

HIV/AIDS in Mexico and USAID Involvement

Mexico has the third highest reported number of HIV/AIDS cases in Latin America and the Caribbean, representing a serious public health challenge. Mexico's HIV/AIDS epidemic is characterized as concentrated, but its large population places the country at risk for rapid spread of the disease. Because Mexico serves as a transit country for thousands of Latin American migrants seeking work in the United States, the country is also vulnerable to HIV/AIDS crossing its borders via mobile populations. Many Mexicans also seek seasonal work in the United States and return home for the off-season.

The first AIDS case in Mexico was diagnosed in 1983. Although the spread of the disease was slow in its initial stages, between 1988 and 1995, Mexico witnessed an exponential increase in HIV infections. Officials from Mexico's National Center for Prevention and Control of AIDS (CENSIDA) report that since 1996, the rate of new AIDS cases appears to have stabilized, with an average of 4,000 new cases annually. The highest numbers of HIV infections are found in the 25-44 age group. AIDS is the fourth most common cause of death among Mexican men and the seventh among Mexican women; in 2000, the male-to-female ratio of AIDS cases was 6:1. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS):

- By the end of 1999, 150,000 adults (0.29 percent of the adult population) were living with HIV. (The Government of Mexico estimates that by the end of 2000, between 116,000 and 177,000 Mexicans were living with HIV);
- 2,400 children under the age of 15 were infected with HIV;
- 4,700 adults and children died of AIDS in 1999;
- 14,000 children had lost their mother or both parents to AIDS since the beginning of the epidemic; and
- By the end of 2000, 47,717 cases of AIDS had been reported to UNAIDS.

HIV transmission continues to be highest among men who have sex with men (MSMs). Among injecting drug users (IDUs), transmission has remained low; the two states with the highest IDU transmission rates are the northern border states of Baja California and Sonora. Very little HIV infection has been found among commercial sex workers (CSWs). According to the Pan American Health Organization (PAHO), as of December 2000:

- 53.6 percent of cumulative AIDS cases were



among MSMs (either homosexual or bisexual);

- Heterosexual transmission accounted for 39.1 percent of cases;
- Perinatal transmission was linked to 2 percent of cases; and
- Injecting drug use was linked to 0.9 percent of cases.

NATIONAL RESPONSE

In 1986, Mexico established a National Committee Against AIDS. In August 1988, the president augmented Mexico's efforts to combat HIV/AIDS through the establishment of the National Council for Prevention and Control of AIDS (CONASIDA). In 2001, the Council's name was changed to the National Center for the Prevention and Control of AIDS (CENSIDA). Although initial financial support came primarily from international funds, by 1998 more than 90 percent of the program's funds were provided by the Mexican government.

CENSIDA's activities focus primarily on the following areas:

- Prevention of HIV transmission—from mother to child, and through blood transfusions, injecting drug use, and sexual transmission;
- Reduction of the impact of HIV on individuals, families, and society;

- Coordination of institutional, inter-institutional, territorial, and intersectoral programs.

CENSIDA's recent accomplishments include:

- Creation and enhancement of state programs for AIDS prevention and control through the decentralization of the Secretariat of Health. Federal entities with programs at the state level increased by 72 percent in 1997-98;
- Implementation of an effective mass media HIV/AIDS educational campaign—with a budget increase of 78 percent and a 56 percent increase in reach from 1996 to 1997;
- Introduction of effective HIV/AIDS prevention programs for specific risk groups (migrants, homeless boys/girls, IDUs, MSMs, 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; and
- Improvement of dialogue and consultation with nongovernmental organizations (NGOs) and organizations of people living with HIV/AIDS. As of 1998, 138 such groups were active in Mexico.

Key Population, Health, and Socioeconomic Indicators		
Population	101.9 million	U.S. Census Bureau 2001
Growth Rate	1.5%	U.S. Census Bureau 2000*
Life Expectancy	Males: 68 Females: 75	U.S. Census Bureau 2000*
Total Fertility Rate	2.7	U.S. Census Bureau 2000*
Infant Mortality Rate	26.19 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Rate	110 per 100,000 live births	World Bank 1997
GNP per capita (US\$)	\$5080	World Bank 2000
Public health expenditure as % GDP	2.8%	World Bank 1997
Adult Literacy (% of people 15 and above)	Males: 93.3% Females: 89.4%	UNESCO 2000

* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** continues to be the principal HIV/AIDS donor in Mexico. In FY 2001, USAID allocated \$2 million for HIV/AIDS programming in Mexico (an increase from \$1.4 million in FY 2000), to enhance the quality and sustainability of HIV/AIDS/sexually transmitted infections (STI) services through an improved policy environment at the national and sub-national levels, and to increase the capacity of public and private sector HIV/AIDS/STI service delivery. USAID's strategy in Mexico targets HIV prevention among low-income residents of the states of Yucatan, Guerrero, Mexico, Oaxaca, Veracruz, Puebla, Chiapas, and the Federal District.

USAID cooperates with CENSIDA and target states to: 1) assess current and projected HIV/AIDS/STI situations; 2) formulate strategic plans to address HIV/AIDS/STIs; and 3) advocate for increased resources for HIV/AIDS/STI programs.

In addition, USAID/Mexico, in collaboration with the Instituto Nacional de Salud Publica, the Ford Foundation, the Mexican Council for Science and Technology, Family Health International, and UNAIDS, is working with Central American countries to formulate a regional approach to HIV/AIDS prevention for mobile populations in Mexico, Central America and the United States. The activity targets geographic "hot spots" where mobile populations converge, such as truck routes, border towns, ports, and trade centers.

USAID-supported NGOs include the following:

Family Health International (FHI)/ IMPACT is providing technical assistance to CENSIDA for development of the first national guidelines for STI management. Research conducted together with local NGOs on STI prevalence, antimicrobial drug resistance, and the female condom resulted in new STI prevention, diagnosis and treatment protocols, included in the first national guidelines on STIs, published in July 2001.

Through **The Futures Group International's Policy Project**, USAID is providing key state multi-sectoral planning groups with technical assistance to

formulate strategic plans and analyze resource allocation for HIV/AIDS/STI programs. The Policy Project's lobbying and technical assistance was instrumental in the establishment of an HIV/AIDS clinic in Mexico City, the first of its kind in Mexico, and an HIV/AIDS program for Mexico City itself, where the largest number of reported cases is concentrated. Efforts have also contributed to increased public funding for HIV/AIDS activities in Yucatan and Guerrero.

The **International HIV/AIDS Alliance** works in six Mexican states, including the Federal District, to provide NGOs with training in strategic planning and external relations to strengthen institutional capability and broaden collaboration in HIV/AIDS.

Finally, USAID/Mexico supports **Macro International** through the Measure Evaluation project to monitor and evaluate the progress and effectiveness of HIV/AIDS programming in Mexico.

OTHER U.S. SUPPORT

The **U.S. Department of Health and Human Services** also contributes to disease prevention and control efforts in Mexico through the U.S.—Mexico Border Health Commission and the Border Infectious Disease Surveillance (BIDS) Network. Participants in BIDS include epidemiologists from the four U.S. and six Mexican border states, as well as representatives from the U.S. Centers for Disease Control and Prevention, the U.S. Health Resources and Services Administration (HRSA) and PAHO.

DONOR SUPPORT

Additional donors engaged in HIV/AIDS activities in Mexico include:

Japan, which is providing \$800,000 in HIV/AIDS-related equipment and supplies to Mexico over four years (beginning in 2001), in coordination with USAID/Mexico's program.

The **World Bank**, which provided \$660 million to Mexico's Expansion of Basic Health Care Services Program in collaboration with federal and local governments. The program serves 8.1 million people mostly in small communities, many of whom had no

access to health services prior to initiation of the program. A third phase of the project will expand coverage to another 13.1 million Mexicans, including 7.5 million indigenous people.

CHALLENGES

According to the World Bank and USAID, Mexico faces the following challenges in confronting HIV/AIDS:

- Providing antiretroviral therapy to all persons living with HIV/AIDS. The Mexican Secretary of Health has committed to achieving this goal by 2006.
- Reaching isolated at-risk and rural populations with HIV/AIDS prevention and education messages.
- Reaching mobile populations with HIV/AIDS prevention and education messages. Large numbers of Latin American migrants traveling through Mexico to the United States may bring HIV/AIDS with them, thus placing Mexicans at greater risk of infection.

SELECTED LINKS AND CONTACTS

1. Consejo Nacional de Prevencion y Control del SIDA (CONASIDA), Calzade de Tlalpan 4885, 2 piso, Colonia Toriello Guerra, C.P. 14050, Mexico, D.F., Tel: (525) 528-4084, Fax: (525) 528-4220, E-mail: conasida@cenids.ssa.gob.mx, Website: <http://www.ssa.gob.mx/conasida/>

2. U.S./Mexico Border Health Commission, Russell E. Bennet, Executive Director, 201 E. Main Street, Suite 1616, El Paso, TX 79901, Tel: (915) 532-1006, Fax: (915) 532-1697, Website: www.borderhealth.gov

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

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