



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	7.9 million
<b>Estimated Population Living with HIV/AIDS**</b>	28,000 [18,000–44,000] (end 2007)
<b>Adult HIV Prevalence**</b>	0.7% (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations**</b>	Female Sex Workers: 4.1%; 1.9%–5.5% (La Ceiba; San Pedro Sula, Tegucigalpa) (2006) MSM: 9.9%; 4.8%–9.7% (La Ceiba, Tegucigalpa, San Pedro Sula) (2006) Garifuna: 4.5% (2006)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy***</b>	47% (2007)

\*Honduras National Institute of Statistics \*\*UNAIDS and 2006 Behavioral Surveillance Survey \*\*\*WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

With 0.7 percent of the population estimated to be HIV positive, Honduras has a concentrated HIV epidemic, with specific populations showing significantly higher prevalence rates than the general population and a generalized epidemic on the north coast. Honduras has 27,714 cumulative reported cases of HIV/AIDS (Ministry of Health [MOH], December 2009). The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates 28,000 people are currently living with HIV. The MOH reports an antenatal HIV prevalence rate of 0.3 percent. First detected in 1985, HIV/AIDS in Honduras was initially concentrated among men who have sex with men (MSM) and sex workers, but it now appears to have spread increasingly to the general population, especially to women. According to Honduras' 2010 report to the United Nations General Assembly Special

Session (UNGASS) on HIV/AIDS, four provinces (Cortés, Francisco Morazán, Atlántida, and Yoro) account for 76 percent of the HIV/AIDS cases. In addition, according to the 2010 UNGASS report, the epidemic is found in urban areas and along the northern coast, although cases have been reported in all of the country's municipalities.

Sex is the primary route of HIV transmission in Honduras, accounting for 92 percent of reported cases, followed by mother-to-child transmission (6.1 percent) and tainted blood and blood products (0.64 percent) (MOH, December 2009). Preliminary findings from a 2006 study reported by UNAIDS indicate vulnerable populations include MSM (4.8 to 9.7 percent of whom are HIV positive), female sex workers (among whom prevalence rates are as high as 5.5 percent), and the ethnic minority Garifuna community (whose rate is 4.5 percent). The percentage of sex workers who use condoms with clients is high (97 percent) in Tegucigalpa, San Pedro Sula, and La Ceiba. However, the same sex workers reported condom use of only 41 percent with casual partners and 11 percent with regular partners (UNAIDS, 2009).

Nearly 76 percent of Honduras' HIV infections have occurred among 20 to 39 year olds, the most economically active segment of the population (MOH, December 2009). Poverty, unemployment, and stigma and discrimination marginalize HIV-infected and -affected individuals in Honduras. According to the 2005–2006 Honduras Demographic and Health Survey (DHS), the most recent from Honduras, only 46 percent of women would buy vegetables from a vendor infected with HIV and only 56 percent believe an HIV-infected teacher should be allowed to continue teaching.

Factors that put Honduras at risk of an expanded epidemic include lack of adequate knowledge of prevention methods, lack of access to health services, and high rates of sexually transmitted infections (STIs). According to the 2005–2006 DHS, although knowledge of HIV is universal in Honduras, only 65 percent of women aged 15 to 49 could name the following two means of HIV prevention: using a condom and being in a monogamous relationship with an uninfected partner. The survey demonstrated 90 percent of women have at least one problem in accessing health services; the main problems include lack of health personnel, available medication, and financial resources to pay for services. High STI rates demonstrate a lack of safe sex behaviors, which could

lead to higher HIV prevalence rates. STIs are common in Honduras; for example, 15 percent of women surveyed had evidence of an STI. Among the Garifuna population, the prevalence of herpes simplex virus type 2 is 51 percent (Behavioral Surveillance Survey, 2006). Other factors that put Hondurans at risk include gender inequities; high levels of sexual violence; low levels of condom use; and a large young, mobile population.

Tuberculosis (TB) is one of the main causes of death for persons living with HIV/AIDS. Honduras had an estimated TB incidence of 64 cases per 100,000 population in 2008, according to the World Health Organization (WHO). People living with HIV are particularly vulnerable to developing drug-resistant TB because of their increased susceptibility to infection and progression to active TB. Approximately 13 percent of new TB patients in Honduras are HIV positive.



## National Response

National efforts to reduce the number of new HIV infections have been in place since the late 1980s. Currently, Honduras is implementing the National Strategic Plan against HIV/AIDS for 2008–2012. The Plan is based on the worldwide strategies of universal access to HIV/STI prevention services; access to comprehensive care for persons living with HIV, including treatment; and the strengthening of the national monitoring and evaluation capacity. The strategic areas covered by the Plan include coordinating with the principal donors (the Honduran Government; the U.S. Agency for International Development [USAID]; and the Global Fund to Fight AIDS, Tuberculosis and Malaria), increasing the coverage of comprehensive HIV/AIDS services, strengthening the prevention of mother-to-child transmission (PMTCT) program, and strengthening support groups for people living with HIV/AIDS (PLWHA). In addition,

areas covered by the National Health Plan 2010–2014 include family planning, maternal and child health, health sector reform, and HIV/AIDS. The National Health Plan's goals that address HIV/AIDS are:

- reducing the number of new infections through the promotion of sexual and reproductive health
- extending and improving coverage for PMTCT
- expanding STI prevention and treatment
- increasing access to antiretroviral therapy (ART)
- promoting the rights of HIV-infected and -affected individuals
- conducting epidemiological surveillance and developing scientific research

Honduras' 2009 political crisis affected the HIV program, with several international donors suspending funds intended to support the national HIV/AIDS response. There also have been numerous changes in high-level Government personnel at the National AIDS Program, CONASIDA, which have made leadership decisions difficult. In addition, there is currently little support for defending the human rights of vulnerable groups, which are disproportionately affected by the epidemic, such as sex workers, PLWHA, and MSM (UNGASS, 2010).

The HIV/AIDS response has enjoyed a high level of political support from the Honduran Government. For example, with Government support, Honduras led the international Coalition of First Ladies in the Fight Against HIV/AIDS. In addition, the Government has been increasing funding for antiretroviral drugs as a counterpart contribution to a grant from the Global Fund. Since 2000, the Government of Honduras has provided free ART, voluntary counseling and testing (VCT), and PMTCT services. However, only 47 percent of HIV-infected women and men were receiving treatment in 2007. According to the 2010 UNGASS report, the percentage receiving treatment may have risen slightly to 53 percent in 2009.

Honduras is also implementing the Pan American Health Organization's (PAHO's) Regional HIV/STI Plan for the Health Sector 2006–2015. The Plan is designed to assist health services and systems in the Americas to respond to the HIV epidemic more effectively and to prevent STIs. PAHO was also evaluating the Honduran PMTCT Plus program, focusing on the need to strengthen the prevention of mother-to-child transmission, HIV, and syphilis.

Since 2003, the Global Fund has been providing grants to Honduras that have resulted in significant investments in HIV prevention. The goal of the Global Fund's first grant to the country was to reduce the incidence of HIV by 25 percent over five years in most-at-risk populations (MARPs) (commercial sex workers, MSM, the Garifuna population, and youth) and to provide comprehensive attention for PLWHA. Prior to that grant in 2003, ART was not widely available in the country, with fewer than 400 people receiving treatment. At present, almost 7,000

people are receiving treatment, mostly through Global Fund support. The most recent funding was a ninth-round grant approved for a maximum of \$9.8 million to provide support to orphans and vulnerable children in 25 priority municipalities. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

## **USAID Support**

Through USAID, Honduras received \$6 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Honduras 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 that 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 of the seven countries in the region: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The Framework describes the coordination and contribution of key regional stakeholders and donors to support the goals of the countries' regional and national HIV/AIDS programs and to contribute to the goals of PEPFAR.

The USAID FY 2009–2013 strategy aims to (1) increase access to quality prevention services, especially for MARPs; (2) increase access to quality clinical and community care and support services for HIV-infected adults and their families; (3) strengthen the organizational and technical capacity of local nongovernmental organizations (NGOs) to implement prevention activities and expand community-based HIV counseling and testing among MARPs; (4) support mass media communication and community mobilization; (5) strengthen the MOH's national HIV surveillance and monitoring and evaluation systems; and (6) provide technical assistance to improve supply chain management for antiretroviral drugs.

Through umbrella grants, USAID provided technical and financial assistance to six local NGOs to reduce high-risk behavior among MARPs. Project surveys showed several significant improvements in behavior change among beneficiaries, compared with baseline data collected in 2004. For example, condom use with an occasional partner rose from 32 percent in 2004 to 98 percent in 2009 within the adult Garifuna population, and from 79 to 86 percent within the overall population of PLWHA. USAID's condom social marketing program, also targeting MARPs, reached 201,645 people (81,648 women; 119,997 men) with comprehensive HIV prevention messages.

USAID support for the scale-up of rapid HIV testing services by six NGOs and through MOH sentinel surveillance sites in highly affected communities has been enormously successful. Due to effective promotion of VCT services and scale-up of brigades for mobile HIV testing for hard-to-reach communities, almost 10,000 most-at-risk individuals (6,712 women; 3,248 men) were utilizing these services in 2009. Project surveys showed the percentage of MSM who receive counseling, testing, and the corresponding test results increased from 68 percent in 2004 to 98 percent in 2009. Among female sex workers, there was an increase in HIV testing, from 53 percent in 2004 to 99 percent in 2009.

USAID is also assisting in the development and launch of a radio-based HIV prevention campaign directed at youth (ages 12 to 24) within the Garifuna population. This locally produced radio drama, consisting of 120 episodes and 17 promotional spots, was broadcast to 38 communities along the entire north coast of Honduras, reaching 47,133 beneficiaries (19,596 males; 27,537 females). A rapid survey conducted shortly after the broadcast began showed 82.6 percent of the target audience reported accurate recall of the HIV prevention messages within the radio drama, demonstrating both its reach and clarity of message.

## **Important Links and Contacts**

USAID/Honduras  
Avenida La Paz (In front of the U.S. Embassy)  
P.O. Box 3456  
Tegucigalpa, Honduras  
Tel.: 504-236-9320  
Fax: 504-236-7776  
Web site: <http://www.usaid.gov/hn/>

USAID's HIV/AIDS Web site for Honduras:  
[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/honduras.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/honduras.html).

USAID's HIV/AIDS Web site for the Central America Region:  
[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).

For more information, see USAID's HIV/AIDS Web site:  
[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/index.html](http://www.usaid.gov/our_work/global_health/aids/Countries/index.html).

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