In which geographic areas should actions be targeted to reduce HIV/AIDS mortality in Mexico?: An analysis of his magnitude, distribution, and trends by Jurisdicciones Sanitarias, 1990-2015

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Keywords: Mortality, HIV, AIDS, Mexico

Introduction
In 1997, people living with HIV who had social security in Mexico, began to receive HAART, which had significantly reduced mortality in other countries. In 2003, free and universal access to TARAS was adopted as a national public health policy. However, mortality due to HIV/AIDS did not decrease as expected, with important differences between the Mexican states. Strategies to reduce mortality should be focused on specific areas. The Jurisdicciones Sanitarias (JS) are the structures of the State Health Services that must coordinate the execution of the actions of prevention and control of HIV/AIDS.

Materials and methods
Information on deaths due to HIV/AIDS was obtained from INEGI. For the calculation of crude and standardized rates, the official population estimates of CONAPO were used. The JoinPoint regression model was used to analyze epidemiological trends.

Results
The magnitude, distribution, and trends of HIV/AIDS mortality in Mexico by JS were analyzed. The 25 JS with higher rates of HIV/AIDS mortality were identified and their epidemiological trends were analyzed. Although they have only 11% of the population of the country, they account for 28.6% of the total deaths due to HIV/AIDS. They have a standardized mortality rate that is at least twice the national rate (3.9 deaths x 100,000 inhabitants), and among them, seven JS have a rate three or more times higher.

The highest average annual mortality rates were observed in Tonalá, Chiapas (14.4 per 100,000 inhabitants), Veracruz, Veracruz (14.3 per 100,000), Carmen, Campeche (13.7 per 100,000), Centla, Tabasco (13.5 per 100,000 inhabitants), Cosamaloapan, Veracruz (13.3 per 100,000), Coatzacoalcos, Veracruz (13.3 per 100,000 inhabitants) and Cárdenas, Tabasco (11.6 per 100,000 inhabitants). These 25 JS are located mainly in coastal areas, tourist sites, migration corridors or border areas of the country.

The most recent trend estimated by JoinPoint regression model, shows that in 9/25 JS HIV/AIDS mortality increased, 8/25 decreased, and 8/25 there was no change.

Conclusions
Universal access to HAART has reduced HIV/AIDS mortality rates in Mexico from 2008 to 2015. However, there are huge gaps between regions. The 25 geographic and operational areas (JS) were identified, where actions aimed at reducing HIV/AIDS mortality in Mexico should be focused. It is the first study that analyzes a health problem (HIV/AIDS mortality) in all JS of Mexico.