

2024 DATA

13% increase in number of new HIV infections between 2010 and 2024

31% decrease in number of AIDS-related deaths between 2010 and 2024

People living with HIV:
2.5 million
[2.2 million–2.8 million]

New HIV infections:
120 000 [94 000–160 000]

AIDS-related deaths:
27 000 [19 000–38 000]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 86% [67–>98%]

People living with HIV who are on treatment: 71% [55–82%]

People living with HIV who have a suppressed viral load: 66% [58–74%]

Financing of the HIV response:

Resource availability for HIV: US\$ 2.4 billion (there is a need to improve technical efficiency in programmes and reduce the prices of medicines).

LATIN AMERICA

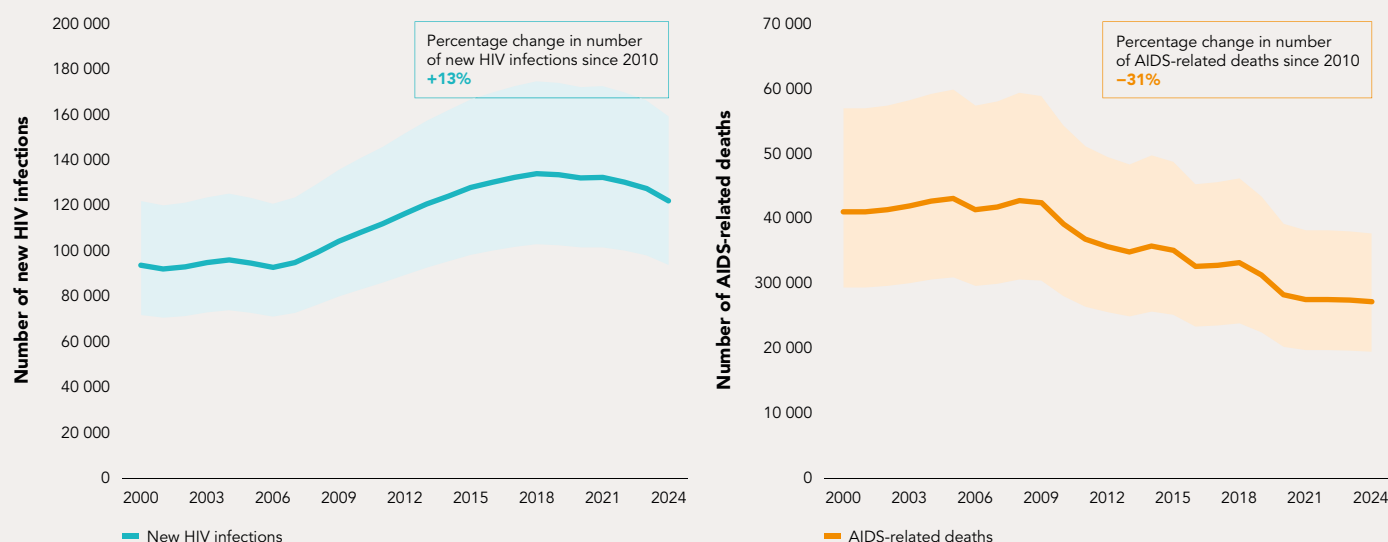
Latin America is one of the three regions in the world where the annual number of new HIV infections has increased (by 13%) between 2010 and 2024—from 110 000 [83 000–140 000] to 120 000 [94 000–160 000] annually (Figure 14.1), with several countries experiencing increases since 2015 (El Salvador, Guatemala, Peru, Venezuela (Bolivarian Republic of)).

The number of AIDS-related deaths has decreased by 31% from 2010 to 2024 in the overall population, but increased in Costa Rica and Paraguay. More than a quarter of new HIV infections (26%) occur among young people aged 15–24 years. Within this age group, young men represent 77% of new HIV infections.

HIV prevention efforts in the region are not reaching the people most at risk. Despite availability of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis and HIV self-testing, scale-up remains too slow. Slightly less than a quarter of a million people used PrEP in 2024, far from the regional target of more than two million people by 2025. This gap reflects a lack of investment and insufficient policy and programme reforms (1).

Numbers of new HIV infections and AIDS-related deaths continue to rise

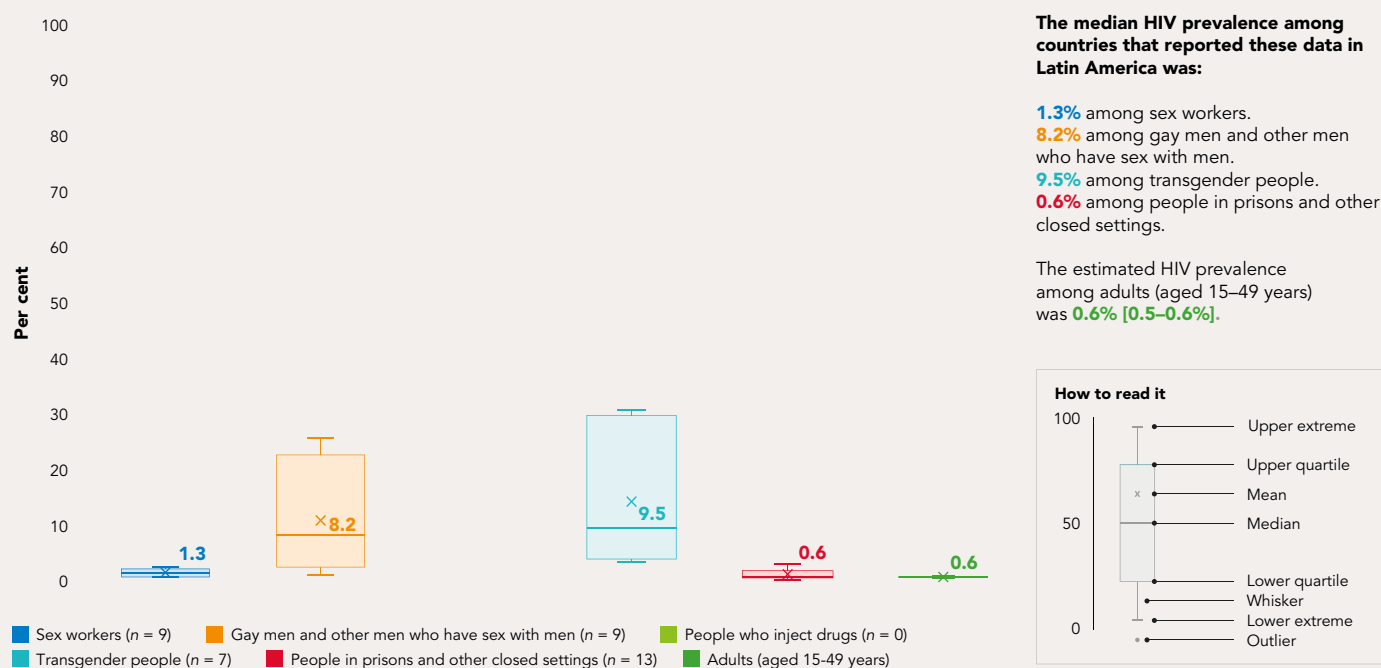
Figure 14.1. Numbers of new HIV infections and AIDS-related deaths, Latin America, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

People at increased risk of HIV still lack services

Figure 14.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in Latin America, 2020–2024



Note: n = number of countries. Total number of reporting countries = 17.

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

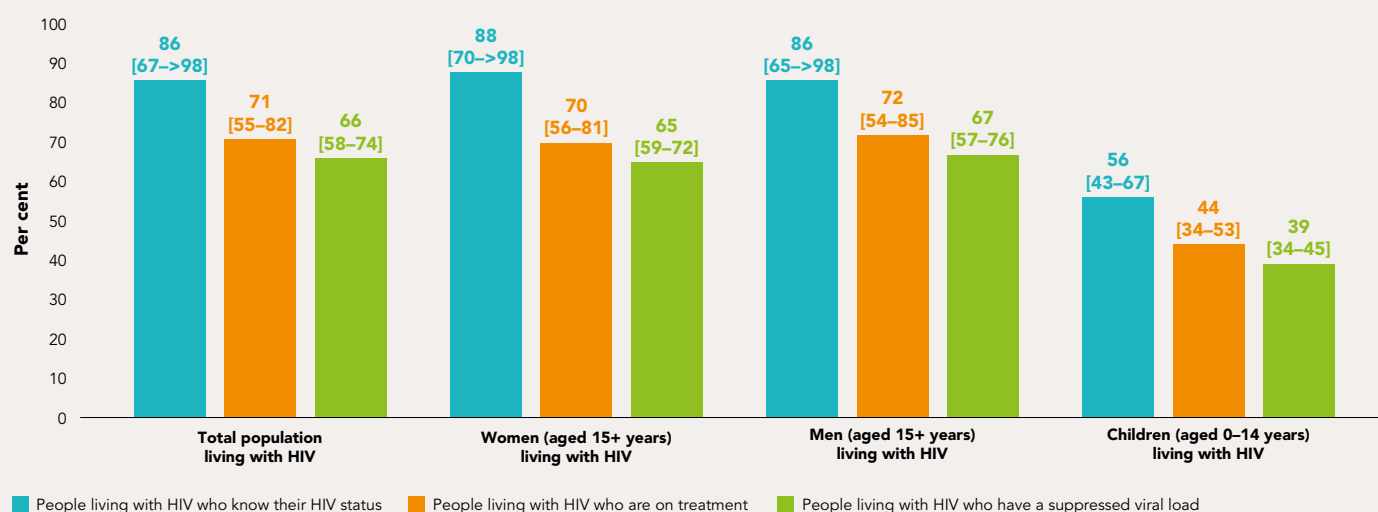
Brazil has shown regional leadership in expanding PrEP access, demonstrating what is possible with sustained commitment (2). High prevalence has been reported among non-migrating Afro-descendant and Indigenous populations in some countries, including Brazil, where the prevalence of HIV among Afro-descendant women is two times higher than in the overall female population (3), and Guatemala (4). High HIV prevalence (more than 5%) has been reported among Indigenous communities in the Bolivarian Republic of Venezuela (Warao) (9.6%), Peru (Chayahuita) (7.5%) and Colombia (Wayuu women) (7.0%), with geographical and linguistic barriers among the factors affecting access to services for Indigenous people (5). Countries are having to adapt their HIV responses to the significant movements of migrants and refugees in the region (6). Data from across the region suggest that HIV prevalence among migrants is at least double the regional average (7).

Although Latin America is nearing the target for knowledge of status overall, there are notable differences between adults and children: 87% [67–>98%] of adults living with HIV knew their serostatus in 2024, compared with only 56% [43–67%] of children living with HIV. As a result, 71% [55–83%] of adults living with HIV access antiretroviral therapy, compared with only 44% [34–53%] of children. Among people on antiretroviral therapy, 93% [72–>98%] of adults and 88% [67–>98%] of children have a suppressed viral load.

Coverage of services to prevent vertical transmission declined from 66% [59–76%] in 2023 to 56% [49–64%] in 2024 in the region. Coverage is below 60% in Paraguay (declining from 70% [63–76%] in 2010 to 52% [47–56%] in 2024).

HIV testing and treatment cascade, by age and sex, Latin America, 2024

Figure 14.3. HIV testing and treatment cascade, by age and sex, Latin America, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

In the region, community-led organizations can legally distribute condoms and lubricants in 12 countries, provide adherence and retention support in 12 countries, and provide HIV testing and treatment literacy in 11 countries. Community-led organizations cannot legally distribute naloxone in any country and can distribute needles and syringes in only two countries.

Stigma and discrimination continue to impact the health of people living with or at risk of HIV. Data from Stigma Index 2.0 studies in Bolivia, Ecuador, Nicaragua, Paraguay and Peru show that 15% of respondents faced discrimination in HIV-related services, and 27% in other health services (8). In Brazil, 12% of respondents reported discrimination in HIV care and 13% in other health services.

No country in the region criminalizes same-sex sexual acts, but more work is needed to change social norms and attitudes for people to benefit from legal reform. Punitive laws remain on the statute books in many countries in the region: seven countries criminalize sex work; 14 countries criminalize HIV nondisclosure, exposure or transmission; eight countries criminalize possession of small amounts of drugs; and nine countries require HIV testing for marriage, work or residence permits or for people from certain groups. Legal and policy environments are evolving in some countries. Uruguay and the Bolivarian Republic of Venezuela did not have laws criminalizing transgender people, sex work, same-sex sexual acts in private, possession of small amounts of drugs or HIV nondisclosure, exposure or transmission.

Costs of antiretroviral medicines in the region decreased from US\$ 203 per person per year in 2020 to US\$ 148 per person per year in 2023 but are still more than twice as high as those in eastern and southern Africa. Centralized procurement has lowered prices (including for hepatitis C medicines¹) and the use of mechanisms such as those provided by the Pan American Health Organization (PAHO) Revolving Fund. Despite participating in trials, Latin American countries were excluded from voluntary licensing of lenacapavir, and high costs may limit access.

¹ Information reported by countries to Global AIDS Monitoring and direct communication with countries. Analysis presented by the Pan American Health Organization at the Regional Committee Meeting.

Latin America is one of the regions with the highest levels of domestic resources for the HIV response globally, reaching 96% in 2024. For the first time since 2019, domestic resources for HIV in the region increased by 4%, but they are 15% below pre-COVID-19 levels.

Seven of 15 countries reported allocating less than 10% of their total HIV resources to HIV prevention—and of these, five reported allocating less than 5% of their total resources.

Given the context of low economic growth, complex political situations, severe fiscal problems associated with public debt, continuous migrant flows, and the impacts of extreme natural events, it is crucial to ensure sustainable financing of the response, including through domestic funding, innovative financing and global solidarity.

References

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