

A brief on

HIV

situation in Colombia

2025



Fondo Colombiano de
Enfermedades de Alto Costo

A brief on HIV situation in Colombia 2025



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Fondo Colombiano de Enfermedades de Alto Costo
Cuenta de Alto Costo (CAC)

Annual periodicity

Bogotá, D. C., Colombia, January 2026

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Suggested citation: Cuenta de Alto Costo (CAC), Fondo Colombiano de Enfermedades de Alto Costo.
A brief on HIV situation in Colombia 2025; Bogotá, D.C. 2026.

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The full textbook in Spanish of the situation of HIV in Colombia 2025 is available [at this link](#).

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Change Tracking Table

Title of the publication	Version	Date	Description
A brief on HIV situation in Colombia 2025	1.0	January 30 th 2026	

1

Characterization
of **incident people**
living with HIV

INFOGRAPHIC

summary

Chapter at a glance

Characterization of incident people living with HIV

February 1st, 2024 to January 31st, 2025

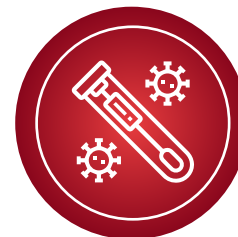
1



During the period, a **2.65%** decrease in incident cases was observed declining from **14,555 to 14,169** reported cases.



Of the total incident cases, **82.04%** corresponded to **men (n= 11,624)**, resulting in a male-to-female ratio of 4.56:1.



The average age of the incident population was **33.8 years** (SD: ± 12.19) with the highest proportion of cases observed in the **30 - 39 age group.**



Consistent with recent trends, the regions with the highest frequency of incident cases were the Central Region (28.65%), followed by the Caribbean region (21.50%) and Bogotá, D. C. (18.26%).



52.66% of the cases were MSM, while 10.13% were individuals who consumed non-injectable psychoactive substances.



At the time of diagnosis, 41.06% of the cases were classified as stage 2 of the disease. As in previous periods, the primary mode of transmission was sexual transmission, which accounted for 93.04% of cases.



The median age at diagnosis was 30 years (IQR: 24 - 40). Additionally, the median time from diagnosis to the initiation of treatment was 27 days (IQR: 15 - 46).



88.6% of incident cases were screened for active TB, with 95.19% yielding negative results and 4.80% testing positive.



Screening for hepatitis B was conducted in 92.01% of incident cases, yielding 262 positive results (1.85%). Similarly, screening for hepatitis C, performed in 92.74% of cases, identified 176 positive results (1.24%).

Among the incident population screened for HPV, **80.69%** of the positive cases were concentrated in individuals aged **20 to 39 years.**

ART: Antiretroviral therapy.
HPV: Human papilloma virus.
IQR: Interquartile range.
MSM: Men who have sex with men.
TB: Tuberculosis.
SD: Standard deviation.

2

Characterization
of **prevalent people**
living with HIV

INFOGRAPHIC summary

Chapter at a glance

Characterization of prevalent people living with HIV (PLWHIV)

February 1st, 2024 to January 31st, 2025

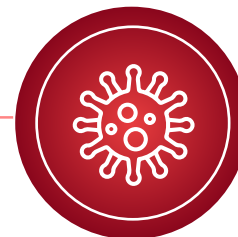
2



The number of prevalent cases increased by **8.18%** compared to the previous period, rising from 187,873 to **203,247 cases.**



78.74% of the cases occurred **in men (n= 160,031),** resulting in a male-to-female ratio of 3.70:1.



The average age of the prevalent population was **40.48 years** (SD ± 13.13). The 30 - 34 age group represented the highest proportion of cases.



The regions with the highest concentration of people living with HIV were the Central region (28.74%), Bogotá, D. C. (22.41%), and the Caribbean region (19.80%).



Among the population living with HIV, 3.56% (n= 7,228) identified as Afro-Colombian, 1.10% (n= 2,230) as Indigenous, and less than 1% identified as Palenqueros (n= 1,138), Raizales (n= 224), or ROM Gypsy (n= 29).



The most common comorbidities observed among people living with HIV were STDs, excluding syphilis and hepatitis B, with a prevalence of 3.58%.



Chronic hepatitis B went from 3,102 in 2024 to 3,340 people with co-infection in 2025.



MSM remained the most frequently reported key population, representing 47.67% (n= 96,891). This was followed by non-injectable substance users, who accounted for 5.45% (n= 11,073) of cases.



Among key population groups, transgender men had the lowest proportion of ART usage.

Of the prevalent population, **2.03%** (n= 3,955) presented **hepatitis C** co-infection.

ART: Antiretroviral therapy.

SD: Standard deviation.

MSM: Men who have sex with men.

STDs: Sexually transmitted diseases.

3

**Morbidity and
mortality** in people
living with HIV

INFOGRAPHIC summary

Chapter at a glance

Morbidity and mortality in people living with HIV

February 1st, 2024 to January 31st, 2025

3



The age-standardized national incidence for the population with HIV decreased compared to the previous period, from

26.90 to 25.97

new cases per 100,000 inhabitants.



The age-standardized incidence is higher among

men (43.19);

although it decreased compared to the previous period, when it was 45.19 per

100,000 inhabitants.



The Central region reported the highest age-standardized incidence during the period

(31.54 cases

per cada 100,000 inhabitants).



The age-standardized prevalence increased slightly compared to the previous period, rising from 0.34 to 0.36 per 100 inhabitants, consistent with the trend observed in recent periods.



The region with the highest age-standardized prevalence was Bogotá, D. C. (0.49 per 100 inhabitants), followed by the Central region (0.44).



The nationwide age-standardized general mortality rate was 4.11 deaths per 100,000 inhabitants (95% CI: 3.95 - 4.28), showing a decrease compared to the previous period, which was 4.01 per 100,000.



The departments with the highest age-standardized mortality rates were Amazonas (12.16), Quindío (9.10), and Risaralda (7.84).

The case fatality rate has continued its decreasing trend over the past **three reporting periods, from 3.64 in 2023, to 2.77 in 2024, and 2.73** per 1,000 inhabitants in 2025.

CI: Confidence interval.

4

**Antiretroviral
treatment**

INFOGRAPHIC summary

Chapter at a glance

Antiretroviral treatment

February 1st, 2024 to January 31st, 2025

4



81.30% of people living with HIV received ART, representing an **increase of 0.69%** compared to the previous period.



Among those receiving ART, **81.50%** achieved a VL of less than **50 copies/ml** and 89.49% had a VL of less than 1,000 copies/ml.



The Caribbean region reported the highest **ART coverage at 84.80%**.



83.35% of individuals covered by third-payer insurance received ART, compared to 78.97% of those under state insurance.



ART coverage among non-affiliated PLWH reached 16.21%, and 71.13% of these individuals achieved viral suppression, regardless of the cut-off point.



People covered by third-payer insurance showed a slight increase in the proportion achieving viral suppression (VL < 1,000 copies/ml), rising from 91.86% in 2024 to 92.45% in 2025. In contrast, state insurance recorded a consecutive decline over the past three years (86.86% in 2023, 85.25% in 2024, and 84.08% in 2025).



The most frequently used ART regimen among prevalent cases included efavirenz, emtricitabine, and tenofovir disoproxil (18.94%), while among incident cases, the most common regimen consisted of dolutegravir, emtricitabine, and tenofovir disoproxil (22.80%).

Among individuals who experienced treatment failure,

22.65% **genotyping for HIV**

was performed, 2.39% less than in the 2024 period.

ART: Antiretroviral therapy.
VL: Viral load.

5

Mother-to-child HIV
transmission

INFOGRAPHIC summary

Chapter at a glance

Mother-to-child HIV transmission

February 1st, 2024 to January 31st, 2025

5



Health services reported
486,363
pregnant women,
reflecting a 9.34% reduction compared to
the previous period.

HIV screening covered
97,01%
of the reported pregnant women.

937
pregnant women
were diagnosed with HIV, representing a
smaller proportion than in 2024 (0.21%).



The median gestational age at the time of HIV detection was 14 weeks (IQR: 9 - 24). At the cut-off date, 43.54% of pregnant women with HIV were classified as being in clinical stage 2.



Among pregnant women with HIV, 96.05% received ART during pregnancy.



72.68% of pregnant women with HIV had an undetectable VL (< 50 copies/ml) at their last measurement. This marks a 0.58% decrease in viral suppression compared to 2024.



78.96% of pregnant women who completed their pregnancies during the period received antiretroviral treatment during childbirth, and 80.19% underwent pharmacological suppression of breastfeeding.



Among HIV-exposed children, 1.80% did not receive postnatal antiretroviral prophylaxis.



Within the framework of the ETMI-Plus strategy, 566 live births were identified, of which 7 children under 1 year of age acquired the mother-to-child transmission.



In the period, 891 children under 12 months of age were reported, children of mothers with HIV.

Mother-to-child transmission increased to
1.23% a rate higher than the **0.48%**
reported in 2024.

ART: Antiretroviral therapy.

VL: Viral load.

IQR: Interquartile range.

6

Population with **active tuberculosis** with or without HIV coinfection

INFOGRAPHIC

summary

Chapter at a glance

Population with active tuberculosis with or without HIV coinfection

February 1st, 2024 to January 31st, 2025

6



Health services identified **16,234 cases of active TB,** during the period, representing a 6.03% increase compared to the previous period (n= 15,310).



The time interval between TB diagnosis and HIV screening showed a **median of 3 days** (IQR: 0 - 31) longer than the previous period (2 days, IQR: 0 - 10).



The proportion of TB cases that were screened for HIV was **77.20%,** representing an increase of 8.52% compared to the previous period.



Cases of tuberculosis with HIV co-infection accounted for 14.06% of the total reported during the period.



Among TB/HIV co-infected cases, 95.40% presented drug-susceptible tuberculosis, while 4.72% exhibited multidrug-resistant, extensively drug-resistant, or monoresistant tuberculosis to isoniazid or rifampicin.



The most prescribed anti-TB regimen included ethambutol, isoniazid, pyrazinamide, and rifampicin, used by 69.86% of patients.



Among patients with HIV co-infection who received anti-TB treatment, 11.78% were cured of tuberculosis, 19.62% completed treatment, and 54.58% were still undergoing treatment by the end of the reporting period.

ART coverage for individuals co-infected with TB/HIV rose by **4.27%** increasing from 1,779 cases in 2024 to **1,855 cases in 2025.**

ART: Antiretroviral therapy.
TB: Tuberculosis.
IQR: Interquartile range.

7

Risk management indicators

INFOGRAPHIC summary

Chapter at a glance

Risk management indicators

February 1st, 2024 to January 31st, 2025

7



HIV screening among **pregnant women** increased at the national level, rising from 95.29% in 2024 to 95.83%, and maintained high coverage in both state and third-payer **insurance programs.**



The study on mother-to-child transmission and ART coverage for pregnant women living with HIV showed a **decline** compared to the previous period, dropping from 94.51% to 90.31% and from 77.23% to 74.59%, respectively.



Despite a slight improvement in **ART coverage (81.02%).**



The percentage of individuals undergoing HIV treatment for more than 48 weeks who achieved undetectable VL (< 50 copies/ml) increased slightly, from 64.76% to 66.74%, compared to the previous period.



The proportion of individuals screened for cardiovascular risk decreased nationally, falling from 84.30% in 2024 to 75.55% in 2025.



ART abandonment decreased nationally, dropping from 20.27% to 18.60% during the period. However, the highest abandonment rates occurred in Guaviare (62.19%), Guainía (57.58%), and Amazonas (42.94%).

The opportunity to initiate ART at the national level **remained relatively unchanged,** with a difference of 0.39 percentage points, reaching **53.08% in 2025.**

ART: Antiretroviral therapy.
VL: Viral Load.



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