



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	5.7 million (mid-2007)
Estimated Population Living with HIV/AIDS**	7,300 [3,900-18,000] (end 2005)
Adult HIV Prevalence**	0.2% [0.1-0.6%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	Sex Workers: 0.2% (2007) MSM: 7.6% (2005)
Percentage of HIV-Infected People Who Need Treatment That Receive ART***	35% (2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

With only 0.2 percent of the adult population estimated to be HIV-positive, Nicaragua has one of the lowest HIV prevalence rates in Central America. HIV was first detected in Nicaragua in 1987, after concentrated epidemics had been reported in other Central American nations. The onset of the epidemic was likely delayed by Nicaragua's 10-year civil war and the U.S.-led economic blockade, both of which left the country isolated for several years. Relative control over commercial sex work, low infection rates among injecting drug users, and a ban on the commercial sale of blood also slowed HIV transmission. However, the country is at risk of a broader epidemic because of social conditions such as multiple sex partners, gender inequality, and widespread poverty. Many people are unaware of their HIV status and could unwittingly spread the disease. UNAIDS estimates Nicaragua has 7,300 HIV-positive people, nearly half of whom were identified over the past three years.

Sexual activity is the primary mode of HIV transmission in Nicaragua. Unprotected heterosexual intercourse is reported to account for 72 percent of HIV infections, and unprotected sex between men is estimated to account for 26 percent, according to UNAIDS. However, it is likely that the former is over-reported and the latter under-reported because of stigma and discrimination (S&D) against homosexuals. HIV prevalence among men who have sex with men (MSM) is significantly higher (7.6 percent) than among sex workers or the general population. A 2002 study reported by UNAIDS demonstrated that infection levels among MSM were 38 times higher than among the general population. The latest study on HIV among commercial sex workers reported by UNAIDS demonstrated a prevalence of only 0.2 percent in that group. As of September 2005, more than half of reported HIV cases occurred among 20- to 39-year-olds, according to Nicaragua's 2006 United Nations General Assembly Special Session on HIV report.

Factors that put Nicaraguans at risk include early sexual debut; social pressures for males to have multiple sexual partners and take sexual risks; widespread poverty; women's and girls' inability to negotiate when and under what circumstances to have sex or use condoms; gender-based violence; and sexual abuse of women and girls. Compounding these factors, access to HIV/AIDS services and information is limited in much of the country due to budgetary priorities and limitations. Moreover, conservative religious and social values make it difficult to talk about sex and ways to protect oneself from disease or unwanted pregnancy.

National Response

Traditionally, HIV/AIDS prevention has not been a national priority in Nicaragua because HIV prevalence is low. The National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections was not established until 1998. Before that, the Government of Nicaragua enacted the Law for the Promotion, Protection and Defense of Human Rights of People Living With HIV/AIDS (Law 238) in 1996, but the law did not go into effect until 1999. Law 238 created the Nicaraguan AIDS Commission (CONSIDA) in 2000, which is charged with enforcing the law and guiding the national response to HIV/AIDS. However, CONSIDA lacks the organizational and technical capacity to effectively fulfill its role in supporting government and civil society efforts to assist people living with HIV/AIDS (PLWHA) and prevent the spread of HIV. Of particular concern is CONSIDA's failure to adequately ensure the rights of PLWHA. The Country Coordinating Mechanism, formed in 2000, has a variety of prominent members, including representatives from government; multilateral, nongovernmental, and educational organizations; the private sector; religious groups; and representatives of PLWHA. It oversees the HIV/AIDS grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund grant is for more than \$10.1 million from 2004 to 2009. The purpose of the grant is to build on the existing national strategic plan for HIV/AIDS and other sexually transmitted infections (STIs) by strengthening prevention, care, and support activities; by ensuring comprehensive care for PLWHA; and by documenting all AIDS cases within the national surveillance system.



In 2006, the government approved a new national strategic plan for 2005 to 2009 and a new national AIDS policy. Current efforts focus on increasing the response capacity of the health sector and ensuring the sustainability of measures and actions taken. The Ministry of Health (MOH) has integrated its HIV/AIDS and tuberculosis programs and adopted protocols for treating co-infected patients; however, it has not been able to achieve efficient coordination of the two programs in practice. Nicaragua is also strengthening primary care and implementing awareness, prevention, and protection efforts.

Nicaragua is a partner in the Brazil+7 initiative, a UNICEF-, UNAIDS-, and Brazilian-led effort dedicated to expanding HIV/AIDS prevention, treatment, and care for pregnant women and young people; to offering universal access to antiretroviral medication for PLWHA; and to ensuring universal access to services for preventing mother-to-child transmission. The other partner countries are Sao Tome and Principe, Bolivia, Paraguay, Cape Verde, Guinea-Bissau, and East Timor.

USAID Support

Through the U.S. Agency for International Development (USAID), Nicaragua in fiscal year 2007 received \$2.18 million for essential HIV/AIDS programs and services. USAID programs in Nicaragua 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 efforts to fight HIV/AIDS in Nicaragua include funding outreach and behavioral change information campaigns targeting at-risk groups; distributing condoms through public sector providers; promoting and improving HIV/AIDS policies; and providing technical assistance to the MOH to strengthen its logistics and delivery systems, to improve the quality of and access to health services (especially for the effective care and treatment of PLWHA), and to reduce the incidence of STIs, including HIV/AIDS.

Aside from assisting the MOH in developing the AIDS National Strategic Plan for 2005–2009, recent USAID successes include running a workshop entitled "Comprehensive Health Care for People Living with HIV/AIDS," in collaboration with UNICEF, the Nicaraguan Association of Infectious Diseases, the MOH, and the Nicaraguan Autonomous University in Managua. The course trained 19 doctors from eight regional hospitals. In June 2007, USAID launched a program to improve health services offered by *Pro Mujer*, a microfinance organization, to improve the quality of its gynecology, family planning, and HIV/AIDS prevention services for more than 21,000 adult female clients.

Nicaragua also receives funding for activities conducted through USAID's Central American HIV/AIDS regional program, which provides combined support to seven Central American countries. This program has supported activities in the region since the mid-1990s, focusing on areas and populations not normally addressed by bilateral programs. In Central America, USAID focuses on increased use of prevention practices and services to combat HIV/AIDS. The Agency also supports strengthening the capacity of Central American organizations to deliver HIV/AIDS services and information to vulnerable groups and has developed a condom social marketing strategy to reduce risky behavior in these at-risk populations. In 2006, USAID financed a public education campaign in Central America to combat S&D against PLWHA.

Important Links and Contacts

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USAID HIV/AIDS Web site for Nicaragua:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/nicaragua.html

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