HIV/AIDS HEALTH PROFILE

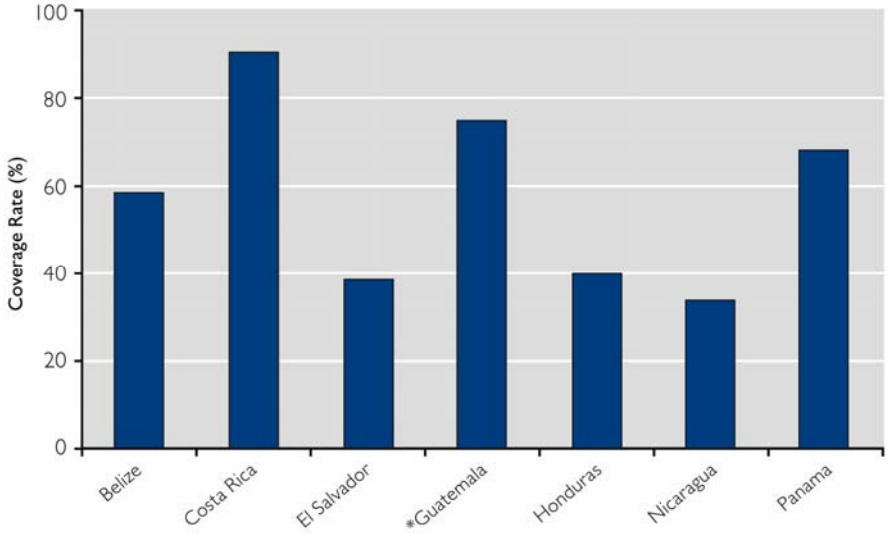
Central America

Overall HIV Trends

Although incomplete, available HIV surveillance data show that Central America's HIV/AIDS epidemic is concentrated in large urban areas, with high prevalence rates in some Caribbean coastal areas as well. The epidemic appears to be growing, with HIV prevalence in some countries among the highest in Latin America. Although specific vulnerable groups are still major drivers of the epidemic, both Belize (with an adult prevalence rate of 2.5 percent) and Honduras (1.5 percent) have generalized epidemics, according to UNAIDS. Approximately 380,000 people in Central America are HIV-positive, with Honduras and Guatemala accounting for nearly one-third of the region's total. In many Central American countries, there is little HIV surveillance data collected from indigenous populations or areas outside the capital.

Unlike much of South America, where injecting drug use plays a major role in the spread of HIV infection, unprotected heterosexual intercourse is the primary mode of transmission in Central America. However, hidden epidemics of HIV among men who have sex with men (MSM) and prostitutes, exacerbated by stigma and discrimination (S&D), exist in many countries in the region. MSM in Nicaragua and El Salvador, for example, have prevalence rates of 7.6 percent and 17.8 percent, respectively. Moreover, in both countries, 20 percent of MSM reported having sex with a female partner in the six months preceding a 2006 study cited by UNAIDS. In Guatemala, HIV prevalence is 10 percent among MSM, half of whom identify as heterosexual or bisexual. Men who have both male and female partners, therefore, serve as a bridge for HIV transmission into the general population. Other high-risk groups include commercial sex workers, clients of sex workers, and prisoners.

Percentage of HIV-Infected People Receiving Antiretroviral Treatment



Source: WHO/UNAIDS/UNICEF Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector, April 2007 .* Guatemala National AIDS Program

HIV-tuberculosis (TB) co-infections are a major cause of concern in Central America. In Honduras, estimates of the percentage of TB patients who are HIV-positive range from 6.3 percent, according to the World Health Organization (WHO), to approximately 15 percent, according to the National AIDS Program (NAP). WHO suggests that HIV appears to be fueling the spread of TB in the country as well.

The rate of HIV-TB co-infection in Guatemala is also growing; a 2006 study cited by UNAIDS reported HIV infections among TB patients in Quetzaltenango nearly tripled from 4.2 to 12 percent between 1995 and 2002. Co-infections are also reported on the rise by the national TB program in El Salvador, with a 12 percent prevalence of HIV-TB co-infection in 2006.

Unequal socioeconomic development and high levels of internal and intercountry population mobility – especially along the region's highways, commercial and industrial corridors, and the Caribbean coast – are key factors driving the spread of HIV/AIDS throughout the region. Compounding these issues is the lack of reliable HIV-related data across the region, which poses an immediate challenge for fighting the spread of HIV/AIDS in Central America. Without improved HIV surveillance or more complete HIV testing, it will be impossible to know the full extent of the epidemic.

Regionally, antiretroviral treatment (ART) coverage is growing but uneven. Panama and Costa Rica have high rates of coverage, at more than 70 percent. However, in Nicaragua and El Salvador, fewer than 40 percent of HIV-infected women and men who need ART receive it.

HIV Estimates in the Central America Region	
Belize	
Total Population	294,385
Estimated Number of Adults and Children Living with HIV/AIDS	3,700
Adult HIV Prevalence	2.5%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	-
MSM	-
Prisoners	4.9%
Costa Rica	
Total Population	4,133,884
Estimated Number of Adults and Children Living with HIV/AIDS	7,400
Adult HIV Prevalence	0.3%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	-
MSM	-
El Salvador	
Total Population	6,948,073
Estimated Number of Adults and Children Living with HIV/AIDS	36,000
Adult HIV Prevalence	0.9%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	3% (2007)
MSM	17.8% (2006)
Guatemala	
Total Population	12,728,111
Estimated Number of Adults and Children Living with HIV/AIDS	61,000
Adult HIV Prevalence	0.9%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	4% (2007)
MSM	10% (2005)
Honduras	
Total Population	7,483,763
Estimated Number of Adults and Children Living with HIV/AIDS	63,000
Adult HIV Prevalence	1.5%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	1.9-5.5% (2006)
MSM	5.7-9.7% (2006)
Nicaragua	
Total Population	5,675,356
Estimated Number of Adults and Children Living with HIV/AIDS	7,300
Adult HIV Prevalence	0.2%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	0.2% (2007)
MSM	7.6% (2005)
Panama	
Total Population	3,242,173
Estimated Number of Adults and Children Living with HIV/AIDS	17,000
Adult HIV Prevalence	0.9%
HIV in Most-at-Risk Populations	
Commercial Sex Workers	-
MSM	10.5% (2003)

Approximately 63,000 people living in Honduras (1.5 percent of the adult population) are HIV-positive. The epidemic is particularly severe among the Garifuna (an Afro-Central American population), among whom HIV prevalence is 4.5 percent, according to the 2006 behavioral surveillance survey. Other vulnerable populations include MSM (5.7 to 9.7 percent of whom are HIV-positive), female sex workers (among whom prevalence rates as high as 5.5 percent were found in studies conducted in 2006). The epidemic in Honduras is becoming increasingly feminized; women accounted for 47 percent of HIV cases in 2004, and AIDS was the leading cause of death for women that year. HIV-infected

individuals have access to free ART, but coverage is low, with only 40 percent of HIV-infected women and men who need it receiving treatment as of 2005.

Guatemala's 61,000 HIV-infected residents live primarily in urban areas along major transportation routes. The country's two largest ethnic groups, the Ladino (mixed Amerindian-Spanish peoples) and indigenous communities (primarily Mayans) each make up about half of the population. In 2005, Ladinos accounted for 69 percent of the HIV and AIDS cases reported to the Health Ministry, while 28 percent of cases occurred among Mayans. Sex workers and MSM face the greatest risk of HIV infection. National HIV prevalence among sex workers is 4 percent, although among groups of street-based female sex workers, the prevalence is as high as 12 percent. National HIV prevalence among MSM is 10 percent; in the capital, however, 18 percent of MSM were HIV-positive, according to baseline data collected in 2006 for a project of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The effects of HIV/AIDS in Guatemala are exacerbated by high levels of poverty and limited access to health care, particularly among rural populations. According to the NAP, recent data show increased ART coverage, with 7,852 HIV-infected women and men in treatment (almost 76 percent coverage) as of April 2007.

At 2.5 percent, Belize has the highest adult HIV prevalence rate in Central America and one of the larger epidemics in Latin America. Sex between men is a major driving factor of the epidemic, according to UNAIDS. ART coverage has been increasing, and as of March 2007, 285 HIV-infected women and men, representing 59 percent of the people in need of treatment, were receiving ART.

Economic and Social Impact of HIV/AIDS in Central America

HIV infections are increasingly affecting the younger and most economically productive segments of society. If unchecked, the epidemic could impact national economies, as evidenced by high-level epidemics in sub-Saharan Africa. The vast majority of people who have HIV/AIDS in Central America are between the ages of 15 and 49. In Honduras, for example, nearly 82 percent of HIV cases reported as of December 2006 occurred among people aged 20 to 49. Similarly in Guatemala, as of April 2007, 80 percent of reported HIV cases occurred among 15- to 49-year-olds, and the 20 to 34 age group represented more than 51 percent of all cases. HIV/AIDS changes a population's demographic structure and poses a challenge to the systems for supporting dependent populations such as children and the elderly. Moreover, with HIV prevalence highest among people in their most productive years and most likely to travel and migrate, HIV/AIDS is not only a threat to economic growth, but also to stability within the region, and is a potential threat to the United States due to high migratory flows.

According to the World Bank, agriculture, tourism, lumber production, finance, and trade in Central America have been negatively affected by the epidemic. The economic and social effects of HIV/AIDS are felt from the family level to the institutional and societal levels. Families experience the death and incapacity of loved ones and economic providers while also coping with the burden of caring for the sick and dying. Businesses, schools, hospitals, and other institutions suffer the loss of valuable personnel and declines in productivity. School enrollments decline, and the payoffs of investments in education are undercut by high death rates among young adults.

The costs of addressing HIV and its effects divert resources from other important needs and from investments critical to economic development. In many cases, the impact of the epidemic on families and communities influences the epidemic's future course. For example, poverty and the breakdown of social and economic systems impair community systems that could help stem the spread of infection.

Finally, HIV/AIDS has orphaned an estimated 73,000 children in Central America. As parents die, the effects on children cannot be overstated. Many children orphaned by HIV/AIDS lose their childhood and are forced by circumstances to become producers of income and food or caregivers for sick family members. They suffer their own health problems related to increased poverty and inadequate nutrition, education, housing, clothing, and basic care and affection.

National/Regional Response

The U.S. Agency for International Development (USAID) as well as other donors in the region work in close coordination with UNAIDS, particularly in the promotion and realization of the "Three Ones" principle (one national coordinating authority, one national action framework/strategy, and one agreed country-level monitoring and evaluation system), for a coordinated response to address HIV/AIDS. UNAIDS plays a significant lead role in coordinating and galvanizing political commitment for a targeted response. With the exception of Costa Rica, which has a high-level HIV/AIDS committee, every Central American country has a national HIV/AIDS program. In addition, each of the countries has developed an HIV/AIDS national strategic plan in conjunction with civil society and people living with HIV/AIDS. AIDS legislation addressing the human rights of those living with HIV/AIDS has been passed in all countries except Belize, though full enforcement of those laws is lacking.

According to the AIDS Program Index – a tool developed by the USAID Program for Strengthening the Central American Response to HIV/AIDS (PASCA) that measures the effort put into mounting an effective HIV/AIDS response by individuals and domestic and international organizations – political support in the Central American region has continued to improve. The region's AIDS Program Index scores have increased from 30 out of 100 in 1996, to 48 in 2000, 54 in 2003, and 56.4 in 2006. Overall, the areas of greatest improvement were public support (Guatemala, El Salvador, and Nicaragua) and high-level political commitment (particularly in El Salvador and Guatemala). With the exception of El Salvador, the areas in need of the most improvement were organizational structure, human rights, and mitigation.

The Regional HIV/STI Plan for the Health Sector 2006–2015 of the Pan American Health Organization (PAHO) is designed to assist health services and systems in the Americas to more effectively respond to the HIV epidemic and prevent and control sexually transmitted infections (STIs). As of July 2007, PAHO was supporting national HIV/AIDS programs across Central America in analyzing their national responses to the epidemic and in reaching a consensus on, validating, and approving strategic lines for regional cooperation in such areas as logistics and supplies for antiretroviral medications and along such themes as masculinity, sexual abuse, and sex education.

Since 1997, high-level governmental and civil society representatives from Central American countries have attended the Central America HIV/AIDS/STI Congress (CONCASIDA), which takes place every two years. CONCASIDA provides a forum to formulate norms and policies, make public commitments to address HIV/AIDS, exchange technical best practices, and help ensure coordination of both country and regional initiatives.

Increasingly, and especially over the past two years, Central American governments have taken on a substantial financial role in addressing HIV/AIDS, particularly in regard to treatment. Nevertheless, the region still receives significant HIV/AIDS funding from outside donors. In 2005, the World Bank approved an $8 million regional grant to support Central American countries to manage and control the epidemic. The Inter-American Development Bank has supported health infrastructure, which has been important to HIV treatment and care programs in Honduras, Guatemala, and Nicaragua. The Global Fund is a major contributor to containing the epidemic in Central America and supports several country programs. The Fund's project grants support programs that target behavior change in high-risk populations, increase access to ART, and aim to reduce the vertical transmission of HIV/AIDS among pregnant women.[1] The Global Fund also finances a regional project to reduce the vulnerability of mobile populations to HIV/AIDS.

USAID Regional Support

USAID programs in Central America are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, $15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years. USAID's Central America program is designed to help contain the epidemic through targeted behavior change programs for the most-at-risk populations according to the epidemiology of the disease; the implementation of improved policies and programs; and improved knowledge and skills of medical personnel to provide comprehensive care to people living with HIV. The program features a multisectoral approach with public, private, faith-based, and secular partners under the framework of participatory national strategic planning processes. The program emphasizes the participation and strengthening of local organizations to respond to the epidemic's threat to sustainable development in the region, particularly though strategic use of information for advocacy, policymaking, and monitoring and evaluation of program efforts. USAID seeks to improve the delivery and use of effective prevention practices by reducing S&D toward HIV-infected and -affected individuals.

Since HIV/AIDS affects the most productive members of society, USAID regional support is also focusing on involving the private sector. In Panama, for example, USAID has supported the Panamanian Business Council in HIV/AIDS prevention activities in the workplace since 1999. The Council distributes its HIV/AIDS management manual to human resource managers and provides corresponding training. A similar council was formed in Guatemala for launching in December 2007 to develop and improve HIV/AIDS workplace policies and promote voluntary counseling and testing (VCT).

The HIV/AIDS regional program is part of the Agency's global effort to protect human health from the epidemic through increased access to prevention and treatment services. The program also contributes to the United Nations Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS.

[1] The United States Government provides one-third of the Global Fund's budget.

Current USAID regional activities in Central America include the following:

- Conducting behavior change interventions that target high-prevalence groups, complemented by a condom distribution program, with an annual target of 330,000 contacts with at-risk persons
- Presenting the data collected from behavior surveys to monitor and evaluate Central American countries' national HIV/AIDS strategic plans, to leverage policy support and resources, and to guide future strategies
- Improving the capacity of the health workforce in **Belize**, **Costa Rica**, **El Salvador**, **Guatemala**, **Nicaragua**, and **Panama** to deliver comprehensive HIV/AIDS treatment and care, including for TB co-infection

USAID funded PASCA from 1995 to the project's end in September 2007, and USAID's Health Policy Initiative is continuing to support efforts in seven key areas:

- Providing technical assistance and support to national and regional HIV/AIDS strategic planning
- Providing technical assistance and training to develop and implement monitoring and evaluation plans
- Continuing support and technical assistance to better implement Global Fund country and regional projects
- Continuing support to networks and societies advocating for issues of national interest related to HIV/AIDS
- Supporting and defending the rights of HIV-infected and -affected individuals, MSM, and sex workers
- Disseminating information and data gathered and documented through previous phases of PASCA
- Developing an organized entity to ensure the continuity of CONCASIDA

USAID successes in Central America for 2006 included working with national and international organizations to conduct a mass media campaign against stigma in **Guatemala**, **El Salvador**, **Nicaragua**, and **Panama**. For 2007, they included improving the policy environment, with nine positive policy changes in five countries, and conducting more than 30,000 behavior change communication activities that had 602,540 individual contacts with hard-to-reach people who engage in behaviors that put them at high risk for HIV/AIDS.

USAID Country Support in Central America

In Central America, USAID provides direct technical support to and implements HIV/AIDS bilateral programs in **El Salvador**, **Guatemala**, **Honduras**, and **Nicaragua**. Examples of USAID country support include the following:

- Conducting prevention activities in **El Salvador** designed to reach more than 50,000 high-risk individuals, including MSM and sex workers
- Assisting **Guatemala**'s Ministry of Health in extending services for people with STIs and in need of VCT, as well as working with the private sector to improve quality and access to VCT
- Providing technical assistance to nongovernmental organizations in **Honduras** for expansion of behavior change and community care programs and VCT
- Assisting *Pro Mujer*, a microfinance organization, to improve the quality of its gynecology, family planning, and HIV prevention services for more than 21,000 adult female clients

Important Links and Contacts

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USAID Central America Regional HIV/AIDS Program Web site:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caregion.html

For more information, see USAID HIV/AIDS Web site *http://www.usaid.gov/our_work/global_health/aids* and Latin American and Caribbean HIV/AIDS Initiative Web site *http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html*