

Sexual Transmission of HIV and STIs in Latin America and the Caribbean

Rafael Mazin, M.D., M.P.H.
PAHO/WHO



Adult Prevalence Rates of HIV/AIDS in the Americas (ages 15-49)

- 0.56% in North America
- 0.57% in Latin America
- 2.1% in the Caribbean



Development of Interventions to Prevent Sexual Transmission of HIV & STIs

- Achievements
- Obstacles
- Lessons learned
- Remaining challenges



The Context and the Background...

- *“Third world”* countries
- Lack of access to technologies
- Machismo-infested culture
- Linguistic unity
- Catholicism as a huge barrier
- Tolerance to diversity...

Oftentimes definitions of “Latin American” or “Caribbean” peoples or cultures are oversimplifications based on stereotypes



The Context...

- Levels of infection and patterns of spread are more varied in the LAC region than in any other geographical region of the world

Mostly concentrated among groups with augmented vulnerability

—



Typology of the HIV/AIDS/STI Epidemic

- ❑ Low level transmission (e.g. Bolivia, Nicaragua, Paraguay)
- ❑ Concentrated (majority of countries)
- ❑ Generalized (e.g. Bahamas, Haiti, Guyana)



The Context...

Factors associated to augmented vulnerability:

Social Class and Poverty

Gender

Being Sexually “Different”

Ethnicity



The Background...

Changes we have witnessed:

- Shift from “concern of few” to “problem of all”
- from focus on “risk” to emphasis on “vulnerability”
- from abandonment and disregard to seizure of the problem and turf fights



The Background...

Changes we have witnessed:

- from a “health issue” to a “development problem”
- from focus on individual behavior to environmental factors
- from improvisation to “better-known practices”



Development of National Plans and Programs

- Phase I. - Emergency response and Short-Term Plans (STPS) -- 1983-1987
- Phase II. - Establishment of NAPs and first Medium-Term Plans (MTP-I) -- 1988-1991
- Phase III. - Consolidation of NAPs and second Medium-Term plans (MTP-II) -- 1992-1995
- Phase IV. - Establishment of UNAIDS and development of expanded response (1996 -Present)



Most Common Interventions

Type of intervention	Impact	Frequency of implementation	Governmental involvement
Campaigns in media	Limited	+++	+++
Comprehensive Sex Education	Limited	++ /?	++
VCT	Limited	++/?	+++
Youth peer education	Limited	+++	++
Interventions aimed at MSM	High	++	0/+
Peer education among CSW	High	+/?	+/?
Management of STI	Medium	+/?	++



Most Common Problems

- Incomplete understanding or misunderstanding of sexual folkways, mores, traditions, values and behaviors...
- Extrapolation of models alien to Latin American cultures



Most Common Problems

- Lack of theoretical background for development of interventions
- Misuse of models
- Incomplete evidence of effectiveness/impact
- Attention diverted from critical issues (e.g. homophobia, sexism)



Most Common Problems

- Failure to involve stakeholders in development of interventions
- Lack of culture of evaluation
- Loss of institutional memory
- Scarcity of culturally-appropriate, evidence-based approaches



Major Obstacles

- Political and Religious Conservatism
- Lack of Political Commitment
- Turn over and continuous “reinvention of the wheel” at the decision-making level
- Rift between GO’s and Community-based Organizations
- Mercenaries, Filibusters and People living of AIDS



Major Obstacles

- Dilution of efforts at the international, national and local level
- Scarcity of resources
- Use of “decaffeinated” approaches
- The mirage of access to a cure
- Fatigue, habituation, boredom and lack of awareness



The Challenges:

- Political commitment
- Explicit policies
- Legal instruments
- Good Comprehensive Education
- Infrastructure
- Research
- Surveillance
- Culture

