Latin American countries have achieved important progress in expanding access to HIV treatment, but they have made fewer gains in prevention. Numbers of AIDS-related deaths have decreased by 32% since 2010, but annual numbers of new HIV infections have increased by 8% (Figure 8.1). Ten countries in the region have seen increases in numbers of new infections since 2010.

There are marked disparities in HIV prevention. Numbers of new HIV infections decreased by 14% among women but increased by 17% among men in 2010–2022. Median HIV prevalence among key populations is significantly higher than in the general population, reaching 9.5% among gay men and other men who have sex with men (data from 12 countries) and 14.7% among transgender people (data from nine countries) (Figure 8.2).

Figure 8.1 Numbers of annual new HIV infections and AIDS-related deaths, Latin America, 2000–2022

2022 DATA

- 8% increase in new HIV infections since 2010
- 32% decrease in AIDS-related deaths since 2010
- People living with HIV: 2.2 million [2.0 million–2.5 million]
- New HIV infections: 110 000 [94 000–130 000]
- AIDS-related deaths: 27 000 [21 000–35 000]

Testing and treatment cascade (all ages):
- % of people living with HIV who know their HIV status: 85 [76–95]
- % of people living with HIV who are on treatment: 72 [64–80]
- % of people living with HIV who are virally suppressed: 66 [59–74]

Financing of the HIV response:
- Resource availability for HIV: US$ 3.2 billion [16% gap to meet the 2025 target]

Figure 8.2 HIV prevalence among key populations compared with adults (aged 15–49 years), reporting countries in Latin America, 2018–2022

The median HIV prevalence among countries that reported these data in Latin America was:

- 1.3% among sex workers.
- 9.5% among gay men and other men who have sex with men.
- 1.5% among people who inject drugs.
- 14.7% among transgender people.
- 0.6% among people in prisons.

The estimated HIV prevalence among adults (aged 15–49 years) is 0.5% [0.4–0.5%].

Notes: (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.
In 2022, the proportion of people living with HIV on antiretroviral therapy increased to 72%, but service gaps hamper access to treatment and care programmes in many countries in the region. Due to failure to achieve timely diagnosis of HIV infection (which is associated with better outcomes for people living with HIV, decreased risk of ongoing HIV transmission and lower health-care costs) (1), advanced disease remains common among people newly diagnosed with HIV. In 13 countries in the region, at least 25% of new diagnoses are classified as advanced HIV infection, with CD4 counts below 200/mm$^3$.

Figure 8.3 Countries with PrEP in national guidelines by type of distribution, Latin America, 2022

Coverage of prevention of vertical HIV transmission has declined to 64% from a pre-COVID estimate of 67% in 2019, with three countries reporting coverage below 50%. Coverage of antiretroviral therapy for children (aged 0–14 years) lags far behind coverage for adults. Only 39% of children living with HIV were receiving treatment in 2022, compared with 72% of people aged 15 years or over.

Thirteen countries in the region include PrEP in national guidelines, but only 10 provide oral and on-demand PrEP to people from key populations, and only five allow for community-based distribution (Figure 8.3). Although still less than 5% of the projected need by 2025, due to the expansion of targeted prevention services, the number of people on PrEP has increased by over 55% since 2021.

The region continues to experience humanitarian crises, with approximately six million Venezuelan migrants now living in other Latin American countries (primarily Brazil, Chile, Colombia, Ecuador and Peru) (2), and an estimated two million people having fled worsening poverty and unrest in Central America (especially from El Salvador, Guatemala and Honduras) (3). Among Venezuelan migrants and displaced people, high levels of HIV-related stigma, fear of deportation, and limited access to services have led to insufficient engagement with HIV programmes. Service coverage gaps between migrants and local people are aggravated when health insurance systems in host countries do not grant uninsured people access to health and laboratory services. The internal displacement of people in Colombia has negatively affected people's access to preventive and health services (4).

Domestic spending on HIV comprised 97% of all resources available for HIV in the region, although there is considerable variation between countries. The HIV programmes in larger countries in South America are financed almost entirely from domestic resources, but HIV prevention programmes in some countries in Central America, including programmes for people from key populations, still rely on donor funding for an estimated 14–57% of total HIV prevention expenditure.
Table 8.1 Reported estimated size of key populations, Latin America, 2018–2022

<table>
<thead>
<tr>
<th>Country</th>
<th>National adult population (aged 15–49 years) for 2022 or relevant year</th>
<th>Sex workers as percentage of adult population (aged 15–49 years)</th>
<th>Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)</th>
<th>People who inject drugs as percentage of adult population (aged 15–49 years)</th>
<th>Transgender people as percentage of adult population (aged 15–49 years)</th>
<th>People in prisons as percentage of adult population (aged 15–49 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>23 200 000</td>
<td>114 100</td>
<td>0.50%</td>
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<td>0.0%</td>
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<td>Bolivia</td>
<td>6 300 000</td>
<td>837 400</td>
<td>0.73%</td>
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<td>0.0%</td>
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<td>Brazil</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Chile</td>
<td>10 000 000</td>
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<td>0.20%</td>
<td>8 340 000</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Colombia</td>
<td>26 800 000</td>
<td>97 900</td>
<td>0.37%</td>
<td></td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>2 700 000</td>
<td>42 800</td>
<td>0.55%</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>9 800 000</td>
<td>44 000</td>
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<td>24 100</td>
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<td>89 900</td>
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<tr>
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<td>16 400</td>
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</tr>
</tbody>
</table>

Estimated global median proportion as per cent of adult population (15–49)

- 0.34%
- 1.41%
- 0.10%
- 0.10%
- -


Note 1: Estimates shown are government-provided estimates reported for 2018–2022. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications or institutional documents.

Note 2: The regions covered by the local population size estimate are as follows:
- Bolivia (Plurinational State of): Cochabamba, El Alto, La Paz and Santa Cruz.
- Colombia: Bogotá, Cali and Medellín.
- Costa Rica: Gran Área Metropolitana.
- Panama: Azuero, Bocas del Toro, Chiriquí, Colón, Comarca Ngäbe-Buglé, Panamá Centro, Panamá Este, Panamá Oeste and Veraguas.

Note: Estimates shown are government-provided estimates reported for 2018–2022. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications or institutional documents.

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- Costa Rica: Gran Área Metropolitana.
- Panama: Azuero, Bocas del Toro, Chiriquí, Colón, Comarca Ngäbe-Buglé, Panamá Centro, Panamá Este, Panamá Oeste and Veraguas.
**Figure 8.4** HIV testing and treatment cascade, by age and sex, Latin America, 2022

![Figure 8.4](image-url)

- **Total population living with HIV:**
  - Women (aged 15+ years): 85%
  - Men (aged 15+ years): 85%
  - Children (0–14 years): 85%

- **People living with HIV who know their status:**
  - Men (aged 15+ years): 69%
  - Women (aged 15+ years): 72%
  - Children (0–14 years): 66%

- **People living with HIV who are on treatment:**
  - Men (aged 15+ years): 63%
  - Women (aged 15+ years): 66%
  - Children (0–14 years): 69%

- **People living with HIV who are virally suppressed:**
  - Men (aged 15+ years): 73%
  - Women (aged 15+ years): 72%
  - Children (0–14 years): 66%


**Figure 8.5** Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), Latin America, 2017–2022

![Figure 8.5](image-url)

- **People living with HIV who are on treatment and are virally suppressed**
- **People living with HIV who are on treatment but are not virally suppressed**
- **People living with HIV who know their status but are not on treatment**
- **People living with HIV who don’t know their status and were infected more than six months ago**
- **People living with HIV who were infected in the past six months**

Figure 8.6 Percentage of people living with HIV on antiretroviral therapy by length of multimonth dispensing, selected countries, Latin America, 2022

### Table 8.2 Laws and policies scorecard, Latin America, 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Criminalization of transgender people</th>
<th>Criminalization of sex work</th>
<th>Criminalization of same-sex sexual acts in private</th>
<th>Criminalization of possession of small amounts of drugs</th>
<th>Laws criminalizing transmission of, non-disclosure of or exposure to HIV transmission</th>
<th>Laws or policies restricting the entry, stay and residence of people living with HIV</th>
<th>Parental consent for adolescents to access HIV testing</th>
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<tr>
<td>Argentina</td>
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#### Notes
- **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
  - Laws penalizing same-sex sexual acts have been decriminalized or never existed, or no specific legislation
  - Data not available
- **Criminalization of possession of small amounts of drugs**
  - Yes
  - No
  - Data not available
- **Laws criminalizing transmission of, non-disclosure of or exposure to HIV transmission**
  - Yes
  - No, but prosecutions exist based on general criminal laws
  - Data not available
- **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 consent for adolescents to access HIV testing**
  - Yes
  - No
  - Data not available
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<th>Country</th>
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<th>Laws protecting against discrimination on the basis of HIV status</th>
<th>Constitutional or other non-discrimination provisions for sex work</th>
<th>Constitutional or other non-discrimination provisions for gender identity</th>
<th>Constitutional or other non-discrimination provisions for sexual orientation</th>
<th>Constitutional or other non-discrimination provisions for people who inject drugs</th>
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</tbody>
</table>

Notes: *Laws criminalizing transgender people refers to laws that criminalize the gender expression of transgender and gender diverse people, including laws against cross-dressing or impersonating the opposite sex.
*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.
*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 still considered to criminalize possession of small amounts of drugs, even if use or possession of marijuana has been decriminalized.
*Constitutional or other non-discrimination provisions refer to whether constitutional prohibitions of discrimination have been interpreted to include discrimination on the grounds of sex work/sexual orientation/gender identity/drug use or dependency by courts and/or government policy, and/or whether there are other legislative non-discrimination provisions specifying sex work/sexual orientation/gender identity/drug use or dependency.
Figure 8.7 Resource availability for HIV, Latin America, 2010–2022, and estimated resource needs for HIV by 2025

Note: the resource estimates are presented in constant 2019 US dollars.

References