



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	6.1 million (mid-2010)
Estimated Population Living with HIV/AIDS**	35,000 [24,000–72,000] (2007)
Adult HIV Prevalence**	0.8%
HIV Prevalence in Most-at-Risk Populations***	Female Sex Workers: 5.7% (2009) MSM: 10.8% (2009)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	51% (end 2007)

*U.S. Census Bureau **UNAIDS ***2009 Central American Sexual Behavior Surveillance and STI/HIV Prevalence Survey **** WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

With less than 1 percent of its adult population reported to be HIV positive, El Salvador is a low-HIV-prevalence country, but the virus remains a significant threat in groups who practice high-risk behaviors, such as commercial sex workers (CSWs) and men who have sex with men (MSM). Overall prevalence has increased since the first case was detected in 1984. El Salvador has the second-largest number of people living with HIV/AIDS (PLWHA) in Central America, behind Guatemala. As of November 2009, 23,731 HIV/AIDS cases have been reported in the country (National HIV/AIDS Program of the Ministry of Health [MOH]). The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that in 2007, 35,000 Salvadorans were living with HIV (UNAIDS 2008 Report on the Global AIDS Epidemic). Incidence

appears to have declined since 2004, but there is a fear that HIV/AIDS cases are underreported due to lack of an effective monitoring system.

In 2008, about 93 percent of infections were reported as sexually transmitted, of which 9 percent were cases of homosexual and bisexual transmission (MOH). Mortality due to AIDS represented the second-leading cause of death in hospitals for the 25 to 59 age group and the third leading cause in the 20 to 24 age group. The epidemic is predominantly in urban areas and is becoming increasingly feminized; 37 percent of cases are in women (men:women ratio 1.7:1). Because of El Salvador's prevention of mother-to-child transmission (PMTCT) program, women may be tested and may know their status more often than men.

HIV prevalence is 5.7 percent among female sex workers and is also high among MSM at 10.8 percent (2009 Central American Sexual Behavior Surveillance and STI/HIV Prevalence Survey, CDC/United States Agency for International Development [USAID]/MOH/Guatemala Del Valle University). One study from 2007 reported by UNAIDS in 2009 demonstrated that infection levels among MSM in El Salvador were 22 times higher than among the general population. Moreover, stigma and discrimination against MSM may lead to considerable under-reporting of infections in this population. There is some evidence to suggest HIV prevention programs have been effective in encouraging MSM to adopt safer behaviors. According to a 2008 study among MSM reported by UNAIDS, condom use during the last episode of sexual intercourse rose significantly, from 71 percent in 2004 to 82 percent in 2007.

Factors that may put El Salvador at risk of an expanded epidemic include early sexual initiation, limited knowledge of preventive practices among people engaging in high-risk behaviors, and the country's large mobile population. According to the 2008 National Demographic and Health Survey (DHS) among sexually active women aged 15 to 24, the average age to initiate sexual intercourse is 16 years old. Unmarried adolescents face barriers to accessing condoms and are not allowed to get tested for HIV without parental consent. AIDS prevention knowledge remains somewhat limited, as evidenced by the 2010 United Nations General Assembly report, which demonstrated only 52 percent of MSM could correctly answer five questions: two questions about ways to prevent HIV infection and three others regarding common misconceptions about AIDS. Many Salvadorans travel back and forth to the United States for work, and El Salvador has a large migrant population from other countries that travel through the country. Compounding these issues are stigma and discrimination toward HIV-infected individuals and at-risk groups, which can deter people from getting tested and receiving adequate support if they have the disease. On a positive note, 90 percent of CSWs surveyed stated they used a condom with their last client.



National Response

El Salvador's National AIDS Program (NAP) was established in 1987, and it continues to work closely with various state ministries, civil society, the private sector, and nongovernmental organizations (NGOs). Although the Government of El Salvador began initial HIV/AIDS prevention activities as early as 1988, stigma surrounding HIV persists. In 2001, El Salvador passed legislation protecting patients' rights and guaranteeing access to treatment. The country is now implementing its fourth HIV/AIDS strategic plan, which is in effect from 2005 to 2010. This plan aims to improve the population's knowledge about HIV/AIDS, strengthen preventive and protective measures, and extend coverage of HIV/AIDS services for vulnerable groups.

Following the "Three Ones" principles,¹ El Salvador formed the National AIDS Commission (CONASIDA) to act as the country's AIDS coordinating mechanism in 2004. CONASIDA's role is to decrease the number of new HIV cases and to assure rights for PLWHA. In 2006, to reduce discriminatory hiring practices against PLWHA, El Salvador passed legislation to prevent HIV testing requirements for job applicants. El Salvador also has a 2005–2010 National Monitoring and Evaluation Plan and System which was developed in 2007. A subcommittee of CONASIDA is tracking the UNAIDS HIV indicators under this plan. Another achievement of CONASIDA was the development of the 2005 National Policy for Comprehensive HIV Care. In 2008, CONASIDA launched the weekly TV program "*Let's Talk about Aids*"; HIV/AIDS matters are discussed in this public setting.

Other important Government actions include signing the Declaration of San Salvador for fighting AIDS in Central America and the Caribbean, and creating in 2004 an HIV/AIDS/sexually transmitted infection (STI) prevention program for mobile populations. The latter is particularly important because El Salvador is a corridor for migrants. In El Salvador, 25 percent of the population is a foreign migrant population. The MOH STD/HIV/AIDS Program recognized the relationship between non-attended mobile populations and the expansion of HIV and in 2001 started providing services to foreigners in El Salvador. Thanks to this initiative, El Salvador has 13 different migration points carrying out HIV/AIDS-related activities. El Salvador is also implementing the Pan American Health Organization's Regional HIV/STI Plan for the Health Sector 2006–2015.

Programs implemented by the Government of El Salvador include a national committee on tuberculosis (TB)/HIV co-infection, which was established in 2005. As a result, there is now a national policy to offer all patients with newly detected TB a voluntary HIV test. In 2001, El Salvador began the implementation of a vertical transmission prevention program that resulted in a decrease by 89 percent in the number of children born with HIV. In 2003, the country began a national program titled *Make the Decision to Wait*, to teach adolescents about safer sexual behaviors and abstinence from sex; in 2005, two major campaigns were launched to combat stigma against PLWHA. In 2005, the Incarcerated HIV/AIDS Initiative was developed, with the implementation of a situation assessment for penitentiaries, the creation of educational guides, and the formation of support groups to train inmates in HIV/AIDS issues.

In El Salvador, free HIV testing began in 1997, and in January 2002, the MOH began to offer antiretroviral therapy (ART). By December 2006, 174 health facilities and two mobile clinics offered free HIV testing, and by September 2008, 6,814 people were receiving ART without charge. In cooperation with other countries in the region, the Salvadoran Government negotiated with major pharmaceutical manufacturers and received price reductions on antiretroviral drugs. Currently, 51 percent of people infected with HIV who need ART receive it.

In 2007, El Salvador followed the lead of the United States in declaring June 27 as National HIV Testing Day. With the support of USAID, the regional NGO Pan American Social Marketing Organization managed the event's publicity campaign. The campaign resulted in 54,461 tests, which exceeded the target of 40,000 tests. Nearly three times the normal monthly average of tests done in 2006 were conducted on this one day. At the end of 2007, the MOH reported a total of 285,517 tests conducted, an increase of 130 percent from 2001.

1. Donors, developing countries, and United Nations agencies agreed to three core principles – known as the "Three Ones" – to better coordinate the scale-up of national AIDS responses. The "Three Ones" principles consist of one agreed-upon HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisector mandate; and one agreed-upon country-level monitoring and evaluation system.

The majority of funding for HIV/AIDS programming comes from the public sector (82 percent) (2007 AIDS Expenses Measurement Report). However, the private sector funds 8 percent of HIV/AIDS programs, and cooperating agencies fund 17 percent. Also, international companies are starting to invest in reducing the HIV epidemic in El Salvador; for example, Scotiabank, a Canadian bank, partnered with the National Foundation for the Prevention, Education and Accompaniment of PLWHA to finance visits to 79 schools to raise awareness and teach nondiscrimination against PLWHA.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has made significant investments in HIV prevention in El Salvador since 2003. It has disbursed a total of \$34.4 million for HIV prevention activities. The most recent disbursement of \$9.3 million was for a seventh-round grant in 2008, to expand the national response to vulnerable groups, establish a social protection system for PLWHA, and implement a single monitoring, evaluation, and epidemiological surveillance system. The USG provides nearly 30 percent of the Global Fund's contributions worldwide.

USAID Support

Through USAID, El Salvador received \$1 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in El Salvador 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 met in San José, Costa Rica, to sign a Partnership Framework, which outlines a jointly developed strategy to support the Central American regional response to HIV/AIDS. The Partnership Framework provides a five-year strategic plan that will be implemented by the USG and the governments and civil society of the seven countries in the region: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The Framework 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.

USAID/El Salvador supports a number of activities, including behavior change interventions to reduce and prevent the transmission of HIV. These activities engage most-at-risk populations (MARPs), including CSWs, MSM, migrants, potential clients of sex workers (since these groups can be a "bridge" for transmitting HIV to the general population), and PLWHA. USAID developed a mass media campaign called *Hombres de Verdad* (Real Men) in 2008 to increase HIV/AIDS prevention awareness. The campaign recognized the role men play in making decisions regarding HIV prevention. Promoting male involvement, the campaign included messages on faithfulness, consistent use of condoms, stigma and discrimination, general HIV/AIDS information, and voluntary counseling and testing (VCT). To complement this campaign, the NAP, with Global Fund financing, aired several spots to promote National HIV Testing Day. These spots also included messages against stigma and discrimination. USAID trained 28 leaders of local NGOs that work with MSM in the use of *Hombres de Verdad* materials and eight local radio stations in the production of HIV/AIDS prevention messages for MSM.

In accordance with the NAP, for the first time, USAID developed prevention materials and approaches for MSM populations. The NAP and the USAID in-country implementing partners of this initiative worked with several MSM groups to design materials incorporating the expressed needs of this key target group. As a result, guides were developed for transgender individuals, gay men, and MSM who do not identify themselves as gay.

A condom service outlet study was carried out to determine how condoms were distributed in settings where people engaged in high-risk behaviors are found. Strategies were identified to improve and increase access to condoms by high-risk populations. As a result of this study and combined efforts of behavior change and sales force interventions, the number of condom service outlets was 177 (14 percent above target).

To strengthen the capacity of MOH personnel and other key stakeholders to provide HIV/AIDS prevention and treatment services, USAID coordinated with the NAP to train 633 nurses working in the national health network. Trainings were provided to reduce stigma and discrimination toward MARPs and to improve health care services provided at the MOH health facilities. A total of 50 MOH health units were accredited to provide quality HIV/AIDS VCT. With USAID support, the MOH in 2007 trained approximately 3,000 community health promoters in HIV/AIDS prevention approaches and care as part of an effort to enhance local capacity to address HIV/AIDS at the community level.

In addition, USAID supports interventions to improve the environment for HIV services. The dissemination of sound research and information supports strategic planning, monitoring and evaluation, and policy development. A national monitoring and evaluation plan was developed, and the National Strategic Plan was reviewed in 2008. USAID continues to play a lead role as a member of El Salvador's Country Coordinating Mechanism (CCM), which oversees the grant from the Global Fund. USAID provided assistance for the design of new Global Fund projects and for the CCM to manage and monitor the projects.

Some of USAID's assistance in El Salvador is provided through USAID's Central America HIV/AIDS Regional Program, which includes support to seven Central American countries.

Important Links and Contacts

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USAID's HIV/AIDS Web site for El Salvador:

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

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids; the Latin American and Caribbean HIV/AIDS Initiative Web site:

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

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