

HIV/AIDS in Bolivia and USAID Involvement

HIV infection in Bolivia remains “low level.” According to the Ministry of Health (MOH), from 1985 through December 2001, Bolivia registered approximately 800 cases of HIV/AIDS. The number of cases reported in 2001, at 209, more than doubled the number reported in 2000, at 99. While 85 percent of cases are due to sexual transmission, the proportional distribution of type of sexual contact has changed over time. Between 1985 and 1992, 5 percent of those infected identified themselves as heterosexual, 80 percent as homosexual, and 15 percent as bisexual. In the 1993-2001 period, 61 percent of those infected identified themselves as heterosexual, 20 percent as homosexual, and 19 percent as bisexual.

The male-to-female ratio of new HIV infections has also shifted over the past 16 years. From 1985 to 1992 the ratio was approximately 10:1; by 2001, the ratio had shrunk to 3:1.

According to the MOH, as of December 2001:

- A cumulative 8,000 HIV/AIDS cases have been reported in Bolivia;
- Men account for 70 percent of these cases;
- 19 cases occurred in children under the age of 15;
- 260 children under age 15 have lost their mother or both parents due to AIDS since the beginning of the epidemic; and
- 175 adults and children are registered as having died of AIDS.

Transmission through blood and blood products accounted for 3.3 percent of cases, and mother-to-child transmission (MTCT) accounted for 2.25 percent of cases. According to the MOH, prevalence in the general population and among commercial sex workers (CSWs) has remained low. Among CSWs in Santa Cruz, prevalence was 0.3 percent in December 2000.

A USAID-supported HIV/AIDS sentinel surveillance system tracks persons seeking hospital services in La Paz, food handlers in Cochabamba, and pregnant women in Santa Cruz. In 2001 the largest maternity hospital in Santa Cruz was included in this sample. To date, major findings of this system include:

- Overall prevalence rates are less than 0.1 percent.
- HIV prevalence levels among pregnant women sampled in 2001 were 0.87 percent (Santa Cruz) and 0.29 percent (La Paz).



The Joint United Nations Programme on HIV/AIDS (UNAIDS) cites a series of studies conducted in the city of Cochabamba in 1997 that indicate very low HIV rates among pregnant women and CSWs, but slightly higher rates among sexually transmitted infection (STI) clinic patients:

- 0.5 percent of pregnant women tested were HIV-positive;
- There was no evidence of HIV infection among the 230 CSWs tested; and
- 2.0 percent of STI clinic patients tested positive for HIV.

NATIONAL RESPONSE

The first case of HIV/AIDS in Bolivia was detected in 1985. In 1986, a national HIV/AIDS plan was integrated into the national STI control program. The plan, established by the Bolivian MOH, outlined strategies for HIV prevention, education and social communication, caring for people living with HIV/AIDS, and ensuring the safety of the blood supply. According to the MOH, the Strategic Health Plan advocates multisectoral cooperation to prevent, control, and mitigate the social impact of diseases such as HIV/AIDS.

The country's health system currently reaches only about 70 percent of the population. The remaining 30 percent of Bolivians live in rural areas and are largely impoverished. Bolivia has high prevalences

of tuberculosis, malaria, Chagas disease, leishmaniasis, and dengue and yellow fever. Maternal and child mortality rates are also among the highest in South America. According to the Government of Bolivia, the majority of health funds are allocated toward these problems, and there are few available resources for HIV/AIDS prevention and care programs.

USAID SUPPORT

In FY 2001, the United States Agency for International Development (USAID) allocated \$650,000 for HIV/AIDS prevention activities in Bolivia. USAID's HIV/AIDS/STI programming includes support for public information and education campaigns, condom social marketing, and capacity strengthening for diagnosis and treatment of STIs. USAID continues to be the major source of support for the MOH's National AIDS Program and HIV/AIDS/STI control strategy. In 2000, USAID initiated support for a new Bolivian non-governmental organization (NGO) active in health information, education, and communication.

USAID-SUPPORTED NGOS

USAID implements a condom social marketing program in Bolivia through **ProSalud** and **Population Services International (PSI)**. Condoms are sold through a national distribution network with approximately 3,000 points of sale, including pharmacies, supermarkets, sporting goods stores, music stores,

Key Population, Health, and Socioeconomic Indicators		
Population	8,274,325	Bolivia Census 2001
Growth Rate	2.3%	Bolivia Census 2001
Life Expectancy	Male: 61 Female: 66	U.S. Census Bureau 2000*
Total Fertility Rate	4.2	1998 DHS
Infant Mortality Rate	67 per 1,000 live births	1998 DHS
Maternal Mortality Ratio	373 per 100,000 live births	World Bank 1990
GNP per capita (US\$)	\$980	World Bank 2000
Public health expenditure as % GDP	4.1%	World Bank 1998
Adult Literacy (% of people 15 and above)	Male: 92.5% Female: 80.2%	UNESCO 2001

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

liquor stores, brothels, bars, discotheques, and nightclubs. PSI also works with local NGOs to sell condoms through community-based distribution systems. Female condoms are sold primarily in pharmacies and brothels.

PSI disseminates HIV/AIDS/STI prevention information through nationwide television and radio mini-series; radio call-in shows; an annual song-writing contest and concert tour; and informational videos and print material. Targeted education activities are designed for population groups at particular risk for HIV transmission, including the military, the police, truck drivers, and migrant workers. Mobile video units are used to reach rural populations.

Management Sciences for Health initiated and is monitoring the HIV/AIDS sentinel surveillance system established in 2000.

Through **CARE**, USAID funds HIV prevention programs that improve health care services in Bolivia and facilitate better identification and treatment of STIs. Nurses and community volunteers educate people about high-risk behaviors, condom use, and the importance of testing and treatment of STIs.

USAID further supports HIV/AIDS/STI prevention and education activities through local NGOs. ProSalud and CIES, as well as CARE/Bolivia, carry out community-level interventions in major urban centers, with a special focus on female CSWs, men who have sex with men (MSM), university and high school students, and police and military personnel. The Centro para Programas en Comunicacion manages a telephone hotline on sexual health that is an important source of information on HIV/AIDS/STIs.

OTHER U.S. SUPPORT

The **Centers for Disease Control and Prevention (CDC)**, with financial support from USAID and in collaboration with the Bolivian Ministry of Health, provided technical assistance for an STI/HIV intervention project on the development of STI syndromic management, STI/HIV prevention guidelines, and targeted interventions for CSWs and MSM. The project designed a model for integrated STI clinical and behavioral services, which has

since been implemented in nine cities throughout Bolivia. Health care personnel have received extensive training in STI clinical care, STI laboratory diagnostics, and HIV/STI counseling. The project has developed sentinel surveillance systems to track STI rates among female CSWs.

CHALLENGES

According to the Government of Bolivia, the country must confront a number of health system challenges before HIV/AIDS can be adequately addressed. These include:

- Widespread lack of access to health care. Thirty percent of Bolivians (most of whom live in rural areas) do not have access to health services.
- Significant rates of infectious diseases (e.g., tuberculosis, malaria, Chagas disease, leishmaniasis, and dengue and yellow fever); and
- High maternal and child mortality rates.

According to the World Health Organization, underlying factors that affect health outcomes in Bolivia include:

- Low status and education level of women;
- Extreme poverty;
- Lack of access to basic and emergency health care; and
- Absence of basic sanitation services.

SELECTED LINKS AND CONTACTS

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2. PAHO Country Office: Dr. José Antonio Pagés, Representante de la OPS/OMS en Bolivia, Edificio “BARCELONA,” Calle Victor Sanjines 2678 (Plaza España), 6to. Piso, La Paz, Bolivia. Mailing address: Casillas Postales 9790 y 2504, La Paz, Bolivia. Tel: (591-2) 241-2303, Fax: (591-2) 412-598, E-mail: pwrbol@bbol.ops-oms.org
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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

Please direct comments on this profile to: info@synergyaids.com.

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