

# HIV/AIDS in Panama and USAID Involvement

The first cases of HIV/AIDS in Panama were diagnosed in 1984. Since that time, Panama's epidemic has remained at relatively low levels in the general population and is concentrated primarily among groups at high risk of infection. Increasing economic interaction and mobility along Central America's highways and industrial corridors fuels the growing spread of HIV/AIDS in the region. In addition, Panama's geographic position directly between South America and the rest of Central America makes it a transit point for highly mobile populations, who are difficult to reach with HIV/AIDS prevention messages and services.

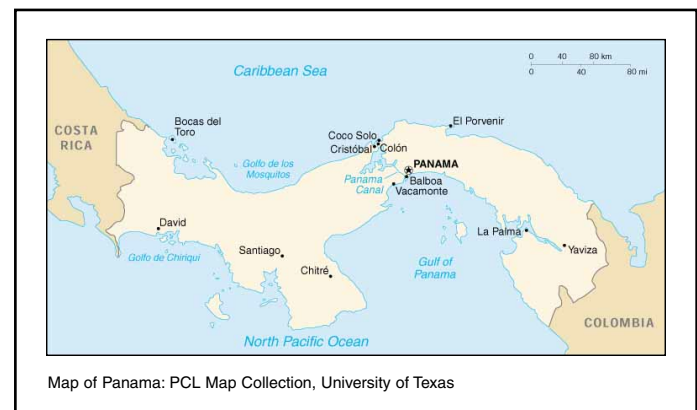
According to the most recent figures reported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), by the end of 1999:

- 23,000 adults ages 15-49 were living with HIV/AIDS (adult rate of 1.54 percent);
- Men accounted for 59 percent of adult cases;
- 670 children under 15 were living with the disease;
- 2100 children had lost their mother or both parents since the beginning of the epidemic; and
- 1200 Panamanians died of AIDS in 1999 alone.

A 1998 Pan American Health Organization (PAHO) report found that, from 1984 to 1994, 74 percent of AIDS cases occurred among those aged 20 to 44, and a significant percentage (4 percent) occurred in children under 5 years of age. Sexual transmission remains the most frequent route of infection. UNAIDS estimates that among the 1,942 AIDS cases *officially* reported by the end of 1999:

- 50.3 percent were transmitted through sex between men and women. (In 1998, PAHO reported this percentage as 44 percent);
- 32.9 percent were transmitted via men who have sex with men (MSM). (In 1998, PAHO reported this number as 40 percent);
- 4.7 percent were transmitted from mother to child; and
- 2.7 percent were transmitted through injecting drug use (IDU).

The male-to-female ratio among reported cases at the end of 1999 was approximately



3.6 to 1. HIV prevalence levels as high as 0.87 percent have been found among pregnant women in the Metropolitan, San Miguelito, and Chiriqui regions of Panama.

## NATIONAL RESPONSE

The first cases of AIDS in Panama were diagnosed in 1984; in 1985 the country opened its first HIV/AIDS counseling and testing center. Within the Central American Health Initiative and the “Fronteras Solidarias” (Shared Borders) Program, funded by the Panamanian government, PAHO and other bilateral donors, activities to promote health and prevent diarrheal diseases, cholera, malaria, dengue, and AIDS are under way in the municipalities of Changuinola, Baru, and Renacimiento in the region bordering Costa Rica.

In 1999, the Panamanian National Health Service began providing antiretroviral therapy (ARV) to people living with HIV/AIDS. A UNAIDS-sponsored assessment of ARV drug needs at the country level is presently under way. UNAIDS reports that approximately 40 percent of “eligible patients” are currently receiving ARVs.

In a statement before the June 2001 United Nations General Assembly Special Session on HIV/AIDS, the President of Panama reported the following HIV/AIDS priorities for his country:

- Inclusion of people living with HIV/AIDS in the development of national strategies to combat HIV/AIDS;
- Provision of care and support services (both physical and psychological) to those living with the disease; and
- Implementation of information, education and communication programs for HIV prevention.

## USAID SUPPORT

Although Panama does not receive direct bilateral HIV/AIDS funding from the U.S. Agency for International Development (USAID), the country is included in USAID’s Central American Regional HIV/AIDS Program. In FY 2001, USAID allocated \$3.7 million for HIV/AIDS activities in the region.

USAID’s regional strategy focuses on geographical areas and high-risk groups. It emphasizes improvement of the political environment by strengthening policy formulation through research and information dissemination. USAID is working to develop a broad cadre of public and private sector leaders who acknowledge HIV/AIDS as a growing and serious problem, support effective policies and programs, and work toward responsive public sector reforms. The program also strengthens the capabilities of Central American organizations to deliver

<b>Key Population, Health, and Socioeconomic Indicators</b>		
Population	2.8 million	U.S. Census Bureau 2001
Growth Rate	1.3%	U.S. Census Bureau 2000*
Life Expectancy	Male: 73 Females: 78	U.S. Census Bureau 2000*
Total Fertility Rate	2.3	U.S. Census Bureau 2000*
Infant Mortality Rate	21 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Rate	55 per 100,000 live births	World Bank 1990
GNP per capita (US\$)	\$3260	World Bank 2000
Public health expenditure as % GDP	4.90	World Bank 1998
Adult Literacy (% of people 15 and above)	Males: 92.8 Females: 91.5	UNESCO 2001

\* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

HIV/AIDS services and information to target groups, and implements a condom social marketing strategy in populations at high risk for HIV infection.

In addition, USAID is working with several Central American countries to formulate a regional approach to HIV/AIDS prevention for mobile populations. The activity targets geographic “hot spots” where mobile populations converge, such as truck routes, border towns, ports, and trade centers.

The 2002-2006 USAID regional strategy will concentrate on information sharing and dissemination; national and regional strategic alliances among non-governmental organizations (NGOs), policy leaders, business and labor groups; and media outreach.

USAID’s Central American Regional HIV/AIDS Program contributed to the following achievements in 1999-2000:

- With the direct involvement of affected populations, five Central American countries ratified National Strategic Plans for addressing HIV/AIDS issues;
- Honduras and Panama each passed national HIV/AIDS legislation in 1999;
- With USAID support, a strong consultant network of Central Americans now provides technical assistance to HIV/AIDS-related NGOs, national programs, and international donors; and
- Project-branded condom sales increased by 176 percent between 1998 and 1999, following implementation of an aggressive condom social marketing strategy focused on high-risk groups.

## **USAID-SUPPORTED PROGRAMS**

Through **Population Services International (PSI)**, USAID funds the Pan American Social Marketing Organization (PASMO), which currently operates in Costa Rica, El Salvador, Guatemala, Belize, Nicaragua, Panama, and Honduras. The program’s goals are to develop and expand partnerships with

commercial, public, and non-profit groups; to leverage regional comparative strengths and reproductive health resources; and to create a more sustainable and effective condom social marketing program in the region. PASMO primarily targets groups at high risk of contracting HIV/AIDS, and sexually active adolescents. By September 2000, PASMO had launched the sale of **VIVE** (Live!) condoms in El Salvador, Nicaragua, and Guatemala, Costa Rica, Panama and Honduras. To date, more than 8.1 million condoms have been sold throughout the region.

USAID’s Central American HIV/AIDS Prevention Project (El Proyecto Acción SIDA de Centroamérica, or PASCA) is a regional program designed to strengthen Central America’s capacity to respond to the AIDS epidemic. Financed by USAID, PASCA is operated through the **Academy for Educational Development (AED)** in collaboration with **The Futures Group International (TFGI)**. PASCA provides technical assistance on HIV prevention to governments, NGOs, and to the private sector in five Central American countries: Panama, Nicaragua, Honduras, El Salvador, and Guatemala. Project activities focus on policy dialogue, NGO strengthening, and grant provision for Central American NGOs working on HIV/AIDS/STI prevention.

## **OTHER U.S. SUPPORT**

Studies sponsored by the **National Institutes of Health (NIH)** in Jamaica, Trinidad and Tobago, Panama, and Costa Rica track risk factors and cofactors of HIV infection and AIDS-related infections.

## **DONOR SUPPORT**

**UNAIDS** contributed \$450,000 to national programs in Central America during 1998-99, and is beginning to provide funding for regional activities, such as the USAID-supported mobile populations initiative, and HIV/AIDS meetings and conferences.

Other donors active in HIV/AIDS programming in Panama include Spain, Japan, the World Health Organization, the United Nations Population Fund, the United Nations Development Programme, and the United Nations Children’s Fund.

## **CHALLENGES**

According to USAID, the following demographic factors could affect HIV/AIDS prevention and care efforts in the Central American region:

- Rapid population growth. The region's population is growing at a rate of 2.5 percent annually.
- A largely rural and impoverished population. Over half of all Central Americans live in rural areas, and two-thirds live below the poverty line.
- High population mobility. Due to its position between Central and South America, Panama is a transit point for highly mobile populations, who are difficult to reach with HIV/AIDS prevention messages and services.

## SELECTED LINKS AND CONTACTS

1. National AIDS Program: Programa Nacional de Prevencion VIH/SIDA, Ministerio de Salud, Ave. Cuba entre calle 35 y 36, Panama 5, Panama. Tel: (507) 262-2010/9005, Fax: (507) 262-1819.
2. PAHO Country Office: Dra. Lilian Reneau-Vernon, Representante de la OPS/OMS en Panama, Ministerio de Salud, Casilla Postal 7260, Zona 5, Panama, Panama. Tel: (507) 262-0030, Fax: (507) 262-4052. Email: [e-mail@pan.ops-oms.org](mailto:e-mail@pan.ops-oms.org).

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