USAID | BOLIVIA
FROM THE AMERICAN PEOPLE

HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	9.1 million (mid-2007)
Estimated Population Living with HIV/AIDS**	7,000 [3,800-17,000] (end 2005)
Adult HIV Prevalence**	0.1% [0.1-0.3%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	MSM (Santa Cruz) 24% (2005), (La Paz) 15% (2005)
Percentage of HIV-Infected People Who Need Treatment That Receive ART***	24% (2005)

*US Census Bureau **UNAIDS *** WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

With less than 1 percent of Bolivia's adult population estimated to be HIV-positive, the country has one of the lowest HIV prevalence rates in the Latin America and Caribbean region. Bolivia's first case of HIV was diagnosed in 1985, and since then the epidemic has been largely concentrated in groups of men who have sex with men (MSM). In May 2007, the Government of Bolivia reported a total of 2,464 cases of HIV since the beginning of the epidemic. UNAIDS, which included estimates of unknown cases, reported in 2005 that 7,000 people in Bolivia were HIV-infected, but estimates vary widely between 3,800 and 17,000 people.

HIV prevalence rates in Bolivia are highest among MSM, who had infection levels of 15 percent in La Paz and nearly 24 percent in Santa Cruz, according to a 2005 report cited by UNAIDS. Homeless boys and girls also appear to be vulnerable to HIV infection. A recent study of street youth in Cochabamba found that 3.5 percent were HIV-positive. In part because of governmental regulation that requires sex workers to regularly visit sexually transmitted infection (STI) clinics for checkups, HIV rates among sex workers have remained low; however, patterns from other countries in the region suggest that Bolivian sex workers may be another population at risk for HIV/AIDS.

Several factors put Bolivia in danger of a wider HIV/AIDS epidemic, including high levels of migration from rural to urban areas and social norms that encourage men to have multiple sexual partners. According to the 2003 Bolivia Demographic and Health Survey (DHS), 23 percent of single men aged 15 to 49 had multiple sex partners in the preceding 12 months, which puts them and their sex partners at risk for HIV/AIDS. There is a lack of basic knowledge and information about the disease, with 24 percent of women aged 15 to 49 reporting that they have never heard of the disease. High rates of violence, including sexual abuse, contribute to the spread of the disease. Many false beliefs persist, with 45 percent of those surveyed in the DHS maintaining that a person who looks healthy cannot have HIV. Compounding these issues are stigma and discrimination against HIV-infected individuals and at-risk groups and limited resources at the public and private levels.

National Response

The Government of Bolivia has made a political commitment to confront the HIV/AIDS epidemic. However, its allocation of resources to its national STI/HIV/AIDS program has been uneven, and sustainability is not guaranteed. The low levels of HIV funding are due to the limitations of Bolivia's health system, which reaches only about 70 percent of the population, and the more immediate threats of other infectious diseases – tuberculosis, malaria, Chagas disease, leishmaniasis, dengue fever, and yellow fever – that demand the majority of Bolivia's health funds. Nonetheless, the government consistently signals its dedication to confronting the epidemic. The most recent example is the joint signing in February 2007 of an agreement to implement the Adoption of Attitudes and Practices to Prevent HIV-AIDS at the Interior of the Armed Forces project by the Ministry of National Defense, the Ministry of Health and Sports, the Commander-In-Chief of the Armed Forces, and UNAIDS.

Bolivia has been able to mobilize support from the international community, and a large proportion of its funding comes from external sources. For instance, the UN Theme Group and the UNAIDS Country Coordinator support projects targeting vulnerable populations. However, coverage of HIV services to vulnerable groups is low, reaching only 3 percent of MSM and 30 percent of sex workers. The Global Fund to Fight AIDS, Tuberculosis and Malaria targets HIV-infected and -affected individuals

in nine provinces for integral care, including antiretroviral treatment (ART); laboratory and psychological support; and treatment of opportunistic illnesses. Currently, however, ART reaches only 24 percent of the target population of people living with HIV/AIDS (PLWHA).

Bolivia is a partner in the Brazil+7 initiative, a UNICEF-, UNAIDS-, and Brazilian-led effort dedicated to expanding HIV/AIDS prevention, treatment, and care for pregnant women and young people; to offering universal access to ART for PLWHA; and to ensuring universal access to services for prevention of mother-to-child transmission (PMTCT). The other partner countries are Sao Tome and Principe, Nicaragua, Paraguay, Cape Verde, Guinea-Bissau, and East Timor.

USAID Support

Through the U.S. Agency for International Development (USAID), Bolivia in fiscal year 2007 received $1 million for essential HIV/AIDS programs and services. USAID programs in Bolivia are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, $15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years. Assistance from USAID to HIV/AIDS programming in Bolivia began in 1985, when it supported the creation of *ProSalud*, a nongovernmental organization active in health information, education, and communication. Since 1992, with the *Proyecto Contra SIDA* and *Proyecto de Salud Integral* projects, USAID has assisted the national STI/HIV/AIDS program of the Ministry of Health and Sports, supporting clinical services, epidemiological surveillance, laboratory services, health education, and information systems. For example, in 2005, USAID worked with Bolivia's nine regional HIV/AIDS clinics to revise and complete existing data; to automate and standardize clinical records; and to improve notification forms. A recent USAID success in Bolivia included the installation of 18 computers in the regional HIV/AIDS clinics and the development of an automated epidemiological information system that provides real-time clinic-based data on HIV/AIDS and other diseases. The system was quickly recognized as the best source of such data in the country.

In 2006, the Agency conducted a research study on hard-to-reach groups to develop prevention messages and developed a manual for HIV/AIDS counseling and a voluntary counseling and testing (VCT) program. Currently, USAID is expanding access to VCT, especially for at-risk populations, and 90 health providers were trained in VCT in 2006.

Other HIV/AIDS prevention and care efforts in Bolivia funded by USAID include a public information campaign, PMTCT, treatment and care, and support for orphans and vulnerable children. As a result of USAID's Bolivia program, 35 women are receiving PMTCT services and 100 percent of HIV-positive pregnant women are receiving treatment.

Important Links and Contacts

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USAID HIV/AIDS Web site for Bolivia:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/bolivia.html

For more information, see USAID HIV/AIDS Web site http://www.usaid.gov/our_work/global_health/aids and Latin American and Caribbean HIV/AIDS Initiative Web site http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html