

Latin America

2025 DATA

25% increase in number of new HIV infections between 2010 and 2025

40% decrease in number of AIDS-related deaths between 2010 and 2025

People living with HIV: 2.6 million [2.3 million–3.0 million]

New HIV infections: 140 000 [100 000–180 000]

AIDS-related deaths: 28 000 [18 000–39 000]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 87% [67–>98%]

People living with HIV who are on treatment: 71% [55–84%]

People living with HIV who have a suppressed viral load: 66% [58–76%]

Elimination of vertical transmission:

Antiretroviral therapy coverage among pregnant women living with HIV: 80% [69–92%]

Vertical transmission rate: 13% [11–15%]

Financing of the HIV response:

Resource availability for HIV: US$ 2.65 billion.

Despite some progress, the number of new HIV infections continues to rise

Latin America is one of three regions in the world where the annual number of new HIV infections is increasing, up by 25% from 110 000 [83 000–140 000] in 2010 to 140 000 [100 000–180 000] in 2025 (Figure 14.1). In the same period, the annual number of AIDS-related deaths decreased by 40% overall in the region but increased in Costa Rica and Paraguay. More than a quarter of new HIV infections (27%) occur among young people aged 15–24 years. Within this age group, young men represent 78% of new HIV infections.

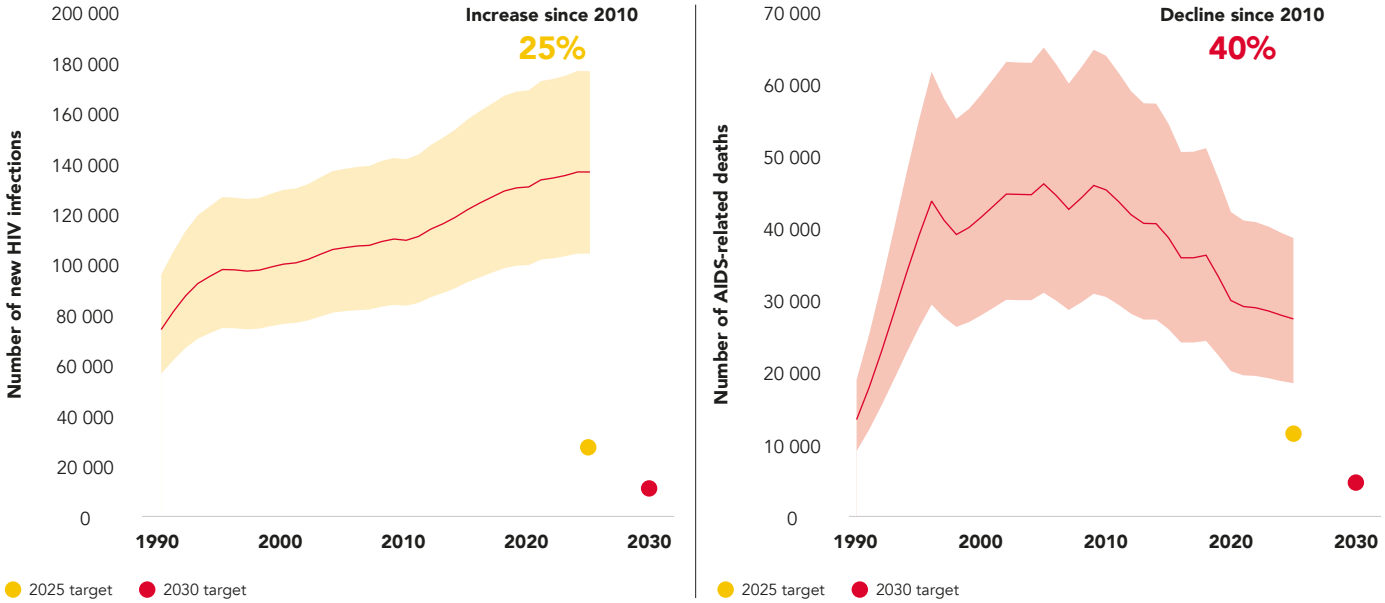
Epidemic trends vary widely by country. Five countries recorded decreasing numbers of new HIV infections between 2010 and 2025—led by El Salvador, with a decline of roughly 60%, followed by Ecuador, Honduras, Bolivia and Colombia— but most countries saw increases, with an increase of more than 100% in the Bolivarian Republic of Venezuela, followed by Brazil (42%) Peru (36%) and Costa Rica (29%).

Key populations continue to have disproportionately high HIV prevalence: 9% among gay men and other men who have sex with men (eight reporting countries) and 8% among transgender people (seven countries), compared with 0.6% [0.5–0.7%] among adults in the general population (aged 15–49 years) (Figure 14.2). Prevalence varies widely between countries.

Testing coverage among key populations is comparatively high: 97% of gay men and other men who have sex with men (eight countries), 96% of sex workers (six countries) and 95% of transgender people (six countries) reported being tested in the past 12 months or knowing they are living with HIV. Antiretroviral therapy coverage among people living with HIV lags well behind, however, at 82% among gay men and other men who have sex with men (seven countries), 56% among transgender people (eight countries) and only 36% among sex workers (eight countries)—indicating a substantial testing-to-treatment gap.

Despite a rising number of new infections, the number of AIDS-related deaths continues to decline

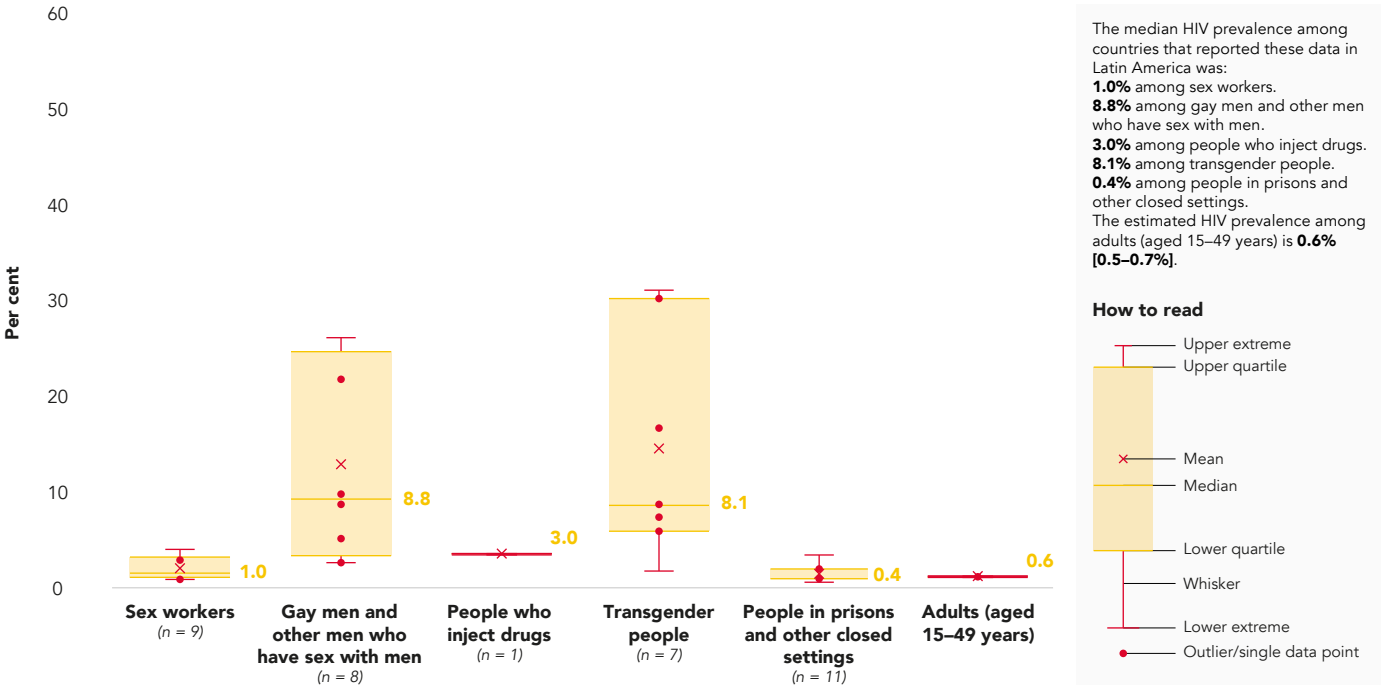
Figure 14.1. Numbers of new HIV infections and AIDS-related deaths, Latin America, 1990–2025, 2025 and 2030 targets



Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

HIV prevalence remains far higher among people from key populations than among people in the general population

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



Source: UNAIDS Global AIDS Monitoring, 2022–2026; UNAIDS epidemiological estimates, 2026 (https://aidsinfo.unaids.org/).
Note: n = number of countries. Total number of reporting countries = 17. Data presented are from fewer than five reporting countries for people who inject drugs (Guatemala).
The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that countries reported similar prevalence, while wide bounds indicate greater disparity in the reported prevalence.

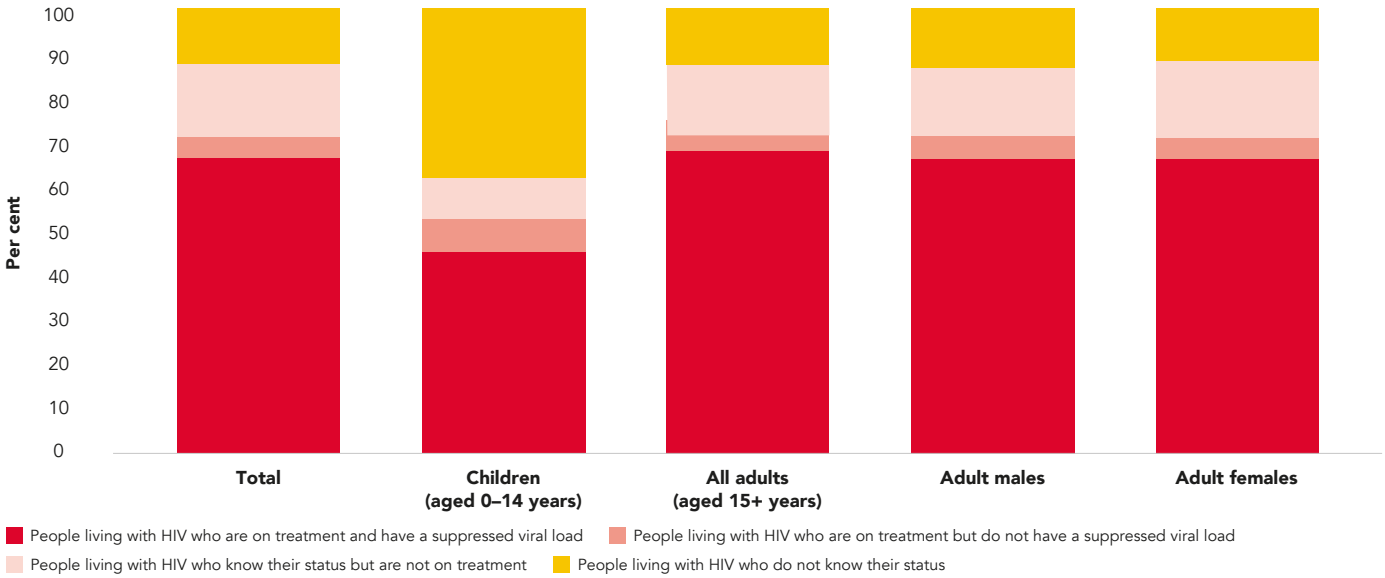
Inequalities in access to services are hampering the HIV response

HIV prevention efforts in the region are not sufficiently reaching the people most at risk. Despite the availability of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis and HIV self-testing, scale-up remains too slow. An estimated 255 000 people in the region used PrEP in 2025, a 7% increase from 239 000 in 2024 across 14 countries. This gap reflects a lack of investment and insufficient policy and programme reforms.[1] Distribution of self testing kits remains limited and inadequately reported, with only five countries submitting data, and with a combined total of around 116 000 kits distributed in 2025. Between 2024 and 2025, HIV testing volumes increased by a marginal 1% (11 reporting countries), and condom distribution declined by 14% (14 countries). Condom use at last sex varies widely, from 93% among sex workers (six countries), to 71% among transgender people (four countries), and only 54% among gay men and other men who have sex with men (seven countries).

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 several countries, including Brazil, where Black people (*pretos* and *pardos*) accounted for 62% of reported AIDS cases in 2021, up from 50% in 2011,[3] and Guatemala.[4] HIV prevalence over 5% has been reported among Indigenous communities in the Bolivarian Republic of Venezuela (Warao) (9.6%), Peru

HIV testing and treatment cascade, by age and sex, Latin America, 2025

Figure 14.3. HIV testing and treatment cascade, by age and sex, Latin America, 2025



Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

1 De Oliveira Alexandre H, Gruskin S, Massuda A, Rita Bertolozzi M, Cotrim Segurado A. HIV pre-exposure prophylaxis in Latin America: public policies, healthcare systems and human rights. Prev Med Rep. 2025;54:103070 (https://doi.org/10.1016/j.pmedr.2025.103070).

2 PrEP introduction and scale-up: Brazil. New York: PrEPWatch; 2025 (https://www.prepwatch.org/wp-content/uploads/2025/06/GettingRolloutRight_Brazil_June2025.pdf).

3 Annual HIV epidemiological bulletin 2023: addendum report by race. Epidemiological report: health of the black population. Brasilia: Ministry of Health of Brazil; 2023.

4 Bio-behavioural study on the prevalence of HIV, syphilis, and hepatitis B in Maya (KAQCHIKEL, K'ICHE', MAM, Q'EQCHI') and Garifuna populations in Guatemala. Guatemala City: Ministry of Public Health and Social Assistance and National Program on Prevention and Control of STIs, HIV, and AIDS; 2022.

(Chayahuita) (7.5%) and Colombia (Wayuu women) (7.0%). Geographical and linguistic barriers are among the factors affecting access to services for Indigenous people.[5] Countries must adapt their HIV responses to the significant movements of migrants and refugees, who may experience intersectional vulnerabilities if they are also from a key population.[6, 7]

Although Latin America is approaching the overall target of 95% for awareness of HIV status, substantial disparities remain between adults and children (Figure 14.3). In 2025, 87% [65–98%] of adult men and 88% [69–98%] of adult women living with HIV knew their HIV status, but only 62% [46–78%] of children living with HIV. Similarly, 71% [53–86%] of adult men and 71% [56–83%] of adult women living with HIV were receiving antiretroviral treatment, compared with only 53% [39–66%] of children living with HIV. Consequently, population-level viral suppression remained lower among children, at 45% [38–55%], compared with 67% [57–77%] of adult men and 66% [59–74%] of adult women living with HIV.

Coverage of services to prevent vertical transmission reached 80% [69–92%] in 2025 but remains below 60% in Bolivia, Costa Rica, Honduras and the Bolivarian Republic of Venezuela, resulting in a regional vertical transmission rate of 13% [11–15%]. Most new HIV infections among children (64%) are due to gaps in treatment access, but unlike other regions, a substantial share (31%) occur in children whose mothers acquired HIV during pregnancy or breastfeeding, highlighting the need for primary HIV prevention among pregnant and breastfeeding women and continued efforts to close remaining coverage gaps. The region's share of new child HIV infections globally has risen, from 1.3% in 2010 to 2.6% in 2025.

Stigma and discrimination persist even in a more progressive legal environment

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 six countries in the region showed that a weighted average of 12.5% of respondents faced stigma and discrimination in HIV-related services, and 13.4% in other health services (Figure 14.4).[8]

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. Available surveys indicate persistently high levels of stigma and discrimination against LGBTQIA+ people across the region: 32.1% of LGBTQIA+ respondents in Mexico,[9] 45% in Belize, Costa Rica, Guatemala, Honduras and Panama, 53% in Bolivia, and 56.7% in Chile reported experiencing discrimination based on their sexual orientation or gender identity

5 Kemp CG, Edwards AJ, White L, Kore G, Jumper Thurman P, Gaines T, et al. Implementation science for HIV prevention and treatment in Indigenous communities: a systematic review and commentary. Curr HIV/AIDS Rep. 2024;21(5):237–256 (https://doi.org/10.1007/s11904-024-00706-z).

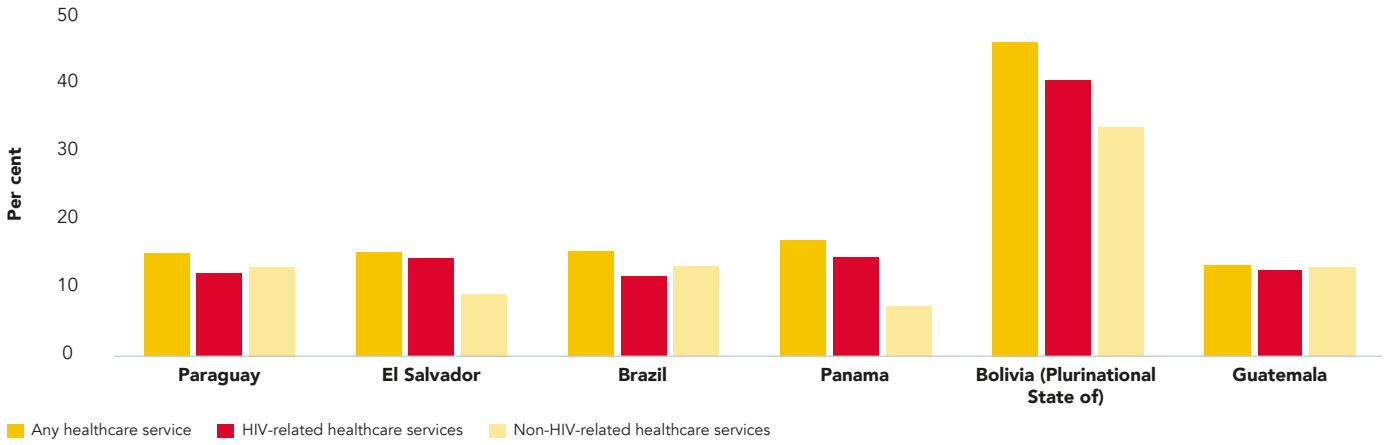
6 Mid-year trends 2023. Geneva: United Nations High Commissioner for Refugees; 2023 (https://www.unhcr.org/mid-year-trends-report-2023).

7 Ministry of Health and Social Protection of Colombia, Johns Hopkins University, RedSomos. Biobehavioral survey of HIV, syphilis and the health status of Venezuelans living in Colombia. Bogotá and Baltimore, MD: Ministry of Health and Social Protection of Colombia and Johns Hopkins University; 2022 (https://publichealth.jhu.edu/sites/default/files/2023-07/venezuelan-behavioral-survey-eng.pdf).

8 Multicountry Stigma Index study 2.0. Den Haag and Geneva: Alianza Liderazgo en Positivo and Global Fund to Fight AIDS, Tuberculosis and Malaria; 2023.

9 Encuesta nacional sobre discriminación (ENADIS) 2022 [in Spanish]. Mexico City: Instituto Nacional de Estadística y Geografía; 2022 ().

Figure 14.4. Percentage of people living with HIV who experienced stigma and discrimination in health-care settings in the past 12 months, countries with available data, Latin America, 2022–2025



Source: People Living with HIV Stigma Index 2.0 studies, 2021–2025.
Note: Experiences of stigma and discrimination in healthcare settings are measured as having experienced at least one of the following because of HIV status in the previous 12 months: denial of care, advised not to have sex, being the subject of gossip or negative talk, verbal abuse, physical abuse, avoidance of physical contact, and sharing of HIV status without consent.

in the previous 12 months. In Belize, Costa Rica, Guatemala, Honduras and Panama, 31% of respondents reported knowing an LGBTQIA+ community member who had died violently in the previous 12 months because of their sexual orientation or gender identity.[10] In Bolivia, discrimination was reported from family members (28%), religious communities (27%), the public sector (15%) and health-care staff (8%).[11] In Chile, 43.4% of respondents reported discrimination from family members and 8.6% from health-care staff.[12] These findings suggest that discriminatory attitudes and social norms continue to undermine equitable access to health and social services.

Punitive laws remain on the statute books in many countries in the region. Seven countries criminalize sex work; 12 countries criminalize HIV nondisclosure, exposure or transmission and general criminal laws have been used to prosecute cases in the last 10 years in 1 country; eight countries criminalize possession of small amounts of drugs for personal use; and three 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 no longer have laws criminalizing transgender people, sex work, same-sex sexual acts in private, possession of small amounts of drugs for personal use, or HIV nondisclosure, exposure or transmission.[13] An analysis of data from Stigma Index 2.0 studies in six countries in the region found that 14.1% of women living with HIV of reproductive age reported experiencing coercion to accept sterilization, and 13.2% reported coercive practices during pregnancy and infant feeding in the past 12 months.[14]

10 DATACCIÓN: encuesta regional sobre personas LGBTIQ+ en Belize, Costa Rica, Guatemala, Honduras y Panamá. New York: United Nations Development Programme; 2023.

11 Desiguales ante la ley: resultados y análisis de la primera encuesta virtual para personas con diversa orientación sexual, identidad y expresión de género en Bolivia. La Paz: Defensoría del Pueblo de Bolivia; 2025.

12 2ª Encuesta Nacional sobre Diversidad LGBTIQ+ y discriminación en Chile. Santiago: Movimiento de Integración y Liberación Homosexual; 2024.

13 National Commitments and Policy Instrument, 2017–2026, supplemented by additional sources (see references in http://lawsandpolicies.unaids.org/).

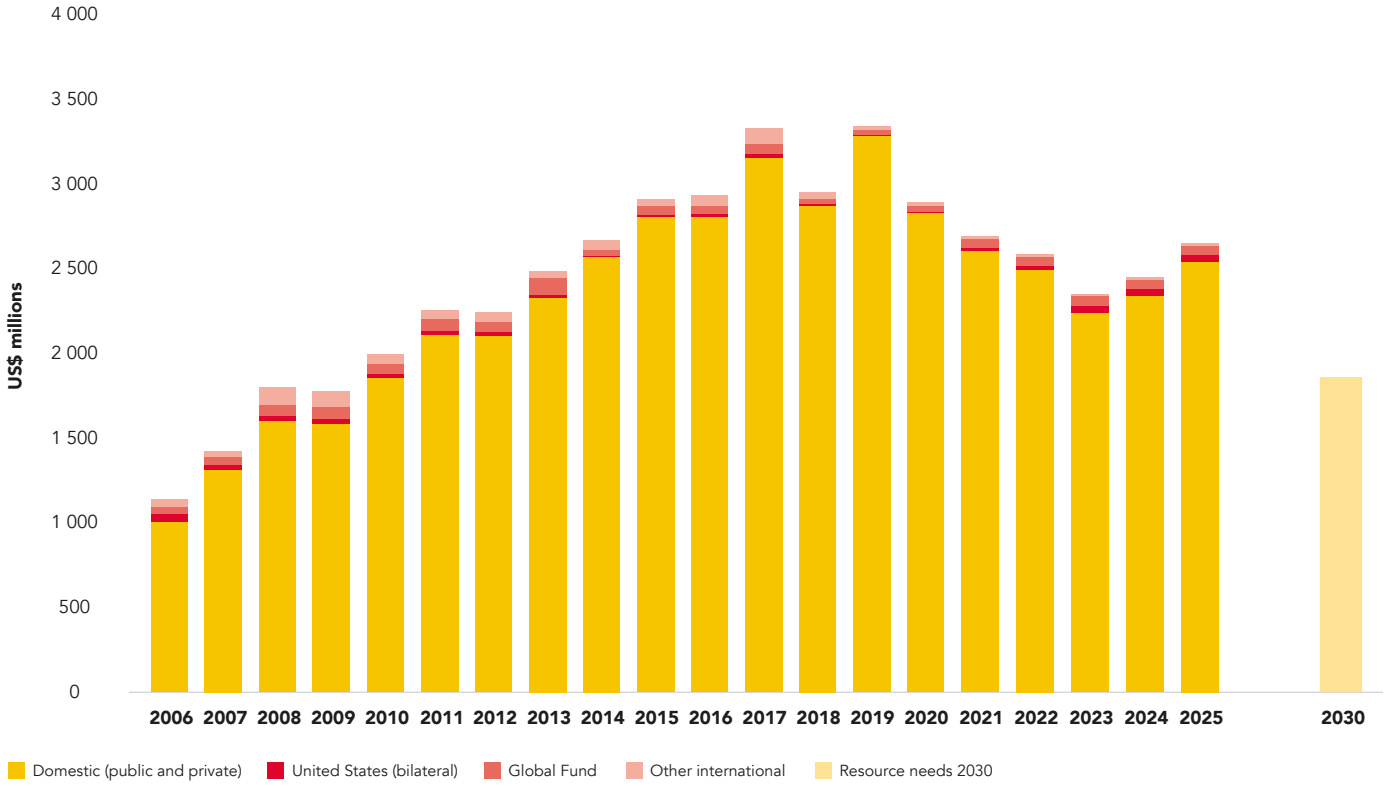
14 Confronting coercion: a global scan of coercion, mistreatment and abuse experienced by women living with HIV in reproductive and sexual health services. Nairobi: International Community of Women Living with HIV; 2024 (https://whrin.site/wp-content/uploads/2024/12/2-CONFRONTING-COERCION-REPORT.pdf).

Community-led organizations can legally distribute condoms and lubricants in 17 countries in the region, provide adherence and retention support in 17 countries, and offer HIV testing in 14 countries and treatment literacy in 17 countries. Community-led organizations legally cannot distribute naloxone in any country in the region and can distribute needles and syringes in only three countries.

More equitable access to medicines is needed for sustainability

Average costs of first-line antiretroviral medicines in the region decreased from US$ 203 per person per year in 2020 to US$ 130 in 2024 but remain more than double those in eastern and southern Africa. Centralized procurement lowers prices substantially. The Pan American Health Organization Strategic Fund secured first-line antiretroviral medicines at US$ 46 per person per year in 2024, versus US$ 264 through domestic procurement—the highest domestic price of any region (around five times that in eastern and southern Africa and western and central Africa). Domestic prices for second-line treatment (US$ 666) are the second highest globally, after those in eastern Europe and central Asia. Despite participating in efficacy and effectiveness trials, Latin American countries were excluded from voluntary licensing of lenacapavir, and high costs likely limit access.[15]

Figure 14.5. HIV Resource Availability in Latin America, 2006-2025, and Estimated Needs for 2030



Source: UNAIDS financial estimates.

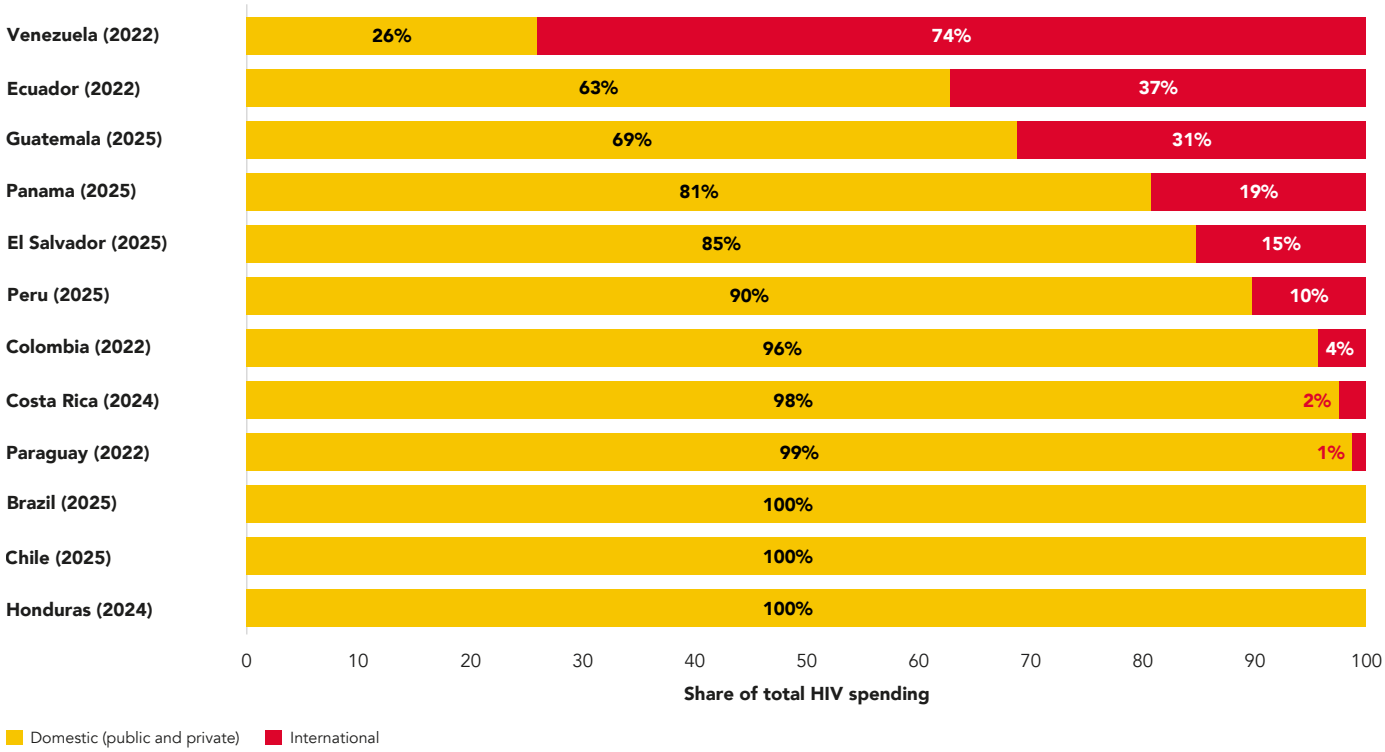
15 Information reported by countries to Global AIDS Monitoring and direct communication with countries, and analysis presented by the Pan American Health Organization at the regional committee meeting.

Latin America remains one of the regions with the highest share of domestic financing for the HIV response globally, with domestic resources accounting for 96% of total HIV resources in 2025 (Figure 14.5). This heavy reliance on domestic funding partly reflects the region's middle-income status, which limits eligibility for international donor support, but domestic funding alone does not cover the full scope of HIV programme needs, particularly prevention services for people from key populations.[16] Total resource availability remains well below the 2017 and 2019 peak of over US$3 billion, and domestic HIV financing remained 23% below the pre-COVID-19 years, highlighting the need for sustained investment to fully restore HIV financing and enable progress towards regional HIV targets (Figure 14.5).

Seven of 15 countries reported allocating less than 10% of their total HIV resources to HIV prevention. Of these, five allocated less than 5% of their total resources, a suboptimal allocation given the importance of prevention to curb new infections and the ongoing and future burden of treatment and ensure sustainability of programmes and services (Figure 14.6).

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.[17]

Figure 14.6. Domestic versus international share of total HIV spending, 2022–2025, Latin America



Source: National AIDS Spending Assessments (NASAs)

16 Cortes CP, Pérez Casas C, Cahn P. Latin America and the Caribbean: socioeconomic realities and implications for health and HIV responses. J Int AIDS Soc. 2026;29(1):e70174 (https://doi.org/10.1002/jia2.70174).

17 The critical impact of the PEPFAR funding freeze for HIV across Latin America and the Caribbean. Geneva: Joint United Nations Programme on HIV/AIDS; 2025 (https://www.unaids.org/en/resources/presscentre/featurestories/2025/february/20250219_latin-america-caribbean).