



# Inequality and HIV: Addressing the Impact on Health Outcomes

*Hamid Vega-Ramírez, M.D., Ph.D.*



INSTITUTO NACIONAL DE PSIQUIATRÍA  
RAMÓN DE LA FUENTE MUÑIZ

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# Diclosure

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- Served as an advisory board member for Johnson & Johnson Innovative Medicine and GlaxoSmithKline México

# Outline

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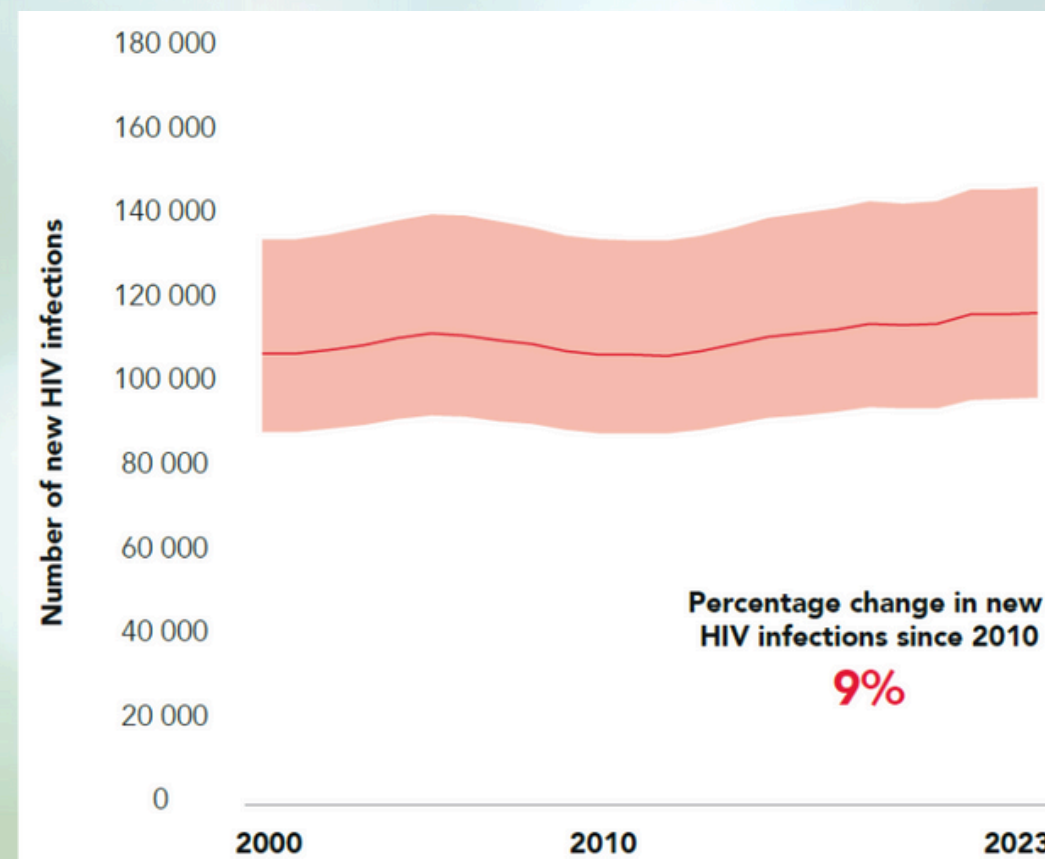
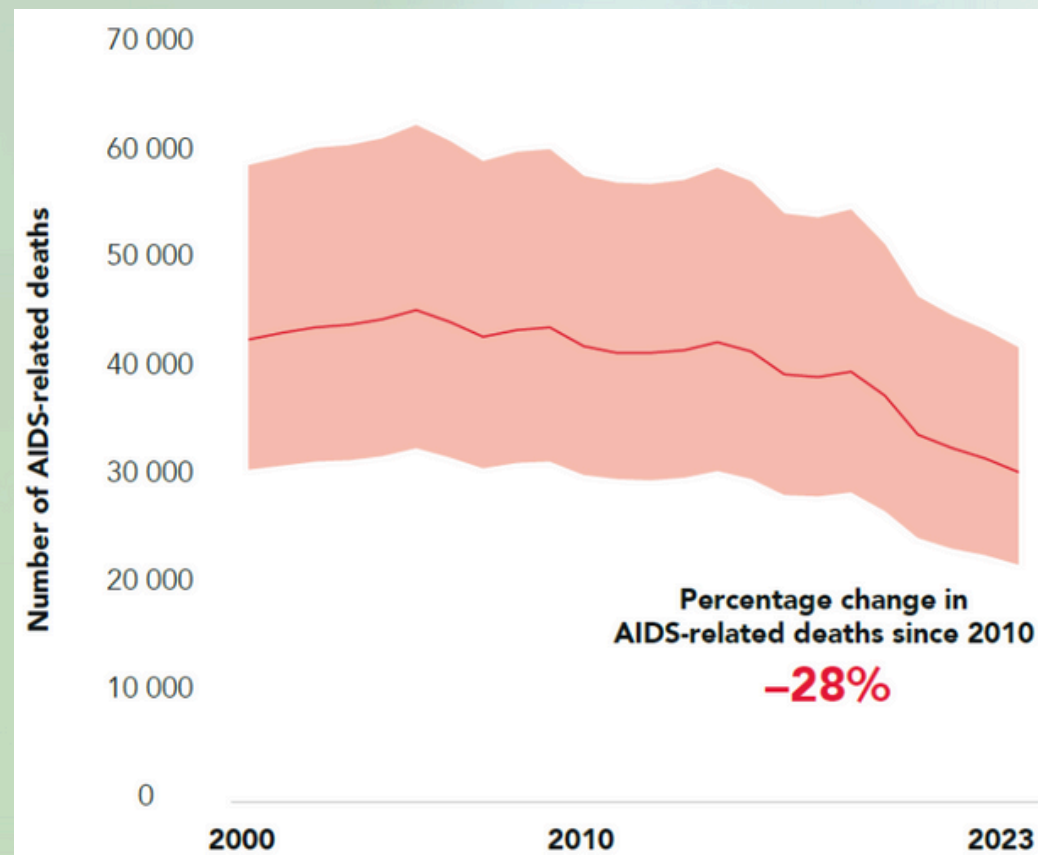


39.9 mill. living w/HIV

- 1.3 mill. people acquired HIV



2.3 mill. living w/HIV



- In Latin America:

- The number of men who have sex with men (**MSM**), **transgender women**, and **sex workers** who acquired HIV increased.
- **Afro-descendant women** (Brazil) and **indigenous people** (Venezuela, Peru, and Colombia) have higher HIV prevalence than the general population.
- HIV prevalence and new infections remain higher among **key populations**.



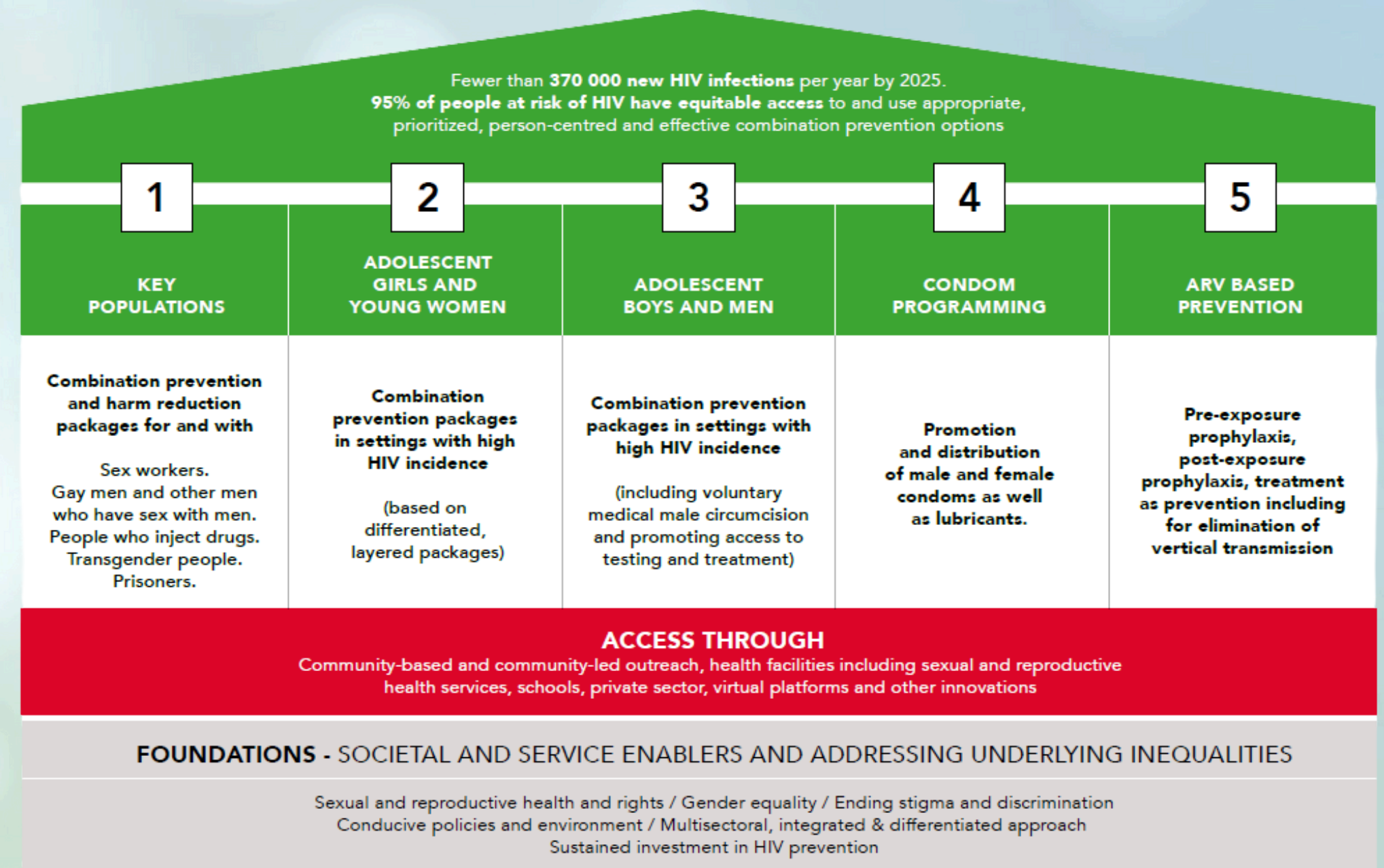
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## The HIV Prevention 2025

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- Initially, 28 low & middle-income countries account for almost **three-quarters** of annual **new HIV infections**.
- Targets & commitments** needed to stop HIV:
  - Ending inequalities
  - Prioritize the combination HIV prevention
  - Key populations
  - Undetectable = Untransmittable (U = U)
  - Elimination of new HIV infections in children
  - 10–10–10 targets for societal enablers
  - Access to affordable health technologies
  - Community leadership
  - Greater involvement of people living with or affected by HIV**





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PrEP initiations (n> 8.0 mill.)

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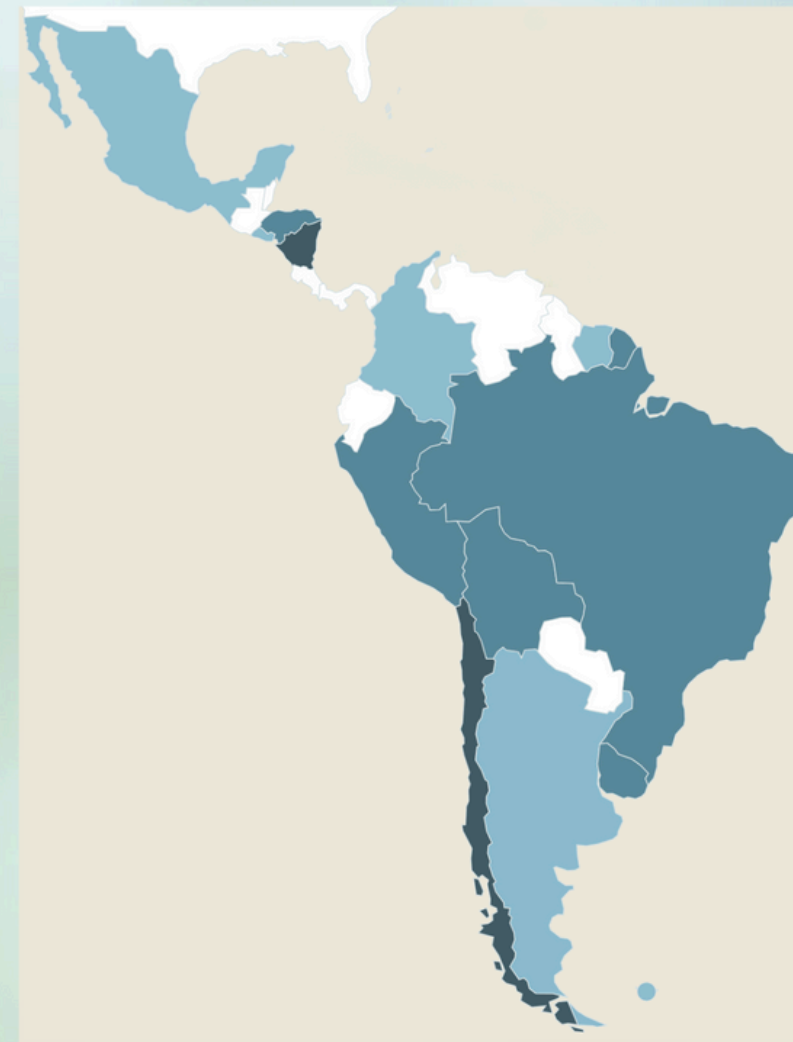
## Legal Frameworks for Sexual and Gender Minorities in LA

*Constitutional protection against discrimination*



- 3 with at least one for any sexual or gender minority

*Protection against discrimination in health*



- 13 with at least one for any sexual or gender minority

*Regulation of so-called “conversion therapies”*



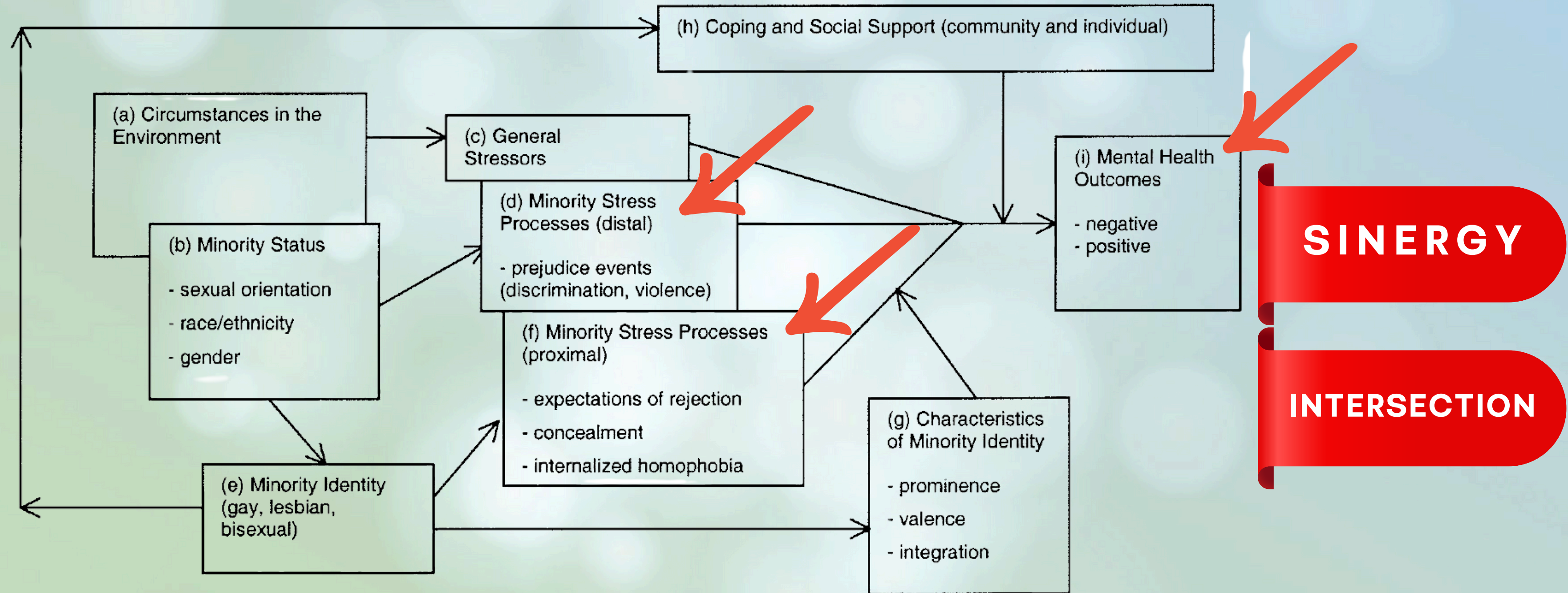
- 12 nationwide regulations

**Darker =**  
More protection for sexual orientation, gender identity, gender expression, or sex characteristics



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*The ImPrEP Project, 2018 - 2021*

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Total: **9,509**



**3,928**



**3,288**



**2,293**

THE LANCET  
HIV

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Same-day initiation of oral pre-exposure prophylaxis among gay, bisexual, and other cisgender men who have sex with men and transgender women in Brazil, Mexico, and Peru (ImPrEP): a prospective, single-arm, open-label, multicentre implementation study

Valdiléa G Veloso, MD <sup>\*</sup> • Carlos F Cáceres, MD <sup>\*</sup> • Brenda Hoagland, MD <sup>†</sup> • Ronaldo I Moreira, PhD <sup>†</sup> • Hamid Vega-Ramírez, MD <sup>†</sup> • Kelika A Konda, PhD <sup>†</sup> • et al. [Show all authors](#) • [Show footnotes](#)



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## The ImPrEP Project, 2018 - 2021

|   | Early loss to follow-up (1)<br>(n= 795)<br><br>aOR (95% CI) | PrEP adherence (2)<br>(n= 6477)<br><br>aOR (95% CI) | Long-term PrEP engagement (3)<br>(n= 5783)<br><br>aOR (95% CI) |
|---|---|---|--|
| → <b>Gender</b> (TW vs. cis-MSM)  | 1.60 (1.20–2.14)**  | 0.56 (0.46–0.70)***                                 | 0.56 (0.45–0.71)***  |
| → <b>Age</b> (ref. >30) <ul style="list-style-type: none"><li>• 18-24</li><li>• 25-30</li></ul>                                     | 1.80 (1.49–2.18)***<br>1.52 (1.26–1.84)***                  | 0.52 (0.46–0.58)***<br>0.64 (0.57–0.71)***          | 0.56 (0.49–0.64)***<br>0.70 (0.61–0.79)***                     |
| → <b>Educational attainment</b> (ref. > secondary) <ul style="list-style-type: none"><li>• Elementary</li><li>• Secondary</li></ul> | 2.18 (1.29–3.68)*<br>1.76 (1.46–2.12)***                    | 0.60 (0.40–0.91)**<br>0.70 (0.61–0.79)***           | 0.66 (0.42–1.02)<br>0.74 (0.68–0.86)***                        |
| → <b>Race</b> (White vs. Non-White)   | 0.75 (0.60–0.94)*   | 1.11 (0.99–1.25)                                    | 1.10 (0.96–1.25)   |
| → <b>Transactional sex</b> (yes vs. no)   | 1.35 (1.09–1.66)**  | 0.80 (0.69–0.91)**                                  | 0.81 (0.69–0.95)   |
| <b>Receptive condomless anal sex</b> (yes. vs no)   | 0.73 (0.62–0.86)***   | 1.24 (1.12–1.36)***                                 | 1.24 (1.11–1.39)***  |

**Transgender women, young participants, non-White, and those with elementary or secondary education** or ever had **transactional sex** had increased odds of early loss to follow-up and lower odds of PrEP adherence and long-term PrEP engagement.

1: Attending the enrolment visit and not returning to any study visit

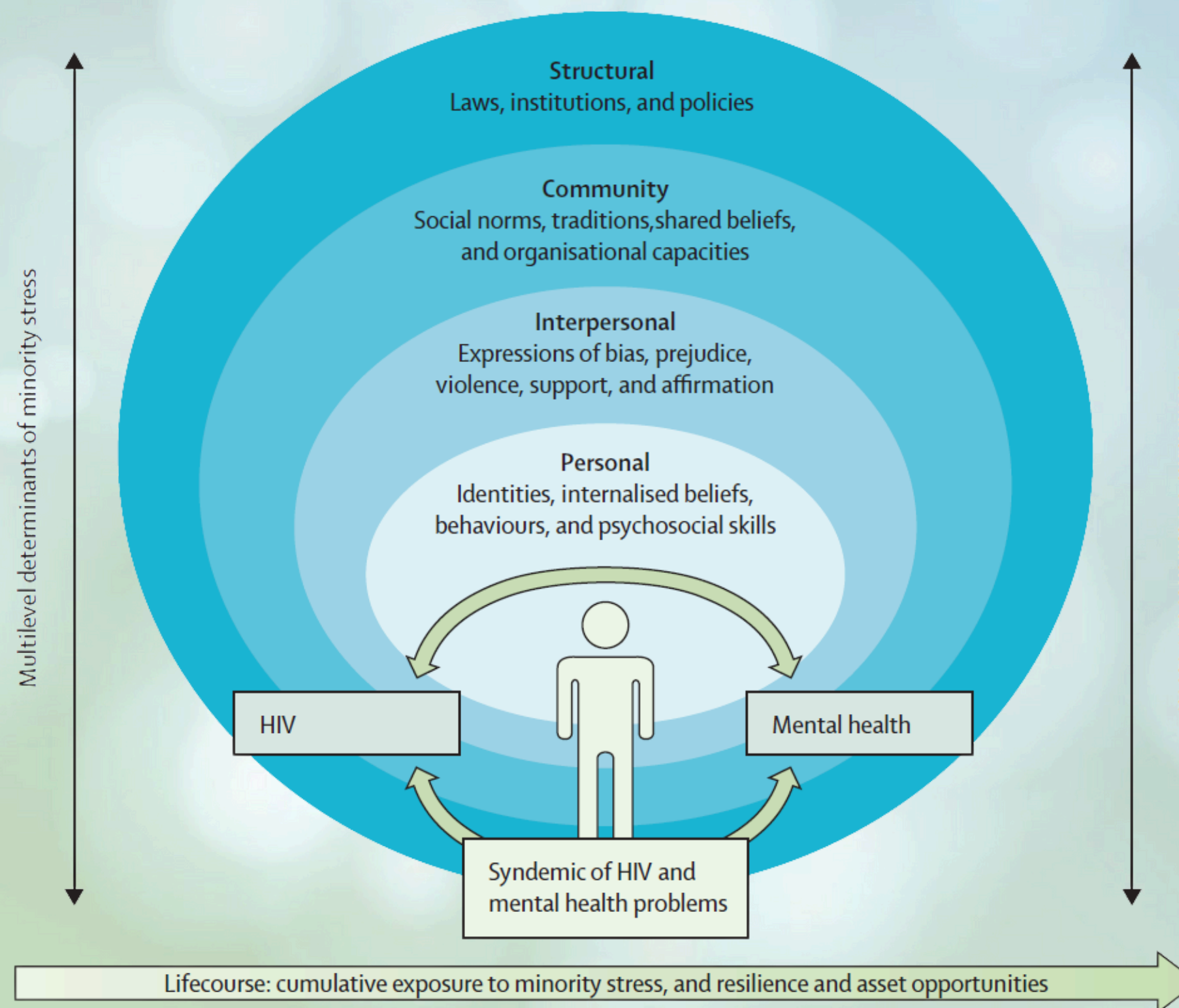
2: According to MPR  $\geq 0.6$ , equivalent to four PrEP pills per week

3: Attending the week 4 study visit plus two or more quarterly visits within a 52-week follow-up period

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$

# CONCLUSIONS

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***Thank you!***  
***¡Muchas gracias!***



[hamid.vega@inprf.gob.mx](mailto:hamid.vega@inprf.gob.mx)



[hamid\\_vega](https://twitter.com/hamid_vega)