USAID | MEXICO
FROM THE AMERICAN PEOPLE

HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	108.7 million (mid-2007)
Estimated Population Living with HIV/AIDS**	180,000 [99,000-440,000] (end 2005)
Adult HIV Prevalence**	0.3% (end 2005)
HIV Prevalence in Most-At-Risk Populations**	Male Sex Workers: 15% (25%, Monterrey; 20%, Guadalajara and Mexico City, 2006; 12%, Nezahualcóyotl, 2007) FSWs: 6%, Tijuana and Ciudad Juarez (2006) IDUs: 3.9% (16%, Tijuana and Ciudad Juarez, 2006) MSM: 10 -13.5%
Percentage of HIV-Infected People Who Need Treatment That Receive ART***	76% (end 2006)

*US Census Bureau **UNAIDS and WHO *** WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

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, UNAIDS estimates that, because of Mexico's large population, approximately 180,000 people were living with HIV/AIDS in 2005. In 2005, there were 6,200 deaths due to AIDS in Mexico. The epidemic is concentrated in high-risk communities, such as men who have sex with men (MSM) and commercial sex workers, and has not yet become generalized. This situation presents both a challenge and an opportunity to step up prevention measures to contain the spread of HIV/AIDS in Mexico and in the region.

According to the national registry of AIDS cases, 91.4 percent of reported cases were the result of sexual transmission in 2005. The AIDS epidemic is concentrated primarily among MSM, sex workers and their clients, and people who inject drugs. Results of a 2006 study by Bravo-Garcia et al. reported by UNAIDS indicate that sex between men accounts for 57 percent of the HIV infections. Mexico's National Center for HIV/AIDS Prevention and Control (CENSIDA) estimates that HIV prevalence among MSM was 10 to 13.5 percent in 2006. Results from studies in 2006 by Gayet et al., Magis et al., and the Biological Behavioral Surveillance Survey conducted in Mexico showed that HIV prevalence rates among male sex workers were 25 percent in Monterrey, 20 percent in Guadalajara and Mexico City, and 12 percent in Nezahualcóyotl. 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. in 2006 showed that HIV prevalence in Tijuana and Ciudad Juarez, cities on the U.S. border, was 6 percent among FSWs and 16 percent among IDUs. Research by Gayet et al. in 2006 also showed that 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. The role of IDUs in Mexico's epidemic is difficult to determine, but an association with drug use has been observed in cities along the border with the United States, where the spread of HIV through the sharing of drug-injecting equipment is of growing concern. Population mobility is 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. 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 become generalized due to high-risk behaviors in the general population. There are signs that heterosexual transmission of HIV is increasing as more women are being infected. According to a recent population-based survey by the National Council for HIV/AIDS Prevention and Control, in 2001, 15 percent of married and cohabitating men reported extrarelational sex during the last 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. According to published research by Olivarrieta and Sotelo (1996) and others, the prevalence of domestic violence in Mexico varies between 30 and 60 percent. 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 more than 77 percent of the population lives. Most HIV prevention programs focus on urban populations, though 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 treatment (ART).

The spread of HIV/AIDS in Mexico is exacerbated by stigma and discrimination (S&D), which act as a barrier to prevention, testing, and treatment. The 2001 UNGASS declaration stated that "stigma, silence, discrimination and denial, together with lack of confidentiality, weaken the prevention efforts, care and treatment." S&D 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 in Mexico 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 that 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 that 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 that MSM experienced within their families.

The potential for HIV-tuberculosis (TB) co-infection is also a concern in Mexico, as it is in other countries. Studies have shown TB to be 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 10 per 100,000 and 1.1 percent of adults newly diagnosed with TB were found to be HIV-positive in 2006.

National Response

Mexico has a national policy on HIV/AIDS treatment and has made notable gains in providing access to ART for the infected population. Since 2003, Mexico has been providing universal access to ART through the national health system. Although the WHO/UNAIDS/UNICEF report *Towards Universal Access* states that 76 percent of HIV-infected people who needed it were receiving ART in December 2006, the government indicates that everyone identified with advanced disease is receiving treatment. Mexico was also successful in securing the 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 as well as with NGOs, including organizations of persons 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.

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.

In a landmark decision in February 2007, Mexico's Supreme Court ruled that it was unconstitutional for the military to discharge 11 HIV-positive soldiers and deny them access to military health services. The court ruled that being HIV-positive does not in itself imply an inability to serve in the armed forces and that the military must decide on a case-by-case basis whether or not a soldier can remain in active service. The ruling establishes a precedent allowing dismissed soldiers to seek redress in federal appeals court.

USAID Support

Through the U.S. Agency for International Development (USAID), Mexico in fiscal year 2008 received $2.2 million for essential HIV/AIDS programs and services. USAID programs in Mexico are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of $39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID/Mexico supports the prevention and control of two diseases that pose a major threat to global health: HIV/AIDS and TB. Diseases do not recognize borders. The spread of disease in Mexico impacts the United States and vice versa, and prevention efforts in one country will inevitably have an impact on the other.

Mexico's concentrated epidemic calls for prevention activities directed toward specific groups. USAID/Mexico works with Mexico to contain and reduce infection within vulnerable populations and to reduce the S&D associated with the disease. USAID/Mexico has achieved the following results:

- Reached more than 150,000 individuals with behavior change messages in fiscal year 2007
- Reached thousands of prisoners through 360 workshops since 2003, discouraging them from engaging in high-risk behaviors both in and out of prison
- Identified outlets and distributors to increase the availability of condoms among high-risk groups
- Supported a behavioral surveillance study on sexual practices and HIV prevalence in vulnerable populations in Tampico, Monterrey, Acapulco, and Nezahualcóyotl

USAID has also worked to promote a private sector response to HIV. With USAID support, a National Business Council on AIDS (CONAES) was launched on December 1, 2004, to reduce S&D in the workplace. It recognizes that if employers have a zero-tolerance policy for HIV-related S&D in the workplace, their employees and surrounding communities are less likely to stigmatize HIV/AIDS in nonwork 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 beginning, CONAES has directly impacted 150,000 Mexican workers and has had indirect impact on an estimated 560,000 family members. Private companies contributed more than $400,000 in resources to this effort, and the project has served as a model for similar efforts in other countries in the region. CONAES became an independent civil society organization in December 2006 and currently has 30 member companies committed to eradicating HIV-related S&D in the workplace. USAID is currently providing funding to support a similar project in Tijuana.

USAID/Mexico also responds to HIV/AIDS through its Training, Internships, Exchanges and Scholarships (TIES) program for U.S.-Mexico university partnerships. A partnership between Mexico's National Institute of Public Health and the University of California, Berkeley focuses on training to address HIV/AIDS and TB prevention and care. The program focuses on improving efficiency through economic evaluations of HIV/AIDS/TB interventions, program evaluation, financial management, policy analysis, and epidemiology.

A second TIES partnership focuses on improving the binational response to HIV/AIDS prevention by strengthening the capacity of Mexican public health practitioners, outreach workers, and policymakers and expects to train at least 200 students in HIV/AIDS prevention over three years.

USAID and the Mexican Secretariat of Health signed a bilateral agreement in August 2000 to work together to develop a sustainable and effective capacity in Mexico to diagnose, control, and monitor TB. USAID continues to collaborate with the Health Secretariat's National TB Program network to control, prevent, and diagnose TB in priority areas, including the United States/Mexico border. In 2008, USAID, the Mexican Secretariat of Health, the U.S. Centers for Disease Control and Prevention (CDC), the Pan American Health Organization, and CENSIDA will collaborate on a national survey on TB drug resistance.

The survey will measure resistance to first- and second-line TB drugs and will test for HIV in TB-positive individuals in order to determine rates of HIV-TB co-infection.

Important Links and Contacts

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USAID HIV/AIDS Web site for Mexico:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/mexico.html

For more information, see USAID 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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