



LETTER TO THE EDITOR

Late Diagnosis of HIV: A Critical Analysis from a Latin American Perspective

Miguel Angel Montiel-Alfonso¹ 

¹Universidad Católica Nuestra Señora de la Asunción. Hospital Central del Instituto de Previsión Social, Servicio de Infectología Clínica. Asunción, Paraguay.

Citar como: Montiel Alfonso MA. Diagnóstico tardío del VIH: análisis crítico desde la perspectiva latinoamericana. Rev Ciencias Médicas [Internet]. 2026 [citado: Fecha de Acceso]; 30(1): e7215. Disponible en: <https://revcmpinar.sld.cu/index.php/publicaciones/article/view/7215>

Enviado: 18 de mayo de 2026
Aceptado: 10 de octubre de 2026
Publicado: 11 de octubre de 2026

Dear Editor:

The timely diagnosis of human immunodeficiency virus (HIV) infection constitutes a fundamental axis in the comprehensive response to the epidemic. It allows the early initiation of antiretroviral treatment and improves individual prognosis, but also reduces community transmission, optimizes healthcare resources, and strengthens the full exercise of human rights.⁽¹⁾ In Latin America, however, late diagnosis persists as a structural problem, associated with social, cultural, geographic, and institutional inequalities.⁽²⁾ This letter proposes a critical reading of its determinants and raises the need for a contextualized, ethical, and transformative response.

In countries such as Paraguay, late diagnosis is not an isolated or merely technical phenomenon. The concentration of specialized services in urban areas, the fragility of health infrastructure in rural and peripheral zones, and the scarce articulation between levels of care configure a scenario where "living far away" is equivalent to "being diagnosed late." That distance is not only physical: it implies economic costs, emotional wear, and exposure to stigma. In small communities, the lack of confidentiality discourages the search for care for fear of social judgment.

HIV-associated stigma is, even today, a major barrier to early diagnosis.⁽³⁾ In contexts where sexual health is a taboo subject, and where education about HIV is insufficient or inadequate, the fear of being pointed out, rejected, or discriminated against limits the active search for medical care.⁽⁴⁾ This phenomenon especially affects vulnerable groups such as men who have sex with men, young women, people who work as sex workers, trans people, and indigenous peoples. The limitations regarding culturally appropriate information and safe spaces to dialogue about sexuality and prevention perpetuate silence and invisibility.

From the institutional perspective, the region's health systems face fragmentation of services, insufficient decentralization, limited staff training, and weak community integration. Screening campaigns are usually designed from a vertical logic, without considering local realities or the specific needs of the most affected populations. That disarticulation between health policy and social context reproduces inequalities and compromises the sustainability of interventions.

The impact of late diagnosis is multidimensional. Clinically, it is associated with a higher risk of opportunistic diseases, accelerated progression to AIDS, prolonged hospitalizations, and higher mortality.⁽³⁾ At the population level, it maintains a reservoir of active transmission, which hinders reducing incidence and, at the same time, generates high costs for health systems. In human terms, it affects quality of life, emotional well-being, and autonomy to make informed decisions and exercise their rights. In this sense, diagnostic delay is not only a technical failure: it is an ethical violation that challenges all of society.

Paradoxically, these obstacles persist at a historical moment where scientific advances have transformed HIV into a manageable chronic condition. Rapid tests, self-testing, and effective treatments should have democratized access to diagnosis. However, biomedicalization has tended to invisibilize social and cultural determinants, privileging the logic of medication over that of care.

Therefore, an integral view that incorporates human rights, interculturality, and community participation is urgent.

In Latin America, cultural diversity, socioeconomic inequality, and the history of structural exclusion add their own nuances. The uncritical adoption of external models, the criminalization of certain sexual practices, the lack of legal protection for LGBTIQ+ people, and the scarce investment in public health contribute to perpetuating diagnostic delay.

Faced with this panorama, the challenge demands coordinated actions at the different levels of care:

It is necessary to strengthen health infrastructure, with emphasis on decentralization and geographic accessibility, through rapid tests, the use of mobile technologies, and self-testing.

A profound transformation in health education is required, one that dismantles myths, reduces stigma, and promotes a culture of intercultural and inclusive prevention.

Continuously train health personnel in person-centered care, empathetic communication, and a rights-based approach.

Articulate sectors and communities, placing the voice of affected populations in the design, implementation, and evaluation of interventions.

Timely access to HIV diagnosis is not only a technical question: it is an ethical and political question. It reflects a society's commitment to the health, dignity, and rights of its most vulnerable members. In Latin America, advancing toward a comprehensive and humane response requires political will, sustained investment, contextualized innovation, and cultural transformation. Early diagnosis should be an open window to preserve lives, prevent infections, and guarantee the full exercise of citizenship. That window cannot continue closing for those who live far away, for those who are different, and for those who have been historically excluded.

In conclusion, late diagnosis of HIV in Latin America is a symptom of inequality, exclusion, and lack of political will. Overcoming it demands more than rapid tests and medications: it requires a critical view, committed action, and structural transformation. This letter seeks to contribute to that debate, from the conviction that health is a right and that every early diagnosis is an opportunity to build a more just, humane, and supportive society.

Funding

None.

Conflict of interest

None.

Declaration of use of Generative Artificial Intelligence

The authors declare that they have not used generative artificial intelligence technologies or AI-assisted tools during the research or writing of this article.

REFERENCIAS BIBLIOGRÁFICAS

1. Organización Panamericana de la Salud. SVIH/SIDA [Internet]. Washington, D.C.: OPS; 2024 [citado 27/01/2026]. Disponible en: <https://www.paho.org/es/temas/vihsida>
2. ONUSIDA. La respuesta al VIH en América Latina: actualización mundial sobre el progreso hacia los objetivos 90-90-90 [Internet]. Ginebra: Programa Conjunto de las Naciones Unidas sobre el VIH/Sida; 2020 [citado 27/01/2026]. Disponible en: https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report-latin-america_es.pdf
3. Ríos-González Cml. Reflexiones sobre el VIH y la salud fronteriza. Rev. virtual Soc. Parag. Med. Int. [Internet]. 2023 [citado 27/01/2026]; 10(2):151-153. Disponible en: <https://doi.org/10.18004/rvspmi/2312-3893/2023.10.02.151>.
4. Zeballos Y, Ruíz B, Pérez S. Estigma y discriminación en personas con VIH-SIDA y sus efectos en la salud mental. Las Enfermeras de Hoy [Internet]. 2022 [citado 27/01/2026]; 1(2):13-2. Disponible en: <https://revistas.anep.org.pa/index.php/edh/article/view/33>