REGIONAL PROFILE

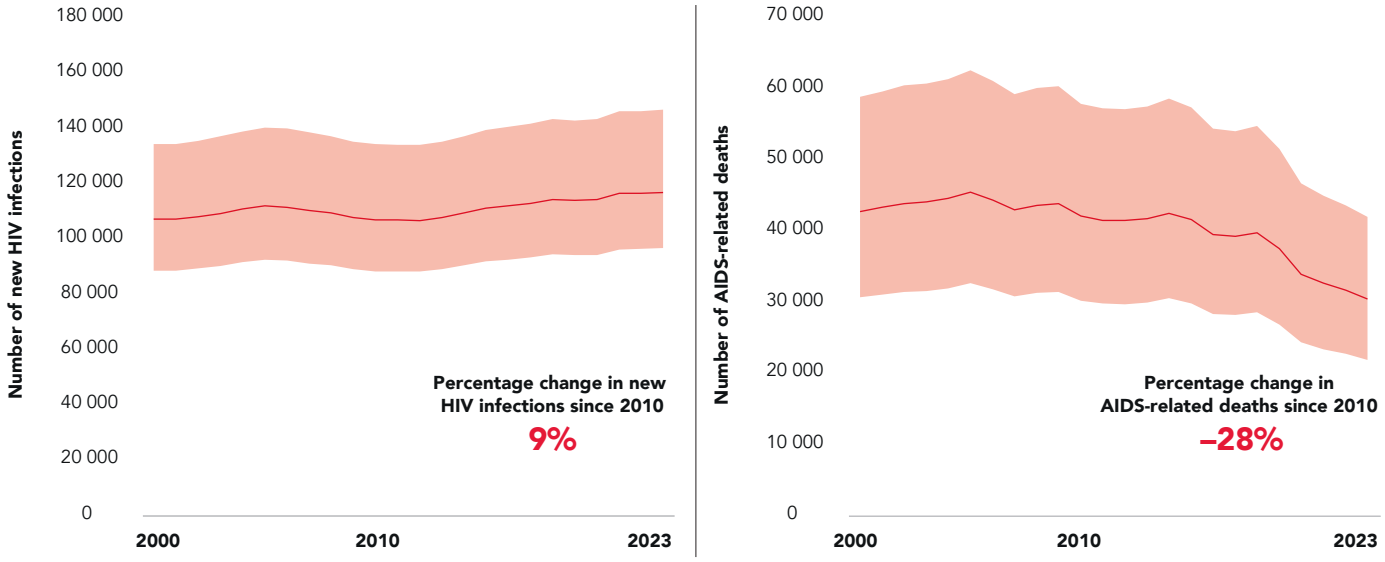
LATIN AMERICA

The annual number of new HIV infections in Latin America increased by 9% between 2010 and 2023 (Figure 14.1), with eight countries experiencing increases since 2015. In 2022, a significant proportion (66%) of new HIV infections were among people from key populations and their sex partners. In 2022, numbers of new HIV infections were 20% higher than in 2010 among gay men and other men who have sex with men, 42% higher among sex workers, and 19% higher among transgender women (Figure 14.2) *(1)*.

Numbers of AIDS-related deaths have decreased by 28% since 2010 overall, but increased among women in Costa Rica, El Salvador, Mexico, Panama, Paraguay and Peru.

Progress on reducing numbers of new HIV infections is slow, but numbers of AIDS-related deaths have fallen by 28% since 2010

Figure 14.1 Numbers of new HIV infections and AIDS-related deaths, Latin America, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

2023 DATA

- **9%** increase in new HIV infections since 2010
- **28%** decrease in AIDS-related deaths since 2010
- People living with HIV: **2.3 million** [2.1 million–2.6 million]
- New HIV infections: **120 000** [97 000–150 000]
- AIDS-related deaths: **30 000** [22 000–42 000]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their HIV status: **89 [70–>98]**
- % of people living with HIV who are on treatment: **73 [57–85]**
- % of people living with HIV who are virally suppressed: **67 [60–76]**

Financing of the HIV response:

- Resource availability for HIV: **US$ 3 billion** [21% gap to meet the 2025 target]

High prevalence has been reported among non-migrating afro-descendant and Indigenous populations in some countries, including Brazil, where the prevalence of HIV among afro-descendant women is two times higher than in the overall female population *(2)*, and Guatemala, where HIV prevalence among afro-descendant Garifuna populations is estimated at 1% *(3)*. High HIV prevalence (over 5%) has been reported among Indigenous communities in the Bolivarian Republic of Venezuela (Warao) (9.6%), Peru (Chayahuita) (7.5%), and Colombia (Wayuu women) (7.0%), with geographical and linguistic barriers among the factors affecting access to services for Indigenous people.

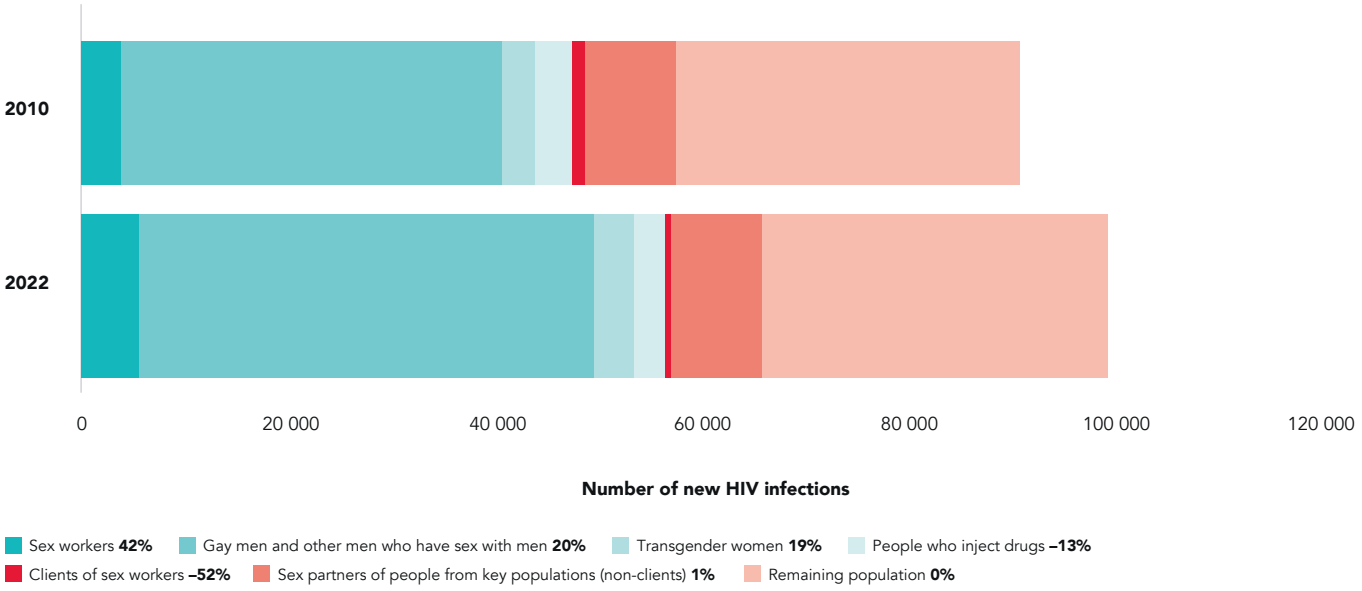
Countries are having to adapt their HIV responses to the significant movements of migrants and refugees in the region *(4)*. As of November 2023, there were over 6.5 million Venezuelan migrants in Latin America, with significant populations in Colombia (2.9 million) and Peru (1.5 million) *(5)*. Emerging data from across the region suggest that HIV prevalence among migrants is at least double the regional average *(6)*. There is a need for health systems in destination and transit countries to integrate migrant populations and offer comprehensive health insurance, including HIV prevention, testing and treatment options. HIV-related stigma, fear of deportation and limited access to services among Venezuelan migrants and displaced people are resulting in insufficient engagement with HIV services.

Generally, HIV prevention programmes in the region are not effective at reaching the populations most at risk of HIV infection. Despite increased availability of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis and HIV self-testing, the uptake of these options remains low compared with other regions. Only 204 000 people used PrEP at least once in 2023, compared with the target of 2.3 million people by 2025 for the region. This is a reminder of the need to foster demand and to involve communities in providing these kinds of services.

It is legally possible for community-led organizations to provide the following services: adherence and retention support (13 countries), distribution of condoms and lubricants (13 countries), linkages to HIV treatment (nine countries), information on life skills-based HIV and sexuality education (12 countries), HIV testing (10 countries), treatment literacy (12 countries), legal services (seven countries), legal literacy (nine countries), needle and syringe distribution (one country), and distribution of antiretroviral medicines (four

A growing number of new HIV infections in Latin America are among people from key populations and their sexual partners

Figure 14.2 Distribution of new HIV infections and percentage change among adults, Latin America, 2010 and 2022



Source: Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. J Acquir Immune Defic Syndr. 2024;95(1S):e34–e45.

countries). There are no countries where it is legally possible for community-led organizations to distribute naloxone.

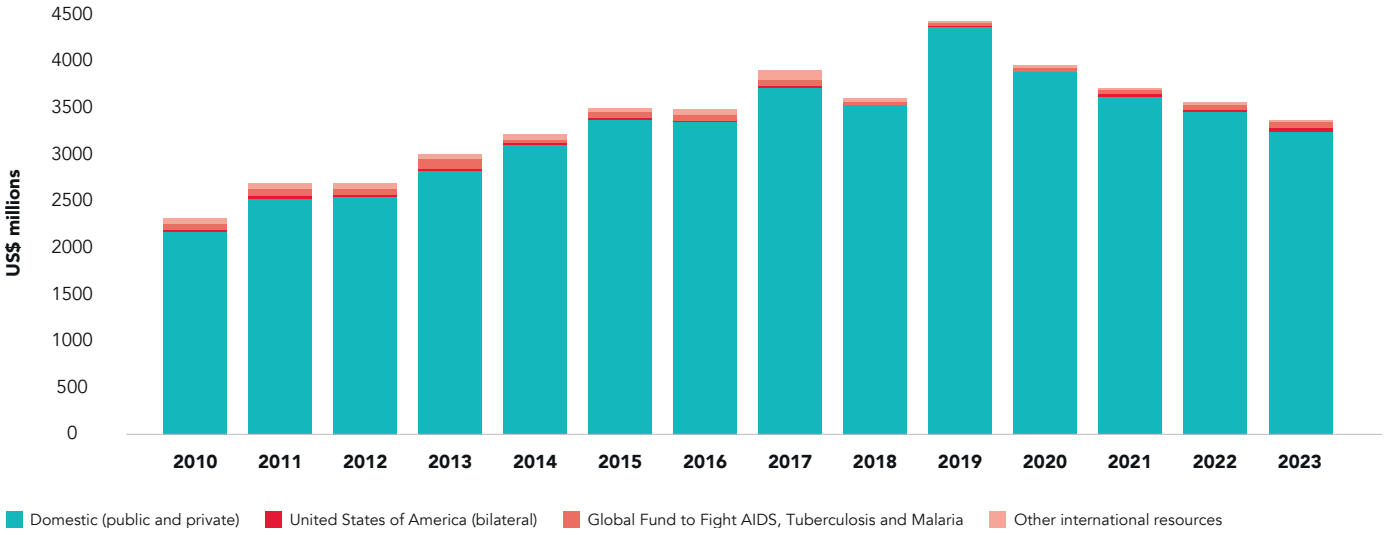
Coverage of programmes to prevent vertical transmission has declined and is below 50% in Guatemala and the Bolivarian Republic of Venezuela. HIV treatment coverage among children aged 0–14 years living with HIV (38% [29–46%]) is much lower than among adults aged 15 years and over (74% [58–86%]).

Stigma and discrimination continue to harm the health and well-being of people living with or at risk of HIV. Stigma Index 2.0 surveys conducted in Bolivia, Ecuador, Nicaragua, Paraguay and Peru show that about 15% of respondents have experienced stigma when seeking HIV services, and more than one quarter (27%) reported experiencing stigma when trying to access other health services *(7)*. Notably, about 70% of transgender people reported experiencing stigma when seeking health care. Other data, from Peru, reveal that 96% of transgender women have experienced violence, 62% engage in sex work due to a lack of other income opportunities, and only 5% have completed secondary education *(8)*.

Punitive laws remain on the statute books in many countries in the region: eight countries criminalize sex work; eight explicitly criminalize HIV nondisclosure, exposure or transmission; and nine require HIV testing for marriage, work or residence permits or for people from certain groups. Legal and policy environments are evolving in some countries, however, and two countries (Uruguay, Bolivarian Republic of Venezuela) did not have laws criminalizing any of the four key populations or HIV. A legal environment that facilitates access to effective, equitable and person-centred HIV services is essential for ending AIDS as a public health threat.

Resources have been declining

Figure 14.3 Resource availability for HIV, Latin America, 2010–2023



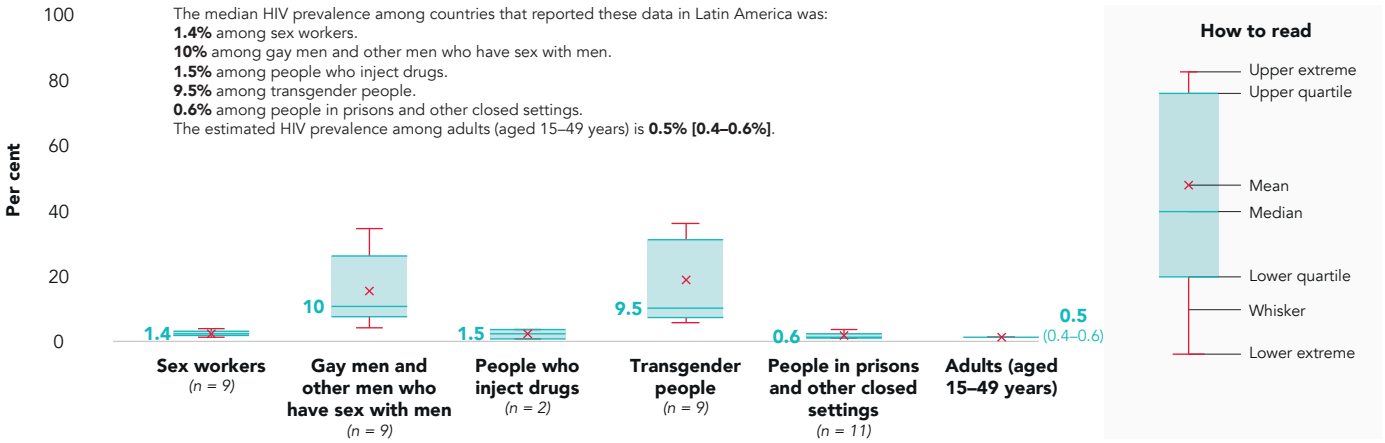
Source: UNAIDS financial estimates, July, 2024 (http://hivfinancial.unaids.org/hivfinancialdashboards.html).

Latin America is the region with the highest autonomy of national resources for the HIV response worldwide, reaching 96% in 2023. Resources for the response—particularly national resources—decreased by 5% in 2023 compared with 2022 (Figure 14.3). Six of 13 countries reported allocating less than 8% of their total HIV resources to HIV prevention—and of these, four reported allocating less than 2.5% of their total resources. Given the context of low economic growth, complex political situations, severe fiscal problems associated with public debt, an increase in migrant flows, and the impacts of extreme natural events, it is crucial to ensure national resources for the response and sustained support from donors.

The average procurement prices of antiretroviral medicines in the region have decreased in recent years, from US$ 205 per person-year in 2020 to US$ 148, which is encouraging given the previously high costs. Average prices are, however, still more than double those in eastern and southern Africa. Reducing the procurement prices of antiretroviral medicines further could lead to significant cost-savings and increase access to treatment.

Governments in middle-income Latin American countries and development partners must lead efforts to secure reduced prices for antiretroviral medicines. Leveraging mechanisms such as those offered by the Pan American Health Organization and other pooled procurement strategies can help achieve this goal.

Figure 14.4 HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in Latin America, 2019–2023



Source: UNAIDS Global AIDS Monitoring, 2020–2024; UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).
Note: *n* = number of countries. Total number of reporting countries = 17.
The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 14.5 Reported estimated size of key populations, Latin America, 2019–2023

Country	National adult population (aged 15–49 years) for 2023 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15–49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons and other closed settings	People in prisons and other closed settings as percentage of adult population (aged 15–49 years)
Argentina	23 294 000									117 800	0.51%
Plurinational State of Bolivia	6 390 000			35 500							
Brazil	114 468 000									837 400	0.73%
Chile	9 874 000			122 600	1.22%			19 600	0.20%	53 100	0.54%
Colombia	27 005 000									101 600	0.38%
Costa Rica	2 730 000									15 600	0.57%
Ecuador	9 815 000			89 400	0.93%						
El Salvador	3 448 000	23 700	0.69%	61 300	1.78%						
Guatemala	10 016 000			120 700	1.23%			4400	0.04%	24 100	0.25%
Honduras	6 020 000										
Mexico	68 931 000	244 100	0.36%	1 226 000	1.83%			122 700	0.18%	202 000	0.30%
Nicaragua	3 870 000									22 000	0.57%
Panama	2 269 000	8700		19 800				2100			
Paraguay	3 680 000			27 800				900			
Peru	18 078 000									94 900	0.53%
Uruguay	1 658 000			28 600	1.73%						
Bolivarian Republic of Venezuela	14 463 000							14 600	0.10%		
Estimated regional median proportion as percentage of adult population (aged 15–49 years):[a]			0.81%		1.43%		0.17%		0.10%		-

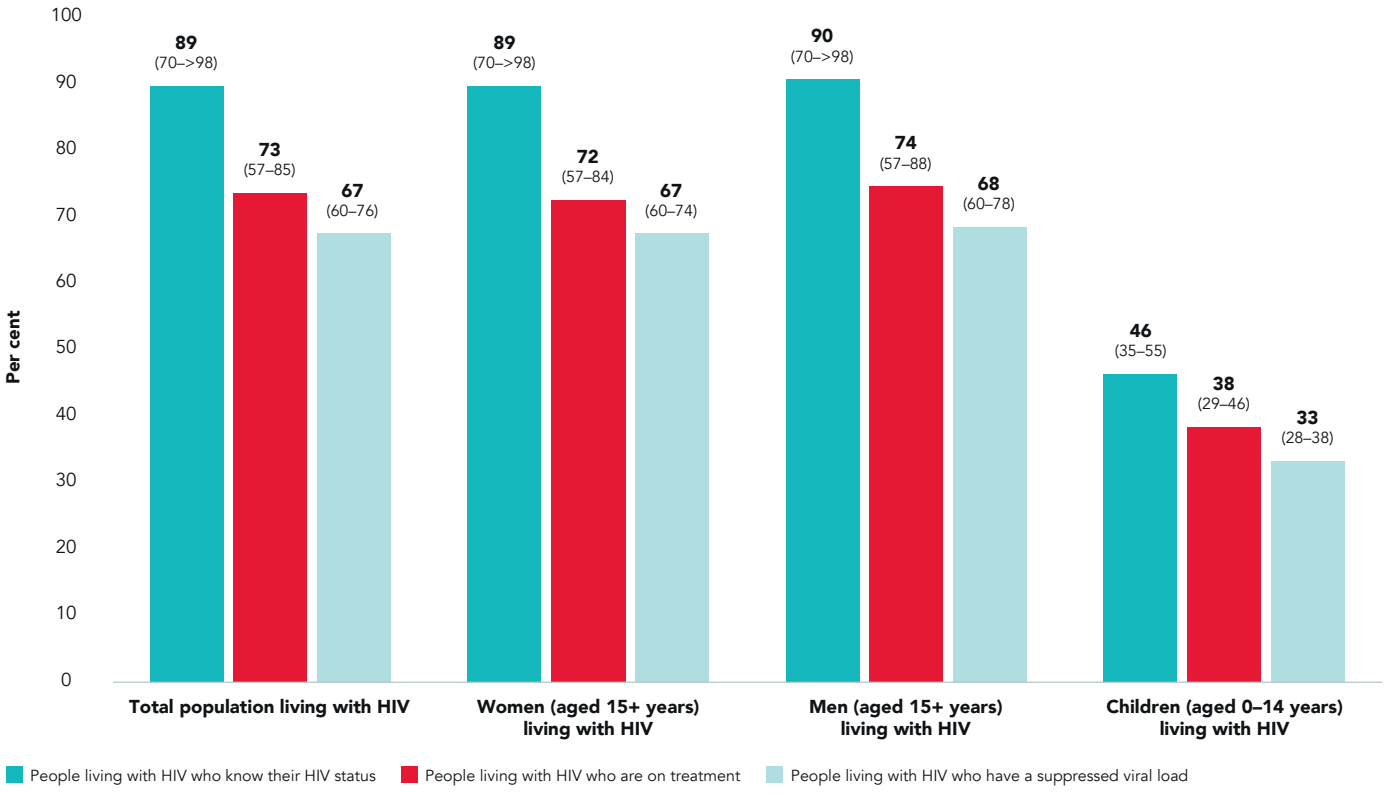
National population size estimate | Local population size estimate | Insufficient data | No data

Source: Global AIDS Monitoring, 2020–2024 (https://aidsinfo.unaids.org/).
Spectrum DemProj module, 2024.
[a] Guide for updating Spectrum HIV estimates, UNAIDS 2024 (https://hivtools.unaids.org/hiv-estimates-training-material-en/).

Notes: Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications and institutional documents.
The regions covered by the local population size estimates are as follows:
Bolivia (Plurinational State of): Cochabamba, El Alto, La Paz, Santa Cruz
Panama: Bocas del Toro, Chiriquí, Coclé, Comarca Ngäbe-Buglé, Guna Yala, Los Santos, Panamá Centro (sex workers); Bocas del Toro, Chiriquí, Coclé, Colón, Comarca Ngäbe-Buglé, Darién, Guna Yala, Herrera, Los Santos, Panamá, Veraguas (gay men and other men who have sex with men); Azuero, Bocas del Toro, Chiriquí, Coclé, Comarca Ngäbe-Buglé, Panamá Centro, Panamá Este, Panamá Norte, Panamá Oeste, Veraguas (transgender people)
Paraguay: Alto Paraná, Asunción and Central, Caaguazú (gay men and other men who have sex with men); Alto Paraná, Amambay, Asunción and Central, Caaguazú (transgender people)

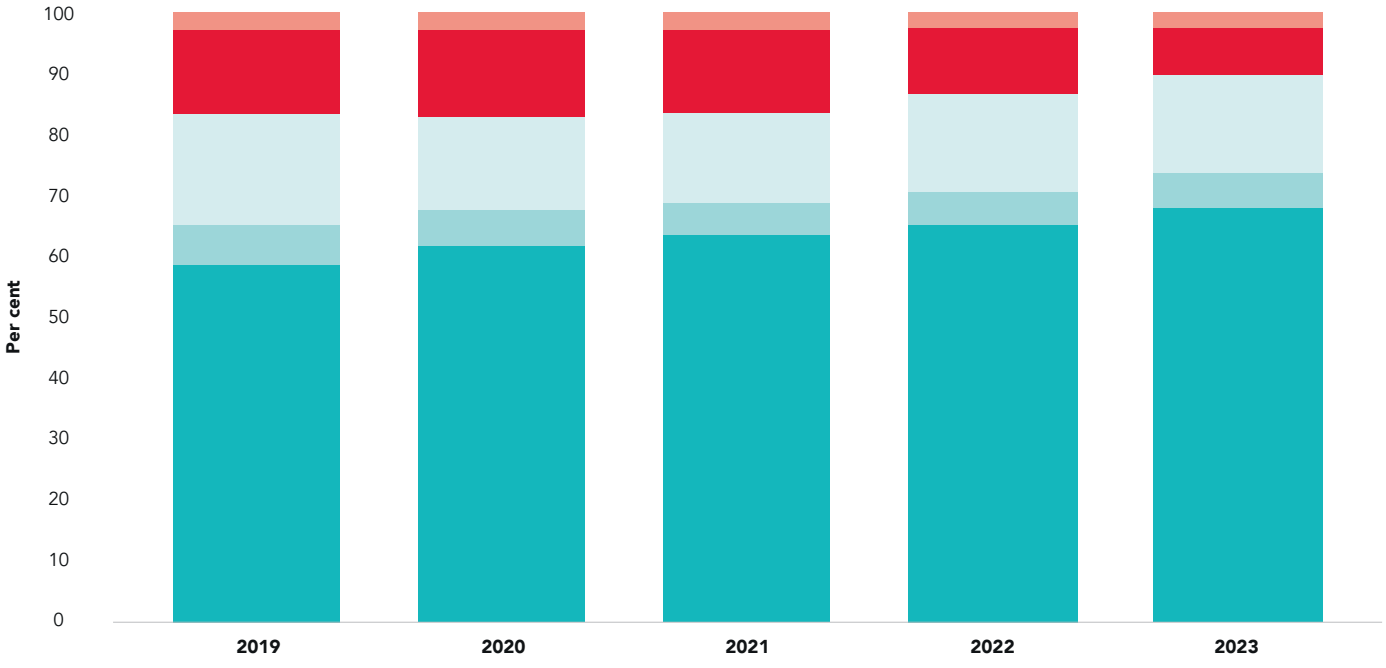
Note on methodology
The estimated size of key populations refers to reported values through Global AIDS Monitoring since 2019 only. A comprehensive review of the data was conducted during these reporting rounds and therefore estimates should not be compared with data presented in previous UNAIDS reports. As a result of this process, the estimates reported can be categorized as follows:
"National population size estimate" refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale-up method (NSUM) or population-based survey, or respondent-driven sampling–successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear approach to extrapolating to a national estimate.
"Local population size estimate" refers to estimates that are empirically derived using one of the before mentioned methods but only for a subnational group of sites that are insufficient for national extrapolation.
"Insufficient data" refers to estimates derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national.

Figure 14.6 HIV testing and treatment cascade, by age and sex, Latin America, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Figure 14.7 Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), Latin America, 2019–2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Table 14.8 Laws and policies scorecard, Latin America, 2024

Country	Criminalization of transgender people[a]	Criminalization of sex work[b]	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs[c]	Laws criminalizing HIV nondisclosure, exposure or transmission[d]	Laws or policies restricting the entry, stay and residence of people living with HIV	Parental or guardian consent for adolescents to access HIV testing
Argentina	1	1	1	1	13	5	1
Bolivia (Plurinational State of)	1	1	1	1	14	5	1
Brazil	1	1	1	1	15	5	1
Chile	1	1	1	1	1	5	1
Colombia	1	1	1	1	1	5	1
Costa Rica	1	1	1	1	1	5	2
Ecuador	1	1	1	1	16	5	1
El Salvador	1	6	1	1	17	5	1
Guatemala	2	7	2	2	2	5	3
Honduras	3	3	3	3	2	5	22
Mexico	3	8	3	1	18	5	3
Nicaragua	1	9	1	1	19	5	1
Panama	1	1	1	11	20	5	1,23
Paraguay	1	1	1	1	1	5	2
Peru	1	10	1	12	21	5	24
Uruguay	4	4	4	4	2	5	4
Venezuela (Bolivarian Republic of)	1	1	1	1	1	5	2

Criminalization of transgender people

- Yes
- No
- Data not available

Criminalization of sex work

- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations or is not criminalized
- Data not available

Criminalization of same-sex sexual acts in private

- Death penalty
- Imprisonment (14 years–life, up to 14 years) or no penalty specified
- No

Criminalization of possession of small amounts of drugs

- Yes
- No
- Data not available

Laws criminalizing HIV nondisclosure, exposure or transmission

- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

* Criminalization is limited to intentional and successful transmission

Laws or policies restricting the entry, stay and residence of people living with HIV

- Deport, prohibit short and/or long stay, and require HIV testing or disclosure for some permits
- Prohibit short and/or long stay and require HIV testing or disclosure for some permits
- Require HIV testing or disclosure for some permits
- No restrictions

Parental or guardian consent for adolescents to access HIV testing

- Yes, for adolescents aged 17–18 years
- Yes, for adolescents aged 15–16 years
- Yes, for adolescents aged 13–14 years
- Yes, for adolescents aged 12 years or younger
- Not addressed in laws or policy
- Data not available

Country	Mandatory HIV testing for marriage, work or residence permits or for people from certain groups	Laws protecting against discrimination on the basis of HIV status	Constitutional or other nondiscrimination provisions for sex work[a]	Constitutional or other nondiscrimination provisions for sexual orientation[a]	Constitutional or other nondiscrimination provisions for gender identity[a]	Constitutional or other nondiscrimination provisions for people who inject drugs[a]
Argentina	1	1	1	1	1	1
Bolivia (Plurinational State of)	1	1	1	1	1	1
Brazil	1	1	1	1	1	1
Chile	1	1	1	1	1	1
Colombia	1	1	1	1	1	1
Costa Rica	1	1	1	1	1	1
Ecuador	1	1	1	1	1	1
El Salvador	1	1	1	2	2	2
Guatemala	25	2	2	2	2	2
Honduras	1		3	3	3	3
Mexico	1		3		3	4
Nicaragua	1	1	1	1	1	1
Panama	1	1	1	1	1	1
Paraguay	1	1	1	1	1	1
Peru	1	1	1	1		1
Uruguay	3					4
Venezuela (Bolivarian Republic of)	1	1	1	1	1	1

Mandatory HIV testing for marriage, work or residence permits or for people from certain groups

- Yes
- No
- Data not available

Laws protecting against discrimination on the basis of HIV status

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sex work

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sexual orientation

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for gender identity

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for people who inject drugs

- No
- Yes
- Data not available

a Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expresssion, such as laws against cross-dressing or impersonating the opposite sex.

b Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.

c Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.

d HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.

e Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV criminalization laws.

Source:

1 National Commitments and Policy Instrument, 2024 (http://lawsandpolicies.unaids.org/).
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7 Guatemala. Decreto 9-2009, Article 39 (https://www.refworld.org/pdfid/4a03e3d22.pdf).
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