



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

NICARAGUA

Nicaragua has the lowest incidence and prevalence of HIV/AIDS in Central America. Ten years of civil conflict and a U.S.-imposed economic embargo isolated the country and may have delayed the appearance of the disease. Low incidence among injecting drug users, prohibition on commercial blood sales, and a relatively controlled commercial sex industry also have helped to slow the spread of HIV/AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	5,800
Total Population (2001)	5,208,000
Adult HIV Prevalence (end 2001)	0.2%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients with a sexually transmitted infection, or others with known risk factors)	2.0%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	—

Sources: UNAIDS, U.S. Census Bureau

The first AIDS case was diagnosed in 1987. By end-2001, 803 cumulative cases had been reported, with the majority occurring among individuals, aged 20–39, and two out of three cases occurring in males (i.e., the male to female ratio is 2:1). Sexual transmission accounts for 86 percent of cases, with three-fourths identified as heterosexual; however, it is believed cases of heterosexual transmission are overreported, and homosexual and bisexual transmission cases are underreported. Injecting drug use was involved in 7 percent of cases, mother-to-child transmission in 2 percent, and blood transfusion in 1 percent (transmission in 4 percent of cases was not identified). Known AIDS cases are primarily concentrated in major cities, with Managua and Chinandega accounting for 60 percent.

At end-2001, some 5,800 people were living with HIV/AIDS—an adult prevalence of 0.2 percent. Although prevalence remains relatively low in the population as a whole, incidence is increasing among some vulnerable populations. HIV surveillance among drug users in Managua in the mid-1990s

reported a prevalence of 6.0 percent, and, according to the United States Census Bureau, a study among prisoners in Managua in 1998 reported a prevalence of 4.6 percent. HIV rates among commercial sex workers tend to be low; a multi-site study on HIV prevalence among vulnerable populations in Central America revealed HIV prevalence among commercial sex workers in Nicaragua to be 0.2 percent. The same study reported a prevalence of 9 percent among men who have sex with men.

Although Nicaragua's epidemic is defined as nascent, the preconditions for a more serious epidemic are evident. Population mobility, especially among migrant workers, and a culture that stigmatizes condom use contribute to the spread of HIV/AIDS. Other factors that must be addressed if



Map of Nicaragua: PCL Map Collection, University of Texas

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a serious epidemic is to be avoided include insufficient recognition of the potential threat HIV/AIDS poses, the lack of reliable data, the lack of adequate training among health service providers, and insufficient voluntary counseling and testing services. Increasingly, the wives of men who engage in risky behavior are at risk. According to one study, the risk vulnerability of housewives in Chinandaga is twice that of commercial sex workers.

National Response

Nicaragua recognizes the need for early action if the epidemic is to be contained. In 1996, Nicaragua passed Law 23 “for the Promotion, Protection, and Defense of Human Rights in Connection with AIDS,” which strengthened national coordination on information, education, prevention, and control of HIV/AIDS. More recently, it approved the “Law for the Security of Transfusions,” which requires public and private health care organizations to screen blood for HIV antibodies prior to any procedure. The National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections was established in 1998. Although it is part of the Ministry of Health, it is decentralized in its operations, with local health care systems coordinating HIV/STI prevention, control, and education with regional hospitals, primary care health centers, and health posts.

The National AIDS Control Program created a national strategic plan for the prevention of HIV/STIs in collaboration with civil society groups, people living with HIV/AIDS, government institutions, and international organizations. To be implemented in 2001–2005, its priorities include:

- Prevention (including sexual, blood transmission, and perinatal prevention);
- Integrated management of persons living with HIV/AIDS;
- Improved epidemiological surveillance;
- Improved services to vulnerable populations; and
- HIV/AIDS and sexually transmitted infection prevention activities in the school health program.

Although the number of people living with HIV/AIDS is still relatively low, the country is beginning to address the issue of how to provide appropriate care to those infected. The Ministry of Health has indicated that improving the availability of medicines to prevent mother-to-child transmission and to treat opportunistic infections is essential. Although it has defined a therapeutic protocol to give AZT to all HIV seropositive pregnant women from the 15th week of pregnancy until six weeks after delivery, only two women have benefited from this policy since mid-2001. Because of a crisis in the supply of essential drugs, the government, unlike other governments in the region, is not able to routinely cover antiretroviral treatment for HIV/AIDS patients.

Health workers are limited in their knowledge and attitudes on AIDS-related issues. They do not have much clinical experience with HIV/AIDS, and do not yet have much knowledge about treatment options, prevention of mother-to-child transmission, specific care-related issues, or testing. In fact, HIV/AIDS testing is generally done at fairly late stages in the disease, and too little attention is paid to biosafety issues in clinical practice.

USAID Support

The USAID Mission’s HIV/AIDS focus in Nicaragua is to help prevent the development of a generalized epidemic by supporting interventions targeted at key vulnerable populations, including men who have sex with men, commercial sex workers, adolescents, and young adults. Its goals are to expand the availability and usage of condoms, to reduce high-risk sexual behavior, and to increase detection of sexually transmitted infections. Toward these ends, USAID supports the following country activities, providing \$500,000 in 2002:

- Development of a behavior change communications strategy that will provide a framework for mobilizing public, private, and international donor resources;
- Condom provision to the National AIDS Control Program and to nongovernmental organizations; and
- Technical assistance to nongovernmental organizations in institutional strengthening, advocacy, and social marketing.

The bulk of USAID’s effort in Nicaragua, however, is not in its country HIV/AIDS program but in its regional program, the USAID Guatemala–Central American Regional Program (USAID/G-CAP), which provides combined support to seven Central American countries.

The G-CAP was established in the mid-1990s and has two components: 1) Proyecto Accion SIDA en Centro America (PASCA), designed to promote policy and public awareness of HIV/AIDS and to strengthen nongovernmental organization activities, and 2) the Pan American Social Marketing Organization (PASMO), designed to promote social marketing of condoms to decrease risky sexual behaviors, especially among people in high-risk contexts. After an extended review in 2002, G-CAP's goal was expanded to "containing and controlling" the HIV/AIDS problem in Central America. Under USAID's expanded response strategy, G-CAP will be strengthened to provide technical assistance to develop programs to focus on subepidemics among the most vulnerable populations and to implement cross-border activities and other programs to deal with migrant populations. Future programming will include surveillance and data for decision-making, as well as care and support for people living with HIV/AIDS.

For More Information

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*Prepared for USAID by TvT Global Health and Development Strategies/Social & Scientific Systems, Inc.,
under The Synergy Project*

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May 2003

