Epidemiology of HIV in the Latin America and Caribbean (LAC) Region

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Presentation Highlights



- 1. HIV cases in Latin America continue to increase, reductions are seen in the Caribbean
- 2. The benefits of ART treatment are apparent
- 3. More needs to be done to advance prevention and to bolster public health systems

The Latin American and Caribbean "Region"



Caribbean (n=20 countries and 1 territory)

- Antigua & Barbuda
- Aruba
- Bahamas
- Barbados
- Cayman Islands
- Cuba
- Dominica
- Dominican Republic
- •Grenada
- Guadeloupe
- •Haiti
- Jamaica
- Martinique
- Puerto Rico
- Saint Barthélemy
- St. Kitts & Nevis
- •St. Lucia
- •St. Vincent and the
- Grenadines
- Trinidad & Tobago
- Turks & Caicos Islands
- Virgin Islands

Central & North America (n=8)

- Belize
- Costa Rica
- •El Salvador
- •Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama

South America (n=13)

- Argentina
- Bolivia
- Brazil
- Chile
- Colombia
- Ecuador
- French Guiana
- •Guyana
- Paraguay
- •Peru
- Suriname
- Uruguay
- Venezuela



Basic Background

PAHO estimates that 2.5 million people living with HIV live in LAC among a population of 664 million



Photo by charlesdeluvio on Unsplash

People living with HIV 2,600,000

Lower estimate 2,400,000 Upper estimate 2,900,000

Adults (15+) living with HIV 2,300,000

Lower estimate 2,000,000 Upper estimate 2,600,000 New HIV infections 135,000

Lower estimate 107,000 Upper estimate 171,000

AIDS-related deaths 35,000

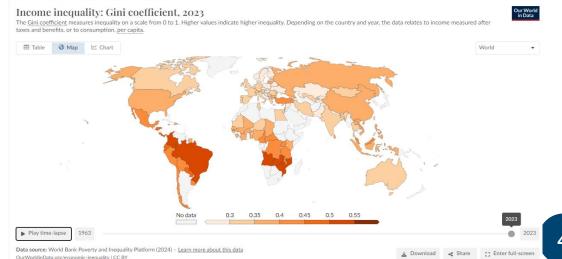
Lower estimate 25,500 Upper estimate 49,400

Latin America and the Caribbean



- Forgotten region
 - Too middle income for much outside help
 - Despite high rates of inequality
- Most LAC countries provide ART via free public health systems and using local resources
 - LA is the most autonomous region in terms of HIV financing
 - Brazil led the way with universal treatment access and ART production/export
 - The Caribbean relies more heavily on external funding
- Despite vast expertise and substantial HIV research, adoption of innovations is slow





LA: While AIDS-Related Deaths Have Decreased, New HIV Infections Have Not





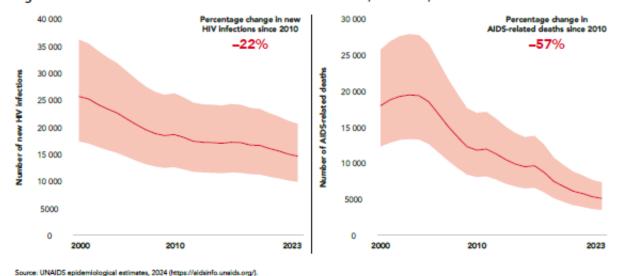
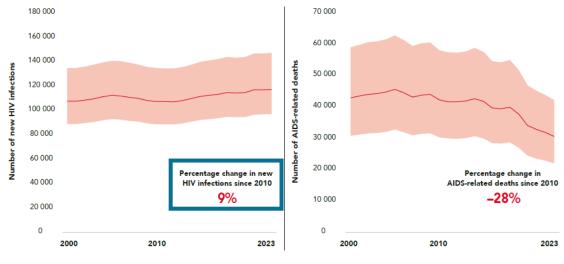


Figure 14.1 Numbers of new HIV infections and AIDS-related deaths, Latin America, 2000–2023



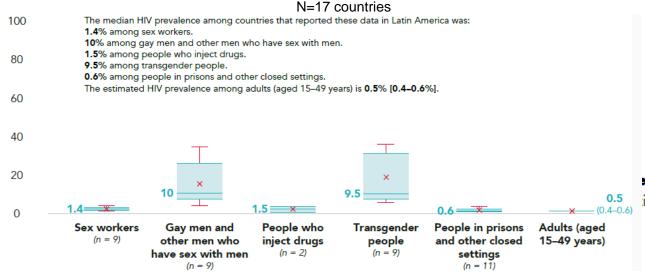
Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

• In our recent sero-incidence study, annualized HIV incidence rate in Brazil: 2.62% (95% CI: 1.78–3.43); Peru: 6.69% (95% CI: 4.62–8.69)

Vulnerability to HIV Remains Highly Concentrated Among Specific Groups



Figure 14.4 HIV prevalence among people from key populations compared with adults (aged reporting countries in Latin America, 2019–2023 N=17 countries



 Although not included here, prevalence among some indigenous groups is also estimated to be >1% Higher prevalence among adults, sex workers, transgender people, and incarcerated individuals in the Caribbean

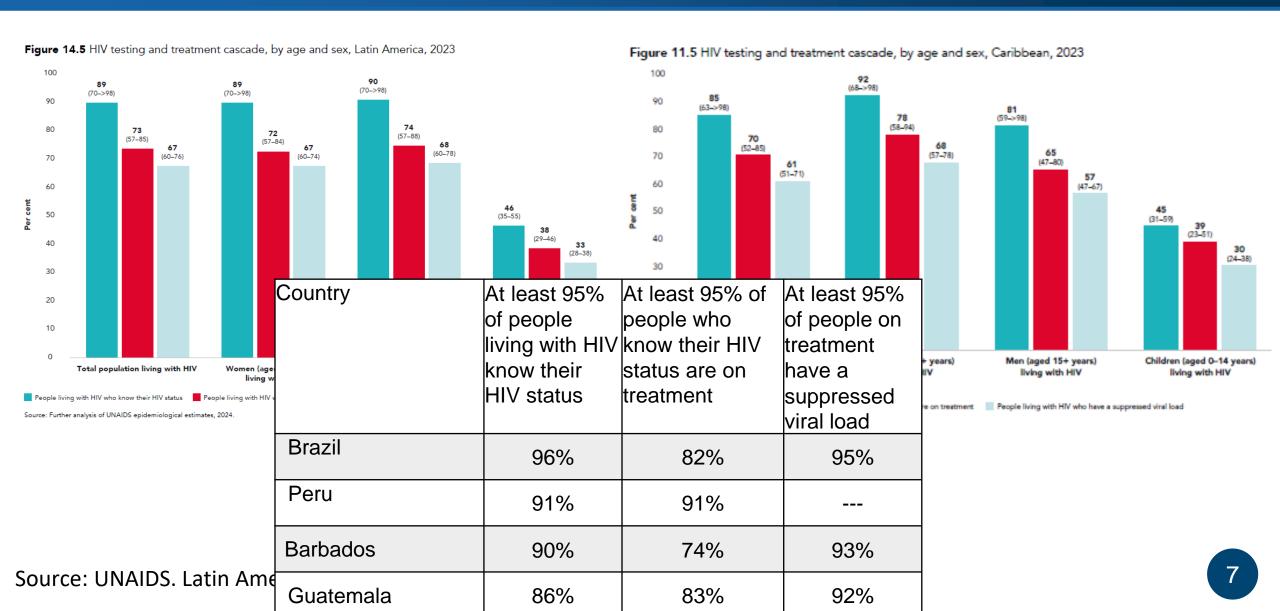
▶ 11.4 HIV prevalence among people from key populations compared with adults (aged ing countries in the Caribbean, 2019–2023 N=16 countries

The median HIV prevalence among countries that reported these data in the Caribbean was:

4.6% among sex workers. 8.6% among gay men and other men who have sex with men. 31.3% among transgender people. 2.7% among people in prisons and oth The estimated HIV prevalence among http://hivfinancial.unaids.org/hivfinancialdashboards.html 31.3 × 20 Sex workers People who People in prisons Adults (aged Gay men and Transgender other men who inject drugs people and other closed 15-49 years) (n = 2)have sex with men settings (n = 2)(n = 6)

Progress to ART Cascade and 95-95-95





Despite ART, Challenges to Treatment Remain



- PLHIV are living longer, a huge success of treatment
- However, too often PLHIV arrive to care late
 - Often arrive to care (or re-engage with care) once they have a CD4<200
- Adherence continues to be a challenge:
 - In a meta-analysis 70% (95% CI: 63–76) of PLHIV in LAC were adherent to ART
- These continuing challenges are hypothesized to be related to fear and stigma as well as bureaucratic health systems

Luz PM, Veloso VG, Grinsztejn B. The HIV epidemic in Latin America: accomplishments and challenges on treatment and prevention. Curr Opin HIV AIDS. 2019;14(5):366-373. Costa JM, Torres TS, Coelho LE, Luz PM. Adherence to antiretroviral therapy for HIV/AIDS in Latin America and the Caribbean: Systematic review and meta-analysis. JIAS. 2018 PMC5810329. Crabtree-Ramırez B et al. Journal of the International AIDS Society 2020, 23:e25468

Crabtree-Ramírez B, Caro-Vega Y, Shepherd BE, et al. Crosssectional analysis of late HAART initiation in Latin America and the Caribbean: late testers and late presenters. PLoS One 2011;6: e20272.

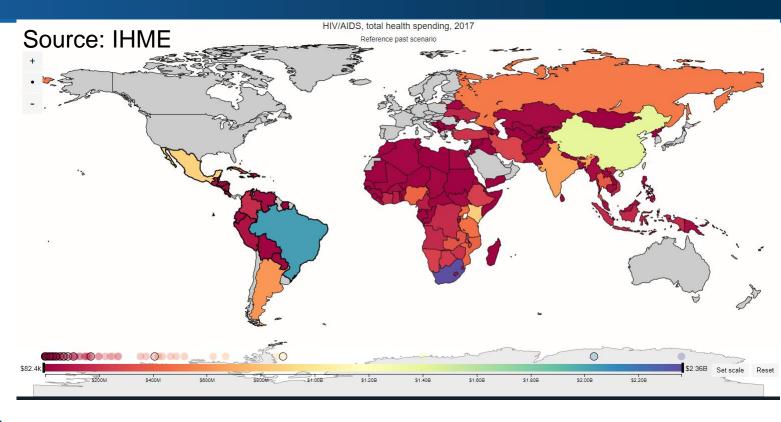
Belaunzaran-Zamudio PF, Caro-Vega YN, Shepherd BE, Rebeiro PF, Crabtree-Ramírez BE, Cortes CP, et al. The population impact of late presentation with advanced HIV disease and delayed antiretroviral therapy in adults receiving HIV care in Latin America.

Am J Epidemiol. 2019;pii:kwz252. https://doi.org/10.1093/aje/kwz252

Health Systems



- HIV spending remains low across LAC, with the exception of Brazil and Mexico
- Research and innovation in HIV care and prevention are fast paced
 - Intervention/innovation adoption is slow, those that challenge the status quo are even slower

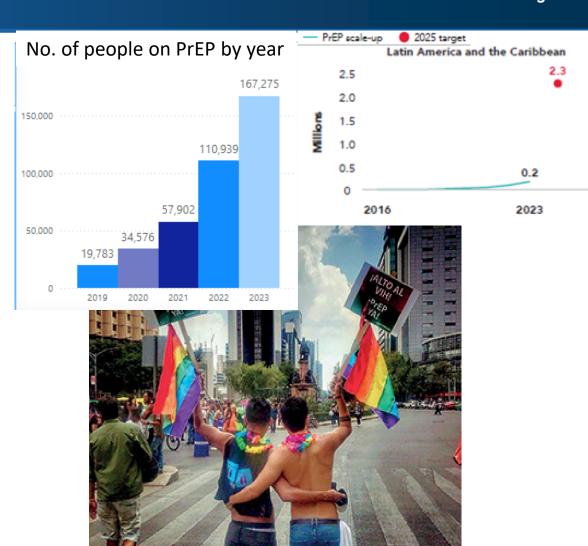


 Health spending in LAC will have to increase to address the burgeoning burden of chronic diseases, including HIV

Combination Prevention



- LAC has not kept up with prevention strategies
 - Oral PrEP is beginning to enter the region
 - Brazil began to provide oral PrEP in their national health program in 2017 with others following
 - Over 65% of individuals receiving oral PrEP are in Brazil (110k), the next largest provider is Mexico with 14k+ users



Stigma and Discrimination



- HIV-related stigma in LAC remains dauntingly high
- Intersectional stigma influences many of the groups who remain at increased vulnerability to HIV homophobia and transphobia remain
- HIV-related stigma is higher in LAC than in sub-Saharan Africa: in LAC fear/stigma motivates individuals to engage in safer sexual practices to avoid the risk of HIV
- For cisgender women living with HIV, they are doubly at fault as HIV is something 'other' that they should not have
- Stigma is understood to influence HIV prevention, care seeking and adherence, more anti-stigma intervention is needed

Experiences of discrimination and proportion of these experiences of discrimination associated with HIV, by population group in Peru

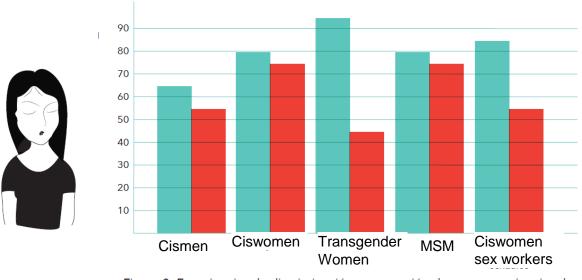


Figura 3: Experiencias de discriminación y proporción de estas experiencias de discriminación asociadas al VIH, según el grupo poblacional

Discrimination
 Discrimination due to HIV

Billings, KR. et. Al. HIV stigma beliefs in context: Country and regional variation in the effects of instrumental stigma beliefs on protective sexual behaviors in Latin America, the Caribbean, and Southern Africa. SSM, Volume 269, 2021, 113565.

Celeste-Villalvir A, et. al. Exploring gender differences in HIV-related stigma and social support in a low-resource setting: A qualitative study in the Dominican Republic. PLoS One. 2023 Aug 24;18(8):e0290228 PMCID: PMC10449144.

U=U



 U=U is a powerful tool for HIV prevention

 Linking this concept to clinical care and prevention has not been sufficiently leveraged

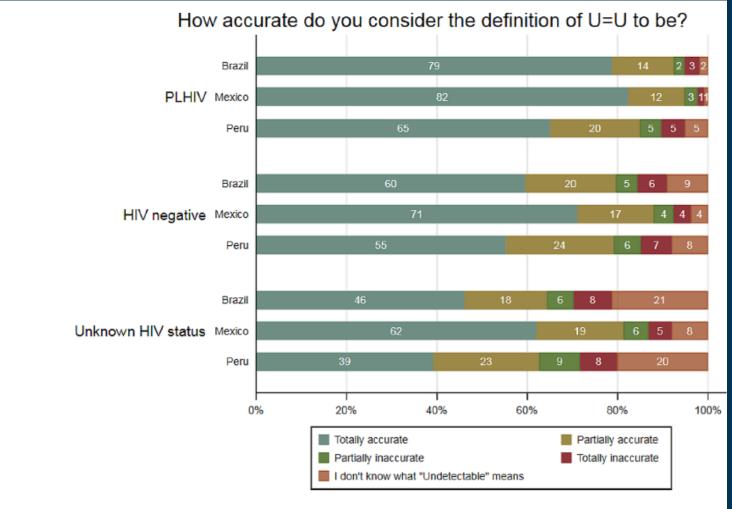


Fig. 2 Percentages of perceived accuracy of U = U according to self-reported HIV status

Strength of Community





HIV Research in LAC



 Latin America has a history of substantial contributions to HIV research, including via HPTN 083, HPTN 052, IPrEX, ImPrEP and many other landmark studies



 This provides a wealth of expertise – we need to capitalize on this expertise to bolster treatment and prevention









By end of June 2024, there are more than 7.7 million Venezuelan refugees and displaced migrants globally, with the vast majority – more than 6.6 million – hosted in countries in Latin America and the Caribbean

Many PLHIV migrated due to stock outs in Venezuela with thousands of migrants currently receiving HIV care in Colombia and Peru

Chapter 3. Migration and Migrants: Regional Dimensions and Developments. Latin America And The Caribbean. World Migration Report 10M2 Wirtz AL,, et al. HIV infection and engagement in the care continuum among migrants and refugees from Venezuela in Colombia: a cross-sectional, biobehavioural survey. *Lancet HIV*. 2023;10(7):e461-e471.

R4V https://www.r4v.info/es
Huerta-Vera GS, Amarista MA, Mejía FA, Graña AB, Gonzalez-Lagos EV, Gotuzzo E. Clinical situation of Venezuelan migrants living with HIV in a hospital in Lima, Peru. Int J STD AIDS. 2021 Oct;32(12):1157-1164. PMCID: PMC8593283.

Wrap Up



- LAC's experience of HIV prevention and care is heterogeneous
- While public health systems have achieved benefits of ART treatment
- More needs to be done to advance prevention and to bolster public health systems
 - systems
 We should learn from community and leverage research expertise





Thank you

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