

HIV/AIDS: Latin America & Caribbean

“primitive,” he says—in particular, prevalence data are thin—and collaborations remain rare. And although antiretroviral drugs may be widely available, many people who need them do not know they are infected, and pharmacies often run out of drugs. The training of clinicians, and thus the quality of care, is also spotty, del Rio says: “The lofty goal of universal access is not being fully realized.”

Prevalence puzzles

If you believe the official figure—and many experts don’t—only 0.3% of the adults in Mexico are infected with HIV. That’s half the U.S. prevalence. “It’s very difficult to say what’s happening in Mexico,” says Soto-Ramírez, who runs an HIV/AIDS lab and clinic at the National Institute of Nutrition in Mexico City. “The numbers say very different things from what I think.” From his vantage point, the prevalence must be higher—and increasing. “I’m seeing many more women and many more rural cases,” he says.

Epidemiologist Carlos Magis-Rodríguez, CENSIDA’s research director, has found a surprising degree of heterosexual spread in rural Mexican communities and disturbing new evidence that migration is a major factor. “We find a lot of at-risk behavior in these little towns,” says Magis-Rodríguez. In collaboration with the Uni-

versity of California’s Universitywide AIDS Research Program (UARP), Magis-Rodríguez’s team is comparing 1500 people from five Mexican states who in the past year migrated to California for seasonal work to some 1200 who did not. Preliminary data suggest that the migrants have more sexual partners, use drugs and alcohol more frequently, and hire sex workers more often.

A second study suggests that migrants are becoming infected in California and bringing the virus back to rural communities in Mexico at high rates. The researchers compared the prevalence of HIV in 800 Mexican migrants temporarily living in California (0.6%) to 1500 who migrated and then returned home to Mexico (1.1%). “Is it possible that a low-prevalence country like Mexico could take off like India and China?” asks epidemiologist George Lemp, who heads UARP in Oakland, California. “That’s of great concern.”

A separate collaboration between clinicians at Tijuana General Hospital (TGH) and researchers at the University of California, San Diego (UCSD), published in the January *Journal of Acquired Immune Deficiency Syndromes*, suggests that the prevalence among pregnant women—generally considered an indicator of spread in the population at large—may also be significantly higher than official estimates. CENSIDA reported in 1997 that only 0.09% of

pregnant women in Mexico were infected with HIV. In the new work, UCSD’s Rolando Viani and co-workers tested more than 2500 pregnant women at

TGH in 2003 who were either receiving prenatal care or who came to the hospital for the first time during labor. The group receiving prenatal care had a prevalence of 0.33%—nearly four times higher than earlier estimates. And in the group that only showed up in labor, which reported more frequent use of injecting drugs and more sexual partners, prevalence jumped to 1.12%.

Gynecologist Jorge Ruiz-Calderon, a co-author at TGH, says the initial reaction to the study from colleagues and officials alike was anger and denial. “They wanted to cut our heads off,” he says. “Most of my colleagues don’t want to know anything about the problem.” Many critics also viewed TGH, which Ruiz-Calderon notes sees “the poorest of the poor” in a border town that attracts people from other locales, as an aberration. “They see these pregnant women as outcasts,” says Viani. And he says that’s a serious mistake: “Eventually,” he predicts, “miniepidemics like this one will interchange with the general population.”

Quality of care

Although TGH may not represent Mexico at large, it does illustrate the serious limitations that exist even in middle-income countries that have universal-access policies. Anti-HIV drugs can dramatically lower a pregnant woman’s risk of transmitting the virus to her baby. But at TGH—a well-equipped hospital in a large city that likely offers a higher standard of care than many other facilities in Mexico—screening of pregnant women is far from routine. Ruiz-Calderon says the residents and nurses are “not offering HIV tests to every pregnant woman, or they’re doing it after delivery.”



<< **On the move.** Tapachula’s Casa del Migrante provides temporary shelter—and HIV prevention education—to 7000 migrants each year.

Prevention Programs Target Migrants

TECÚN UMÁN, GUATEMALA, AND TAPACHULA, MEXICO—In late November 2005, more than a month after Hurricane Stan walloped Guatemala and southern Mexico, the border in Tecún Umán was still closed because of damage to the bridge that connects the two countries. But the unofficial border crossing remained open for business. From daybreak until sundown, rafts fashioned from truck tires and wood planks shuttled people across the Suchiate River that separates this spicy border town from Mexico. A policeman stood watch much of the time, gladly ignoring the illegal migration for a small fee.

HIV negotiates the border with similar ease, carried by the constant flow of people. And this border in particular has helped clarify the theory that migration is a significant driver of the AIDS epidemics in this region—and the world

at large. “In the beginning, it wasn’t easy to convey the message that migration has something to do with HIV/AIDS,” says sociologist Mario Bronfman, an Argentinean native who in the 1990s led groundbreaking studies that looked at migrants in Tecún Umán and 10 other “transit stations” in Central America and Mexico. Bronfman, who works with the Ford Foundation in Mexico City, says, “Now that we have hard data, it’s very clear there is a problem.”

Bronfman’s studies assessed knowledge and opinions about HIV/AIDS at each transit station. As Bronfman and his colleagues reported in the journal *AIDS* in 2002, a long list of factors puts migrants at higher risk of HIV infection: poverty, violence, few available health services, increased risk-taking, rape, loneliness, and large numbers of sex workers—all of which aptly characterize Tecún Umán today. They also found women to be more vulnerable because of “transactional” and “survival” sex that they had in exchange for food or protection during their travels.

Educavida, a nongovernmental organization sponsored by the United Nations Population Fund to do HIV/AIDS education and prevention, targets the wide array of migrants who temporarily call this town home. “Some stop here because they’re thinking of the American dream, and this is a place along the route,” says Educavida’s director, psychologist Brigida Garcia.



Confronting homophobia. CENSIDA head Jorge Saavedra launched a provocative campaign against discrimination against men who have sex with men.

Viani notes that UCSD has not had a case of mother-to-child transmission of HIV since 1994; TGH documented seven infected babies last year alone. TGH also routinely runs out of pediatric formulations of the anti-HIV drugs used to treat infected children. “We’re 20 minutes away from San Diego, but things are so different,” says co-author Patricia Hubbard, who coordinates the binational research program.

To Nuar Luna, a prominent AIDS activist, the biggest challenge Mexico faces is unequal access to quality care. “If you have influence and you have money, you have access,” says Luna, who has struggled to find competent care for his own HIV infection. “This is Mexico—and this is Latin America. It’s a region with a lot of racism and classism and social issues. You can hear Jorge Saavedra say, ‘Here in Mexico, we have full access.’ But we have to analyze what kind of access we have. The good services are for the rich ones, and the bad services are for the poor.”

Reaching out

Despite the many concerns that people at the front have about Mexico’s response to HIV/AIDS, nongovernmental organizations (NGOs) and the government itself have launched several innovative prevention efforts. One takes place each evening in a Mexico City “dark room,” a club where men meet to have sex. The HIV-prevention service offered by the NGO Ave de México gives new meaning to the word outreach.

Not only do workers from Ave de México pass out condoms and lubricants, but they also put their hands between men in flagrante delicto to make sure that they’re using protection. Dentist Carlos García de León, who in his off hours runs the organization, says their studies found that nearly half of the men were not using condoms. “Most people accept it very well and are thankful,” says García de León. “They say, ‘I wasn’t thinking.’” He notes that in a gay sex club in, say, the United States, this type of intervention wouldn’t fly. “They’d kill you,” he laughs.

Late at night on the city’s Sullivan Boulevard, Alejandra Gil and her group Aproase offer another uniquely Mexican approach to prevention. Gil, a former sex worker, provides a comprehensive program to protect the women who line the street and try to catch the eyes of men driving by. In addition to providing counseling and a clinic that offers testing for sexually transmitted infections such as HIV, Gil and her adult son sit in cars all night long and oversee each transaction, transporting the women

to nearby hotels for their rendezvous—and even going to the room if they take longer than usual. “If the women don’t have security, we can’t help them with their health issues,” says Gil.

Another creative project has stepped up prevention efforts for injecting drug users in Tijuana, two-thirds of whom report never having been tested for HIV. A mobile health clinic travels around the city to areas that health care workers typically avoid, providing tests, clean syringes, and limited treatment. Delivering care at shooting galleries “takes away the stigma” that often prevents users from seeking help, says UCSD epidemiologist Steffanie Strathdee, who is running the project with Remedios Lozada, an AIDS clinician in Tijuana.

On the national front, Saavedra has spearheaded an antihomophobia campaign of radio and TV ads—so provocative that two Mexican states refused to run them—and posters, including one that shows a man and a woman both leaning their heads against the archetypal macho Mexican man dressed in revolutionary garb. “The anti-homophobia campaign really has opened a lot of discussion on this issue,” Saavedra says.

Saavedra agrees that the country has a long way to go in its prevention efforts. And he also concedes that the government’s quick launch of a universal access program meant that many health care workers and clinics were not as well trained in using the drugs as he would have liked. “We needed to do that first step in order to stop a lot of people from dying,” says Saavedra. “But I understand the way people feel and what they need. I’m part of them.”

—JON COHEN

(No solid figures exist on how many Mexicans and Central Americans migrate to the United States each year, but experts estimate that they number more than 1 million.) Today’s clients include a Nicaraguan mother of three who sells sex in one of the town’s many brothel/bars, an Ecuadorian man en route to the United States, and an HIV-infected woman who was a U.S. resident for 12 years and returned to her hometown a few years ago. Educavida does HIV testing, but Hugo Rivera, a clinician who works with the group, says he has little to offer people who test positive other than a referral to other locales that have antiretroviral drugs. “You do the examinations, and then they leave,” says Rivera.

And migration shows no sign of abating. Annelise Hirschmann, head of Guatemala’s National AIDS Program, says the country’s long-standing civil war that ended in 1996 still spurs migration, as families try to reunite. “The secondary issues that surround the war definitely feed the epidemic,” she says. Studies have shown that Mayans, who constitute about half of the country’s population, are also at high risk

because they travel frequently for agricultural work. And Hurricane Stan is just the latest natural disaster to drive Guatemalans from their homes. “There’s a mass exodus of young people going to the States right now because of Hurricane Stan,” says Dee Smith, a Maryknoll sister in Coatepeque who runs the HIV/AIDS-oriented Proyecto Vida. “They had few opportunities *before* Stan.”



No visa necessary. Migrants freely cross the Suchiate River between Guatemala and Mexico.

At the Casa del Migrante in Tapachula, Mexico—the closest big city and the first stop for many who cross at Tecún Umán—there is more hard evidence that migrants face an increased risk for HIV infection. This church-run lodging, which offers HIV/AIDS education, distributes a questionnaire to the 7000 people who pass through each year about their sexual lives during the journey. In 2004, fewer than 20% of the men reported having used condoms, and about 8% of the women said they had been raped. “Amigo Migrante,” reads a poster near the entrance. “For HIV/AIDS, no border exists.” —J.C.