

Situation of the HIV/AIDS in the countries of Latin America

Although the investigation has discovered effective treatments to treat the HIV infection, however it is indispensable that the treatment be started early, with strict and regular medical control. The problem is that this is practically impossible to be achieved in the concerned countries, as most of the Latin American countries.

1. The prerequisite of sustainable treatments makes impossible to be able to put them into practice since the countries do not have the guarantee of being able to sustain them for a prolonged time.
2. According to the commitments made by the countries at the level of the WHO in 1992 (New Paradigm of Health), the health services are organized along the lines of World Bank requirements on cost-benefit programs; this means selective health programs bearing in mind the utility of the persons. The incurable and very expensive illnesses cannot be assisted. This is called universal health.

This is the situation of the AIDS and many of the AIDS opportunist illnesses like the cancer.

The financial global crisis also diminished worldwide the available money for these purposes. Even countries like USA have waiting lists for AIDS treatment.

There are also other structural problems that are no longer mentioned like those related with the secret and the voluntary characteristic of the HIV detection test that are fundamental to protect the healthy population.

a) The secret and AIDS

The most vulnerable groups are those most affected ones: the receptors in the relationships between males and women in the heterosexual relationships, since one can transmit the infection to the sexual partner without any responsibility; there is the added problem that the woman in turn can transmit the infection to her child through vertical transmission. In spite of this, the general assumption is that the present policies protect the homosexuality and the gender rights.

In these moments these strategies are progressing. The UNAIDS and the IPPF (International Federation of Planning of the Family) sponsor a campaign for the decriminalization of the deliberate HIV transmission. In the International AIDS Conference of 2008 in the city of Mexico, there were reports in support of the need to modify the Juridical Regulatory Framework of AIDS allowing to the HIV infected persons or AIDS patient to keep the secret on its infectious state and therefore of

being free of any criminal charge (see the report on the Conference by the author of this note).

b) Voluntary characteristic of the HIV detection test

It is difficult to understand why the HIV detection test is not a routine test as a public health requirement since it refers to a communicable disease that is sexually transmitted in near 80% of the cases.

The main obstacle for the optimal effectiveness of this detection test comes from the 2007 Protocol of the WHO/UNAIDS that recommends that the test should be voluntary and accompanied by counseling on the its advantages and disadvantages. In fact there is not any advantage in refusing the test but many people are confused by the recommended counseling. In addition the use of the term voluntary test, presents it as something that is not indispensable. The case of the mother that rejects the test is dramatic because, if HIV infected, she can transmit the infection to her child though vertical transmission. On this topic, I can point out as unacceptable that the CDC justifies the voluntary characteristic of the test and does not recommend any measure to prevent the vertical transmission like for instance the temporary suspension of the parental rights.

International guidelines: Revised recommendations on the HIV detection test by the CDC, Atlanta, USA¹

Although the HIV detection test is considered important, the CDC of Atlanta recommends keeping in mind:

- Confidentiality and informed consent
- Counseling on the advantages and disadvantages² of the HIV detection test.
- The right of the women to reject the test.
- The test can never be mandatory.
- **No measures can be taken either against the child's custody by the mother or for promoting actions that have negative consequences for the woman.**

It is interesting to highlight that the recommendations that violate universal human rights, the public health principles on prevention of infectious diseases and the

¹ Centers for Disease Control, Atlanta, Georgia, USA.

² Keeping in mind that the test is indispensable to be able to make a diagnosis there is no point to talk about disadvantages. The problems of coexistence that can arise will be solved without putting in danger human lives.

legislation of most countries, respond to the WHO/UNAIDS Protocol on the HIV detection test, even if the CDC of Atlanta had always been a world reference in scientific information; it demonstrates the global scope of these plans.

In most of the civil legal codes there are norms with respect to the situation in which one of the parents had a behavior, for action or omission that raises the danger for the health or life of the children.

b) Stigma and discrimination

One of the most absurd consequences in these plans is the misuse of the terms to implement the HIV/AIDS strategies. Thus, it is allowed to discriminate to avoid to be discriminated.

Also in these moments the norm is that the risk behaviors should not be mentioned, even if their reduction is indispensable for the HIV prevention. Even the institutions specialized in AIDS only speak about not protected behaviors, because to speak of risk behaviors increases the stigma and the discrimination.

c) The preservative

The global recommendations about the use and importance of the preservative do not respond to the real situation of the groups more concerned by the problem with the added difficulty that they create a false sense of security.

The requirements of reliability in the use of preservatives for the prevention of HIV make necessary to assume it with responsibility, certain objectivity and to be in an illuminated room with a near bathroom; this is possible for a quite stable couple.

However, for the groups with higher risks such as the adolescents, their sexual adventures are carried out in dark places in the street, in a square, or in the corridors of the night meeting buildings. These youths often have consumed alcohol and/or drugs. They will not be able to comply with the requirements for the safe use of the preservative; therefore its reliability is highly questionable.

Also the advice that is usually given on the way of using the preservatives does not point out that is different to the recommendations for their use as a contraception method; the scientific reasons for the different recommendations are not given.³ Nothing is said why lubricants that contain oil should not be used (the reason is that the HIV virus that is infinitely smaller than the spermatozoids, can occasionally

³ Lastredet H. Le SIDA, propagation et prévention. Rapports de la commission VII de l'Académie nationale de médecine, avec commentaires. Editions de Paris, 1996.

pass through the natural micro-perforations of the latex; the oil can dilate the latex micro-perforations facilitating the passing of the HIV virus.

These precisions are indispensable in a correct health education program because they show clearly what the preservative can offer and why it is not reliable in certain situations. Everything leads to rethink the risk behaviors and to promote their reduction that is the fundamental for the control of the illness.

It is not very convenient from the prevention point of view to say that *the preservative should be used indispensably in the case of people that often change the sexual partner or practice the prostitution or experience one night adventures* (all these behaviors are of very high risk). It is difficult to understand how only recommendations on risk reduction are given instead of strongly dissuading them keeping in mind the problems in the use of preservative for the prevention of AIDS. In the campaign against the tobacco smoking habit nobody says, for example, that if the person decides to continue smoking, he or she should use a filter to reduce the risk; the message directly says that the tobacco smoking is dangerous and the smokers should stop the habit, and the addiction to the tobacco is very strong. Why in the case of the AIDS the prevention policies are different?

It is also not very appropriate to say that the anal coitus and the oral sex are less dangerous than the vaginal sex because of the extension of the concerned surface. Although the surface concerned in the case of the anal coitus is smaller than the vagina surface, the danger of the anal coitus is very high for physiologic reasons recognized by the UNAIDS.

The reason why the receptor in the relationships among males is especially concerned is clearly explained in a technical UNAIDS document.⁴ The coitus anal conveys a particularly high risk of HIV transmission for the receptor in the relationships among males. The risk is several times higher than the corresponding risk for the woman that maintains vaginal sexual relationships. The reason is that the lining epithelial of the rectum is very fine and can become torn with easiness, even the lightest lesions in the epithelium are enough to allow the entrance of the HIV virus; even if there are no lacerations, the possibility has been suggested that the natural immunity to the HIV of the cells of the rectal lining is weaker than that of the vaginal lining. The presence of untreated STD such as syphilis, blennorrhoea and chlamydiosis can considerably increase the risk of HIV transmission. The STD located in the anus and the rectum can often develop without symptoms. It is also known scientifically that the preservative is not too reliable for the receptor and the woman.

⁴ ONUSIDA. El SIDA y las relaciones sexuales entre varones. Ginebra, Suiza, octubre de 1997.

The report on the CONCASIDA Congress, 2010, says that the practice of anal coitus to prevent pregnancy is also the cause of an increase in the incidence of anal cancer among adolescents.

The ministries of health support policies that promote the homosexuality practices. In Argentina, one of the government policies to prevent discrimination is to invite the youths to participate in the events of the Pride Gay associations. -

The oral sex, apart from the risk of HIV infection, is often related to the incidence of oral cancers (see the author's report on CONCASIDA Congress, 2010). In Argentina the dentists have reported a considerable increase of the oral cancers that correspond to the increase of the oral sex practices. The proposals on the use of preservative for different sexual practices for the countries of the Region of the America are reckless. The Host Foundation of Argentina advises to cut a common preservative and to use it as a sheet during the oral sex. It is surprising that the President of this Foundation, Dr. Pedro Cahn, was President of the International AIDS Association.

In a Forum on AIDS in Buenos Aires in 2007, a poster was presented under the title ***Cohabiting with the HIV/AIDS***. The poster said: ***It doesn't matter with whom, neither with how many, nor in what way. The only thing that matters is to use preservatives and oral barriers.*** No mention at all is made of the requirements for their use to prevent the HIV infection. In the same Forum a speaker said that those who could not afford the purchase of preservatives could cut the finger of a domestic latex glove.

The problem of maternal breastfeeding and AIDS seems to be a situation without solution in our countries. In Argentina it is strictly forbidden to speak of the dangers of maternal breastfeeding in the event of an HIV infection. In the School of Medical Sciences of the FASTA University of Mar del Plata, where I give lectures on these topics, I was advised not to mention the danger of the maternal breastfeeding to avoid arising problems with UNICEF, the WHO and the Ministries of Health.

In these moments and after the AIDS World Day, it was said clearly that the only necessary measure to avoid the transmission of HIV infection through maternal breastfeeding is the treatment of the HIV-infected mother. No advice is given to the HIV infected mother about the risk of breastfeeding a healthy child. I have just known a case in Mar del Plata in which a seropositive woman had a son that was born healthy and was infected by maternal breastfeeding because the mother ignored the danger of the HIV transmission.

The antiretroviral treatments, in the hypothetical case that they are feasible, do not fulfill the necessary conditions of reliability that SIS has clearly pointed out:

1. The treatment should be conscientiously followed for the patient and controlled regularly by the doctor.
2. The viremia should be suppressed.
3. The patient should not suffer of other sexually transmitted diseases.

Argentina continues having one of the highest rates of vertical transmission in Latin America (around 5.4% of the total of notified cases), after Jamaica, and in many years the situation has not changed.

Another worrying problem for the women, who are at this time the most concerned population group in connection with AIDS, is the implementation of the Reproductive Health program without taking into account that the birth-control pills and the injectable progesterone can favor the infection with HIV. It is clear that these strategies promoted by the world plans, do not intend to reduce the vertical transmission but to avoid that children that can be infected are born. Undoubtedly it is more a method of birth control than a true prevention of the vertical transmission.

The present law about AIDS in Argentina is a very good legislation from the public health, medical ethics and human rights points of view. However there are plans to modify it. From the beginning, the Regulatory Decree 1244 of that law adopted the need of the secret, in contradiction with the law. The Executive Power cannot through a regulatory decree modify the letter or the spirit of a law. I referred to this problem on several occasions. Two experts in legal medicine, who are consultants to the Superior Justice Court, are working out the modifications of the law. They are not sufficiently informed of the scientific facts of AIDS because they say that the secret is not mandatory for a doctor when the patient suffers from AIDS, but the secret is mandatory if the patient is HIV positive without signs of AIDS. They appear not to know that an HIV positive individual can transmit the infection and that the doctor should be responsible to protect the sexual and family contacts of the HIV positive patient. It is worrying to see that the major Universities and scientific associations overlook these problems that are a risk for the health population. Many victims of these infections are denied of favorable verdicts in the Justice trials.

Comparing the excellent information offered by SIS from their start, with all these world proposals, it is of fundamental importance to stay firm in their position since is clear that the world policies on HIV/AIDS favor the advance of the Pandemic leaving the healthy population without protection. Human rights that are the rights of all the people are ignored; public health no longer prevents all the illnesses, it is dissuaded to speak of risk behaviors and there is a movement intended to modify

the laws that protect the population from these infections. On the other hand, the health personnel is confronted to juridical, ethical and scientific dilemmas of difficult solution, increased by the misuse of the terms that are given totally different meanings.

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