



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	112.5 million (mid-2010)
Estimated Population Living with HIV/AIDS**	200,000 [150,000–310,000] (end 2007)
Adult HIV Prevalence**	0.3% (end 2007)
HIV Prevalence in Most-at-Risk Populations**	MSWs: 25% (Monterrey); 20% (Guadalajara and Mexico City); 12% (Nezahualc6yotl) (2006–2007) FSW: 6% (Tijuana and Ciudad Juarez) (2006) IDUs: 6% (2008); 2.8% (Mexico City) (2005); 16% (Tijuana and Ciudad Juarez) (2006) MSM: 10–25.6% (2006–2007)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	57% (end 2007)

*U.S. Census Bureau **UNAIDS and WHO *** WHO/UNAIDS/UNICEF *Towards Universal Access 2008*

With less than 1 percent of the adult population estimated to be HIV positive, Mexico has one of the lowest HIV prevalence rates in Latin America and the Caribbean. Although the overall HIV prevalence is low, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimated approximately 200,000 people were living with HIV/AIDS in 2007, the second highest number in Latin America. In 2007, there were 11,000 deaths due to AIDS. The epidemic is concentrated in populations at higher risk of exposure and has not become generalized. Interventions tailored to these groups can potentially curtail transmission of the AIDS virus and avert its spread to the population at large. However, factors such as social stigma related to HIV, homophobia, and gender inequities continue to hamper the response.

HIV in Mexico is spread mainly through sex, which accounts for about 90 percent of all cumulative reported cases (United Nations General Assembly Special Session

[UNGASS], 2010). The epidemic has had a varied impact across the country, with the highest numbers of cumulative cases reported in Mexico City; Mexico; Veracruz-Llave; and Jalisco states, and is generally concentrated in urban areas.

The AIDS epidemic is concentrated primarily among men who have sex with men (MSM), sex workers and their clients, and people who inject drugs. According to Mexico's National Center for HIV/AIDS Prevention and Control (CENSIDA), sex between men accounted for 46 percent of reported cases in 2007. CENSIDA estimates HIV prevalence among MSM was 10 to 13.5 percent in 2006. According to the UNAIDS 2009 *Epidemic Update*, one survey of MSM found a prevalence rate of 25.6 percent. Results from studies in 2006 by Gayet et al., Magis et al., and Mexico's Biological Behavioral Surveillance Survey showed HIV prevalence rates among male sex workers (MSWs) were 25 percent in Monterrey, 20 percent in Guadalajara and Mexico City, and 12 percent in Nezahualc6yotl. A gradual shift is occurring toward higher rates of infection among both injecting drug users (IDUs) and women, and rates are also rising among female sex workers (FSWs). A 2004–2006 study by Patterson et al. showed HIV prevalence in Tijuana and Ciudad Juarez, cities on the U.S. border, was 6 percent among FSWs and 16 percent among IDUs. A 2008 study by Strathdee, Magis et al. found a 6 percent prevalence rate among IDUs aged 15 to 49. A 2008 study reported by UNAIDS demonstrated an increasing overlap between sex work and drug use. In Mexico, cocaine injection and non-injection use of methamphetamine are independently associated with HIV infection among sex workers (UNAIDS, 2009). Research by Gayet et al. in 2006 also showed HIV prevalence among male long-distance truck drivers in Monterrey was 0.7 percent (double the estimated national adult HIV prevalence). More than one-quarter of them had paid for sex in the previous year and one-sixth of them had never used a condom.

Population mobility is also a factor in HIV/AIDS transmission in Mexico. Cross-border activity, including immigration from Central America and the influx of those returning from migrant work in the United States, has contributed to the spread of the epidemic, particularly in rural parts of the country. In Zacatecas and Michoac6n, more than one in five AIDS cases are among individuals who had resided in the United States (UNAIDS, 2009).



Mobile populations are at higher risk of HIV infection because of poverty, violence, lack of access to health services, increased risk-taking behavior, rape, loneliness, and the availability of sex workers.

Although the epidemic in Mexico remains concentrated, it could expand due to high-risk behaviors in the general population. There are signs heterosexual transmission of HIV is increasing, as more women are being infected. In a 2001 national survey by the National Council for HIV/AIDS Prevention and Control, 15 percent of married and cohabiting men reported extra-relational sex during the preceding year, and only 9 percent of them used a condom at last intercourse. Eighty percent of these men perceived no HIV risk from their behavior. Mexican women are at risk for HIV infection because they often are unable to negotiate condom use due to domestic violence. According

to a national survey conducted in 2006, one in four women has suffered abuse at the hands of her partner, and 82 percent of women decided not to report it (Amnesty International, 2008). In this context, requesting condom use with a stable partner is perceived as a sign of infidelity and asking to use a condom can result in domestic violence.

HIV infection in Mexico is concentrated in urban areas, where 78 percent of the population lives. Most HIV prevention programs focus on urban populations, although there are efforts to reach out to rural, mobile, and indigenous populations. The biggest challenge Mexico currently faces is unequal access to quality care and the need to train health workers and clinics in using antiretroviral therapy (ART).

The spread of HIV/AIDS in Mexico is exacerbated by stigma and discrimination, which act as a barrier to prevention, testing, and treatment. The 2001 UNGASS declaration stated “stigma, silence, discrimination and denial, together with lack of confidentiality, weaken the prevention efforts, care and treatment.” Stigma and discrimination occur within families, health services, the police, and the workplace. A study conducted by Infante-Xibille in 2004 of 373 health care providers in three states described discrimination within health services. HIV testing was conducted only with perceived high-risk groups, often without informed consent. Patients with AIDS were often isolated. A 2005 five-city participatory community assessment by *Colectivo Sol*, a nongovernmental organization (NGO), found some HIV hospital patients had a sign over their beds stating they were HIV positive. There was also discrimination in the workplace. In Leon, researchers found seven out of 10 people in the study had lost their jobs because of their HIV status. The same study also documented evidence of discrimination MSM experienced within their families.

As in other countries, the potential for HIV-tuberculosis (TB) co-infection is also a concern in Mexico. Studies have shown TB is the second most frequent infection in AIDS patients in Mexico. It is more prevalent in urban centers among IDUs and individuals of lower socioeconomic status. According to the World Health Organization (WHO), the incidence of TB is 19 cases per 100,000 population, and 9.4 percent of adults newly diagnosed with TB were found to be HIV positive in 2008.

National Response

CENSIDA was founded as the National AIDS Commission in 1986 and began receiving government funding in 1988. The purpose of the Commission was to evaluate the HIV situation and create and disseminate norms for HIV prevention, diagnosis, and treatment. Mexico has a multisectoral strategy to combat the AIDS epidemic that covers the 2007–2012 period. The most recent strategy places emphasis on prevention strategies for high-risk groups, including MSM, FSWs, MSWs, and IDUs. Since 2006, the Government has financed communication campaigns targeting vulnerable populations through civil society organizations. CENSIDA coordinates the strategy with the health and education sectors, the human rights commission, and state and municipal committees. In August 2008, Mexico hosted the XVII International AIDS Conference, the first time this major conference was held in Latin America.

Mexico has a national policy on HIV/AIDS treatment and has made notable gains in providing access to ART for the infected population. The Government has shown its commitment to fighting the epidemic by providing universal access to antiretroviral drugs (ARVs) since 2003. Through the decentralization of health services, the HIV prevention and control program now reaches all 32 states. Mexico established a national network of HIV/AIDS ambulatory health care facilities known as *Centros Ambulatorios Para la Prevencion y Atencion en SIDA e ITS (CAPASITS)*. The CAPASITS are the result of collaboration among local governments, the national government, and NGOs, and

provide comprehensive community-based attention and treatment free of charge to people with HIV. Although the WHO/UNAIDS/UNICEF report *Towards Universal Access* states 57 percent of HIV-infected people who needed ART were receiving it in 2007, the 2010 UNGASS report indicates ART coverage may have been as high as 82 percent in 2009. It also indicates, however, that civil society organizations report stigma and discrimination prevent high-risk groups from receiving ART and there are stock-outs of ARVs. Mexico was successful in securing its blood supply early on, and no cases of HIV have been detected recently through this mode of transmission.

CENSIDA has been active since 1988 and collaborates with other government entities and NGOs, including organizations of people living with HIV/AIDS. This collaboration is a significant asset in the national response to HIV/AIDS because a coordinated response between government and civil society has proven to be more effective than government entities acting alone.

There are laws to prevent discrimination. Nonetheless, in most cases the laws are not successfully implemented, and there are no sanctions when discrimination does occur. The 2010 UNGASS report states civil society organizations indicate high-risk groups such as FSWs and IDUs experience discrimination when they try to get tested for AIDS. FSWs and MSM report they are forced to have an HIV test if they try to go to a health center for services. On a positive note, in a landmark decision in February 2007, Mexico's Supreme Court ruled it was unconstitutional for the military to discharge 11 HIV-positive soldiers and deny them access to military health services. The Court ruled being HIV positive does not in itself imply an inability to serve in the armed forces and the military must decide on a case-by-case basis whether a soldier can remain in active service. The ruling establishes a precedent, allowing dismissed soldiers to seek redress in federal appeals court.

In November 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a \$27.3 million ninth-round grant for HIV/AIDS prevention in populations with HIV prevalence over 5 percent. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's budget worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Mexico received \$2.2 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Mexico are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID's support focuses on primary prevention with those most at risk of contracting and spreading HIV. Activities include messages promoting and reinforcing behavior change, the development of education materials and campaigns designed for and pretested in target populations, and increased condom availability at nontraditional high-risk venues in several cities where migration, tourism, and commercial sex converge. Stigma remains a significant barrier to accessing HIV information, testing, and treatment for some of the groups most affected by HIV/AIDS. Therefore, USAID provides training and technical assistance in human rights, advocacy, and stigma reduction.

USAID collaborates with the National AIDS Program and civil society organizations to improve the policy environment and promote safe behaviors to prevent the spread of HIV/AIDS. USAID supported a behavioral surveillance survey on sexual practices and HIV prevalence in vulnerable populations in three major cities. During 2009, USAID reached more than 160,000 at-risk individuals with HIV prevention messages. USAID and CENSIDA also collaborated to reach thousands of prisoners and IDUs. To promote condom availability, local commercial distribution partners work with USAID to distribute condoms in 61 high-risk locations in three target cities. A variety of behavior communication strategies are employed with target groups in these cities to promote condom purchase and correct use. A recent independent study found individuals exposed to these strategies were 19 to 49 percent more likely to carry a condom than those who were not.

USAID has also worked to promote a private sector response to HIV. With USAID support, a National Business Council on AIDS (CONAES) was launched in 2004 to reduce stigma and discrimination in the workplace. It recognizes that if employers have a zero-tolerance policy for HIV-related stigma and discrimination in the workplace, their employees and surrounding communities are less likely to stigmatize HIV/AIDS in non-work settings. By using the media effectively and involving key opinion leaders, the project has dramatically raised the public profile of HIV-related stigma while giving credit to those companies that dedicate resources to reduce it. Since its inception, CONAES has had a direct impact on 150,000 Mexican workers and indirect impact on an estimated 560,000

family members. In 2009, USAID promoted similar efforts among business groups in the northern state of Tamaulipas and fostered closer ties between CONAES and the Mexican Social Security Institute (IMSS), which provides HIV services for private sector workers. CONAES signed an agreement with IMSS uniting the private sector, the Government, and civil society in combating HIV/AIDS-related stigma in the workplace. The IMSS, funded by contributions from employers, beneficiaries, and the Government, offers health services to the Mexican population engaged in the formal labor market and their families.

Although Mexico has offered access to HIV treatment since 2003, stigma and discrimination remain barriers to seeking information, testing, and treatment. In 2009, USAID-supported training to reduce stigma and discrimination reached more than 300 people. The purpose of the training was to improve services and encourage vulnerable populations to seek timely testing and treatment. During 2009, USAID provided technical assistance to Mexico's National AIDS Program to develop materials to reduce stigmatization of sexual minorities and HIV-positive individuals by health workers in government outpatient HIV/AIDS clinics.

Historically, HIV infection in Mexico has been concentrated in men, but the proportion of women infected is growing. Estimates suggest that today one in four HIV-positive people is female. Gender inequality and violence put women and girls at risk of exposure to HIV, while economic and social dependence on men constrain women's ability to negotiate safe sex. To address these challenges, USAID supported workshops on empowerment and advocacy to build the leadership capacity of HIV-positive women and build a national network in 2009. As a result, HIV-positive women are now on such decision-making bodies as Mexico's Global Fund Country Coordinating Mechanism and the governing board of the National AIDS Program.

Important Links and Contacts

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Web site: http://www.usaid.gov/locations/latin_america_caribbean/country/mexico/

USAID's HIV/AIDS Web site for Mexico:

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/mexico.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids and Latin American and Caribbean HIV/AIDS Initiative Web site:

http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html.

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