvador and 38 times higher in Nicaragua (Soto et al., 2007).

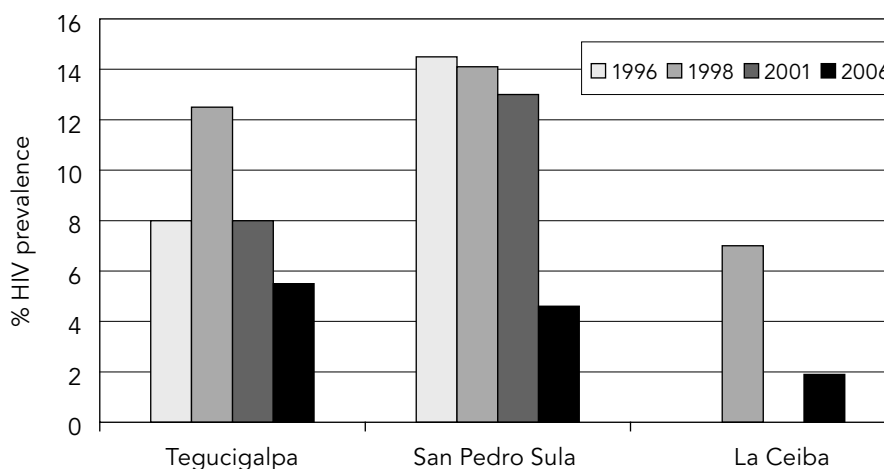
High levels of HIV prevalence have also been found among female sex workers in Honduras (10%), Guatemala (4%) and El Salvador (3%), but

low prevalence of 0.2% in Nicaragua and Panama (Soto et al., 2007)

Recent HIV sentinel surveys have provided more information on the epidemic in **Honduras**, where HIV transmission occurs mainly during unsafe paid sex and unprotected sex between men (Ministry of Health Honduras, 2006). However, there is evidence of declining prevalence and consistent condom use among these population groups (Secretaria de Salud de Honduras et al., 2007a,b). Preliminary findings from a 2006 study show HIV prevalence of 5.7% among men who have sex with men in Tegucigalpa (down from 8.2% in 2001 and 10% in 1998) and 9.7% in San Pedro Sula (down from 16% in 2001) (Secretaria de Salud de Honduras et al., 2007b). A sharp decline in HIV prevalence among female sex workers has also been observed in three cities in Honduras (see graph). Consistent condom use during the previous 30 days was high in all three cities (>80% in Tegucigalpa and San Pedro Sula, and 98% in La Ceiba with paying clients, and 87% or more with non-regular partners), which suggests that condom promotion and other prevention efforts have been successful (Secretaria de Salud Honduras, 2007a).

**Figure 14**

HIV prevalence in female sex workers in various cities in Honduras, 1996–2006



Source: Secretaria de salud de Honduras et al. (2007). Estudio Centroamericano de vigilancia de comportamiento sexual y prevalencia de VIH/ITS en poblaciones vulnerables: Trabajadoras Sexuales. Agosto. Tegucigalpa, Secretaria de salud de Honduras.