



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	6.0 million (mid-2010)
<b>Estimated Population Living with HIV/AIDS**</b>	7,700 [5,300–15,000] (end 2007)
<b>Adult HIV Prevalence**</b>	0.2% [0.1–0.4%] (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations**</b>	Sex Workers: 1.1–1.9% (2004) MSM: 9.3% (2002) Bisexual: 2.7% (2009)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy***</b>	62% (end 2009)

\* U.S. Census Bureau \*\* UNAIDS, 2002 Multicenter Study and 2009 Global Fund study  
\*\*\*WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

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 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. According to Nicaragua's Ministry of Health (MOH), by June 2010, there were 5,124 reported cumulative cases; of them, 861 have died, and the condition is unknown in 51

cases. As of 2009, 45 percent of reported HIV cases occurred among 20 to 34 year olds, according to the MOH. In addition, the MOH reports 3,602 people currently are living with HIV and 610 have AIDS. Although the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates Nicaragua has 7,700 HIV-positive people, about half of them remain undiagnosed.

Sexual activity is the primary mode of HIV transmission in Nicaragua, accounting for 86 percent of HIV infections. Unprotected heterosexual intercourse reportedly accounts for 74 percent of infections, according to Nicaragua's United Nations General Assembly Special Session (UNGASS) report. However, it is likely that heterosexual transmission is overreported and homosexual transmission is underreported because of stigma and discrimination against homosexuals and of low perception of HIV risk. HIV prevalence among men who have sex with men (MSM) is significantly higher (9.3 percent) than among sex workers (1.1 to 1.9 percent) or the general population (0.2 percent). A 2007 study by UNAIDS demonstrated infection levels among MSM were 38 times higher than among the general population (UNAIDS, 2009). Given that more than 40 percent of MSM are actually bisexual, this group is an important bridge and explains the increasing number of cases reported among women in the country (UNGASS, 2010). Condom use also varies among at-risk populations. Six surveys in 2009 from the Global Fund to Fight AIDS, Tuberculosis and Malaria showed condom use rates of 94 percent among female sex workers (FSWs), 63 percent among MSM, 58 to 65 percent among youth, 45 percent among mobile populations, and 35 percent among prisoners. When a strict definition of consistent condom use was applied, the rates drop to only 19 percent among MSM and 60 percent among FSWs. Among sex workers, low condom use rates were reported among partners when compared to clients (Pan American Social Marketing Organization, 2009).

Factors that put Nicaraguans at risk of HIV infection include early sexual debut and social pressures to have multiple sexual partners, accompanied by low risk perception. According to the 2006–2007 Reproductive Health Survey, 44 percent of women aged 15 to 24 had sex before age 18. The latest Demographic and Health Survey (DHS) shows 76 percent of women interviewed knew about HIV/AIDS and preventive measures, but only one-third believed they were at some risk of infection. Only 11 percent of women engaging in high-risk sex (sex with a nonmarital, non-cohabitating partner) had used a condom the last time they had sex. Women and girls also have limited abilities to negotiate sex or condom use due to gender-based violence and sexual abuse. Among women aged 15 to 49, one in four had witnessed her father abuse her mother, and one in five was abused before age 15. Moreover, conservative religious and social values often make it difficult to talk about sex and ways to protect oneself from disease or unwanted pregnancy.



## National Response

The National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections was established in 1998. In addition, the Law for the Promotion, Protection and Defense of Human Rights of People Living with HIV/AIDS (Law 238, currently under revision) was enacted in 1996 and went into effect in 1999. This law created the Nicaraguan AIDS Commission (CONISIDA) in 2000 to enforce the law and guide the national response to HIV/AIDS. CONISIDA is making efforts to effectively fulfill its role in supporting Government and civil society efforts to assist people living with HIV/AIDS (PLWHA) and to prevent the spread of the disease. These efforts include the decentralization of the commission itself and creating 71 municipal commissions. CONISIDA is also implementing an information system for the national response, which includes a monitoring and evaluation plan.

In 2006, the Government approved a new strategic plan for 2006 to 2010 that encourages public-private collaboration on HIV/AIDS. Since 2007, HIV and AIDS have been incorporated into key national policy instruments, such as the National Health Policy,

Health Plan, and Sexual and Reproductive Health Strategy. Comprehensive HIV/AIDS health services are available at no charge for PLWHA. Recent advances include the decentralization of HIV/AIDS counseling and testing and antiretroviral therapy (ART), the strengthening of laboratories and epidemiological surveillance capacities, the integration of HIV/AIDS into tuberculosis (TB) programs, the development and implementation of clinical protocols for ART (for adults, children, and pregnant women), the prevention of vertical transmission from mother to child, and nutrition for PLWHA. Current efforts focus on strengthening the national logistics system, providing health services locally, and reducing stigma and discrimination.

HIV counseling and testing is offered in 74 percent of all health facilities in 17 health districts in Nicaragua. The number of people receiving counseling and testing is rising, with 123,547 people tested in 2009, 4,955 more than in 2008. Women are three times more likely to be tested than men, as the Government prioritizes the testing of pregnant women to prevent HIV transmission from mother to child. According to the 2006–2007 DHS, 16 percent of women had been tested for HIV, reflecting the rate of testing among pregnant women. According to a recent Global Fund survey, between 18 percent and 23 percent of young people in 12 municipalities were tested at least once. A significant proportion of the most-at-risk populations (MARPs) are unaware of their HIV status.

All those who need ART according to national protocols can access it through 29 health units in all provinces. Although the Government provides ART to those who request it, the latest *Towards Universal Access* report by the World Health Organization (WHO), UNAIDS, and the United Nation's Children's Fund (UNICEF) suggests 62 percent of the population in need of treatment received it in 2009. Survival rates of PLWA on ART are increasing: In 2008, 69 percent of PLWA survived for two years on ART; that percentage increased to 85 percent in 2009. Because of early diagnosis and treatment, case fatality rates have also dropped, from 60 percent in 1998 to 8.5 percent in 2009.

Nicaragua receives significant funding from external donors for the national response. Most donor funds (56 percent of \$27.4 million in 2007–2008) invested in the national HIV/AIDS response were provided by bilateral donors (Austria, Brazil, European Union, Finland, Japan, the Netherlands, and the United States), the United Nations (United Nations Development Program, United Nations Population Fund [UNFPA], and UNICEF), WHO's Pan American Health Organization, and the Global Fund. Nicaragua has benefited from six Global Fund grants, totaling \$55.4 million, which contribute to the national response for HIV/AIDS, malaria, and TB. For HIV/AIDS, the country received a second-round grant of \$10.1 million and an eighth-round grant of \$23.3 million (for the first phase). These grants contribute to the HIV/AIDS portfolio in areas of prevention, care, treatment, and health systems strengthening. The Global Fund Country Coordinating Mechanism, formed in 2000, oversees the implementation of these grants and includes representatives from government, PLWHA and MARP organizations, nongovernmental and educational organizations, the private sector, religious groups, and donors. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

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; offering universal access to antiretroviral medication for PLWHA; and ensuring universal access to services for preventing mother-to-child transmission. The other partner countries are São Tomé and Príncipe, Bolivia, Paraguay, Cape Verde, Guinea-Bissau, and East Timor.

## USAID Support

Through the U.S. Agency for International Development (USAID), Nicaragua received \$1.9 million annually from 2008 to 2010 for essential HIV/AIDS programs and services. Nicaragua also receives funding for activities conducted through USAID's Central America Regional Program, which provides combined HIV/AIDS support to Central American countries. USAID's HIV/AIDS programs in Nicaragua are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

In March 2010, the USG and the Council of Ministers of Health of Central America signed a Partnership Framework (PF) that outlines a jointly developed strategy to support the Central American regional response to HIV/AIDS. The PF provides a five-year strategic plan and is being implemented by the USG and the Governments of the region's countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The PF describes the coordination of key regional stakeholders to support the goals of the countries' regional and national HIV/AIDS programs, in addition to contributing to the goals of PEPFAR. As the USG's HIV/AIDS coordinator, USAID/Nicaragua is working with the Government of Nicaragua to support the country's response to HIV/AIDS.

Current USAID efforts to fight HIV/AIDS in Nicaragua target most-at-risk groups and build the capacity and sustainability of nongovernmental organizations (NGOs) working with HIV/AIDS. USAID-funded technical cooperation continues to provide technical assistance to the MOH to improve the quality of and access to health services (i.e., expanding and increasing the quality of public HIV/AIDS services, such as counseling and testing, ART, the monitoring of standards and quality indicators for services provision, ensuring increased patient adherence to clinical therapy, and reduction of stigma and discrimination among health services providers). Since 2010, in coordination with the UNFPA, USAID has been providing technical assistance to the MOH to integrate ART, rapid tests, and medicines for opportunistic infections into the national supply chain.

USAID is improving prevention efforts among high-risk groups through targeted behavior change communication (BCC) activities. USAID partners completed 4,919 BCC activities and achieved 88,608 individual contacts with high-risk groups. Approximately 87 percent of activities were with MSM, FSWs, and potential clients of sex workers. BCC activities were expanded to three new sites, and USAID partners and NGO partners were trained in the use of two new BCC methodologies. During 2009, the *Hombres de Verdad* masculinity campaign was aired nationwide on television and radio, with accompanying outdoor media, and the Miss Universe Tour in Nicaragua supported the second burst of the campaign. To link BCC and voluntary counseling and testing (VCT) services, USAID developed a national promotional campaign for VCT/sexually transmitted infection services with materials, such as agendas, posters, brochures, and VCT center forms.

In 2010, funds continue to target MARPs through a new HIV/AIDS project that focuses on building capacity and sustainability of NGOs working with HIV/AIDS. Through this project, USAID is supporting Nicaragua's response to HIV/AIDS by creating a network of the NGOs that target MARPs. Activities will be broadened in areas with the highest number of reported cases and expanded to new geographic areas. Also in 2010, funds are being directed to a health systems strengthening project that is being implemented in conjunction with the MARPs project to provide management and institutional tools for partner NGOs. Another component of the new project is reducing stigma and discrimination by health providers throughout Nicaragua.

USAID-funded technical cooperation is helping the MOH expand and improve its HIV/AIDS services. USAID is improving the quality of counseling and testing in 163 health units in 16 health districts (out of 17) with training to reinforce the involvement of community health promoters. In 2009, 63,757 people received HIV/AIDS VCT in health facilities supported by USAID. The quality of HIV/AIDS care is improving through the implementation of care protocols in 17 hospitals and two health centers in 15 health districts or provinces. Monitoring of standards and quality indicators for patients receiving therapy is being implemented in 12 hospitals and two health centers. In 2009, USAID worked in 47 health units with 625 health workers to reduce stigma and discrimination, which increased patient adherence to clinical therapy.

Nicaragua also receives funding for activities conducted through USAID's Central America Regional Program, which provides combined HIV/AIDS support to seven Central American countries. This program has supported activities in the region since the mid-1990s, focusing on areas and populations not addressed by existing bilateral programs. The USAID Regional Program supports actions in strategic information and policy development, complementing the bilateral programs. The Regional Program also supports strengthening the capacity of

Central American organizations to deliver HIV/AIDS services and information to vulnerable groups; research has been conducted through the program to implement innovative approaches to reach new priority groups, such as women with HIV, MSM, and clients of sex workers. Counseling and testing is also a priority for the Regional Program. In 2009, a model of mobile counseling and testing clinics developed in Nicaragua was expanded to other countries.

USAID will continue to participate in the Global Fund Country Coordinating Mechanism and coordinate USG investments to avoid duplication and to leverage resources. The regional USAID Program for Strengthening the Central American Response to HIV/AIDS will continue to support CONSIDA in developing and implementing the policy and legal framework requirements.

### **Important Links and Contacts**

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USAID's HIV/AIDS Web site for Nicaragua:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/nicaragua.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/nicaragua.html).

For more information, see USAID's HIV/AIDS Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids), the Latin American and Caribbean HIV/AIDS Initiative's Web site:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lacin.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html), and the Central America Regional Program's Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/caregion.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caregion.html).

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