

Progress Report on Declaration of Commitment on HIV/AIDS
Honduras: January – December 2002

I. STATUS AT A GLANCE	
NATIONAL COMMITMENT & ACTION	
1. National Composite Policy Index (2002)	85 %
2. Government funds spent on HIV/AIDS (in million US\$, 2000)	US\$ 6.2
NATIONAL PROGRAMME & BEHAVIOUR	
Prevention	
3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year	2.3%
4. % large enterprises/companies that have HIV/AIDS workplace policies and programs	0.5%
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT	2%
Care / Treatment	
6. % of patients with sexually transmitted infection at health care facilities who are appropriately diagnosed, treated and counseled	N.A.
7. % of people with advanced HIV infection receiving ARV combined therapy	4%
Knowledge / Behavior	
8. % of respondents 15-24 years of age who both correctly identify ways of preventing sexual transmission of HIV & who reject major misconceptions about HIV transmission or prevention	70%
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner	49% M 27% W
10. % of injecting drug users who have adopted behaviors that reduce transmission of HIV	N.Ap.
Impact alleviation	
11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school	N.A.
IMPACT	
12. % young people aged 15-24 years of age who are HIV+	1.4%
13. % of HIV+ infants born to HIV infected mothers	20.5%

N.A. Not available N.Ap. Not applicable

II. OVERVIEW OF THE HIV/AIDS EPIDEMIC

IMPACT INDICATORS

% young people aged 15-24 years who are HIV+ *	1.4%
% of HIV+ infants born to HIV infected mothers**	20.5%

* Based on adult population prevalence

** Based on Honduran PMTCT Pilot Program 2002 Report

Honduras HIV/AIDS epidemic is well established and still growing. It has the highest number of reported AIDS cases in Central America and ranks fifth in the Americas. Since the beginning of the epidemic (1985) up to the end of 2002, the Ministry of Health (MOH) reported 18,117 people living with HIV/AIDS (PLWHA)¹. Although its population only represents 17% of the population in Central America and there is a 30 – 50% estimated sub-registration, Honduras accounts for 43% of all HIV/AIDS cases in the region. While the reported AIDS incidence is 62 per million inhabitants for Latin America, the incidence in Honduras is almost twice as high, with 102 reported AIDS cases per million inhabitants in 2001.

Since 1997, AIDS represents the second leading cause of hospitalization and death among general population (after violence) and the first cause for women in reproductive age. AIDS has also been associated with a reduction in life expectancy in 5 out of the 18 departments of the country, and with premature death in young adults (both sexes).

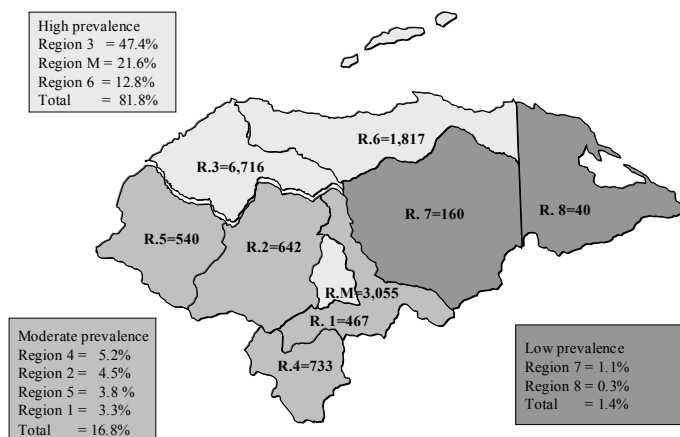
The NAP passive epidemiological surveillance system reports an HIV prevalence rate of 263 per 100,000 inhabitants in general population (18,117 reported AIDS cases / 6.5 million inhabitants). Nationwide, HIV prevalence in adults is 1.4% with an approximate cumulative number of 60,000 cases, in 2002. There are no sero-epidemiological surveys in young people. The prevalence in pregnant women is 1.4%, (reaching over 3% in certain areas of the North). Among specific groups, prevalence varies considerably, from 13% in MSM, 10% in CSW, 8% in Garifunas (African American black group), to 6.8% in prisoners.

Geographically (Graph 1), 60% of AIDS reported cases are concentrated in the central corridor of development and in the northern region, which includes two main urban cities: San Pedro Sula (with 29% of AIDS cases) and Tegucigalpa, (with 20%). Therefore, the epidemic is classified as bimodal: “generalized” in the north region, “concentrated” in the central region, and “incipient” in the rest of the country.

¹ National AIDS Program. HIV/AIDS Statistics: Period 1985 – December 2002. Honduras, 2003.

Graph 1

**Cumulative AIDS Reported Cases x Health Region
 Honduras, 1985-December 2002**

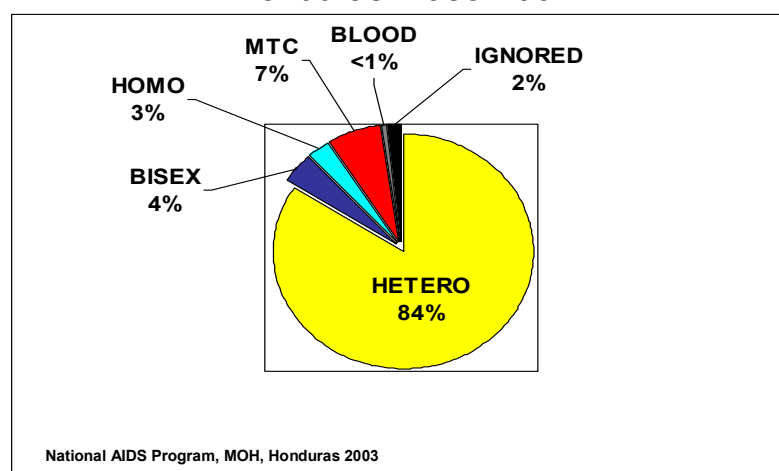


Elaborated based on NAP/MOH Statistics, Honduras 2003

The main route of transmission (Graph 2) in Honduras is through sexual intercourse: 84% heterosexual, 7% homo/bisexual and 7% from mother to child (MTC). Less than 1% is through blood transfusions and 0.06% among intravenous drug users (IDU). As a result, the male to female ratio of HIV/AIDS has progressively reduced from 2.3 in 1986, to 1.7 in 1994 and 1.2 in 2001, the number of children (0-5) infected through vertical transmission is increasing, and more than 13,500 children have become orphans because of AIDS in Honduras.

Graph 2

**Modes of Transmission: Reported AIDS Cases
 Honduras: 1985-2002**

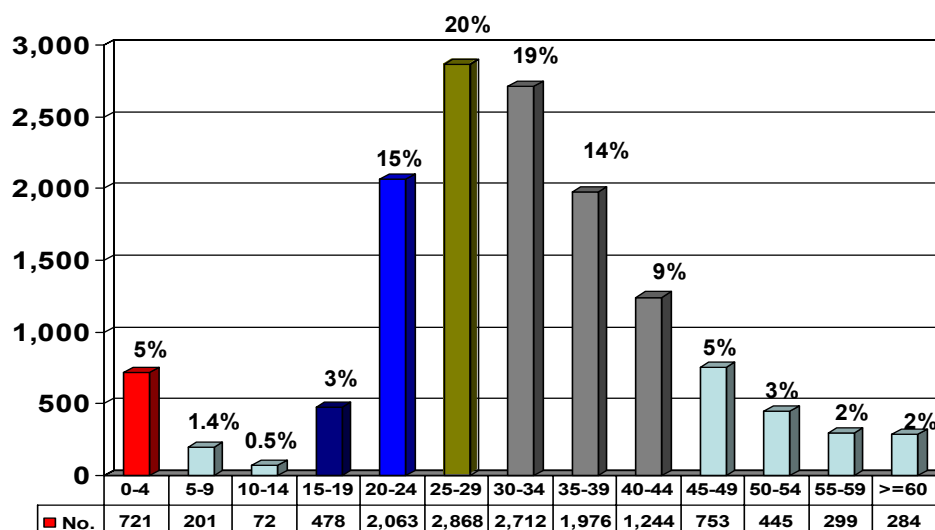


National AIDS Program, MOH, Honduras 2003

MOH² estimated 10,641 new infections during 2002, distributed as follows: 1,129 babies (vertical transmission), 188 pregnant women, 119 blood transfusion recipients, 106 “maquila” (manufacture) workers, and 4,434 corresponding to the rest of the population.

18% of reported AIDS cases correspond to young people (3% in the age group 15-19, and 15% in the group 20–24), and 35% in adults (20 – 29). This means that HIV infection occurs at very early stages in Honduras (Graph 3).

Graph 3
Cumulative AIDS Reported Cases x Age Groups
Honduras 1985-2002



National AIDS Program, MOH, 2003

² World Bank. Optimizing the allocation of resources among HIV prevention interventions in Honduras. Washington D.C., August 2, 2002.

III. NATIONAL RESPONSE TO DATE	
3.1 NATIONAL COMMITMENT & ACTION	
National Composite Policy Index (2002)	85 %
Government funds spent on HIV/AIDS (in US\$ Millions, year 2000)	6.2
3.1.1 National Composite Policy Index	
Strategic Planning (7 / 7 = 100%)	

Development of multisectoral strategies to combat HIV/AIDS

Honduras planning efforts in HIV/AIDS began in 1985, with an initial short-term plan and two sub-sequent mid-term plans.

The first Strategic Plan, PENSIDA I, 1998 – 2002, was elaborated with the participation of several representatives of the government, civil society and donors, coordinated by the National AIDS Program (NAP). PENSIDA I consisted of three components: 1) prevention of HIV and STI; 2) reduction of the individual and social impact of the epidemic through provision of basic services (including promotion of antiretroviral treatment, counseling, psychosocial support, and creation of support groups in order to foster a positive social environment); and 3) strengthening a coordinate and expanded national response.

The new Government has incorporated the fight against AIDS in its 2002-2006 Political Plan, one out of eight health priorities. President Maduro, has placed the epidemic high in his own agenda, recognizing that efforts towards a sustainable development are intimately linked with the AIDS epidemic control.

Consequently, the Second National AIDS Strategic Plan, PENSIDA II, has been designed with the participation of sectors and actors traditionally not involved into the national response (49% from government, and 51% civil society including vulnerable groups and PLWHA). PENSIDA II has a broader strategic scope and advocates for a more appropriate use of national and international resources. Officially launched during the World AIDS Day 2002, PENSIDA II defines five strategic areas: 1) Sexual and reproductive health promotion for HIV prevention; 2) Comprehensive care and support; 3) Management and coordination of social policies; 4) Advocacy for human rights; and 5) Scientific investigation.

Integration of HIV/AIDS into general development plans

HIV/AIDS has been incorporated in the following plans: National Poverty Reduction Strategy (1997), National Transformation and Reconstruction Plan Post Hurricane Mitch (1999), National Government Plan (2002), United Nations General Assistance Framework, Common Country Assessment, as well as in bilateral cooperation agreements.

HIV/AIDS management/coordination body

The National AIDS Commission, CONASIDA, created as a result of the Special AIDS Law approved in September 1999, is the main managerial body responsible of inter-institutional coordination and interdisciplinary formulation of general HIV/AIDS policies. CONASIDA became operational in late 2001, and was consolidated in 2002, with the participation of its 15 institutional, multi-sectoral members.

HIV/AIDS body that promotes interaction among government, the private sector and civil society

The National AIDS Forum (NAF) was created in 2001. This mechanism, promoted by the United Nations, aims towards the coordination of civil society, donors and government sectors in the construction of a national HIV/AIDS approach and the strengthening of CONASIDA. In March 2002, the NAF was officially installed with the presence of Kofi Annan, UN Secretary General, President Maduro, the President of the National Congress and the President of the Supreme Court of Justice. During 2002, the NAF focused in structuring five regional chapters and promoting more partnership. Currently, the NAF counts with more than 300 members³.

HIV/AIDS body that assists in the coordination of civil society organizations

Honduras participated in the first round of proposals for the Global Fund Grant, along with 322 others. It was part of the 204 proposals meeting eligibility criteria and 1 of the 14 approved (with moderate adjustments).

The Global Fund granted Honduras US\$42 million for 5 years, of which US\$26 million are for HIV/AIDS. As the National Coordination Mechanism for the Global Fund, the Government of Honduras (GOH) created a Foundation - "AIDS, Malaria and Tuberculosis Foundation" - in December 2002.

³ United Nations Development Program. "Juntos lo conseguiremos: Foro Nacional de SIDA" Honduras, 2002.

The Foundation is currently chaired by a representative of the President's Office, and includes 25 members: 10 from Government, 11 from civil society and 4 from the donor community.

CONASIDA, NAF and the Foundation represent three national coordination bodies on HIV/AIDS, with different composition and mandates. These mechanisms are still under consolidation, and imply considerable rethinking of traditional roles & responsibilities, broadening decision-making processes to give way for an expanded response.

CONASIDA is the National Coordination body in charge of HIV/AIDS policy formulation; the NAF is the multi-sectoral coordinating and operational body; and the Foundation is responsible of the implementation of the Global Fund Project. PENSIDA II includes support, within its strategic management component, to consolidate these national coordinating mechanisms in harmonic and complementary ways.

HIV / AIDS impact evaluation on its socioeconomic status for planning purposes

Honduras carried out HIV/AIDS socio-economic impact surveys in 1994 (MOH/USAID/FHI), with updates in 1999 (MOH/USAID/FFS/FHI) and 2001-2002 (MOH/USAID/PASCA). The first Survey on National Health Expenditures (including expenditures on HIV/AIDS) was carried out in 1999, and reviewed in 2001 (MOH/FUNSALUD/SIDALAC).

Findings of these surveys are important tools for planning, advocacy and resource mobilization purposes, especially for HIV/AIDS.

Strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defense forces

The Military Sanitary Unit, within the Ministry of Defense, developed an AIDS Prevention Program during the 1980s. This Unit is a member of CONASIDA and of the National Blood Council (NBC), multi-sectoral national body responsible of blood safety . National efforts in this field are also complemented by the regional "Military – Civilian Alliance against HIV/AIDS".

Prevention (4 / 6 = 66%)

General policy or strategy to promote IEC on HIV/AIDS

Honduras has broad IEC experience, ranging from specific issues (such as the elaboration of educational materials for vulnerable populations) up to the development of methodologies for inter-personal communication, peer education, National HIV/AIDS Counseling Network, and the development of innovative strategies (use of recreation-sports-cultural opportunities for youth friendly services).

In the late 1990s, the GOH organized an Inter-sectoral IEC Committee, in collaboration with the European Union (SIDACOM Project), GTZ and USAID. This Committee facilitated the coordination and collaboration among donors and better synergy among actors. The elaboration and implementation of IEC policy, an IEC National Plan and the development of mass-media campaigns for affluent people, decision-makers and youth are some of the concrete results. These campaigns count with technical and financial support from diverse donors, such as UNICEF, USAID (John Hopkins, AED) and SIDACOM/UE/GTZ. MOH, the Honduran and the International Red Cross are developing a national campaign to reduce stigma and discrimination against PLWHA.

Policy or strategy promoting SRH education for young people

In 1998, the Ministry of Health (MOH) defined a national policy on Sexual and Reproductive Health (SRH) including specific strategies for youth. The country has also developed and updated National Guidelines on Comprehensive Care for Women and a National Comprehensive Care for Adolescents. These initiatives promote SRH education among young people, and the development of life-skills to make informed decisions.

The National Convergence Forum, FONAC, promoted the review of the educational system, including SRH education. Since 2002, CONASIDA is leading the coordination between the health and educational sectors in order to include SRH education in the national educational curricula. Main challenges are the design of a National Youth Policy, including the Youth Legal Framework Law, and the redefinition of the National Youth Council, CONJUVE.

Policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection

Although there is no national IEC strategy targeting vulnerable groups, PENSIDA II defines IEC and other health interventions for groups such as MSM, CSW, Garifunas, prisoners and mobile populations. Approaches for these groups have been carried out with external funds, mainly, and therefore have been affected by project cycle, limiting their sustainability and coverage.

The USAID project-private sector component- is financing such interventions NGOs during: 1998-2000 (MSM & CSW) and 2002-2004 (MSM, CSW, PLWHA, Garifunas), and through regional PASMO and PASCA regional projects.

The European Union/GTZ, through the “Comprehensive Care for Adolescents Project” (ended in 2002), and the “AIDS and Communication” Project, SIDACOM. The HIV/AIDS Global Fund component⁴ will use 55% of total budget for interventions addressing vulnerable populations; youth aged 12-24 years (in and out of the formal educational system), prisoners, Garifunas, MSM, CSW, and PLWHA.

Since transmission through IDU is very low in Honduras, preventive IEC approaches for this group have not been considered.

Policy or strategy that promotes IEC and other health interventions for cross-border migrants

In 2000, there were 55,029 registered foreigners in Honduras; 9,298 (16.9%), were classified as migrants⁵, representing the second largest group. The HIV/AIDS situation among migrants has been analyzed through an ethnographic survey from Mexico to Panama, including the western region of Honduras. This survey has contributed to the formulation of a regional project addressing mobile population funded by the Mexican National Institute of Public Health. However, the country doesn't have an HIV/AIDS policy or strategy for migrants.

⁴ Government of Honduras. Proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria:2002-2007. Honduras, 2002.

⁵ Institute of National Statistics. Honduran Annual Statistics 2000. Honduras, November 2001.

**Policy or strategy to expand access to essential preventative commodities
(condoms, sterile needles and HIV tests)**

The Ministry of Health in Honduras is preparing a national strategy to improve voluntary testing and counseling (VTC) services among pregnant women.

Access to condoms is ensured by MOH free of charge in health facilities, and through NGOs implementing social condom marketing strategies. From 1999 to 2001, condom availability at non pharmacy outlets in high-risk geographic areas increased from 15% to 19%⁶. The MOH in 1999 spent 56% of the overall prevention national budget to purchase condoms, and this represented the most important investment in HIV/AIDS prevention. Currently, UNFPA is guaranteeing 7 million condoms for free-of-charge distribution.

In 2000, the purchase of HIV tests absorbed 3.8% of all funds budgeted for HIV/AIDS care.⁷ Sterile syringes are not distributed since, as previously stated, HIV transmission among IDUs is very low (0.06%).

Policy or strategy to reduce mother to child HIV transmission (PMTCT)

Honduras has a national policy for PMTCT interventions. The country was selected as one of 15 countries worldwide to begin a MTCP pilot Project in late 90s supported by UNICEF. This initiative promoted increased access to VTC, short term AZT scheme, and breast-feeding alternatives. The PMTCT project capacitated health teams in 60 health centers, and is currently implemented in 16 out of 298 municipalities (local governments).

⁶ Measure. Transition Planning Review, March 2002. Measure Evaluation/Tulane University: 2002.

⁷ Ministry of Health, FUNSALUD, SIDALAC. STI/HIV/AIDS National Expenditures: 2002. Honduras, April, 2002.

Human Rights (3 / 4 = 75%)

Laws & regulations that protect PLWHA against discrimination

The Honduran National Constitution, the creation of the Human Rights Commission and the AIDS Special Law, represent the legal framework that protects PLWHA against discrimination and stigmatization in Honduras. During the 90s, the GOH, NGOs and vulnerable groups, including PLWHA organized in ASONAPVSI DAH, began advocacy actions for the defense of their human rights. The approval of the Special AIDS Law in 1998, the provision of ARV treatment in 2002, and the strengthening of awareness actions to reduce stigma and discrimination are some of their concrete achievements.

PENSIDA II, which defines “advocacy for human rights” as one of its five strategic areas, and the Global Fund project, are supporting interventions to improve the protection of human rights, and for developing mechanisms to follow-up their implementation.

Laws & regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination

The legal framework previously described applies to vulnerable groups. Since it is a process, there are still many constraints to overcome, including the lack of coherence among different laws and regulations. For example, the Civil Coexistence Law is threatening human rights of vulnerable people such as CSW and MSM.

Policy to ensure equal access, for men and women, to prevention & care, with emphasis on vulnerable populations

In 2001, the GOH approved the Law on Equal Opportunities. However, the application is limited due to cultural issues, and stigma and discrimination of CSW, MSM & prisoners. Other issues to be addressed are gender inequality to access HIV/AIDS prevention services, investment to provide friendly services for Garifuna groups, CSW & their clients, and MSM.

Policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee

Honduras has not a formal ethics committee. This gap has been partially covered through the Bioethics Committee of the Faculty of Medicine. Steps are on-going to establish a formal body.

The National AIDS Program (NAP) has established an HIV/AIDS Investigation Agenda, based on country's priorities, which includes ethic guidelines for research on humans.

Care and Support 3/3 = 100%

Policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups

The NAP created in 2000 a multi-sectoral group to formulate comprehensive HIV/AIDS care and support strategies for PLWHA. In October 2001, Honduras promoted a meeting among Latin American and Caribbean countries, and in November a National Forum to promote access to ARV in the region.

During 2002, the NAP carried out the following actions: the formulation of national HIV/AIDS comprehensive care protocol including ARV; the evaluation of the national counseling network, and the negotiation to incorporate rapid testing for PMTCT. PLWHA support groups actively participated in these processes gaining a strong leadership role.

Policy or strategy to promote, ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups

In late 2001, the Congress approved an emergency fund for ARV purchase. In 2002, the purchase of ARV was included in the MOH national annual budget. In July 2002, four national pilot centers started the provision of ARV, complemented by a fifth one financed by the "Médicos Sin Fronteras" (MSF). The GOH is committed to assume the financial cost of this fifth center, once the project ends.

During 2002 the government made available US\$ 1,355,000, from government budget, for ARV purchase. Totally 243 patients received ARV in 2002. In 2003, this amount was increased up to US\$ 2,452,000.

In order to guarantee the expansion of access to ARV treatment for PLWHA, the GOH included the purchase of ARV into the Global Fund proposal.

Policy or strategy to address the additional needs of orphans and other vulnerable children

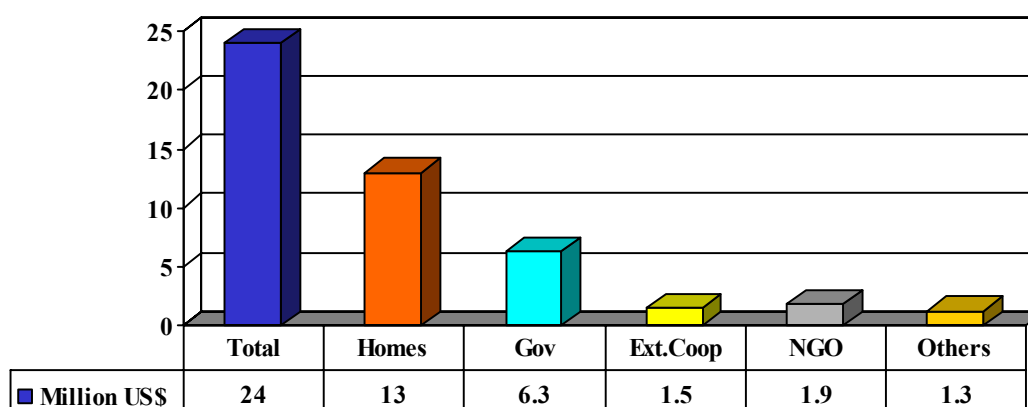
PENSIDA II defines criteria to address interventions in benefit of orphans and other vulnerable children. Interventions carried out by MOH and NGOs must adhere to these criteria. Currently the NAP is coordinating 7 pilot projects in the northern region.

Since the start of the epidemic religious groups are providing health and support to orphans and children living with HIV in special homes and hospices. These groups represent a valuable resource of careers and are acting throughout the country.

3.1.2 Government Funds Spent of HIV/AIDS

Honduras expenditures on HIV/AIDS were US\$ 24 million during 2000, considering all financial sources (US\$4.10 per inhabitant). Government expenditures, which include MOH, Social Security and the Military Forces, were US\$ 6.3 million (26%). Bilateral, multilateral and private cooperation expenditures were US\$3.4 million (14%), US\$1.9 million through NGOs (8%). Insurances and enterprises expenditures were US\$ 1.3 million (6%). Expenditures on pockets were the highest, with US\$13 million (54%) (Graph 4).

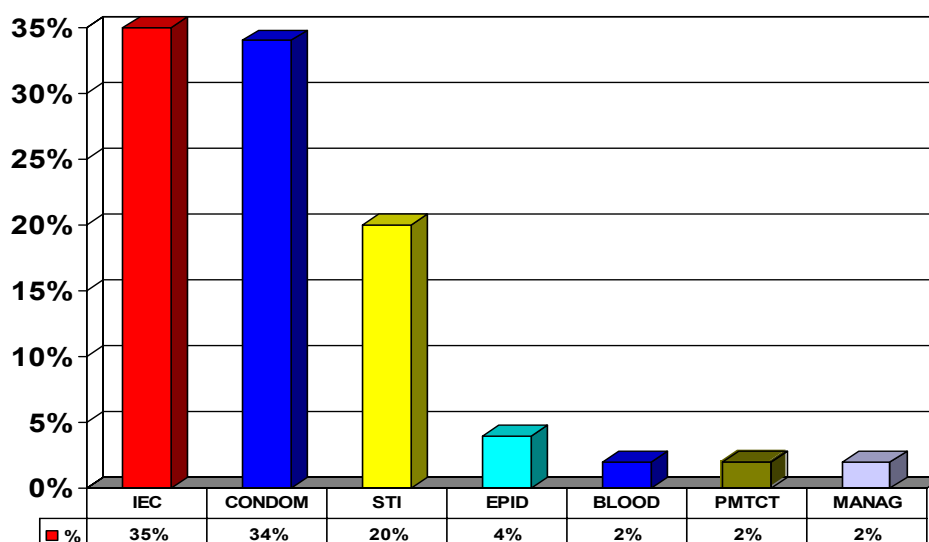
Graph 4
HIV/AIDS Investment from all financing sources
Honduras, 2000 (Million US\$)



National HIV/AIDS Expenditures, 2000

Considering all financial sources, HIV/AIDS care represented 71% of expenditures, while only 29% are spent for prevention. The distribution of Government expenditures was 68% for care and 24% for prevention. Care expenditures include: treatment 40%, tests 4% and disposables 56%. Prevention expenditures include: 35% IEC, 34% condoms, 20% STI control, 4% epidemiological surveillance, 3% blood safety, 2% PMTCT and 2% management⁸ (Graph 5).

Graph 5
STI/HIV/AIDS Preventive Expenditures
by Types: Honduras 2002



STI/HIV/AIDS National Expenditures: Honduras 2002

⁸ “National STI/HIV/AIDS Expenditures: 2000” MOH, FUNSALUD – SIDALAC, Honduras, April 2002

3.2 Programs and National Behaviors	
NATIONAL PROGRAMS AT A GLANCE PREVENTION	2002
% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year	2.3%

The MOH has defined two main priorities for adolescents in Honduras: prevention of unwanted pregnancies and prevention of HIV/AIDS. HIV/AIDS prevention is part of the SRH training program developed in schools for teachers, students, counselors and parents. Interventions are carried out by Ministries of Health and Education, and NGOS. Following some of the most important interventions in 2002:

Ministry of Education (with external funds from donors such as UNFPA, UNICEF and UNFIP)

- Training 207 high-school counselors from 10 of 18 departments
- Follow-up in La Paz department and in Valle de Angeles municipality
- Reproduction & distribution of educational guidelines, manuals for teachers, students and parents, HIV/AIDS prevention magazine for youth (PILAS) and educational games

MOH

Training of teachers, counselors, students, and parents. For example, the Adolescent Program in the Metropolitan Health Region trained:

- 600 students aged 15 – 19 in 20 high-schools
- 600 students aged 20 – 24 in 20 elementary schools
- 583 parents

“Communication and Life” HIV/AIDS Municipality Program, COMVIDA

- 45 elementary schools in San Pedro Sula

“HIV/AIDS Orientation and Training Center”, COCSIDA

- 42 elementary schools in La Ceiba

Numerator: 334

Denominator: 14,679 schools⁹ (Source: Ministry of Education Planning Dep.)

⁹ Ministry of Education, Planning Department. 2002 Educational Statistics. Tegucigalpa, 2003.

NATIONAL PROGRAMS AT A GLANCE PREVENTION	2002
% large enterprises/companies that have HIV/AIDS workplace policies and programs	0.5%

The HIV/AIDS Training Program at Workplace, PETSIDAH, was created in 1995 as a joint effort among the MOH, the Social Security and the Ministry of Labor. In 2002 this Program developed educational modules to train workers as peer educators on HIV/AIDS prevention, and to promote the reduction of stigma and discrimination at the workplace in 79 enterprises out of 15,995 registered in the country by the Ministry of Labor¹⁰.

Following some of the main results of the Program in 2002:

- New enterprises capacitated:
 - 60 in San Pedro Sula: Social Security - 40, CARE and COMVIDA - 20
 - 19 in Tegucigalpa: Social Security and the Ministries of Health and Education
- Training and follow-up of 618 peer educators
- Training of 16 new trainers
- 6 Workshops to disseminate the Special AIDS Law
- Distribution of 40 condom suppliers for intervened enterprises

NATIONAL PROGRAMS AT A GLANCE PREVENTION	2002
% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT	2%

MOH is implementing a pilot PMTCT, in collaboration with UNICEF, UNAIDS, PAHO, and the Spanish cooperation. The Project provides VCT, AZT and alternatives to breast-feeding. The project evaluation in 2002 detected that AZT short-term cycle in pregnant women has an odd ratio of 1.4%, which means that pregnant HIV+ women receiving mono-therapy have a protective effect of 1.4%.

The MOH estimated 216,515 births¹¹ for 2002, with an 82.6% pre-natal care coverage¹². Based on a 1.2% national HIV prevalence rate in pregnant women, it was that 2,598 pregnant women should be HIV+.

¹⁰ Information provided by the Statistics Unit Ministry of Labor, 2003.

¹¹ MOH Statistics Department. Basic Indicators 2002: Health Situation in Honduras. Honduras, 2002.

¹² MOH, ASHONPLAFA, USAID, CDC, MSH National Epidemiology and Family Health Survey: ENESF 2001.

During this period, the PMTCT pilot project attended 13.9% of expected pregnant women, delivered pre-test counseling to 5.6% of them, and tested 5.3%.

Based on an estimated number of 2,598 HIV+ pregnant women, the Program detected 4.1% of them, provided ARV treatment to 2% and tested 1.7% the newborns, of which 20.5% were HIV+¹³.

Table 1
PMTCT Pilot Project Interventions
Honduras 2002

PMTCT interventions	YEAR 2002	%
MOH health centers participating in project (/total MOH health centers)*	60	3%
Local government benefited by project (/total local governments)**	16	5%
Estimated births (2002)	216,515	100%
Pregnant women reached (/ estimated births)	30,085	13.9%
Pre-test counseling provided (/estimated births)	12,116	5.6%
HIV tests carried out (/births)	11,461	5.3%
Estimated HIV+ pregnant women (1.2% national prevalence estimated)	2,598	100%
HIV+ pregnant women detected (/estimated HIV+ pregnant women)	107	4.1%
HIV+ women receiving ARV (/estimated HIV+ pregnant women)	51	2%
Newborns tested (/estimated HIV+ pregnant women)	44	1.7%
HIV+ newborns detected (/newborns tested)	9	20.5%
Women aged 15 -24 years who report having been tested for HIV***		15.6%
Women aged 25 -34 years who report having been tested for HIV***		34.8%

* Considering 350 health centers with medical teams including doctors (MOH Statistics 2000)¹⁴

** 298 local governments (municipalities)

*** ENESF 2001

Elaborated based on PMTCT 2002 Report and National Epidemiology and Family Health Survey 2001.

¹³ National AIDS Program. PMTCT Pilot Project 2002 Report. Honduras, 2003.

¹⁴ MOH Statistics Department. Honduran Health Service System Profile. Tegucigalpa, 2000.

NATIONAL PROGRAMS AT A GLANCE CARE / TREATMENT	2002
% of patients with sexually transmitted infection at health care facilities who are appropriately diagnosed, treated and counseled	Not available

During 2002, 7 out of the 9 health regions implemented the Syndromic Management approach, and reported a total of 46,080 STI¹⁵. The NAP also validated the STI information system. However, indicators for evaluating the number of patients appropriately diagnosed, treated and counseled are not available.

Among women attended in antenatal clinics, the rate of active syphilis was less than 0.8%, in several health facilities throughout the country. The prevalence of syphilis in CSW attended in out-patient clinics in San Pedro Sula and Tegucigalpa was 25%, while in the same population of La Ceiba, Comayagua y Puerto Cortes resulted less than 5%. Among Garifunas, the prevalence of syphilis ranges from 0% to 3.9%. Prevalence of syphilis among MSM was 2%¹⁶.

The percentage of people who reported having had a STI during 2001 was: 1% in adolescents, pregnant women, workers and general population, 4% in prisoners, 12% in MSM and 14% in CSW.¹⁷

¹⁵ National AIDS Program. Annual Report on STI Treated during 2002. MOH, Honduras, 2003.

¹⁶ PASCA. STI/HIV/AIDS Prevalence and Behaviors Multi-centric Survey in Specific Populations in Central American Capital Cities and Ports. C.A., 2001.

¹⁷ World Bank. Optimizing the allocation of resources among HIV prevention interventions in Honduras. Washington D.C, August 2, 2002.

NATIONAL PROGRAMS AT A GLANCE CARE / TREATMENT	2002
% of people with advanced HIV infection receiving ARV combination therapy	4%

Prior 2002, ARV treatment was available on for pregnant HIV+ women included in the PMTCT pilot project. PLWHA bought their treatment at very high price, and this explained why pocket expenditures in 2000 represented 54% the total national expenditures on HIV/AIDS (See page 13, Graph 4).

In 2002, the NAP designed national guidelines, achieved ARV price reductions with pharmaceutical companies and activated 5 pilot centers for the delivery of triple ARV therapy. Reported AIDS patients who received ARV during 2002, are presented in Table 2.

Table 2
PLWA Receiving ARV: MOH and MSF
Honduras, 2002

VARIABLE	TOTAL	%
Estimated No. PLWHA (/Total population, 1.4 national prevalence)	60,000	1.4%
Estimated No. PLWA needing ARV (NAP estimates:10% of PLWHA)	6,000	100%
No. PLWA receiving ARV in 2002: (/PLWA needing ARV)	243	4%
No. of patients that abandoned treatment	1	
No. of patients that died	1	
No. of patients receiving ARV by Dec. 31, 2002	241	4%

Elaborated based on NAP/MOH and MSF data, 2003.

NATIONAL BEHAVIORS AT A GLANCE	2002
% of respondents 15-24 years of age who both correctly identify ways of preventing sexual transmission of HIV & who reject major misconceptions about HIV transmission or prevention	87%
Women aged 15-24 years	82%
Men aged 15-24 years	91%
% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner	70%
Men aged 15-24 years	49%
Women aged 15-24 years	27%

Source: National Epidemiology and Family Health Survey: ENESF 2001 MOH, ASHONPLAFA, USAID, CDC, MSH.

A KAP survey among 6,000 teenagers and young adults was carried out by UNICEF and the German Cooperation Agency, GTZ, in 2002¹⁸. Findings were compared to a similar survey done in 1996:

- 58% of males and 26% of females, aged 15 – 19, reported being sexually active compared to 14% and 16% in the 1996 survey
- Age of first sexual intercourse was 16 years for males and 19 years for females as in the previous survey (30% of males and 18% of females reporting sexual onset at 15 years of age or younger)
- 26% of males and 13% of females reported more than one sexual partner during the last year (no data available from the previous survey)
- 32% of males and 10% of females reported anal intercourse (no data available from the previous survey)
- Males aged 15 – 23 years, reported having anal intercourse: 77% with a female partner, 10% with a male partner, and 13% with both sexes
- Exclusive anal intercourse was reported by 3% of girls and 9% of boys (15-17 years) (no data available from the previous survey)
- Condom use during the last sexual intercourse was reported by 45% of sexually active boys and by 20% of girls, compared to 36% and 31% in the previous survey

Consequently, although there seems to be more knowledge of the subject, in essence sexual behaviors among young adults and teenagers have not been modified substantially.

¹⁸ UNICEF, PRAIM, GTZ. Youth and adolescents capacity to face HIV/AIDS. Honduras, November, 2002 (Final draft version).

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NATIONAL BEHAVIORS AT A GLANCE	2002
% of injecting drug users who have adopted behaviors that reduce transmission of HIV	Doesn't apply

IMPACT ALLEVIATION AT A GLANCE	2002
Ration of orphaned to non-orphaned children 10-14 years of age who are currently attending school	Not Available

Since the epidemic began, religious groups provided care and support to orphans and HIV+ children, through the development of special homes and hospices. NGOs that work with children in conditions of vulnerability have also carried out punctual interventions in the largest cities, with financial and technical support of external cooperation and private national funds. MOH coordinates 7 pilot projects in the northern region addressing infected and affected children.

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ADDITIONAL INDICATORS

No	INDICATOR	%	COMMENTS
1.10	% of pregnant women attending prenatal health services that receive voluntary counseling and testing	4%	MOH PMTCT Pilot Project, 2002
1.11	% of people who have received VTC Total Men Women Urban Rural	11.9% 17% 11.9% 17.8% 5.8%	National Epidemiology and Family health Survey ENESF: 2001
1.12	Mean age at first sexual intercourse among young adults aged 15 – 24 years Total Men Women Urban Rural	18.3% 16.7% 18.3% 18.9% 17.7%	National Epidemiology and Family health Survey 2001
1.13	Reported condom use during last sexual intercourse Total Men Women	18.5% 33% 4%	National Epidemiology and Family health Survey, 2001
1.13	Reported condom use during last commercial sexual intercourse (CSW) with Regular clients Not regular clients All clients Couple	93% 96% 77% 21%	PASMO KAP, 2000
1.14	Reported condom use during anal sexual intercourse (MSM) on the last 6 months with Permanent male partner Sporadic male partners All male partners All partners (male & female)	49% 62% 33% 25%	PASMO KAP, 2000

IV. Major challenges faced and necessary actions

The country is implementing an expanded and multi-sectoral response which needs to guarantee the consolidation and sustainability of different processes. Therefore, the major challenges are to:

- Ensure sustainability of political commitment through provision of additional resources (human and financial)
- Guarantee that resources for the expanded response are coming mainly from government
- Build friendly and effective implementation mechanisms and clear accountability mechanisms to optimize use of available resources
- Ensure that policies and strategy are constantly reviewed and adapted based on identified needs and stage of the epidemic
- Improve the national information system, and incorporate UNGASS doC indicators follow-up
- Improve the M&E system for PENSIDA II follow-up
- Establish the CRIS system at country level
- Systematize available information on HIV/AIDS epidemic in Honduras and produce an annual report on situation and response analysis

TABLE 3
DATA COLLECTION PLAN FOR UNGASS 2005 REPORTING

DATA COLLECTION PLAN FOR 2005	2003		2004		2005	
	I	II	I	II	I	II
Include UNGASS doC indicators follow-up as part of PENSIDA II M&E system	X	X				
Establish CRIS system at country level	X	X	X	X		
Develop quarterly coordinating meetings with the M&E Committee (Follow-up Committee's M&E Annual Plan)	X	X	X	X	X	X
Develop two annual PENSIDA II follow-up workshops		X		X		X
Provide training and follow-up to health regions and areas on HIV/AIDS M&E system (indicators, data recollection, analysis and reporting)	X		X		X	
Provide training and follow-up to department and district education technical teams on HIV/AIDS M&E system (indicators, data recollection, analysis and reporting)	X		X		X	
Elaborate and publish annual report on situation and response analysis based on critical country indicators		X		X		X
Household surveys <ul style="list-style-type: none"> National Epidemiology and Family Health Survey 	Done in 2001, Next on 2006 (ENESF)					
Health facility surveys (Annual) Survey findings in: <ul style="list-style-type: none"> 9 Health Regions Annual Report 1 National Annual Health Report 		X		X		X
School-based surveys (Annual) Survey findings in: <ul style="list-style-type: none"> 18 Regional Education Depts. Annual Reports 1 National Annual Education Report 		X		X		X
Workplace surveys <ul style="list-style-type: none"> Annual surveys done by PETSIDAH 	X		X		X	
Desk review (Previous to each follow-up workshop)	X		X		X	

V. Support Required

Technical and financial assistance is required in order to:

- Strengthen the national information system and incorporate UNGASS doC indicators follow-up
- Improve the M&E system for PENSIDA II follow-up
- Organize two annual meetings with all involved partners for PENSIDA II follow-up purposes
- Establish the CRIS system at country level
- Systematize available information on HIV/AIDS epidemic in Honduras
- Produce an annual report on HIV / AIDS situation and response analysis

VI. Surveillance and Evaluation System

Honduras was the first country in the region to implement a country wide epidemiological surveillance system, based on reporting information on epidemic impact. This passive system detects and registers AIDS cases and HIV+ people. However, HIV/AIDS cases are underreported and detected at a very late stage of infection.

Since 1990, the NAP carried out sentinel studies, “first generation of surveillance activities”, focusing on HIV prevalence in different population groups to monitor levels and modes of transmission. Valid data on incidence of STI in some groups are available: from the 1998-1999 survey among pregnant women, CSW, MSM, prisoners, drivers and watchmen, and from the 2001 Multi-center survey for MSM and CSW.

NAP has coordinated the implementation of behavioral surveillance to identify risky behaviors that contribute to the spread of HIV, and to track changes in such behaviors.

PENSIDA II promotes the expansion of existing surveillance systems into a “Second Generation” standard.

Monitoring and evaluation has become a key issue in PENSIDA II, and a M&E Committee has been organized to ensure the creation and functioning of a M&E Unit in 2003.

VII. Anexes

Annex 1: Preparation / consultation process

**Annex 2: National Composite Policy Index
Questionnaire**

Annex 3: Participants in the reporting process

Annex 4: Country M & E Sheet

ANNEX 1
Preparation/consultation process for the National Report on monitoring the follow-up to the HIV/AIDS doC

1) Which institutions/entities were responsible in filling out the indicators forms?

a) NAC or equivalent	Yes	X	No
b) NAP	Yes	X	No
c) Others (please specify)	Yes	X	No

Representatives from national and regional health system, National AIDS Forum, multi and bilateral donors, national and international NGO, MSM, CSW, Garifunas, National Human Rights Commissioner

2) With inputs from:

Ministries:

Education	Yes	X	No
Health	Yes	X	No
Labor	Yes	X	No
Foreign Affairs	Yes		No X
Others (please specify)	Yes	X	No

Ministry of Women Affairs,

Civil society organizations	Yes	X	No
People living with HIV/AIDS	Yes	X	No
Private sector	Yes		No X
UN organizations	Yes	X	No
Bilaterals	Yes	X	No
International NGOs	Yes	X	No
Others	Yes		No X

3) Was the report discussed in a large forum? Yes X No

4) Are the survey results stored centrally? Yes X No

5) Is data available for public consultation? Yes X No

Name/Title: Dra. Rosalinda Hernandez, NAP Director

Date: April 18, 2003

Signature: _____

ANNEX 2
NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

Strategic plan

1. **Has your country developed multi-sectoral strategies to combat HIV/AIDS? (Multi-sectoral strategies should include, but not be limited to, the health, education, labor, and agriculture sectors)**

Yes	X	No	N/A
Comments:			
<p>II National AIDS Strategic Plan: 2002 – 2007, PENSIDA II, with five strategic areas: 1) Sexual and reproductive health promotion for HIV prevention; 2) Comprehensive care and support; 3) Management and coordination of social policies; 4) Advocacy for human rights; and 5) Scientific investigation</p> <p>The process was carried out with 49% participants from government and 51% from civil society, including vulnerable groups and PLWHA.</p>			

2. **Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?**

Yes	X	No	N/A
Comments:			
<p>HIV/AIDS is integrated into the National Government Plan 2001-2006 (2002), Poverty Reduction Strategy (1997), National Transformation and Reconstruction Plan Post Hurricane Mitch (1999), United Nations Development Assistance Framework, Common Country Assessments and bi/multilateral cooperation agreements. The challenge now is implementation and M&E.</p>			

3. **Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)**

Yes	X	No	N/A
Comments:			
<p>The National AIDS Commission, CONASIDA, was created in 2001 as part of the Special AIDS Law approved in 1999.</p>			

4. **Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)**

Yes X	No	N/A
Comments:		
National AIDS Forum created in 2001 and officially installed in 2002.		

5. **Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)**

Yes X	No	N/A
Comments:		
CONASIDA, the National AIDS Forum and the Foundation against AIDS, Malaria and TB, country coordinating mechanism for Honduras Global Fund Grant created in December 2002.		

6. **Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?**

Yes X	No	N/A
Comments:		
Socio-economic impact surveys (1994, 1999, 2001) and National Health Expenditures surveys (1999, 2001).		

7. **Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defense forces?**

Yes X	No	N/A
Comments:		
Regular AIDS Program led by "Sanidad Militar" Participation in National Blood Council and CONASIDA Regional and National Civilian-Military Alliance against AIDS		

Prevention

1. **Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?**

Yes <input checked="" type="checkbox"/>	No	N/A
Comments:		
National IEC Committee, with participation of MOH, donors, NGOs, representatives of vulnerable groups such as MSM, which has defined global IEC guidelines, mass media campaigns and draft version of National IEC plan.		

2. **Does your country have a policy or strategy promoting reproductive and sexual health education for young people?**

Yes <input checked="" type="checkbox"/>	No	N/A
Comments:		
National Sexual and Reproductive Health Policies, officially launched by the MOH in 1997 and a MOH Youth Program.		

3. **Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)**

Yes	No <input checked="" type="checkbox"/>	N/A
Comments:		
This is being discussed in the IEC committee but up to date, most IEC work with vulnerable groups has been carried out through projects with external funding and this efforts have not been sustainable.		

4. **Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?**

Yes	No <input checked="" type="checkbox"/>	N/A
Comments:		
The NAP and the Mexican Institute of Public Health formulated a project for migrants in the western part of Honduras where, La Entrada, Copan. However, the country doesn't have a policy or strategy that promotes IEC and other health interventions for migrants.		

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes X	No	N/A
If yes, please list		
Groups: MSM CSW PLWAS Garifunas Youth		Commodities: Condoms and HIV tests Condoms and HIV tests Condoms Condoms and HIV tests Condoms and HIV tests
Comments: Condoms and voluntary testing and counseling are provided free-of-charge by MOH health clinics and social condom marketing is being implemented by NGOs working in HIV/AIDS prevention and care. Sterile syringes are not part of the HIV prevention strategy in Honduras since IDU transmission is very low.		

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes X	No	N/A
Comments:		
As a pilot project with UNICEF national and international support in process of becoming a national MOH program.		

Human rights

1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes X	No	N/A
Comments:		
National Constitution, Special AIDS Law, Human Rights National Commission		

2. **Does your country have laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?**

Yes X	No	N/A
If yes, please list groups:		
MSM, CSW, IDU, youth, mobile populations and prisoners		
Comments:		
The National Framework protects both general population and vulnerable groups against discrimination. There are no specific laws since the global legal framework is inclusive.		

3. **Does your country have a policy to ensure equal access, for men and women, to prevention and care, with emphasis on vulnerable populations?**

Yes X	No	N/A
Comments:		
Honduras created the National Women Institute to protect women's rights and HIV project/program implementation has addressed both, men and women. However, in particular groups, like Garifunas, men participation in HIV/AIDS prevention and care is still scarce and needs to be promoted.		

4. **Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?**

Yes	No X	N/A
Comments:		
Since there isn't a national ethics committee, this function is carried out by the Bioethics Committee of the Faculty of Medicine. The NAP has defined a national HIV/AIDS investigation agenda following international research guidelines.		

Care and support

1. **Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)**

Yes X	No	N/A
If yes, please list		
Groups: MSM, CSW PLWAS Youth	Commodities: VCT, access to medicines, psychosocial care Access to ARV (began in 2002), medicines to treat Opportunistic infections VCT, psychosocial care	
Comments: Home and community based care has traditionally been provided by religious groups. National experience is being developed through pilot projects with external funds. The National Association of PLWAS, ASONAPVSI DAH, is carrying out advocacy and lobbying actions to address this issue and include it on the public health a national agenda.		

2. **Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)**

Yes X	No	N/A
If yes, please list		
Groups: MSM, CSW Youth PLWAS	Commodities: STIs prevention, early diagnosis and treatment STIs prevention, early diagnosis and treatment Access to ARV (began in 2002), medicines to treat opportunistic infections	
Comments: Comprehensive care interventions are in process of implementation, with important achievements during 2002.		

3. **Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?**

Yes <input checked="" type="checkbox"/>	No	N/A
<p>Comments:</p> <p>PENSIDA II defines the national strategy to address the additional needs of orphans and other vulnerable children. Religious groups have provided a response to this problem, according to their human principles and available funds. PAHO has funded 7 projects to strengthen this area as well as other donors. Honduras also has policies and strategies to address orphans in general.</p> <p>I</p>		

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ANNEX 3
PARTICIPANTS IN THE REPORTING PROCESS

No.	Name	Title and Institution	Location	Workshops	For-Mats
1	Ana Marely García Medina	President: PLWHA National Association (ASONAPSIDAH)	Tela	X	X
2	Allan E. Donaway	President: "Fundación LLAVES" (PLWHA NGO)	SPS	X	X
3	Marlene Rivera	ASONAPSIDAH Liaison "Las Crucitas" PLWHA Group	Teg.	X	X
4	José Zambrano	ASONAPSIDAH Liaison RENACER PLWHA Group	Teg.		X
5	René López González	President: "Fundación Solidaridad y Confraternidad" (MSM NGO)	SPS		X
6	Nelson Arambú	MSM Activist and Consultant	Teg.		X
7	Javier Medina	President: Kukulcán (MSM NGO)	Teg.		X
8	Bibiana Paz M.	"Liga de la Lactancia Materna" (NGO working with Garifunas)	SPS		X
9	Antonio Girona	Director: "Médicos sin Fronteras"	Teg.		X
10	Ramón Custodio	President: Human Rights Commission	Teg.		X
11	Xiomara Bú	Coordinator: National AIDS Forum	Teg.	X	X
12	Estefana Ivania de Galeano	National AIDS Forum Regional Chapter	La Ceiba		X
13	Luis Rodolfo López	National AIDS Forum President of Regional Chapter	Copán		X
14	Edgardo Cáceres	Country Coordination Mechanism Consultant, GTZ	Teg.		X
15	Adolfo del Cid	Technical Coordinator: Honduras Global Fund Grant	Teg.		X
16	Marcela Suazo	Director: National Women's Institute	Teg.		X
17	Lisa Luchsinger	HIV/AIDS National Coordinator: USAID	Teg.		X
18	Mery Sinnitt	National Health Officer: USAID	Teg.		X
19	Carmen Samaniego	AIDS Focal Point for C.A. – GTZ	Teg.		X
20	Emma Iriarte	Director: AIDS and Communication Project SIDACOM, E. Union / GTZ	Teg.	X	X
21	Ramón Jeremías Soto	AIDS L.A. & Caribbean Regional Advisor, World Vision	Costa Rica		
22	Oswaldo Fajardo	AIDS Officer: CARE	Teg	X	X
23	Iris Soveida Padilla	Sexual & Reproductive Health Consultant	Teg.		X
24	Rosalinda Hernández	Director NAP, MOH	Teg		X