



HEALTH PROFILE: HONDURAS

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end of 2003)	63,000 (low-high estimates 35,000–110,000)
Total Population (2004)	7,099,000
Adult HIV Prevalence (end of 2003)	1.8%
HIV-1 Seroprevalence in Urban Areas (2003)	
Population most at risk (i.e., sex workers and their clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	13%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	2.9%

Sources: UNAIDS, U.S. Census Bureau

Honduras is home to 17% of Central America’s population. Honduras is also where 60% of the region’s HIV infections are reported. HIV is spreading slowly but steadily in many populations, and infections occur in equal proportions among men and women.

The highest rates of HIV infection occur in Tegucigalpa and San Pedro Sula. Prevalence in some vulnerable populations is high. Studies of HIV prevalence in Honduras cited by the United Nations Joint Programme on AIDS (UNAIDS) include the following:

- A 2001 study showed a prevalence of greater than 8% in both men and women in the ethnic Garifuna population.
- Prevalence of 8 to 9% in female sex workers in Tegucigalpa and San Pedro Sula was found in a 2001 study; and findings from a 2002 study showed a prevalence of 13% in female sex workers in San Pedro Sula.
- Studies in 2001 and 2002 showed prevalence of 16% in urban areas among men who have sex with men.
- A 1997 study found prevalence of 6.8% among military recruits.

AIDS is the leading cause of death among Honduran women of childbearing age and is the second-leading cause of hospitalization among both men and women. Sexually transmitted infections are common, and condom use in risky sexual encounters is sporadic and variable.

NATIONAL RESPONSE

National efforts to reduce the number of new HIV infections have been in place since the late 1980s. President Maduro has publicly committed himself to support the national response to HIV/AIDS, and HIV/AIDS is one of five health issues that receive priority government attention. A second national strategic plan for the 2002–2006 period is in place, but its focus and application have been stymied by a lack of national funds for its implementation. The national response to HIV/AIDS has been led by the Ministry of Health, with collaboration from other ministries and several nongovernmental organizations (NGOs). The ministry now provides antiretroviral treatment to more than 3,000 individuals with AIDS.

Honduras’s long-term plan is to prevent new infections and to provide services to those who are most at risk for HIV infection, including young

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USAID is helping the National AIDS Program to upgrade both national and regional surveillance systems and procedures with technical assistance from CDC.

(under the leadership of Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs), and the U.S. Centers for Disease Control and Prevention (CDC) implement many of USAID’s activities and coordinate with several local agencies.

Prevention

A large part of the prevention effort is designed to promote behavioral change, and USAID funds a number of interventions for this purpose. Although most Hondurans know how to prevent HIV infection, behavior change remains a critical challenge.

USAID supports a mass media and interpersonal communication campaign to promote the ABC approach to prevention (**A**bstinence, **B**eing faithful, and, as appropriate, correct and consistent use of **C**ondoms). USAID funds help local community groups recruit, train, and employ behavior change peer counselors. The Health Communication Partnership is currently developing a multi-episode radio soap opera for the Garífuna community that focuses on comprehensive ABC messages.

Condom use remains an important intervention to reduce the spread of HIV. Access to condoms and their use have increased markedly over the last decade in Honduras. PASMO’s condom social marketing program conducted nearly 5,200 communication activities for vulnerable individuals and increased its sales of condoms from 1,553,144 to 1,599,122 between 2003 and 2004, a 3% increase, while ASHONPLAFA’s condom sales increased from 1,075,067 to 1,178,737 in the same time period. Nonetheless, the availability and use of condoms need to be expanded. In 2003, for example, 11.6 million condoms were distributed, meeting only 10% of the national need. USAID has not funded free condom distribution since 2001, but the Mission continues to support a social marketing program that aims to expand access to condoms and to reduce risk behaviors.

Although prevention of mother-to-child transmission is a national and international priority, HIV screening is limited, and most HIV-positive pregnant women are not detected by the surveillance system. In 2003, only 23% of pregnant

people, sex workers, men who have sex with men, institutionalized persons, and the Garífuna ethnic group. Honduras has been promised more than \$40 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and thus far has received \$13.7 million to implement its long-term health goals, \$7.98 million of which is specifically for HIV/AIDS. This grant, combined with bilateral assistance from the United States and other countries, will allow Honduras to tackle the HIV/AIDS epidemic in the coming years.

USAID SUPPORT

U.S. financial support to HIV/AIDS through the U.S. Agency for International Development (USAID) has increased every year, i.e., from \$2.5 million in FY 2001, to \$3.5 million in FY 2002, to \$4.2 million in FY 2003, and to \$5.2 million in FY 2004.

USAID supports health programs that: increase the child survival rate; improve reproductive health and family planning; promote practices to prevent sexually transmitted infections, including HIV; and improve prevention and control of malaria, dengue, and tuberculosis.

USAID’s objectives in HIV/AIDS are to upgrade the surveillance system; expand prevention activities; and develop treatment, care, and support systems. Population Services International (PSI), the Academy for Educational Development (AED), Health Communication Partnership

Honduran women were offered counseling and testing services. Of the women who tested HIV-positive, only 2% received antiretroviral prophylaxis to prevent mother-to-child transmission.

Treatment

USAID focuses its support to the Ministry of Health on surveillance and monitoring and evaluation activities. The Government of Honduras pursues treatment activities primarily with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In a related initiative, however, USAID is assisting the Ministry of Health improve its logistical capabilities. In response to the ministry's limited ability to procure, warehouse, distribute, and track essential medications, supplies, and equipment, USAID/Honduras is assisting the Ministry of Health to better procure and distribute drugs, diagnostic equipment, and other health commodities, including condoms; and to adapt, test, and install a better logistics system and strict procedures for monitoring and evaluation. While these activities support general health and family planning, logistical improvements will ultimately have wider implications for other health areas, including HIV/AIDS.

Care and Support

In part as a result of stigma, access to and quality of services for people living with HIV/AIDS (PLWHA) are insufficient to provide necessary care and treatment. USAID/Honduras supports activities through AED to promote prevention and community-based care activities through NGOs that serve those most affected by HIV/AIDS. Through its umbrella grants program with AED, since 2002 USAID/Honduras has supported NGOs that provide comprehensive home-based care services to people living with HIV/AIDS, along with counseling, antiretroviral therapy, education, and referrals. Through these efforts, knowledge of HIV transmission, condom use, and referrals of people living with HIV/AIDS to health services have increased among the PLWHA community. With USAID funds, NGOs have also implemented microcredit programs for people living with HIV/AIDS, organized support groups, and have coordinated closely with the Ministry of Health to open centers that offer integrated services for people living with HIV/AIDS.

Strategic Information

Honduras has a limited network of HIV counseling and testing services. In a nine-month period in 2003, for example, only 34,761 clients (1% of the population) sought these services. Results for the standard test are generally not available for two to four weeks after blood is drawn, so this long wait discourages many people from returning to learn the tests results. One of the objectives of the prevention programs is to persuade more people to learn their HIV status. USAID is working with the Government of Honduras and NGOs to expand the availability of rapid testing services at all levels of the health system.

USAID is helping the National AIDS Program to upgrade both national and regional surveillance systems and procedures with technical assistance from CDC. Honduras needs better seroprevalence data to monitor prevalence of HIV/AIDS. Using USAID funds, Family Health International is conducting behavioral surveillance surveys to identify the kinds of risky behaviors that spread infection and to track changes in those behaviors.

IMPORTANT LINKS AND CONTACTS

USAID/Honduras, Avenida La Paz, (Frente a la Embajada de EE.UU.), P.O. Box 3456, Tegucigalpa, Honduras
Tel: 504-36-9320, Fax: 504-236-7776

USAID HIV/AIDS website for Honduras:

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/honduras.html

USAID/Honduras website: <http://www.usaid.gov/hn/>

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For more information, see http://www.usaid.gov/our_work/global_health/aids