



# HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	29.9 million (mid-2010)
<b>Estimated Population Living with HIV/AIDS**</b>	76,000 [57,000–97,000] (end 2007)
<b>Adult HIV Prevalence**</b>	0.5% [0.3–0.6%] (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations***</b>	FSWs: 0.69% (24 cities) (2002) MSM: 13.7% (5 cities) (2002)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy****</b>	48% (end 2007)

\*Peru National Institute of Statistics and Information \*\*UNAIDS \*\*\* DGE-Ministry of Health/PREVEN Project and DGE-Ministry of Health/IMPACTA as reported in UNGASS 2010 \*\*\*\*\* WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Peru's HIV/AIDS epidemic is primarily concentrated among certain populations. According to UNAIDS, adult HIV prevalence was estimated to be less than 1 percent. As of July 2010, the cumulative reported number of persons infected with HIV was 41,638, and there were 26,566 cases of AIDS, according to the Ministry of Health (MOH). The male/female ratio for AIDS diagnoses in 2009 was 3.02 to 1, according to the MOH. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates 76,000 Peruvians are HIV positive, which means many people at risk do not know their status. According to UNAIDS, there were 3,300 deaths due to AIDS in Peru in 2007 (UNAIDS, 2008).

HIV transmission is not currently a major problem outside of Peru's large urban areas and Amazonian regions. Among Peru's reported cases of HIV/AIDS, 77 percent are in Lima and Callao, the capital city area (United Nations General Assembly Special Session (UNGASS) report, 2010). Sexual transmission accounts for the majority (97 percent) of cases, followed by mother-to-child transmission (2 percent), and contaminated blood and blood products (1 percent) (UNGASS, 2010). The prevalence among men who have sex with men (MSM), which was 13.7 percent in five cities in 2002, has continued to rise in recent years, while prevalence remains low (less than 1 percent) among female sex workers (FSWs). A recent analysis by Alarcon-Villaverde indicated MSM account for a large proportion of HIV incidence (55 percent) in Peru (UNAIDS, 2009). In addition, transsexuals who are sex workers are the most affected population, with an estimated prevalence between 32 percent and 45 percent (UNGASS, 2010). Although 96 percent of FSWs report having used a condom with their last client, the frequency of condom use among male sex workers at last commercial sex was only 42 percent, according to the 2008 UNGASS report. In addition, according to the 2005 UNGASS report, the sentinel surveillance implemented in 2005 showed a HIV/AIDS prevalence of 1.1 percent in the prison population in Lima. According to a study by Ruiz in 2003, Lurigancho (an overpopulated prison in Lima) reported a 2.6 percent HIV prevalence.

Untreated syphilis, gonorrhea, and chlamydia infections in men and women and trichomoniasis and bacterial vaginosis in women are factors in the increasing risk of HIV transmission in Peru. In a multivariate analysis of MSM in Peru conducted by Sanchez, Lama, et al., MSM who had incident syphilis or HSV-2 were 5.9 times more likely to acquire HIV than MSM who did not have these infections. According to the 2009 Demographic and Health Survey, 14 percent of the women surveyed among those reporting history of sexual intercourse reported having sexually transmitted infection (STI) symptoms. Inadequate and ineffective treatment of STIs is common in Peru. Given the low level of sexual education, limited condom use, and risky sexual behaviors – including having multiple partners and sex work – practiced by some subpopulations, there is a potential for the further spread of HIV in Peru. According to the 2008 UNGASS report, less than 5 percent of schools offer sex education, including information about HIV. One study by Klausner and Mendoza (2002) in 34 neighborhoods in Lima, Chiclayo, and Trujillo reported 18 percent of young people aged 18 to 30 had had more than one sex partner in the last year, 8 percent had more than one partner in the last three months, and their condom use was low.



## National Response

Peru was one of the first countries in Latin America to offer prophylaxis for the prevention of mother-to-child transmission of HIV (PMTCT), although currently PMTCT coverage is only 56 percent, according to the 2010 UNGASS report. Peru's strategy to prevent HIV/STIs was called a model for the Andean region, and, in 2000, UNAIDS cited Peru's HIV/AIDS prevention program as one of the best in the world. Soon after, however, political turmoil, an economic crisis, and repeated changes in key personnel combined to undermine MOH operations, including the HIV/STI program. In a major restructuring of the MOH in 2002 and 2003, several vertical programs, including the National AIDS Program, were merged. This was accompanied by a reduction in funding and management capacity for AIDS, tuberculosis (TB), child immunization, and other programs. In 2004, the MOH began reconstituting its HIV/AIDS program, with the goals of limiting the expansion of the epidemic by preventing new infections and providing appropriate and effective care and support to those who have HIV/AIDS.

In 2007, a new Strategic Multisectoral Plan for the Prevention and Control of STI/HIV/AIDS for 2007–2011 was designed based on evidence-based strategies. Most-at-risk populations (MARPs) were included as one of the most important target populations. The Plan proposed nine strategic objectives, including prevention, care, and policy issues. One strategic objective was the reduction of HIV and STIs among MSM, FSW, and prison inmates. The Plan proposed the following activities: promotion and distribution of condoms, advocacy for promotion and access to services, improvement of STI/HIV services, STI/HIV facilities, treatment of STIs, strengthening the peer-educator strategy, and strengthening community-based organizations of MSM and FSW. Since the plan was designed to guide HIV/STI activities for 2007–2011, Global Fund to Fight AIDS, Tuberculosis and Malaria projects in Peru (especially the sixth round) used it as a framework for their activities.

Public health services are the main source of care for HIV/AIDS and STIs in Peru, most of which are delivered by the MOH, regional health authorities, and the social security system. In coordination with the MOH, other state sectors, such as the Ministry of Education and the Ministry for Women and Social Development, have prevention programs directed at adolescents and children, which promote healthy lifestyles and reduction of high-risk behaviors. Education efforts for HIV prevention in schools are being implemented as part of activities financed by the Global Fund and the U.S. Agency for International Development (USAID).

Peruvians living with HIV/AIDS are protected by Laws 26626 (1996) and 28243 (2004), which recognize fundamental rights of autonomy, confidentiality, and nondiscrimination, and guarantee medical treatment according to the state's capacity. HIV testing for pregnant women is mandatory where there is a risk (although this is criticized by human rights observers), and the state is required to provide integral care (including treatment) to all people living with HIV/AIDS (PLWHA). According to the WHO/UNAIDS/UNICEF *Towards Universal Access* report, only 48 percent of HIV-infected people in need of antiretroviral therapy (ART) were receiving it in 2007.

Activities supported by the Global Fund represent a large proportion of the investment in HIV/AIDS in the country. Although the Government of Peru is in charge of the procurement of antiretroviral drugs (ARVs), Peru has obtained funding for HIV/AIDS activities through the Global Fund's second, fifth, and sixth rounds. The Global Fund has disbursed a total of \$57.8 million since 2003. Initial activities emphasized the provision of ART, but later projects emphasized prevention, particularly in MARPs (i.e., MSM and sex workers). The U.S. Government (USG) provides nearly 30 percent of the Global Fund's contributions worldwide.

The Country Coordinating Mechanism (CCM) was established to coordinate activities supported by the Global Fund. Under the CCM, government ministries, organizations of people living with HIV/AIDS (PLWHA), populations vulnerable to HIV and those affected by TB and malaria, nongovernmental organizations (NGOs), faith-based groups, academia, and international organizations oversee and coordinate Peru's response to the epidemic. The CCM steered the development of the Strategic Multisectoral Plan for the Prevention and Control of STI/HIV/AIDS for 2007–2011. The latest sixth-round Global Fund grant aims to reduce the incidence of HIV in vulnerable populations and prevent an increase in new cases within the general population by implementing the new strategic Plan.

## USAID Support

Through USAID, Peru received \$1.2 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Peru 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.

In 2008, USAID worked with national and regional health and education authorities, academic research groups, and NGOs to bolster prevention activities with high-risk groups and the general population, and to prevent mother-to-child transmission. By leveraging local resources, USAID exceeded its targets, reaching 102,780 adolescents in two hot spot regions (Ucayali and Loreto) with HIV prevention activities and 161,000 individuals in the general population from those regions (as well as 7,000,000 through a mass media campaign that included Lima). To better target interventions, USAID collaborated with a Peruvian university to conduct a population-based survey exploring HIV prevalence and risk factors among 18 to 29 year olds in larger Peruvian cities and a similar survey among Amazon native communities. USAID-supported interventions in major prisons reached 10,000 inmates through programs focused on improving access to voluntary counseling and testing, promoting condom use, and reducing stigma and discrimination. In Ucayali, innovative marketing strategies using peer vendors increased condom purchases by MSM and sex workers.

To promote sustainability through cost-recovery, USAID supported the provision of high-quality care for clients who were able and willing to pay a fee. This project was implemented by a Peruvian NGO in order to provide differentiated services for PLWHA (e.g., HIV prevention, prevention with positives, nutrition, counseling, gynecology, gym, etc.). The institution used a feasibility study to evaluate cost-recovery options, including fees for users who were able to afford it, to promote sustainability of the intervention.

In 2009, USAID contributed to the development of regional HIV/AIDS plans, raised HIV/AIDS awareness, and improved monitoring and evaluation activities and surveillance. With USAID's assistance, the regions of Ucayali and Loreto developed strategic multisector HIV plans, initiated training programs for health providers on comprehensive care of PLWHA, and updated digital maps identifying concentrations of MARPs (MSM and sex workers in Loreto). Additionally, USAID helped the regional governments of Loreto, Ucayali, Huánuco, and Junín to improve monitoring and evaluation activities and HIV/AIDS and STI surveillance. Vulnerable children and adolescents living with HIV/AIDS are another growing concern, and USAID supported the organization of the First National Meeting of Adolescents Affected by HIV, as a prelude to a regional forum. In 2009, USAID provided technical assistance and sponsored the fifth Latin American and Caribbean Forum on HIV/AIDS/STI in Lima. The Agency also sponsored and assisted the establishment of a business council to support HIV prevention and workplace policies. Other key USAID HIV/AIDS activities include implementing plans for improving performance of HIV/AIDS programs in most-affected regions.

In general, USAID supports and complements activities under the Global Fund and functions in an advisory role in the Peruvian CCM. As a result of USAID assistance, the Global Fund is using a monitoring and evaluation tool to improve the oversight of Global Fund projects, which has allowed the CCM to provide more effective leadership and guidance to Global Fund recipients.

## **Important Links and Contacts**

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USAID's HIV/AIDS Web site for Peru:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/peru.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/peru.html).

For more information, see the USAID's HIV/AIDS Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids](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](http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html).