

HIV/AIDS in Costa Rica and USAID Involvement

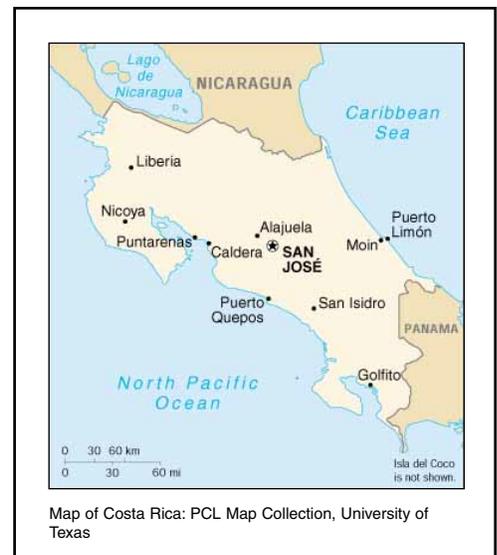
HIV/AIDS was first detected in Costa Rica in 1983. Although the epidemic remains low-level, there was a slight increase in incidence from 1998 to 2000. The Ministry of Health has officially recorded 1,992 AIDS cases since 1983. Eighty-eight percent of AIDS cases have occurred among males, but prevalence among women is increasing. In 1992 the male-to-female ratio was 12.9:1, but by 1999 this ratio had fallen to 5.2:1. Costa Ricans ages 25 to 39 account for 58 percent of all HIV/AIDS cases.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), by the end of 1999:

- 11,000 adults were living with HIV/AIDS (adult infection rate of 0.54 percent);
- Men accounted for 75 percent of HIV/AIDS cases;
- 290 children under 15 were living with the disease;
- 1,300 children under the age of 15 had lost their mother or both parents to AIDS; and
- In 1999 alone 750 people died of AIDS.

HIV/AIDS in Costa Rica is spread most frequently through sexual contact between men. Costa Rica is one of the few countries in Central America where HIV transmission via men who have sex with men (MSM) eclipses transmission via sex between men and women. According to Ministry of Health estimates reported in 2001:

- 60.5 percent of HIV/AIDS cases are transmitted via MSM (44.6 percent homosexual, 15.9 percent bisexual);
- 23.8 percent of cases are transmitted heterosexually. (UNAIDS estimates suggest that among *officially* reported AIDS cases at the end of 1999, 53.8 percent were transmitted via MSM and 13.8 percent were transmitted heterosexually);
- 3.4 percent of cases are transmitted through blood and blood related products. (UNAIDS reports this number as 6.2 percent);
- 1.5 percent of cases are transmitted from mother to child; and
- 1.1 percent through injecting drug use (IDU).



HIV prevalence among women attending antenatal clinics in three locations throughout Costa Rica ranged from 0.1 to 0.3 percent between 1994 and 1997. Between 1991 and 1995, prevalence among commercial sex workers (CSWs) tested in San Jose increased from 0.4 to 0.9 percent. In a few studies conducted in non-specified areas, HIV prevalence among sex workers tested between 1989 and 1997 ranged from 0.1 to 2 percent.

NATIONAL RESPONSE

In response to the growing problem of HIV/AIDS, and particularly the increase in HIV incidence during the late 1990s, the Government of Costa Rica prepared a new strategic plan for 2001-2004. The plan emphasizes:

- Information, education, and communication for HIV prevention;
- Quality and coverage of voluntary counseling and testing services;
- Quality and coverage of care and support services for those living with HIV/AIDS, including monitoring of adherence to treatment protocols;
- Reduction of treatment costs;
- HIV/AIDS surveillance; and

- Multisectoral alliances and public-private partnerships.

According to the Iniciativa Regional sobre SIDA para America Latina y el Caribe (SIDALAC), HIV/AIDS expenditures in Costa Rica totaled US\$21.4 million in 2000, 68 percent of which came from public sources. Costa Rica guarantees a legal right to treatment and support services for people living with HIV/AIDS, and their families. Over the past few years, use of generic medications has enabled a reduction in treatment cost without diminishing the quality of treatment. The government strongly supports efforts to further reduce the cost of treatment.

The Costa Rican government is working to strengthen efforts to prevent sexual transmission of HIV and transmission from mother to child. The government supports universal provision of information and education on HIV prevention and has developed programs to reinforce sexual education in the schools, as well as among out-of-school youth, including migrants, CSWs and MSMs.

Recognizing the importance of human rights, Costa Rica widely supports initiatives to eliminate discrimination and exclusion of people living with HIV/AIDS. In April 1998, the country passed a General Law on HIV/AIDS to secure the human rights of people living with the disease.

Key Population, Health, and Socioeconomic Indicators		
Population	3.8 million	U.S. Census Bureau 2001
Growth Rate	1.7	U.S. Census Bureau 2000*
Life Expectancy	Male: 73 Female: 78	U.S. Census Bureau 2000*
Total Fertility Rate	2.5	U.S. Census Bureau 2000*
Infant Mortality Rate	11 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Ratio	55 per 100,000 live births	World Bank 1990
GNP per capita (US\$)	\$3,970	World Bank 2000
Public health expenditure as % GDP	5.2	World Bank 1998
Adult Literacy (% of people 15 and above)	Male: 95.7 Female: 95.8	UNESCO 2001

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

USAID SUPPORT

Although the **U.S. Agency for International Development (USAID)** does not have a presence in Costa Rica, the country is included in USAID's Central American Regional HIV/AIDS Program. In FY 2001, USAID allocated \$3.7 million for HIV/AIDS activities in the region.

USAID's Central American regional strategy focuses on geographical areas and high-risk groups. It emphasizes improvement of the regional political environment by strengthening policy formulation through sound research and information dissemination. USAID is working to develop a broad cadre of public and private sector leaders who acknowledge HIV/AIDS as a growing and serious problem, support effective policies and programs, and promote responsive public sector reforms. The program also strengthens the capabilities of Central American organizations to deliver HIV/AIDS services and information to target groups, and implements a condom social marketing strategy in populations at high risk for HIV infection.

In addition, USAID is working with several Central American countries to formulate a regional approach to HIV/AIDS prevention for mobile populations. The activity targets geographic "hot spots" where mobile populations converge, such as truck routes, border towns, ports, and trade centers.

USAID's 2002-2006 regional strategy will concentrate on information sharing and dissemination; national and regional strategic alliances among non-governmental organizations (NGOs), policy leaders, business and labor groups; and media outreach.

USAID-SUPPORTED NGOS

Through **Population Services International (PSI)**, USAID funds the Pan American Social Marketing Organization (PASMO), which currently operates in Costa Rica, El Salvador, Guatemala, Belize, Nicaragua, Panama, and Honduras. The program's goals are to develop and expand partnerships with commercial, public, and non-profit groups; to leverage regional comparative strengths and reproductive health resources; and to create a more sustainable

and effective condom social marketing program in the region. PASMO primarily targets groups at high risk of contracting HIV/AIDS, and sexually active adolescents. By September 2000, PASMO had launched the sale of *VIVE* (Live!) condoms in El Salvador, Nicaragua, and Guatemala, Costa Rica, Panama and Honduras. To date, more than 8.1 million condoms have been sold throughout the region.

OTHER U.S. SUPPORT

Studies sponsored by the **National Institutes of Health (NIH)** in Jamaica, Trinidad and Tobago, Panama, and Costa Rica track risk factors and cofactors of HIV infection and AIDS-related infections.

DONOR SUPPORT

UNAIDS contributed \$450,000 to national programs in Central America during 1998-99, and is beginning to provide funding for regional activities, such as the USAID-supported mobile populations initiative, and HIV/AIDS meetings and conferences.

CHALLENGES

According to USAID, the following demographic factors could affect HIV/AIDS prevention and care efforts in the Central American region:

- Rapid population growth. The region's population is growing at a rate of 2.5 percent annually.
- A largely rural and impoverished population. More than half of all Central Americans live in rural areas, and two-thirds live below the poverty line.
- High population mobility. Central American countries remain ill-equipped to face cross-border spread of the disease.

SELECTED LINKS AND CONTACTS

1. National AIDS Program: Programa de Integracion de Servicios, Ministerio de Salud y Caja Costarricense de Seguro Social en VIH/SIDA/ETS, Ministerio de Salud (Barrio Cristo Rey), San Jose, Costa Rica. Tel: (506) 232-6122, ext. 3136 or 3291, Fax: (506) 283-2487.
2. PAHO Country Office: Dr. Philippe Lamy, Representante de la OPS/OMS en Costa Rica, Calle 16, Avenida 6 y 8, Distrito Hospital, San José, Costa Rica, Apartado 3745, San José, Costa Rica. Tel: (506) 258-5810/2846, Fax: 258-5830. Website: www.cor.ops-oms.org, E-mail: e-mail@cor.ops-oms.org

American Embassy/Costa Rica
John J. Danilovich, Ambassador
U.S. Embassy San Jose
APO AA 34020

Local Address:
Calle 120 Avendia 0
Pavas, San Jose, Costa Rica
Apartado 920-1200
Tel: (506) 220-3939
Fax: (506) 220-2305
Website: <http://usembassy.or.cr>

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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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