



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

HONDURAS

AIDS is the second leading cause of hospitalization and death in Honduras, and has been the leading cause of death in women of childbearing age since 1997. By the end of 2001, an estimated 57,000 to 63,000 people were living with HIV/AIDS, accounting for 60 percent of all people testing positive for HIV in Central America. It is also estimated that 4,200 have died from the disease and approximately 14,000 children under the age of 15 have become orphans as a result of this epidemic.

Estimated Number of Adults and Children Living with HIV/AIDS (end of 2001)	57,000
Total Population (2001)	6.575 million
Adult HIV Prevalence (end of 2001)	1.6%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients with a sexually transmitted infections, or others with known risk factors)	13%
Population not at risk (i.e., others with no known risk factors)	5%

Sources: UNAIDS, U.S. Census Bureau

The reported AIDS incidence is 62 per million people for all of Latin America; however, in Honduras the incidence is almost twice as high, with 102 reported AIDS cases per million as of 2001.

Although people with HIV infections can be found in all parts of the country, the epidemic is concentrated mainly in the two largest cities of San Pedro Sula and Tegucigalpa, the central corridor between the two cities, and along the northern coast.

HIV is primarily spread through heterosexual transmission, and affects almost as many women as men. Significantly higher infection rates occur among sex workers, men who have sex with men, prisoners, and the ethnic Garifuna population. In Honduras, 23 percent of people living with HIV/AIDS are also estimated to have active tuberculosis.



NATIONAL RESPONSE

The Honduran government has been working to reduce the number of infections since the late 1980s, when it created an HIV/AIDS department inside the Office of the Secretary of Health. In 1998, the HIV/AIDS department designed the first national strategic plan. In doing so, it involved people living with HIV/AIDS, various sectors of the government, civil society, chambers of commerce, and the religious community. In 1999, the government passed legislation to protect the rights of people living with HIV/AIDS and formed a National Commission on AIDS to coordinate national policies. A second national strategic plan for 2002–2006 was recently completed.

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Map of Honduras: PCL Map Collection, University of Texas

Honduras was one of the first countries to apply for assistance from the Global Fund for AIDS, Tuberculosis, and Malaria. The initial award was made in the form of a two-year grant that will provide \$12.5 million to fight AIDS. The United Nations Development Programme will manage the Global Fund grant, for which the objective is to seek a 25 percent reduction in the incidence of HIV/AIDS among the most vulnerable populations within five years. Other donors, in addition to USAID, are planning to increase funding for HIV/AIDS activities, thereby providing Honduras with sufficient resources to reduce the incidence and prevalence of the disease.

USAID SUPPORT

The U.S. Agency for International Development (USAID) is committed to working with the government of Honduras and other donors to increase HIV prevention efforts and to improve AIDS treatment and care. USAID/Honduras is developing a new HIV/AIDS strategic plan for 2004–2008 because Honduras has been designated as an intensive focus country under the Agency's enhanced AIDS response program. USAID contributions for HIV/AIDS mitigation activities will increase to about \$5 million annually.

The new strategy will work to:

- Expand prevention activities to better target high-risk populations;
- Provide technical assistance to develop care and support systems;
- Establish coordination mechanisms at the national and regional levels within and between public and private sectors;
- Support decentralization of program planning and implementation through institutional capacity-building;
- Implement performance-based grants and provide technical assistance to nongovernmental organizations; and
- Improve the national HIV/AIDS surveillance system.

Support for coordination will facilitate national and local agencies (such as the Ministry of Health, nongovernmental organizations, and community groups) in each region to develop their own plans to meet local priorities.

Several cooperating agencies are already providing technical assistance and management oversight in Honduras. The Pan American Social Marketing Organization (PASMO), for example, has received about \$425,000 from the local USAID Mission to carry out social marketing activities in 2002. A cooperative agreement worth approximately \$2.4 million for two years was recently awarded to the Academy for Educational Development to act as an umbrella organization for 15 to 30 nongovernmental and faith-based organizations and provide them with technical assistance and performance-based grants.

More specifically, to contain the HIV/AIDS epidemic and to mitigate its impact, USAID/Honduras focuses on the following areas:

- Quality prevention services;
- Care and support systems; and
- Institutional capacity building.

Quality Prevention Services

Behavior change communication

USAID funding is used to promote behavioral change interventions. Although a high level of knowledge exists among the Honduran population regarding how one can become infected with HIV and how to prevent transmission, little change in risk behaviors has been observed. Unprotected sex is common among all vulnerable populations. For example, men with multiple sex partners, who infect their wives, are responsible for a large proportion of infections. There are strong cultural obstacles to overcoming some of these behaviors. Many men, for example, believe they should not have to wear condoms with their wives or regular sex partners. An unknown number of people, particularly in high prevalence populations, have multiple partners, which leads to the rapid spread of this disease.

Condom use

Condom use is one of the best ways to prevent the spread of HIV. Access to condoms has increased markedly during the past decade in Honduras, especially in urban areas; yet, there is still a need to expand access for vulnerable populations that may not have the time, energy, or money to obtain condoms before engaging in high-risk behaviors. As part of a comprehensive set of prevention activities, condoms are distributed as part of an **ABC** (Abstinence, Being faithful to one partner, and correct and consistent use of Condoms) approach. This approach also includes an extensive social marketing campaign funded by USAID to promote widespread condom use, primarily among groups of people who are most at risk for contracting the disease: sex workers, men who have sex with men, and the ethnic Garifuna population.

Information and education

With USAID funds, mass media and interpersonal communication promotes “ABC+.” The “plus” represents other key messages that research and experience have shown to be important, such as knowing one’s HIV status and that of one’s partners, knowing about risk behaviors, consistent and correct use of condoms, and condom negotiation skills. Local community groups serve as key intermediaries to promote behavior change through peer counselors, particularly in the target areas of Tegucigalpa, San Pedro Sula, and La Ceiba. Representatives of nongovernmental and community organizations are trained to teach others about changing their behaviors and to train and supervise their peer counselors.

Voluntary counseling and testing

Honduras has developed a limited network of voluntary counseling and testing services provided by trained health providers. The standard HIV testing procedure takes two weeks to a month after testing before results are available. This long waiting period results in high anxiety levels and many persons never learn their test results. USAID is working with government and nongovernmental sectors to expand the availability of rapid testing services at all levels of the health system.

Care and Support Systems

Community-based organizations

Nongovernmental and faith-based organizations are especially important in the strategy to prevent the spread of HIV and to provide quality care and support services. Such organizations are more likely than government programs to assist the most-affected populations. USAID is currently designing a program to increase and improve the capacity of nongovernmental organizations, including faith-based organizations, to provide care and support services for people living with HIV/AIDS.

Reducing stigma and discrimination

One of the major barriers to prevention and treatment of HIV/AIDS is the stigma associated with the disease. As a result, access to and quality of services for affected people are not sufficient to provide appropriate comprehensive care programs. Specific activities to promote HIV/AIDS awareness and to reduce stigma include radio announcements, leaflets, and regional plans to implement the new HIV/AIDS law. These activities are enacted primarily through The Futures Group International/POLICY Project, the Academy for Educational Development, and Population Services International.

Institutional Capacity Building

Linking public and private sector systems

Historically, the mission strategy has largely focused on working with the public sector at the national level and with selected nongovernmental organizations in high prevalence regions. Strengthening Ministry of Health services at the regional level to increase accessibility to quality services and linkages with the nongovernmental organization and faith-based organization (private) sector is critical to the success of the new strategy. Key areas for intervention include strengthening the surveillance and monitoring and evaluation systems, improving national and regional level policies to support HIV/AIDS activities, increasing coordination of stakeholder interventions, and assisting regional levels in design-

ing and implementing HIV/AIDS activities targeted to high prevalence populations, as well as creating a referral network with nongovernmental organization partners.

Logistics system

The logistics system within the Ministry of Health would benefit from improving its ability to correctly perform procurement, warehousing, distribution, inventory control, and record-keeping functions. Shortages of essential medications, supplies, and equipment are common, which affects the ability to address prevention and care strategies for common sexually transmitted infections, opportunistic infections, and HIV/AIDS. USAID is beginning to assist the Ministry of Health to define priorities for the procurement and distribution of drugs, supplies, and diagnostic equipment associated with HIV/AIDS; to adapt, test, and install a better logistics system, including a management information system; and to develop and implement strict monitoring and evaluation procedures. This will become even more important to assure adequate supply and distribution of antiretroviral drugs as they become more widely available.

Surveillance

Seroprevalence data are needed to monitor the incidence and prevalence of HIV/AIDS in Honduras, and behavioral surveillance is needed to identify the kinds of risky behavior that spread the disease and to track changes in such behaviors. USAID provides technical assistance to the National AIDS Program to upgrade the surveillance systems and procedures at the national and regional levels. USAID also supports training for technical staff to upgrade their sampling, data collection, and analysis skills. The system will be upgraded in the future to monitor incidence and to observe geographic “hotspots” and vulnerable populations.

For More Information

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USAID HIV/AIDS web site for Honduras: http://www.usaid.gov/pop_health/aids/Countries/lac/honduras.html

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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