

PERU

STRATEGIC FOCUS

The Venezuelan internal crisis has triggered one of the most significant mass migrations in the history of the Western Hemisphere. HIV prevalence among migrants and refugees in the region is significantly higher than the host country population due to limited access to healthcare services, including HIV testing and treatment, as well as social and economic factors such as poverty, discrimination, and violence. These structural vulnerabilities are intensified by their status as migrants, asylum seekers, refugees, or internally displaced persons.

Addressing the HIV epidemic among migrant communities, including key populations, in South America requires strategies that consider the unique challenges faced by this population, including violence, stigma, language barriers, and lack of access to host country healthcare services. Improving access to HIV prevention and treatment services for migrants is crucial for reducing the spread of HIV and improving overall health outcomes in the region.

In partnership with governments, civil society, and other key stakeholders, CDC prioritizes interventions that directly impact the quality of services for migrant people living with HIV (PLHIV) and key populations at elevated risk of infection. CDC supports the scale-up of evidence-based programs to bridge service delivery gaps around HIV prevention, active case findings, early antiretroviral therapy (ART) initiation, optimized treatment services, and achievement of viral load suppression with a targeted approach to strengthen systems essential to HIV epidemic control while supporting integration of Venezuelan migrants with HIV into national health services.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Prevent new infections among Venezuelan migrants, including key populations, at elevated risk of infection

CDC supports a tailored HIV prevention and testing service package for Venezuelan migrants in Perú, including men who have sex with men, transgender women, and sex workers. This package includes risk-based counseling, enhanced STI diagnosis and treatment, condom and lubricant distribution, HIV testing, and peer navigation for linkage to treatment. CDC is contributing to the introduction of pre-exposure prophylaxis (PrEP) for individuals at elevated risk of HIV infection.

Increase knowledge of HIV status through active case-finding strategies

CDC improves access to HIV testing among undiagnosed migrant PLHIV by supporting several active case-finding strategies. These include testing as part of outreach strategies for key populations, index testing services (identifying current and former partners and household members of PLHIV), and optimized provider-initiated testing.

Improve linkage to treatment, ART initiation, and advance HIV disease management among migrant PLHIV

CDC supports linkage to a comprehensive treatment package for migrants, including rapid ART initiation, diagnosis, and management of HIV advanced disease, intensified adherence counseling, and follow-up of HIV patients through case management teams in supported districts.

Strengthen treatment retention and sustainable viral load suppression among migrant PLHIV

CDC supports access to viral load testing among migrant PLHIV, as well as retention and re-engagement of those who are not in care or virally suppressed.

Increase the capacity of healthcare systems and the health workforce to serve people

CDC provides technical assistance to Ministries of Health to update HIV service manuals, adapt communication materials and job aids to the South American context, train healthcare workers in HIV combination prevention and viral load monitoring, and support the integration of Venezuelan migrants with HIV into national health services.

Key Country Leadership

President:
Dina Boluarte

Minister of Health:
Cesar Vásquez

U.S. Ambassador:
Lisa Kenna

CDC/DGHT Regional Director:
Janell Wright

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$6,770 (2022)

Population (millions):
34.04 (2022)

Under 5 Mortality:
14.1/1,000 live births (2021)

Life Expectancy:
72.4 years (2021)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): 0.4.% (2022)

Estimated AIDS Deaths (Age ≥15): <1,000 (2022)

Estimated Orphans Due to AIDS: 28,000 (2022)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 86,139 (2022)

Global Tuberculosis (TB) Epidemic
(who.int/tb/country/data/profiles/en/)

Estimated TB Incidence: 130/100,000 population (2021)

TB Patients with Known HIV Status who are HIV Positive: 5.9% (2021)

TB Treatment Success Rate: 85% (2020)

DGHT Country Staff: 0
Locally Employed Staff: 0
Direct Hires: 01
Fellows & Contractors: 00



Our success is built on the backbone of science and strong partnerships.