HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	28.7 million (mid-2007)
Estimated Population Living with HIV/AIDS**	93,000 [56,000-150,000] (end 2005)
Adult HIV Prevalence**	0.6% [0.3-1.7%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	Sex Workers: 0.6-2% (2004) MSM: 14.0%, 23.0% (Lima) (2005)
Percentage of HIV-Infected People Who Need Treatment That Receive ART***	50% (end 2006)

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

Peru is considered to have a concentrated HIV/AIDS epidemic. According to a population-based survey conducted in Peru's 24 largest cities in 2002, adult HIV prevalence was estimated to be less than 1 percent (0.6 percent among pregnant women; 0.4 percent among males; and 0.1 percent among females). The survey demonstrated that cases are unevenly distributed in the country, affecting mostly young people between the ages of 25 and 34. As of September 2007, the recorded number of persons infected with HIV was 29,771, and there were 20,110 cases of AIDS (Ministry of Health [MOH, 2007]). The male/female ratio for AIDS diagnoses in 2006 was 3.01 (MOH, 2007). UNAIDS estimates that 93,000 Peruvians are HIV-positive, meaning that many people at risk do not know their status. There were 5,600 deaths due to AIDS in Peru in 2005.

HIV transmission is not currently a major problem outside of Peru's large urban areas. Among Peru's reported cases of HIV/AIDS, 72.2 percent are in Lima and Callao – the capital city area (MOH, 2007). Sexual transmission accounts for the majority (97 percent) of cases, followed by mother-to-child transmission (2 percent), and contaminated blood and blood products (1 percent) (MOH, 2007). The prevalence among men who have sex with men (MSM), which was 14 percent nationally and 23 percent in Lima in 2005, has continued to rise in recent years, while among sex workers prevalence remains low (0.6 to 2 percent). Although 93 percent of female sex workers (FSWs) report having used a condom with their last client (MOH, 2003), the frequency of condom use among male sex workers is 46.3 percent. HIV/AIDS incidence in the main prisons in Peru ranges from 0.1 to 0.9 percent (*Instituto Nacional Penitenciario* [INPE], 2005), and condom use by prison inmates is low (32.8 percent reported in 2004) (INPE, 2005).

Blood safety is also a concern. Several reported cases of HIV infection in 2006 and 2007 have been attributed to blood transfusions received through public health services (MOH, 2007).

Infections with syphilis, gonorrhea, and *Chlamydia* in men and women and trichomoniasis and bacterial vaginosis in women are factors in the increasing risk of HIV transmission in Peru. Inadequate and ineffective treatment of sexually transmitted infections (STIs) is common. Also of significant concern is the high HIV prevalence among prison inmates. Given the relatively low level of sexual education, limited condom use, and risky sexual behaviors practiced by some subpopulations, including multiple sex partners, there is a significant potential for the further spread of HIV in Peru. One study by Klausner and Mendoza (2002) of young people aged 18 to 30 in 34 neighborhoods in Lima, Chiclayo, and Trujillo demonstrated that 18 percent had more than one sex partner in the last year, 8 percent had more than one partner in the last three months, and condom use was low.

National Response

Peru was one of the first countries in Latin America to adopt a syndromic management approach to STIs and offer prophylaxis for preventing mother-to-child HIV transmission. Peru's strategy to prevent STIs was called a model for the Andean region, and in 2000, UNAIDS cited Peru's HIV/AIDS prevention program as one of the best in the world. Soon after, however, political turmoil, an economic crisis, and repeated changes in key personnel combined to undermine MOH operations, including the STI program. In a major restructuring of the MOH in 2002 and 2003, several vertical programs, including the National AIDS Program (NAP), were merged. This was accompanied by a reduction in funding and management capacity for AIDS,

tuberculosis (TB), child immunization, and other programs. All aspects of the NAP suffered. In 2004, the MOH began reconstituting its HIV/AIDS program, with the goals of limiting the expansion of the epidemic by preventing new infections and providing appropriate and effective care and support to those who have HIV/AIDS.

Public health services are the main source of care for HIV/AIDS and STIs in Peru, most of which are delivered by the MOH, regional health authorities, and the social security system. In coordination with the MOH, other state sectors, such as the Ministry of Education and the Ministry for Women and Social Development, have programs directed at educating and protecting adolescents and children and preventing HIV/AIDS by promoting healthy lifestyles and reducing high-risk behaviors. Education efforts for HIV prevention in schools are being implemented as part of activities financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States Agency for International Development (USAID).

Peruvians living with HIV/AIDS are protected by Law 26626, enacted in 1996, which recognizes fundamental rights of autonomy, confidentiality, and nondiscrimination and guarantees provision of medical treatment according to the state's capacity. Changes to the law have been proposed (but not passed), including provisions that would make HIV testing for pregnant women mandatory (although this is criticized by human rights observers) and that would require the state to provide treatment to all people living with HIV/AIDS (PLWHA). At this time, these policies do not have the force of law and have only limited implementation.

The activities supported by the Global Fund represent a large proportion of the investment in HIV/AIDS in the country, though the Government of Peru is funding most of the costs of procuring antiretroviral drugs. Peru has obtained funding for HIV/AIDS activities through the Global Fund's rounds two, five, and six. The initial activities emphasized the provision of highly active antiretroviral therapy (ART), but later projects emphasized prevention.

The Country Coordinating Mechanism (CCM), established for coordinating activities supported by the Global Fund, is the only multisectoral coordinating mechanism in the country. Under the CCM, governmental ministries, organizations of PLWHA and those affected by TB, nongovernmental organizations, faith-based groups, academia, and international organizations oversee and coordinate Peru's response to the epidemic. The CCM steered the development of the Strategic Multisectoral Plan for the Prevention and Control of STI/HIV/AIDS for 2007-2011.

USAID Support

Through USAID, Peru in fiscal year 2007 received $1.2 million for essential HIV/AIDS programs and services. USAID programs in Peru 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. In general, USAID supports and complements activities under the Global Fund and functions in an advisory role in the Peruvian CCM. In 2002, USAID provided technical and financial assistance to prepare projects submitted to the Global Fund's second round. In 2006, USAID assisted the CCM in obtaining technical assistance for improved implementation of Global Fund projects in Peru.

Activities supported by USAID over the last two years include the following:

- Preparation of the National Multisectoral Strategic Plan for HIV Prevention and Control
- Revision of the national policy for HIV/AIDS
- Preparation and implementation of guidelines for eliminating congenital syphilis and preventing and controlling mother-to-child HIV transmission
- Updating of the national guidelines for the management of STIs
- School-based education interventions for preventing HIV/AIDS
- A multistakeholder process to address an HIV "hot spot" in east-central Peru
- A population-based survey for risk factors and prevalence of HIV and STI infections in 28 major cities
- Studying HIV/AIDS and STIs in Peru's Amazon region

- Strengthening of HIV/AIDS services in prisons
- Development of condom marketing strategies for vulnerable populations
- Expansion of coverage with peer-based interventions and HIV services for MSM and FSWs

USAID conducted a number of activities aimed at reducing stigma and discrimination (S&D), including training health professionals and incorporating criteria related to S&D for the accreditation of health services; developing and testing a monitoring system to include S&D as a criterion for quality of care; successfully promoting the inclusion of HIV/AIDS-related S&D on the agenda of the Peruvian ombudsman; and producing guidelines to decrease S&D in families of PLWHA. USAID reached 65,200 individuals through a communication program to prevent HIV/AIDS and trained 187 health professionals in voluntary counseling and testing.

Important Links and Contacts

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USAID HIV/AIDS Web site for Peru:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/peru.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*

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