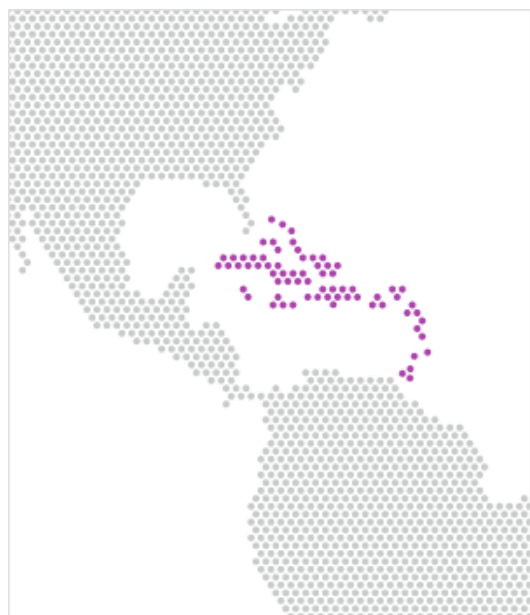


HIV and AIDS in Latin America the Caribbean regional overview

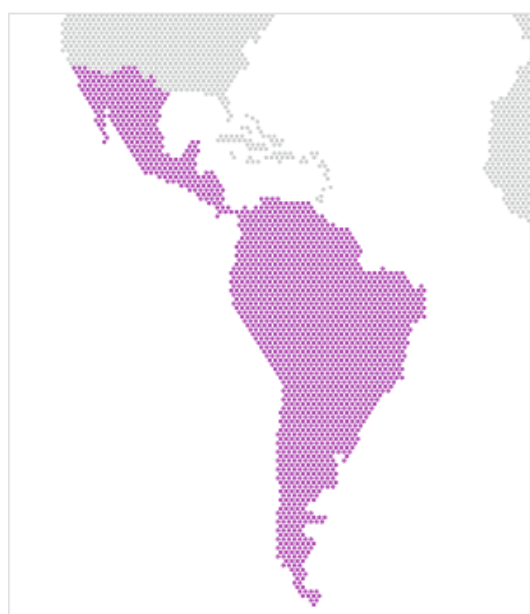


Caribbean (2018)

340,000 people living with HIV
1.2% adult HIV prevalence (ages 15-49)
16,000 new HIV infections
6,700 AIDS-related deaths
56% adults on antiretroviral treatment*
42% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019



Latin America (2018)

1.9m people living with HIV
0.4% adult HIV prevalence (ages 15-49)
100,000 new HIV infections
35,000 AIDS-related deaths
63% adults on antiretroviral treatment*
48% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019

KEY POINTS

- Impressive progress has been made in Latin America in increasing the number of people who know their HIV status and receive treatment.
- Latin America has shown strong commitment to funding its HIV response, yet many services for high-risk groups are being funded by donors.
- The Caribbean has the second highest HIV prevalence after sub-Saharan Africa.
- The percentage of people in the Caribbean with suppressed viral loads is well below the global average.
- Of the Caribbean countries, 11 out of 16 rely heavily on external funding.
- Barriers to progress include violence and stigma towards key affected populations and

those living with HIV in Latin America and the Caribbean.

Explore this page to find out more about the [people most affected by HIV in Latin America and Caribbean](#), [testing and counselling](#), [prevention programmes](#), [antiretroviral treatment availability](#), [barriers to the response](#), [funding](#) and [the future of HIV in Latin America and Caribbean](#).

An estimated 2.2 million people were living with HIV in Latin America and the Caribbean in 2018 (1.9 million in Latin America and 340,000 in the Caribbean). This equates to an HIV prevalence of 0.4% in Latin America and 1.2% in the Caribbean. In the same year, there were 100,000 new infections in Latin America and 16,000 in the Caribbean, and 41,700 people died from AIDS-related illnesses (35,000 in Latin America and 6,700 in the Caribbean).¹

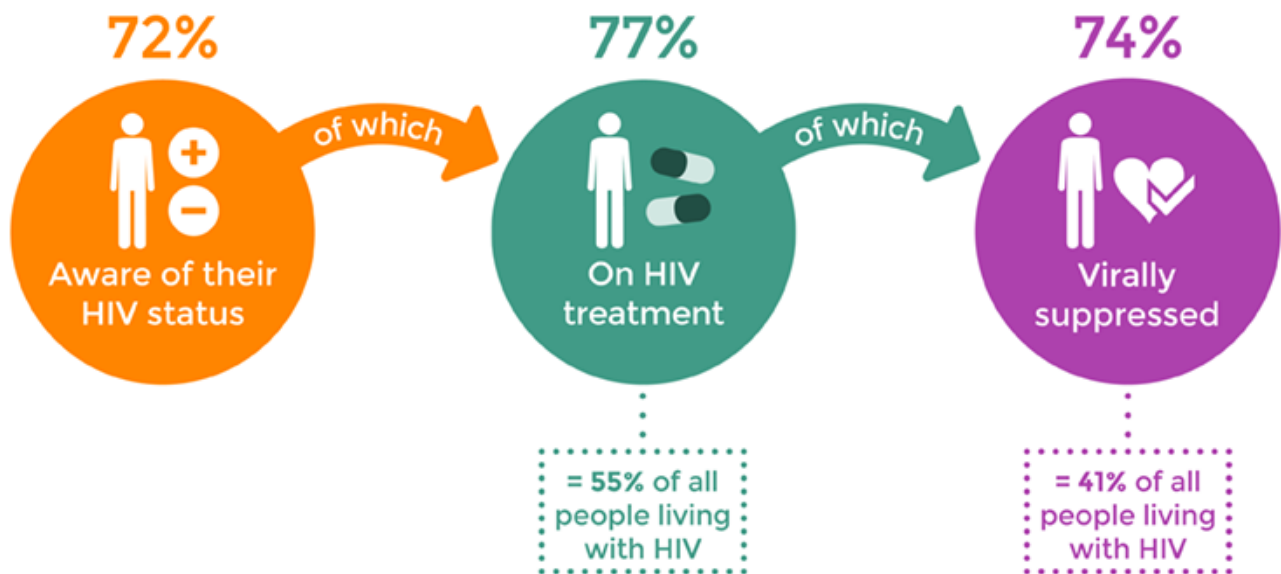
Antiretroviral treatment (ART) coverage has been relatively high and AIDS-related deaths relatively low in Latin America for many years. However, little progress has been made on slowing the rate of new infections in the last decade, which overall have fallen by just 1% between 2007 and 2017, and new infections among young people within key populations are on the rise. However, AIDS-related deaths over the same period have fallen by 12%.²

In 2018, 80% of people living with HIV in Latin America were aware of their HIV status. Of those who were aware, 62% were accessing antiretroviral treatment (ART). Of those on treatment, 55% were virally suppressed. ³

There has been moderate progress made on both prevention and treatment in the Caribbean. The annual number of new HIV infections among adults in the Caribbean declined by 18% between 2010 and 2017, and deaths from AIDS-related illness fell by 23%. In this part of the region, there was a large gap in awareness of HIV status at the start of the HIV testing and treatment cascade.⁴

In 2018, 72% of people living with HIV in the Caribbean were aware of their HIV status. Of those who were aware, 77% were accessing antiretroviral treatment (ART). Of those on treatment, 74% were virally suppressed.⁵

Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries - Cuba, Dominican Republic, Haiti and Jamaica - while 87% of deaths from AIDS-related illness occurred in the Dominican Republic, Haiti and Jamaica. Haiti alone accounts for nearly half of annual new HIV infections and AIDS-related deaths.⁶



Source: UNAIDS Data 2019

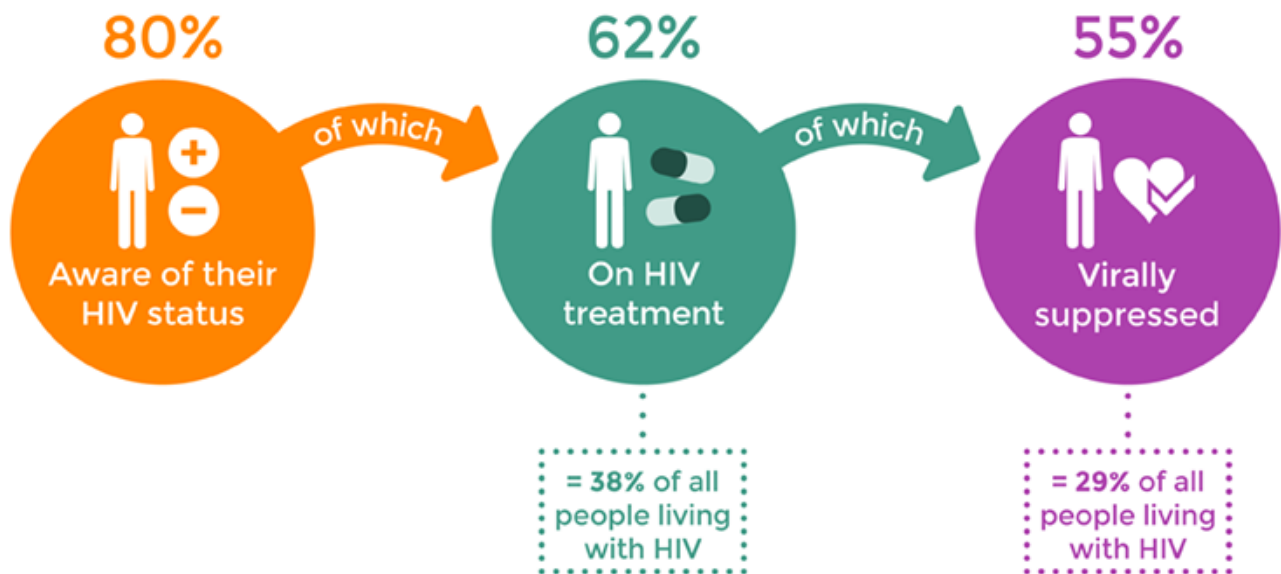
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Despite its small population size, the Caribbean has a high HIV prevalence globally at 1.2% (West and Central Africa stands at 1.5% and the highest prevalence global is in East and Southern Africa at 7%).⁷

Latin America and the Caribbean has a concentrated epidemic, which means HIV prevalence is low among the general population but among certain groups such as [men who have sex with men](#) and [transgender women](#), prevalence is particularly high. Young people are also disproportionately affected by HIV in the region.

In 2017, gay men and other men who have sex with men accounted for 41% of HIV infections in Latin America, and key populations and their sexual partners represented more than three quarters of new infections overall.⁸ In the Caribbean, gay men and other men who have sex with men accounted for nearly a quarter of new infections in 2017. In total, key populations and their sexual partners represented two thirds of new infections.⁹

Brazil has played a key leadership role in the reinvigoration of HIV prevention in Latin America. However, the election of Jair Bolsonaro of the Social Liberal Party (PSL) as president in October 2018 could significantly reverse the progress made on HIV in Brazil and possibly the wider region, as well as deny human rights for many vulnerable populations. Bolsonaro has described himself as a 'proud homophobe' and is opposed to state-funded treatment for people living with HIV. Many in Brazil's LGBTI community say they experienced an increase in violence and threats during the election campaign and there were record numbers of murders of LGBTI Brazilians between 2016 and 2018.¹⁰



Source: UNAIDS Data 2019

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Populations most affected by HIV in Latin America and the Caribbean

Men who have sex with men (MSM)

Men who have sex with men (sometimes referred to as MSM) are the group most affected by HIV in Latin America and the Caribbean.

In the Caribbean, HIV prevalence among gay men and other men who have sex with men is particularly high in Trinidad and Tobago (32%), Bahamas (25%) and Haiti (13%). The lowest prevalence percentages are still high at 5% in Guyana and around 6% in Suriname and Cuba.¹¹

In Latin America, HIV prevalence among this population is lowest in Guatemala and El Salvador at around 7%. Most other countries have prevalence ranging between 11% and 17%, although Bolivia, Mexico and Paraguay all report prevalence above 20% (25%, 21% and 21%, respectively).¹²

There are many reasons for high levels of HIV transmission among this group. In 2014, only 51% of men who have sex with men were reported to have access to HIV services, a level that has remained unchanged for several years.¹³ Moreover, access to HIV testing among men who have sex with men varies enormously from country to country, ranging from 5% to 70%.¹⁴

Homophobia and the 'machismo' (or aggressively masculine) culture are common throughout the region and sex between men is highly stigmatised. Large numbers of men who have sex with men also have sex with women, forming a 'bridge' population.^{15 16}

As one civil society worker explains, men who have sex with men are often hesitant to reveal how they became infected with HIV. Many are mistakenly classed as heterosexual:

Unless he's a total queen, a man will always be [counted as] heterosexual. Plus, people don't want to be recognised [as homosexual].

- *Ruben Mayorga, civil society worker, Guatemala City* [17](#)

Transgender people

Transgender women are highly affected by HIV in Latin America and the Caribbean. HIV prevalence among this group is thought to be 49 times higher than among the general population.[18](#)

In countries where data is collected on this key population, transgender women experience some of the highest HIV prevalence. In Latin America, recorded prevalence is lowest in El Salvador at 7.4% and highest in Ecuador at 35%. It is over 20% in Colombia, Costa Rica, Guatemala, Panama and Paraguay. In the Caribbean, data on transgender people is scarce, with only Guyana and Cuba reporting HIV prevalence, which stands at 8% and 20%, respectively.[19](#)

Research has shown that between 44% and 70% of transgender women have felt the need to leave, or were thrown out of their homes.[20](#) One study from Mexico indicated that 11% of transgender women living with HIV were excluded from family activities.[21](#)

Transgender people in the region have fewer educational and social opportunities, often resorting to sex work for an income.[22](#) Country-level data collected between 2011 and 2015 also shows much higher HIV prevalence among transgender women sex workers compared to other sex workers.[23](#) Transgender people also face high rates of violence. According to the Observatory of Murdered Trans People, 2,016 transgender people were reported as murdered between 2008 and 2015 across the world, 1,573 (78%) of them were in Latin America and the Caribbean.[24](#) The highest number of these murders occurred in Brazil, where 938 were reported.[25](#)

Such high levels of stigma and violence remain significant barriers to transgender people accessing HIV services.

Sex workers

HIV also disproportionately affects sex workers, although there are variations between country situations and genders. In Latin America, around 1% of sex workers in Chile, Colombia, Costa Rica, Guatemala, Paraguay, Peru and Uruguay were living with HIV in 2017, compared to around 5% in Bolivia, Brazil and Panama. In the Caribbean, where reported, prevalence ranges from between 2% in Jamaica to 6% in Guyana.[26](#)

Male and transgender sex workers tend to be more affected by HIV than cis-female sex workers. For example, 69% of male sex workers in Suriname were estimated to be living with HIV in 2014, compared to 4% of female sex workers.[27](#)

Testing coverage among sex workers is higher among female sex workers (ranging from 39% to 98%) than male sex workers (ranging from 17% to 70%). Condom use during last transactional sex ranges

from 57% in Belize to greater than 95% in Panama and Antigua and Barbuda.²⁸

Across the region, particularly in the Caribbean, sex workers experience a range of human rights violations and social injustices, including the denial of access to healthcare, poor working conditions, violence and harassment by law enforcement. Sex workers are also frequently marginalised by social and religious institutions and subject to discrimination. For these reasons, many people who engage in sex work do so covertly.

One study of female sex workers in Argentina reported that 24.1% had experienced sexual abuse; 34.7% reported rejection; 21.9% reported having been beaten; while 45.4% reported having been arrested because of their sex work activity. Higher levels of inconsistent condom use were also reported among those who experienced sexual abuse, rejection and police detention.²⁹

All these factors act as significant barriers to sex workers accessing effective HIV prevention and treatment services.

People who inject drugs (PWID)

An estimated 1.9 million [people inject drugs](#) Latin America and the Caribbean. A wide-ranging evidence review, published in 2017, found 51% of people who inject drugs (sometimes referred to as PWID) are aged 25 and under, a higher proportion than any other region in the world.³⁰

Reliable HIV-related data on people who inject drugs is extremely limited. The 2017 evidence review mentioned above estimates prevalence at 35.7% in Latin America and 13.5% in the Caribbean. However, this is based on the only data available, which came from just five Latin American countries, and one Caribbean territory (Puerto Rico).³¹ The only country reporting prevalence among people who inject drugs to UNAIDS in 2017 was Mexico, which estimated it to be 2.5%.³²

This lack of data affects the planning and development of effective, targeted responses for people who inject drugs.

UNAIDS estimates that 2% of all new HIV infections in Latin America and 1% in the Caribbean were the result of unsafe injecting practices in 2017,³³ levels that are disproportionately high, considering only 0.5% of people in Latin America and 0.4% in the Caribbean are thought to inject drugs.³⁴

In Puerto Rico, where poor access to sterile injecting material has been identified as a significant contributor to the HIV epidemic, 51% of people who died while living with HIV between 1981 and 2013 acquired the infection via unsafe injection practices.³⁵

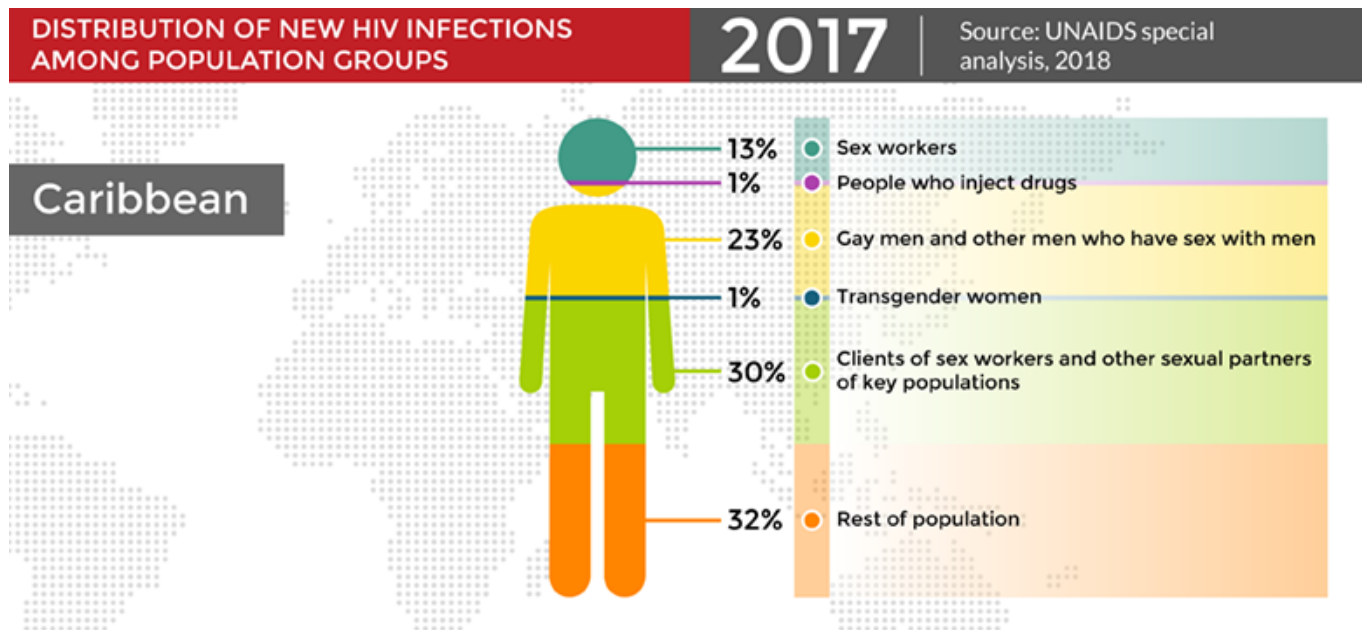
Young people

Young people in Latin America and the Caribbean, especially those who are from key populations, are disproportionately at risk of HIV infection. One factor contributing to this are the barriers to accessing prevention services.

In many countries minors require parental or guardian consent to test for HIV. In Mexico and Panama, adolescents have to be accompanied by a parent, a legal guardian or another state-recognised person in order to receive their test results. In Paraguay, health staff can request authorisation to conduct an HIV test in the absence of parents or guardians.

However, a few countries in the Caribbean have developed policies allowing minors to access HIV

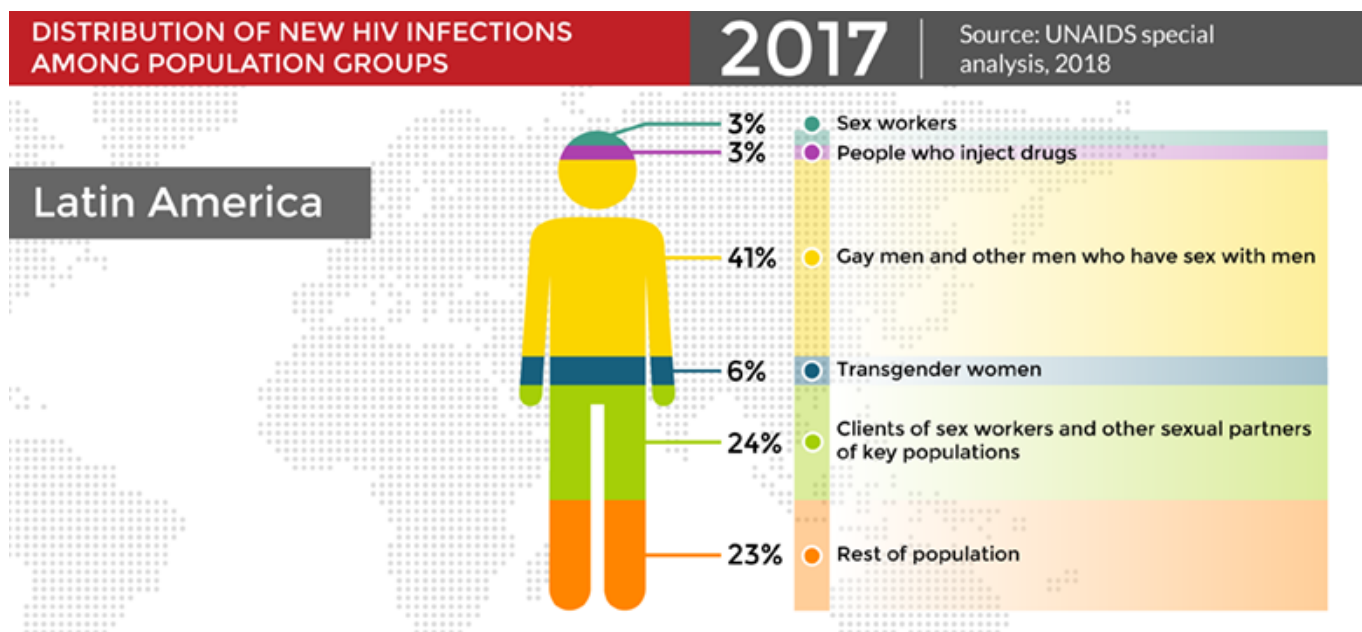
testing without parental consent, either allowing it at any age (such as in Guyana) or above the age of 14 (as in Trinidad and Tobago).³⁶



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In the Caribbean, the cultural norm of young women (aged 15-24) having sexual relationships with older men increases their risk of HIV infection. In Haiti, for example, HIV prevalence among young women is more than double that among young men.³⁷ Between 9% and 24% of young women in the region reported having sex with a man at least 10 years older than themselves within the last 12 months. Other risk factors, such as multiple sexual partners and inconsistent condom use, compound the risk of age mixing in these countries.³⁸

In Latin America, high prevalence among gay and other men who have sex with men results in young men being significantly more likely to be living with HIV than young women.³⁹



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HIV testing and counselling (HTC) in Latin America and the Caribbean

In 2017, 77% of people living with HIV in Latin America and 73% of people living with HIV in the Caribbean were aware of their status.⁴⁰

Different approaches to testing are being taken in the region to increase the number of people who are aware of their status. Around a third (62%) of LAC countries that offer testing services within flexible hours, are generally provided by civil society organisations (CSOs).⁴¹

HIV self-tests are available in the Bahamas, Brazil, El Salvador, Jamaica, Peru, and Trinidad and Tobago. However, as of 2017, most governments were yet to document their use, provide them at subsidised cost, or use this method to expand testing to people from key populations, whose need is significantly greater due to the concentrated nature of the epidemic.⁴²

An exception is Brazil, which introduced self-testing kits in 2015. These kits were made available free of charge from pharmacies, medication distribution centres, health services and government health programmes, as well as through the mail. The oral self-testing kits feature clear instructions and a telephone helpline.⁴³

Just under two-thirds of countries in the region (68%) offer testing in community centres. Argentina, Dominica, Guatemala, Jamaica, Mexico and Paraguay allow HIV testing to be done by trained individuals who are not health professionals.⁴⁴

Late HIV diagnosis is a serious issue in Latin America and the Caribbean. In at least half the countries in the region, one in three people had a CD4 count under 200 when tested for the first time.^{45 46}

Barriers to testing are numerous. For example, in the majority of the countries, testing centres are concentrated in large cities, creating problems for people living in non-urban communities. Although 92% of countries provide sensitivity training for healthworkers involved in HIV screening for key populations, civil society organisations in 12 countries that participated in national consultations on HIV prevention reported a lack of sensitivity among these professionals. Furthermore, many countries do not collect data on testing for transgender women or female sex workers, which obstructs initiatives to increase testing among these key populations.⁴⁷

HIV prevention programmes in Latin America and the Caribbean

In 2017, there were 100,000 new infections in Latin America and 15,000 in the Caribbean.⁴⁸ Brazil, which has 35% of the total population of people living with HIV in Latin America and 47% of new infections in 2017, has been at the forefront of renewed HIV prevention efforts in Latin America.⁴⁹ However, the election of President Bolsonaro of the far-right PSL party in October 2018 has the potential to reverse progress.

In the Caribbean, renewed commitment to combination prevention that is tailored to key populations is needed to accelerate reductions in new HIV infections.⁵⁰

Condom availability and use

Although limited in scope, the latest available data from Latin America and the Caribbean indicates that condom use varies widely.

Men engaging in sex with a non-regular partner are more likely than women to use condoms. The lowest rates of condom use at last high-risk sex among women range from 20% in Barbados and Guatemala to 76% in Cuba. Among men, the lowest reported rates are in Barbados (42%) and Chile (49%), and highest in Cuba (80%) and Colombia (71%).⁵¹

In the Caribbean, levels of condom use among young people (aged 15-24 years) who are having sex with non-regular partners ranged from 67% in Belize to 79% in Jamaica among young men and 49% in the Dominican Republic to 57% in Jamaica among young women.⁵²

The regional median for condom use among men who have sex with men in their most recent sexual encounter is 63%; among female sex workers 80%; and among transgender women 88%.⁵³

All countries provide free condoms to key populations and young people but levels are often inadequate. Only one third procure condoms using domestic resources. It is essential to increase the availability, access, affordability and use of condoms (and compatible lubricants) among key populations through targeted distribution schemes.⁵⁴

HIV awareness, education and approach to sex education

Most countries in the Caribbean provide comprehensive sexuality education (CSE) in primary and secondary schools, which includes topics beyond the reproductive system to include HIV, sexually transmitted infections, sexuality, gender identity and gender equality.

Knowledge about HIV among young people (aged 15-24 years) in the Caribbean is highest in Cuba where 76% of young women and 80% of young men are aware of HIV and how to prevent it. In the rest of the Caribbean, it is much lower at around 40 to 50%.⁵⁵

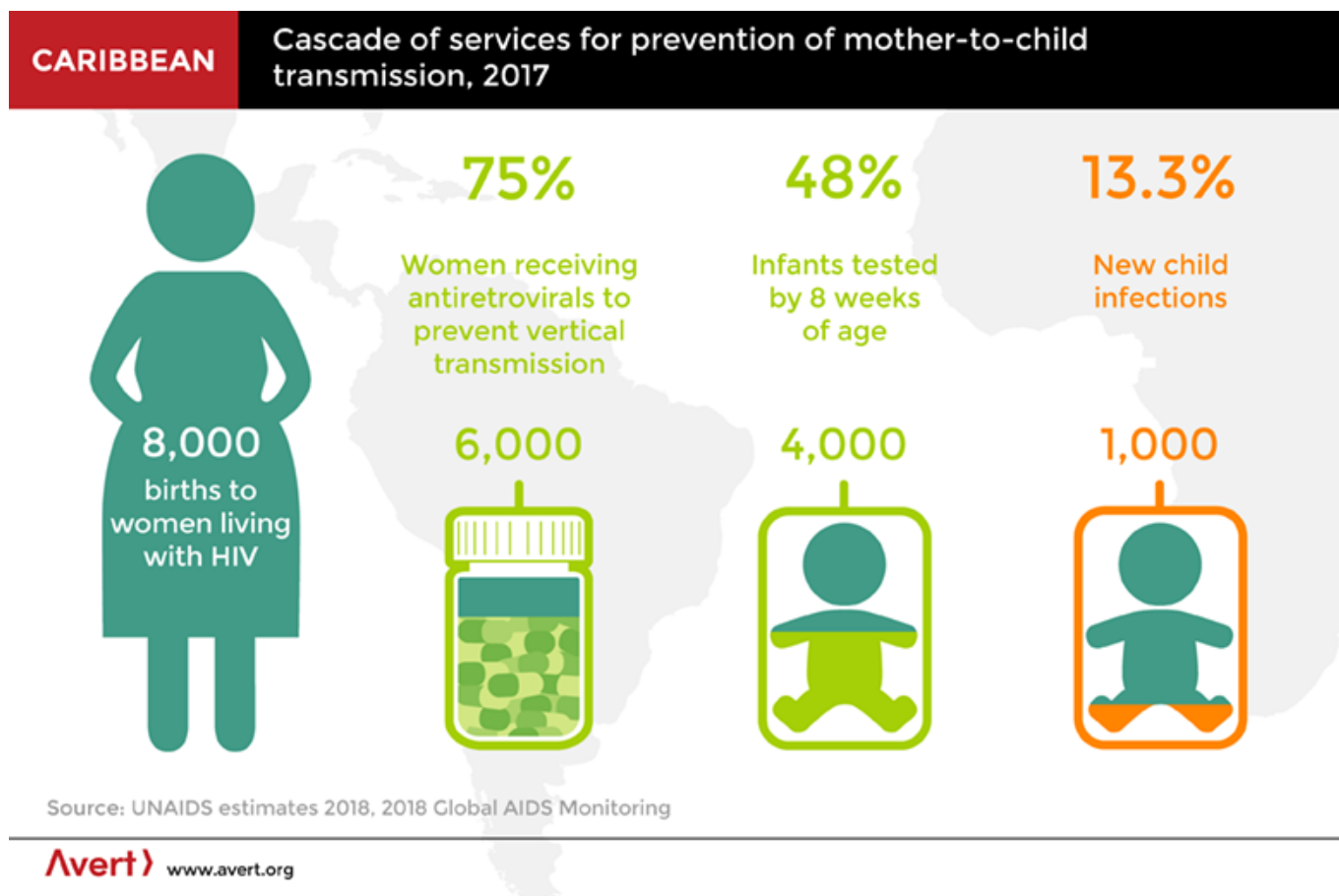
An exception to this is Haiti, where CSE is not available. As a result, just 37% of 15 to 24-year-olds in Haiti have good knowledge about HIV prevention.⁵⁶ In Latin America, implementation of CSE has slowed down in most countries due to a lack of agency within education ministries. Some countries, such as Brazil and Chile, are moving youth-friendly CSE services into schools. Venezuela has one of the highest teenage pregnancy rates in Latin America yet comprehensive sexuality education in schools is not mandatory.⁵⁷

As a result, in most Latin American countries, only around 30% of young people are aware of HIV and how to prevent it, with the exception of Peru where 75% of young women are aware of HIV prevention.⁵⁸

Preventing mother-to-child transmission (PMTCT)

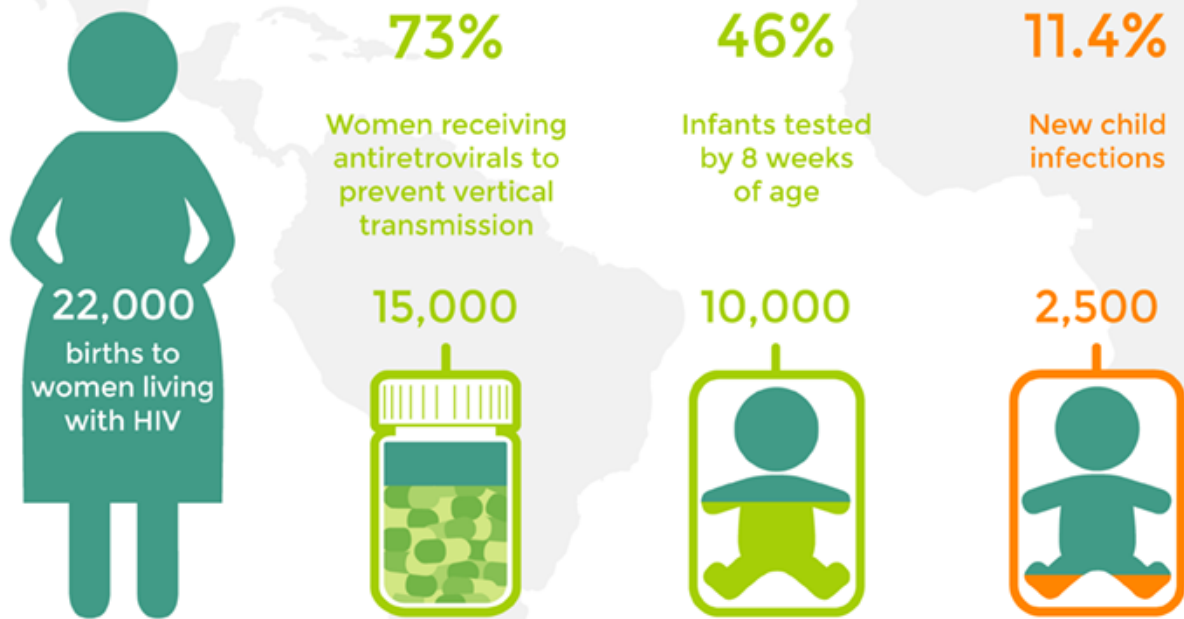
Mother-to-child transmission of HIV in Latin America stood at 11.4% in 2017, down from 16.2% in 2010. This largely reflects the strength of programmes in Brazil and Mexico - two countries that are home to 62% of people living with HIV in the region. Almost 75% of pregnant women living with HIV in 2017 received antiretrovirals to prevent vertical transmission of HIV and protect their own health. In addition, almost half (46%) the infants exposed to HIV received early infant diagnosis, a crucial

intervention for early initiation of treatment.⁵⁹



Seven countries and island states in the Caribbean have been validated as having eliminated mother-to-child transmission of HIV: Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands, Cuba, Montserrat, and Saint Kitts and Nevis. The rate of mother-to-child transmission (including breastfeeding) in the Caribbean in 2017 was 13.3%. This is significantly lower than the 18.7% rate in 2010. PMTCT treatment coverage was 75% in 2017, and almost half (48%) of HIV-exposed infants received an early infant diagnosis before eight weeks of age.⁶⁰

As a result, new HIV infections among children (aged 0-14 years) have declined across Latin American and the Caribbean, down from an estimated 4,700 in 2010 to 3,500 in 2017. Progress was greatest in the Caribbean, where new infections among children fell from an estimated 2,300 in 2010, to 1100 in 2017.^{61 62}



Source: UNAIDS estimates 2018, 2018 Global AIDS Monitoring

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However some countries continue to lag behind. PMTCT coverage is 21% in Guatemala, and 49% in Mexico.⁶³ Difficulties in reaching those belonging to key affected populations, such as indigenous people, sex workers and young women, contribute to these low coverage rates.⁶⁴

Pre-exposure prophylaxis (PrEP)

Brazil is the only country in Latin America where pre-exposure prophylaxis (PrEP) is available through the public sector. The country's Ministry of Health aims to provide PrEP to more than 50,000 sex workers, gay men and other men who have sex with men, and transgender people between 2018 and 2023. In Chile, Costa Rica, Guatemala, Mexico and Uruguay, PrEP can be obtained through private healthcare providers, the internet or research projects.⁶⁵

The Bahamas and Barbados were the only Caribbean countries providing PrEP through the public health system in 2018, although PrEP is available through private providers in the Dominican Republic, Jamaica and Suriname. It is not yet available in Cuba, Dominica or Haiti.⁶⁶

Harm reduction

Access to [harm reduction programmes](#) across Latin America and the Caribbean is extremely limited.

Only eight countries provide [needle and syringe programmes](#) (NSPs): Argentina, Brazil, Colombia, Dominican Republic, Mexico, Paraguay, Puerto Rico and Uruguay. In some cases, coverage of NSP services is believed to have declined due the reduction in the number of people who inject drugs, such as in Argentina, Brazil and Uruguay.⁶⁷

In 2016, the proportion of people using sterile injecting equipment the last time they injected drugs stood at 54% in Brazil, 71% in Mexico and 92% in Paraguay. No other countries in the region reported

official data on this or any other indicator relating to drug use, further highlighting the severe lack of information about this key population.[68](#)

The close of Global Fund support has had a big impact on NSP provision in Mexico. NGOs in Tijuana and Cd. Juarez report that distribution of needles and syringes per person who injects drugs fell by between 60% and 90%.[69](#)

As of 2016, opioid substitution therapy (OST) services were only available in Argentina, Brazil, Colombia, Mexico and Puerto Rico.[70](#)

Antiretroviral treatment availability in Latin America and the Caribbean

Access to antiretroviral treatment (ART) across Latin America and the Caribbean is uneven and far behind many other regions. Treatment coverage was 61% of all people living with HIV in Latin America in 2017 and 57% in the Caribbean.[71](#) [72](#)

By 2017, 45% of countries in the region had adopted a ‘treat all’ policy whereby anyone testing positive for HIV is offered treatment, regardless of the level of viral progression.[73](#) However, coverage varies hugely between countries: from 36% in Bolivia to 67% in Peru (in Latin America) and from 31% in Belize to 66% in Cuba (in the Caribbean).[74](#) [75](#)

The success of treatment also varies, indicated by differing levels of viral suppression among people living with HIV. Viral suppression is achieved when the level of HIV in someone’s blood is so low the virus becomes undetectable, meaning they will not be able to transmit HIV on to others and should be in good health. Data is limited, although UNAIDS reports overall viral suppression to be 52% in Latin America and 40% in the Caribbean. Again, suppression varies widely between countries. In Latin America it ranges from 21% of people on treatment in Panama to 59% in Brazil. In the Caribbean it ranges from 17% of people on treatment in Jamaica to 43% in Cuba, Dominican Republic and Suriname.[76](#)

In 2018, a study into adherence to ART in Latin America and the Caribbean found the average adherence rate to be 70% (it is estimated that to achieve viral suppression an adherence rate of 95% is needed). Factors that contribute to poorer levels of adherence include substance misuse, stigma, depressive symptoms and high pill burden.[77](#)

Key populations and young people often face barriers to accessing treatment. For example, research from Puerto Rico found that people who inject drugs constitute the highest percentage of people living with HIV who did not have access to treatment (between 41% and 53%). This was despite the fact they had the highest retention rate once they initiated treatment.[78](#)

A study among 13 to 17-year-olds living with HIV in Peru found most barriers to adherence centred on a lack of family or caregiver support, a history of declining health due to previous poor adherence, side effects from ART, and misinformation about treatment.[79](#)

Drug resistance

HIV-transmitted drug resistance (HIVTDR) remains at a moderate level in Latin America and the Caribbean at 7.7%. However, a wide-ranging evidence review published in 2016 found it to be

increasing, rising more rapidly in the Caribbean than in Latin America.⁸⁰

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Civil society's role and HIV in Latin America and the Caribbean

There is a strong presence of civil society organisations (CSOs) and community-led networks in Latin America and the Caribbean, with civil society instrumental in both the region's HIV response and human rights activism, particularly in Latin America. For example, Latin America is now recognised as a major leader in the global LGBTI movement.

This victory is much more than just the legal challenge and constitutional reforms. It is a rallying cry for the LGBT community and our allies to stand up and be counted! This represents the first moment in the history of the English speaking Caribbean that we have become truly visible and in a populist and meaningful manner. Yes, there was pushback but we are pushing forward in ways never seen before. This is the Rosa Parks moment for LGBT people of the Caribbean and we shall NEVER sit in the back of the bus again.

- LGBT activist Jason Jones after winning a legal case against the government of Trinidad and Tobago, challenging the legality of a law prohibiting same-sex relationships.⁸¹

In 2016, Civicus reported that civil society in Latin America and the Caribbean is coming under increasing pressure. According to the report, much of the danger for civil society results from webs of corruption that mesh the interests of politicians and other public officials with those of large private

entities and, in some cases, organised crime.⁸²

HIV and tuberculosis (TB) in Latin America and the Caribbean

While tuberculosis (TB) is far less of a severe public health issue than in parts of Africa and Asia, it remains a significant problem in some countries in the region, and particularly affects people living with HIV.

Although some countries are now moving towards eliminating TB, eight are still experiencing significant TB epidemics. In 2016, more than half of people newly infected with HIV were concentrated in four countries: Brazil, Peru, Mexico and Haiti. Among those newly infected with TB in the region, 13% were living with HIV.⁸³ In 2015, around 6,000 people living with HIV died from TB.⁸⁴

Health system weaknesses continue to undermine TB diagnoses in the region. In the Americas, according to PAHO/WHO data, 50,000 people with tuberculosis were not diagnosed in 2015. Early detection and effective treatment are essential to prevent TB-related deaths, especially among people living with HIV.⁸⁵

Inadequate linkages to care after diagnosis, poor follow-up, failure to reach the people most at risk of disease - particularly marginalised populations, including people who use drugs, prisoners and migrant workers - and poor treatment outcomes contribute to the lack of progress.⁸⁶

Barriers to the HIV response in Latin America and the Caribbean

Legal, cultural and socio-economic barriers

Discrimination against key populations and HIV-related stigma continue to proliferate through many societies in the region, and discriminatory practices are widespread in health and other social services.

Key populations and women living with HIV are subject to practices such as forced sterilisation and denial of health services. Discriminatory and punitive laws and policies further limit access to services.⁸⁷

Some Latin American countries have passed national drug policy reforms in recent years, shifting away from a punitive approach. Despite this progress, across the region large numbers of people who use drugs are still imprisoned. Around one in five prisoners in the region are detained due to drug-related offences and their numbers have been rising.⁸⁸

Latin America offers a contradictory narrative when it comes to men who have sex with men, and LGBTI people. Some countries have made significant progress in recognising LGBTI rights. For example, Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico and Uruguay allow marriage or civil unions between people of the same sex.⁸⁹

However, the region has the highest rate of violence against LGBTI people in the world. Transgender people, in particular, face very high levels of transphobia. Furthermore, the arbitrary detention of transgender women, including torture and inhumane treatment, is not investigated and prosecuted. Transphobia is reported to be widespread among police forces in Guatemala and Honduras.⁹⁰

Discriminatory laws against sex between men exist in the majority of Caribbean countries. While seldom enforced, existing legislation has the impact of institutionalising discrimination against men who have sex with men.⁹¹ However, in 2018 a legal case against the government of Trinidad and Tobago challenging the legality of a law prohibiting same-sex relationships suggests things might be changing. Although the government has appealed the decision, the move forward is seen as a significant step for LGBTI rights in the Caribbean.⁹²

The region's culture of 'machismo' and gender inequality drives all forms of gender-based violence and gender inequality. Cis-boys and men are expected to be manly and have an exaggerated masculine pride. Cis-women are expected to be submissive to their husbands. People who do not fit into these accepted norms of masculine and feminine behaviours face stigma, rejection, discrimination, harassment and violence.

Intimate partner violence is a major issue in a number of countries. In Colombia and Nicaragua, more than one in three women reported being physically or sexually assaulted by a partner in the previous 12 months, compared with around one in six women in Dominican Republic and Haiti, one in seven in Cuba and one in 10 women in Guatemala, Mexico and Peru.⁹³

The majority of countries in Latin America and the Caribbean have no restrictions on entry, stay and residence for people living with HIV. Nicaragua and Paraguay have restrictions on the permanent stay of people living with HIV who have been in the country longer than three months. In both countries, resident permits are withdrawn in the case of a positive HIV test. ⁹⁴

Social protection for people affected by HIV

HIV can push people and families into poverty by reducing household capacity and increasing medical costs. In response to this, some countries in Latin America have introduced social protection measures to mitigate against the negative impacts suffered by those affected by HIV.⁹⁵

In Uruguay, the 'Social Card' is a social protection programme aimed primarily at transgender women. Cardholders receive US \$30 a month to buy food and cleaning products. The initiative reaches 1,000 people, the majority of whom belong to the transgender community.⁹⁶

Structural and resource barriers

The cost of antiretroviral medicines (ARVs) remain an issue. Many countries in the region are classified as middle-income, and do not benefit from access to the price reductions available to low-income countries. In Venezuela, the economic crisis makes it difficult to procure and distribute medical commodities, including for HIV testing and treatment. Shortages of antiretroviral medicines, opportunistic infection treatment and condoms are common.^{97 98}

Stock-outs of ARVs are another major structural obstacle. While efforts have been made to decrease the likelihood of this happening, 10 countries reported at least one stock-out in the previous 12 months when an analysis took place in 2012.⁹⁹

In the Caribbean, efforts to reach men and boys, and particularly gay men and other men who have

sex with men, are constrained by health services insufficiently tailored to their needs and limited community-based services.[100](#) [101](#)

Stigma and discrimination

Many people remain ignorant and fearful of HIV and AIDS, and myths about HIV and how it's transmitted persist. UNAIDS reports that in several Latin American countries, at least one third of people said they would not buy vegetables from a person who is living with HIV. Discrimination towards people living with HIV by healthcare workers is common to varying degrees. In Paraguay, 17% of people living with HIV said they had been denied healthcare services because of their HIV status within the last 12 months, and 20% said that healthcare professionals had revealed their HIV status to others without consent. In Nicaragua, discrimination was less frequent, reported at 4% and 8% respectively.[102](#) [103](#)

Larger numbers of people in the Caribbean stigmatise and discriminate in similar ways. For example, in Jamaica, 71% of people said they would not buy vegetables from a vendor who is living with HIV, as did 58% of people in Haiti and 49% of people in Dominican Republic.[104](#)

A number of Caribbean countries are showing progress in addressing the stigma and discrimination experienced by key populations. A regional transgender advocacy coalition works on issues relating to human rights, social justice and HIV. In Cuba reports are encouraging: less than 1% of gay men and other men who have sex with men and about 2% of female sex workers said they had avoided taking an HIV test in the previous 12 months due to stigma and discrimination.[105](#)

[His family] fed him in the same plate ever, and like that, he had his own cup, glass, fork, knife, spoon, you get the idea, he was isolated by his own family. His razors where always trashed, and his tooth brush too, also, no one was ever taking care of his pills... One week before he died, in the middle of a discussion because of having AIDS he was thrown out of his house by his older sister... he died alone.

- *Lover of an HIV-positive man in Honduras* [106](#)

Data issues

A lack of data is a major issue in the region. Data is particularly lacking on people who inject drugs and transgender people, as well as on a number of key indicators such as treatment adherence and viral suppression.

Funding for HIV in Latin America and the Caribbean

The total funding available for the HIV response has nearly doubled over the last decade, with more than 95% coming from domestic resources. Between 2006 and 2017 domestic resources increased by 189%, and international resources decreased by 11.6%. It is estimated that an additional US\$ 293 million, a 9.3% increase, is needed to reach the 2020 funding target.[107](#) [108](#)

Funding for the Caribbean's HIV response in particular has been declining since 2012, mostly because international support has been gradually withdrawn. In 2017, the United States President's Emergency Plan for AIDS Relief provided 57% of all HIV resources in the Caribbean and the Global Fund to Fight AIDS, Tuberculosis and Malaria provided 8%.[109](#) [110](#)

In 2017, approximately US\$ 315 million was available for HIV programmes in the Caribbean, half of what is needed to reach the UNAIDS 90-90-90 targets by 2020. Domestic funding for prevention programmes is also low.[111](#) [112](#)

In Haiti, which has the largest epidemic in the region, the HIV response is more than 90% externally funded and reliant on external support. [113](#) [114](#)

The future of HIV in Latin America and the Caribbean

While some countries in Latin America and the Caribbean have made significant progress, particularly in terms of treatment availability, it has been patchy. Even where treatment is available, a number of cultural and legal barriers prevent many groups from accessing the services they need. For example, homophobic crimes, which need to be addressed by laws and policies that protect the rights of all people.

Prevention programming needs to focus on key populations and although regional prevention targets have been endorsed by country stakeholders, and by prominent civil society organisations, financial investment in prevention is lacking.[115](#) [116](#)

Brazil has played a major part in advancing Latin America's HIV response and improving rights for LGBTI people and other marginalised communities. The success of the far-right is seen as a severe threat to progress in Brazil, with unwelcome consequences for Latin America as a whole.

In the Caribbean, early diagnosis and linking to care, retention in treatment and adherence need special attention. In addition, focusing on the knowledge and service access gaps facing young people and key populations is necessary.[117](#) [118](#)

In both sub-regions, implementing sensitisation programmes that target national uniformed personnel, aimed at reducing stigma and discrimination towards key affected populations and people living with HIV, are needed in order to reduce hate crimes and improve access to HIV, health and other essential services.

There is also a pressing need for better quality data on a number of key populations and for national strategic information systems to be strengthened to make sure that progress is effectively monitored.[119](#)

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