



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

CENTRAL AMERICA

HIV/AIDS is a severe problem in Central America. Increased mobility along the region's highways and industrial corridors has exacerbated the spread of the epidemic. Central America has a history of intraregional and extraregional migration due to civil unrest, demand for seasonal labor, more open border policies, improved regional transportation routes, and proximity to the United States.

The unstable economic environment provoked by Hurricane Mitch in 1998, combined with uneven growth and employment prospects in individual countries, have further increased mobility. Despite increased awareness of HIV/AIDS, senior policymakers outside of the health sector in many Central American countries have not yet integrated HIV/AIDS prevention into ongoing policy and programmatic activities, which has restricted the effectiveness of national and donor programs.

The USAID Central America regional HIV/AIDS program focuses its efforts on the countries of Honduras, Guatemala, Panama, El Salvador, Nicaragua, Belize, and Costa Rica. According to UNAIDS, prevalence is highest in Belize (2 percent adult prevalence), followed by Honduras (1.6 percent adult prevalence), Panama (1.5 percent adult prevalence), Guatemala (1.0 percent adult prevalence), El Salvador and Costa Rica (0.6 percent adult prevalence), and Nicaragua (0.2 percent adult prevalence). Outside of Honduras, where the epidemic has grown steadily since 1992, AIDS cases in other Central American countries have only recently been recognized.

The highest rates of infection are among those aged 20–39. Although HIV/AIDS in Central America is concentrated primarily among young men, the epidemic is spreading to an increasing proportion of women. Infection rates are generally highest in the cities and major economic areas. The Caribbean coast of Honduras and Belize is an exception; here the epidemic is generalized and affects both urban and rural populations. The Garífuna Afrocentroamerican ethnic group that inhabits this area has been particularly affected.

The primary mode of transmission is unprotected sex. Men who have sex with men are most affected.



Preliminary results for five countries from the Central America Multi-Site HIV Prevalence Survey indicate that prevalence among men who have sex with men ranges from 9 percent to 17.8 percent (9 percent in Nicaragua, 10.6 percent in Panama, 17.8 percent in El Salvador, 11.5 percent in Guatemala, and 13 percent in Honduras). Female sex workers are also at risk, with infection rates of 0.3 percent to 10.3 percent (0.6 percent in Nicaragua, 1.9 percent in Panama, 3.9 percent in El Salvador, 4.6 percent in Guatemala, and 10.3 percent in Honduras).

NATIONAL RESPONSE

Every national constitution in Central America guarantees the right to life and, as a direct consequence, the right to health and the obligation of the state to provide health care. In recent years, with the publication of international guidelines for legislation about HIV/AIDS, all countries in the region, except Belize, have enacted specific laws. At least three countries consider HIV/AIDS a social problem of national priority (Honduras), national interest (Panama), or emergency (Guatemala). All promote state responsibility for comprehensive care and treatment of AIDS and establish measures to enhance respect for the human rights of people living with HIV/AIDS and to protect them from discrimination.

Between 1999 and 2001, all countries produced national strategic plans for HIV/AIDS (Panama's plan was part of a national reproductive and sexual health plan). In general, all plans describe either introducing or increasing comprehensive HIV/AIDS care, training of health professionals, strengthening and decentralizing treatment services, guaranteeing access to anti-retroviral drugs, and promoting participation of the community and people living with HIV/AIDS.

In July 2001, the United Nations General Assembly Special Session on HIV/AIDS became a turning point in the development of a political consciousness of AIDS in Central America. The Honduran Minister of Foreign Affairs outlined the importance of common regional action and requested long-term international commitment and support. The Salvadoran representative proposed coordinating mechanisms through the Central American Region Ministers of Health, Central American and Dominican Republic Health Sector Meeting, and Central American Integration System, as well as formal regular meetings at a high government level. The Nicaraguan Minister of Health reported her country's lack of available funds to address AIDS and requested international funding. The Guatemalan Minister proposed the creation of a national unit for AIDS treatment with participation from both the government and civil society. All offered to increase their commitment to treatment of people living with HIV/AIDS.

In 2002, each country (with the exception of Nicaragua) covered in the Central American regional program expanded the numbers of people with access to antiretroviral treatment through both the social security institutes and Ministry of Health networks. Costa Rica and Panama have the highest coverage as more than 90 percent of HIV-infected individuals qualify for assistance. The Global Fund to fight AIDS, Tuberculosis, and Malaria will begin disbursements to Honduras

Belize	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2,500
	Total Population (2001)	231,000
	Adult HIV Prevalence (end 2001)	2.0%
Costa Rica	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	11,000
	Total Population (2001)	4,112,000
	Adult HIV Prevalence (end 2001)	0.6%
El Salvador	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	24,000
	Total Population (2001)	6,400,000
	Adult HIV Prevalence (end 2001)	0.6%
Guatemala	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	67,000
	Total Population (2001)	11,687,000
	Adult HIV Prevalence (end 2001)	1.0%
Honduras	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	57,000
	Total Population (2001)	6,575,000
	Adult HIV Prevalence (end 2001)	1.6%
Nicaragua	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	5,800
	Total Population (2001)	5,208,000
	Adult HIV Prevalence (end 2001)	0.2%
Panama	Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	25,000
	Total Population (2001)	2,899,000
	Adult HIV Prevalence (end 2001)	1.5%

Source: UNAIDS

and has approved proposals from Costa Rica, Nicaragua, and El Salvador. These resources will strengthen treatment and prevention activities in the subregion.

USAID SUPPORT

As the largest regional HIV/AIDS donor in Central America, the United States Agency for International Development (USAID) allocated \$4 million to the Central America regional HIV/AIDS program in 2002. The regional strategy focuses on areas and at-risk populations not normally covered by bilateral programs and mobile populations that cross borders, such as truck drivers, commercial sex workers, and migrant workers. Primary beneficiaries are Central Americans at risk of HIV or sexually transmitted infections. The key objectives of the program are to:

- Reduce risky behavior in high prevalence populations by: increasing coverage of interpersonal and mass media behavior change campaigns; increasing condom availability in high-risk outlets; and expanding use of community prevention planning models.
- Facilitate the implementation of improved policies by: assisting host governments with budgeting, implementation, and monitoring of regional and national HIV/AIDS strategic plans; implementing regional and national advocacy agendas; and ensuring the use of surveillance information for planning, resource allocation, and program evaluation.
- Support effective and efficient delivery of comprehensive care for people living with HIV/AIDS by: developing best practices for a comprehensive care delivery system appropriate to locally available resources; and developing, implementing and evaluating a comprehensive HIV/AIDS training and mentorship program for health professionals.

Care and support

As the large pool of HIV-infected Central Americans develop AIDS, there will be an increasing need for effective care and support of AIDS patients and mitigation of the impact on the people close to them. The regional program will contribute through training, technical assistance, networking, and dissemination of best practices.

Reduced risky behaviors

The Central America regional program's behavior change strategy implements activities to modify risky sexual behavior in target populations. USAID efforts have led to increased condom availability in nontraditional sales locations in high-risk urban areas. In addition, interventions with commercial sex workers have increased condom use with clients. The VIVE condom is marketed in all seven Central American countries, and 53 nongovernmental organizations provide information on correct and consistent condom use to at-risk populations. Media and interpersonal campaigns emphasize several options including: postponement of initiation of sexual relations; the right to say no; and partner reduction. USAID's program addresses issues of public health importance by making other health products—lubricants, female condoms, HIV rapid test kits, and multivitamins—more available and affordable.

Policy

USAID programs work to develop a broad cadre of public and private leaders who actively acknowledge HIV/AIDS as a growing and serious problem, support effective policies and programs, and formulate responsive public sector reforms. Nine active nongovernmental and governmental strategic alliances are operating in four countries in areas, such as treatment access, laws and regulation, adolescents, incorporation of the private sector, and programs for men. The regional HIV/AIDS program supported strategic planning in seven countries, and the program helps these countries prepare the corresponding monitoring and evaluation plans. In addition, USAID supports proactive information dissemination, strategic alliance building, community-based planning, and activities to improve data-collection skills and data quality. Further work will attempt to more fully involve other sectors that can clearly play a role in the response to HIV/AIDS.

Information dissemination

The regional program supports several HIV prevention and information-dissemination activities. USAID distributed important manuals on quality HIV prevention programming and nongovernmental organization sustainability to non-

governmental organizations and policymakers. The program supports a multi-site study of HIV/STI seroprevalence in at-risk populations that will provide timely information about populations at risk to decision-makers active in five countries. This study has already generated preliminary information for Honduras, Guatemala, and El Salvador. In addition, the USAID-supported community prevention model (AccionSIDA) is being implemented through local multisectoral committees at 10 different sites in six countries. Further support for and dissemination of this model is pending the results of an external evaluation to begin in May 2003. CONCASIDA II, the second American Congress on HIV/AIDS/STIs, was held in Guatemala City in November 2001 and attracted 1,400 participants. This event further strengthened regional strategic alliances to improve surveillance activities.

Monitoring and evaluation

USAID will support activities to improve HIV/AIDS surveillance in the Central American region through assistance from the Centers for Disease Control and Prevention. Further emphasis will be placed on analysis and proactive dissemination of surveillance data in the format of compelling fact sheets to policymakers and the media.

Important Links and Contacts

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USAID HIV/AIDS Web site, Central America:

http://www.usaid.gov/pop_health/aids/countries/lac/caregion.html

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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