



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MEXICO

Mexico ranks 13th globally, and third in the Americas in the number of reported AIDS cases. The first AIDS case in Mexico was diagnosed in 1983.

Although the spread of the disease was slow in its initial stages, Mexico witnessed an exponential increase in HIV infections between 1988 and 1995. Since 1996, the rate of new infections has stabilized.

Because Mexico serves as a transit country for thousands of Latin American migrants seeking work in the United States, the country is vulnerable to HIV/AIDS crossing its borders via mobile populations. Given the many people who move between Mexico and the United States—through commerce, tourism, family ties, and migration—collaboration with Mexico in its HIV prevention efforts, not only contributes to global health, but is critical to U.S. national interests and the protection of U.S. citizens.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	150,000
Total Population (2001)	100,368,000
Adult HIV Prevalence (end 2001)	0.3%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	0.3%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.1%

Sources: UNAIDS, U.S. Census Bureau

According to official reports from Mexico's National AIDS Program, as of March 31, 2002, a cumulative total of 52,472 AIDS cases had been recorded in the country. The government estimates, however, as many as 64,000 AIDS cases, and an additional 116,000 to 177,000 people are currently infected with HIV. These numbers are similar to UNAIDS' estimates in that by the end of 2001, 150,000 people were living with HIV/AIDS in Mexico, yielding an adult prevalence of 0.3 percent.

Most infections are in the 25-to-34-year age group. Although the disease is the 16th leading cause of death in Mexico, it jumps to fourth among men, ages 25–34, and seventh among women in this age group. HIV/AIDS in Mexico is primarily transmitted through sexual contact, which accounts for almost 90 percent of all cumulative cases. The epidemic is concentrated mainly among men who have sex with men. Of the nearly 150,000 people living with HIV/AIDS, it is estimated that approximately two-thirds, or 99,000, are men who have sex with men; 38,600 are adult heterosexuals; 3,300 are female commercial sex workers; 1,700 are male commercial sex workers; 4,500 are prisoners; and 2,900 are injecting drug users.



The epidemic continues to be concentrated in men, with a male-to-female ratio of 6:1. However, heterosexual transmission is increasing, and, in some southern states (Tlaxcala, Puebla, Chiapas, and Hidalgo), it is now the predominant mode of transmission. In addition, migration is having an effect on the spread of HIV/AIDS to rural areas of Mexico and among women.

1300 Pennsylvania Avenue NW
Washington, DC
20523-3600

www.usaid.gov

Map of Mexico: PCL Map Collection, University of Texas

NATIONAL RESPONSE

Mexico's National AIDS Program, now known as CENSIDA (Centro Nacional para la Prevencion y Control VIH/SIDA/ITS) was created in 1988. CENSIDA has achieved notable success in its efforts to protect the blood supply, thereby averting an estimated 3,700 cases in the past 15 years. Maternal-to-child transmission is also low. Mexico has a free national treatment policy to prevent this form of transmission, and, during the year 2000, only 14 perinatal cases were diagnosed. The Secretariat of Health has pledged to provide antiretrovirals to all who need them by 2006 and estimates coverage is currently approaching 90 percent.

CENSIDA's activities are primarily focused on prevention of HIV transmission; reduction of the impact on individuals, families, and society; and coordination of institutional, interinstitutional, territorial, and intersectorial programs. CENSIDA also closely coordinates with Mexico's 300 nongovernmental organizations and organizations of persons living with HIV/AIDS.

CENSIDA's recent accomplishments include:

- Creation and enhancement of state programs for AIDS prevention and control through the decentralization of the Secretariat of Health;
- Introduction of HIV/AIDS prevention programs for specific risk groups (migrants, homeless boys and girls, injecting drug users, men who have sex with men, pregnant women, adolescents, female sex workers, and long-distance truck drivers);
- Introduction of an HIV/AIDS telephone hotline;
- Increased access to HIV testing in high-risk populations through expanding the number of laboratories; and
- Improvement of dialogue and consultation with nongovernmental organizations and organizations of people living with HIV/AIDS.

CENSIDA has prepared a comprehensive Program of Action 2001–2006 for addressing the HIV/AIDS epidemic in Mexico. The plan is congruent with the goals and objectives adopted at the June 2001 United Nations General Assembly Special Session on HIV/AIDS. It includes a monitoring and evaluation section describing the measurement and data collection instruments that will be used to demonstrate impact. CENSIDA is also the collaborating partner with the World Bank in carrying out activities under the HIV/AIDS component of the World Bank loan to Mexico.

Mexico has approximately 300 civil society groups working on HIV/AIDS. These groups have made a valuable contribution to the response in Mexico, given their ability to reach underserved and marginalized populations.

USAID SUPPORT

The United States Agency for International Development (USAID) is the largest bilateral donor in HIV/AIDS to Mexico. In 2002, USAID allocated \$1.5 million to HIV/AIDS activities in Mexico.

Under USAID/Mexico's 2004–2008 strategy, HIV/AIDS activities fall under the Infectious Disease Strategic Objective: "More Effective Prevention and Control of Infectious Diseases in Vulnerable Populations." The Mission will strive to improve the use of HIV/AIDS prevention services and practices by enhancing the policy environment for HIV prevention and services, and increasing access to services among the most at-risk groups.

While USAID is the largest bilateral donor in Mexico, the agency's support is a small part of the overall Mexican response to HIV/AIDS, which is funded primarily by the Government of Mexico, and supplemented with a World Bank loan. To achieve measurable impact within the national response, USAID/Mexico's HIV funding will be both programmatic and geographically focused.

USAID's assistance will focus on primary prevention as the most cost-effective way to prevent the spread of HIV. Activities will be concentrated in four areas:

- Condom social marketing and behavior change;
- Stigma;

- State-level multisectoral groups; and
- Behavioral surveillance.

In addition, USAID will address several cross cutting issues, including human rights, participation of people living with HIV/AIDS, participation of vulnerable populations, youth, and gender.

USAID's current strategy in Mexico targets HIV prevention among selected states in central and southern Mexico: Yucatan, Guerrero, State of Mexico and the Federal District, Puebla, Oaxaca, Veracruz, and Chiapas. The states were chosen in collaboration with CENSIDA and based on socioeconomic development, numbers of AIDS and sexually transmitted infections cases, levels of internal and external migration, and the existence of an organized response to HIV/AIDS.

USAID-supported programs include:

Condom social marketing and behavior change

USAID supports condom social marketing programs among the most vulnerable populations in targeted geographic areas, including trade and migration routes from Central America into Mexico. USAID-supported condom social marketing efforts will have a two-pronged approach. The first entails targeting specific vulnerable populations: male commercial sex workers, other identifiable men who have sex with men, female commercial sex workers, and injecting drug users.

The second prong will entail reaching men, in specific occupations and contexts (including the broader category of non-identifying men who have sex with men), with safer sex behavior change messages. This will include men working as uniformed personnel, seamen, truck drivers, and other transporters. It will also include men engaged as migrant workers, including coyotes, and owners and managers of migrant work centers.

Multisectoral citizen groups

During the past four years, USAID has successfully supported the creation and capacity building of state-level HIV/AIDS multisectoral groups in selected states. These groups bring together key actors in the fight against HIV/AIDS in each state to work on strategic planning and advocacy and to promote a full community response to HIV/AIDS.

Another key component of the multisectoral groups is the media. The media has an important role to play in shaping the communities' understanding of HIV, and an important role in reducing and mitigating the stigma associated with HIV and risk behaviors. USAID plans to expand its assistance for the development of multisectoral groups to the southern states by supporting the transfer of lessons learned from existing state-level, multisectoral groups.

People living with HIV/AIDS

USAID/Mexico recognizes the vital importance of involving people living with HIV/AIDS in the decision-making process at all levels of program development, implementation, and monitoring. Through the provision of technical support for organizational and advocacy efforts, organizations of people living with HIV/AIDS will be able to mobilize and assist their constituencies so people living with HIV/AIDS are able to play a key role in the response to HIV/AIDS in Mexico.

Stigma

Under the current 1998–2003 HIV strategy, USAID supports an HIV stigma pilot research activity in Mexico. The results of this activity will enable CENSIDA and other stakeholders in Mexico to improve the effectiveness of primary prevention through stigma reduction and mitigation activities. Therefore, in the interest of building on the stigma research activities supported under the present strategy, another key programmatic element of USAID/Mexico's HIV/AIDS program will be in the area of stigma reduction and mitigation.

To strengthen the effectiveness of behavior change interventions, USAID will aim to reduce HIV stigma, as well as stigma associated with vulnerable groups. Among other positive results, stigma reduction and mitigation activities will support the work, particularly the media and public perceptions work, of the state-level HIV multisectoral groups. Further, activities aimed at reducing stigma and discrimination will have a direct impact on preventing transmission of HIV.

Surveillance

To respond to the need for data for decision-making and for timely information to monitor the progress of the epidemic, USAID/Mexico, in collaboration with the government of Mexico, will support behavioral surveillance in conjunction with behavior change and condom social marketing efforts. Behavioral information collected from surveillance data will assist both the National AIDS program, state-level, multisectoral groups, as well as USAID and its other partners, in devising the most efficient strategies for addressing the epidemic.

For More Information

From the U.S.:

American Embassy Mexico
P.O. Box 9000
Brownsville, TX 78520-9000

From Mexico:

Embajada de Estados Unidos
Paseo de la Reforma 305
Col. Cuauhtemoc
06500 Mexico, D.F.

Tel: 52-55-5080-2000

Fax: 55-5080-2000

USAID HIV/AIDS Web site, Mexico:

<http://www.usaid.gov/regions/lac/mx/>

*Prepared for USAID by TvT Global Health and Development Strategies /Social & Scientific Systems, Inc.,
under The Synergy Project*

For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

June 2003

