HONDURAS:

FOLLOW-UP REPORT TO THE COMMITMENT ON HIV/AIDS

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CONTENT

Introduction 4
Overview of the 2005 UNGASS Honduras indicators 4
General overview of the HIV/AIDS epidemic in Honduras 7
National response to the HIV/AIDS epidemic 10
Organising the national response 10
Prevention measures 11
Comprehensive Care 12
Legal framework that supports the National Response 13
2005 UNGASS Honduras indicator results 14
Major challenges and measures to be taken 21
Bibliography 23
Appendices 25

GRAPHS

Graph No. 1: Percentage of people diagnosed with HIV/AIDS accumulated 9
Graph No. 2: Comparison of people diagnosed 10

ACRONYMS

ASONAPVSIDAH	Honduran association for people living with HIV/AIDS
SIDCA	Swedish International Development Cooperation Agency
CEM	Women's studies centre
CID	Honduran centre for development
CONASIDA	National AIDS committee
CONADEH	National ombudsman for human rights
COGAYLESH	Honduran gay and lesbian group
CRIS	Country Response Information System
DFID	Department For International Development, UK
FF AA	Honduran armed forces
FONASIDA	National AIDS forum
GLOBAL FUND	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German cooperation agency
MSM	Men who have sex with men
IMANAS	Inter-institutional Alliance for the Improved Nutrition of People Living with HIV/AIDS
STI	Sexually Transmitted Infections
MECP	Women having prenatal check-ups
NGO	Non-governmental organisation
UNAIDS	Joint United Nations Programme on HIV/AIDS
PAHO	Pan-American Health Organisation
PAIA	Comprehensive care for adolescents programme, Health Secretariat
PNS	National AIDS programme
PTMI	Mother-to-child transmission programme
PENSIDA II	2003-2007 second strategic plan on AIDS
PETSIDAH	AIDS education programme for Honduran workers
PRAIM	Comprehensive care for women programme
AIDS	Acquired Immunodeficiency Syndrome
TB	Tuberculosis
TSS	Sex workers
ART	Antiretroviral therapy
UMIETS	Comprehensive STI care units
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
HIV	Human Immunodeficiency Virus
UNAH	Universidad Nacional Autónoma de Honduras (Honduran national university)
UNIFEM	United Nations Development Fund for Women
UNDP	United Nations Development Programme

Introduction

The National AIDS Committee (CONASIDA), based on its constitutional mandate, is the multi-sectorial body in Honduras which acts as a governing body in the area of HIV/AIDS. As the governing body, CONASIDA must formulate and promote national policies and programmes concerning promotion, prevention, treatment and impact alleviation while relying on the support of specialised bodies, such as UNAIDS.

It must be noted that significant processes and initiatives in association with strategic national and international partners have been launched. The role played by civil society through various representative mechanisms is noteworthy. This has contributed to the maximizing of efforts aimed at decentralisation and the involvement of society as jointly responsible in fighting the epidemic.

The 2005 UNGASS Honduras report was created in various stages. First, information gathering tools were prepared. This involved visiting institutions to obtain data and searching for relevant information by various means. Information was entered into the database and the narrative document was prepared later on.

Civil society and key players in HIV/AIDS contributed actively to the drafting of the report. The method used to create the report consisted in discussions through participatory workshops to consolidate and disseminate the UNGASS indicator results.

The report is organised accordingly: general information is presented in a summary box for the various indicators evaluated. There is also an analysis of the epidemic's general situation in 2005, an analysis of the national response (in which STI/HIV/AIDS prevention and management measures as well as the strategies to alleviate the impact and the legal instruments that make intervention possible are included), a summary of the progress made for each indicator, and the major challenges and measures to be taken, while specifying the epidemiological surveillance system requirements so that the system can be updated.

In general, the report mentions the progress made in the area of prevention through information, education and communication (IEC) campaigns, in particular, implemented among the various at-risk groups, the adoption of antiretroviral drugs by health services, prevention of mother-to-child transmission, impact alleviation, decentralisation and the important role played by national government and civil society bodies, such as NGOs, churches, the private sector and international bodies.

Overview of the 2005 UNGASS Honduras indicators

A table summarising the UNGASS indicator results for Honduras in 2005 is presented below so as to evaluate the achievements made in the commitment to improving the national response to HIV/AIDS.

No	Indicator description	
1	Amount of national funds disbursed by governments on HIV/AIDS	**$ 6,214,056**
2	National Composite Policy Index	**89.58**
		%
3	Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	**15.32**
4	Percentage of secondary schools where life-skills-based HIV education is taught	**17.78**
5	Percentage of primary schools where life-skills-based HIV education is taught	**20.79**
6	Percentage of large enterprises/companies which have HIV/AIDS workplace policies and programmes	**ND**
7	Percentage of women and men with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled	**80.20**
8	Percentage of public STI clinics in which counselling and voluntary testing for HIV are offered and/or patients are referred to other health care facilities	**80**
9	Percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	**3.37**
10	Percentage of women who attend a prenatal check-up during which counselling services on voluntary HIV testing are offered and/or patients are referred to other health care facilities	**18.96**
11	Percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy	**36.45**
12	Percentage of health facilities with the capacity to deliver appropriate care to people living with HIV and AIDS	**1.54**
13	Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV i.e., who avoid using non-sterile injecting equipment and use condoms	**NA**
14	Percentage of young people aged 15-24 reporting the use of a	**ND**

	condom during sexual intercourse with a non-regular sex partner	
15	Average age at time of first sexual intercourse (women)	**18.3**
16	Average age at time of first sexual intercourse (men)	**16.7**
17	Percentage of young men aged 15-24 who have had sex with a non-marital, non-cohabitating partner in the last 12 months.	**48.98**
18	Percentage of young women aged 15-24 who have had sex with a non-marital, non-cohabitating partner in the last 12 months.	**27.03**
19	Percentage of sex workers reporting the use of a condom with their most recent client, from among those who reported having commercial sex in the last 12 months.	**95.51**
20	Percentage of men or their partners reporting the use of a condom when they last had anal sex with a male partner in the past six months.	**ND**
21	Ratio of current school attendance among orphans to that among non-orphans, aged 10-14	**ND**
22	Percentage of girls under 15 years of age who are orphans	**1.86**
23	Percentage of boys under 15 years of age who are orphans	**1.84**
24	Percentage of young women and men aged 15-24 who are HIV-infected.	**ND**
25	HIV prevalence among sex workers	**9.68**
26	HIV prevalence among the clients of sex workers	**ND**
27	HIV prevalence among injecting drug users	**NA**
28	HIV prevalence among men who have sex with other men	**12.98**
29	Percentage of infants born to HIV-infected mothers who are infected	**0.18**
		Yes/No
30	Allocation of 15% of the national budget to the management of modernised health service facilities	**Yes**

31	Existence of updated health policies and plans	**Yes**
32	Existence of life-skills-based programmes in school curricula	**Yes**
33	Existence of programmes dealing with the needs of vulnerable groups	**Yes**
34	Existence of a national drugs policy	**Yes**
35	HIV/AIDS/TB programmes integrated into primary health care systems	**Yes**
36	Promulgation of laws to protect the human rights of PLWHA and the social rights of women and girls among vulnerable groups	**Yes**

Please note:
ND: No data available
NA: Not applicable

General overview of the HIV/AIDS epidemic in Honduras

Honduras accounts for almost 60% of HIV/AIDS cases in Central America and occupies the fifth place in the official number of total cases on the American continent. In 2005, according to national estimates using the GOALS model, there were more than 79,000 cases. Accumulated statistics supplied by the STI/HIV/AIDS department for 1985 to March 2005[1], reveal a total of 21,617 people living with HIV/AIDS, of which 16,672 are AIDS cases and 4,945 are people without symptoms. Sex is the transmission route for 93% of the total number of cases reported, mother-to-child transmission accounts for 6.5% and blood transmission represents 0.5%[2].

The first AIDS case to be detected concerned a homosexual man. In the first few years, AIDS was concentrated among MSM and sex workers. Currently, it is spreading among the general population affecting both men and, increasingly, women. This can be seen in the statistics for 2004, in which 47% of recorded cases correspond to women. The situation has become more serious as reproduction implies that when a woman is infected the infant can also become infected via the perinatal route. Despite the situation outlined above, there are no intervention strategies aimed at women in general but only strategies for pregnant women and sex workers.

The reasons for which women are more vulnerable to HIV, apart from biological ones, are economic, social and cultural as well as reasons related to domestic violence. The latter is the result of power-wielding inequalities which exist between men and women.

[1] Epidemiological Surveillance System Report. STI/HIV/AIDS department. Health Secretariat, 2002.
[2] Health Secretariat, op. cit.

According to a study undertaken by the Pan-American Health Organisation (PAHO) on 'Gender, women and HIV in Latin America and the Caribbean', in which the consequences of gender-based roles, relationships of power and sexual behaviour in the spreading of HIV/AIDS are analysed, it can be said that women are more vulnerable to contracting the infection than men. However, it must be highlighted that those women with a low level of education and who are financially dependent are more vulnerable. This was proven in the Family health epidemiological survey (ENESF-2001) in which 76% of women with a high level of education were aware of at least two ways of preventing HIV/AIDS compared with 32.7% of women with a low level of education[3].

81.7% of cases reported as of March 2005 concern the active population aged between 20 and 49. Before antiretroviral therapy was introduced in health care facilities in 2002, the life expectancy of a HIV/AIDS victim was only 31 years, compared to a life expectancy of 70 years for the general population. This means that an infected person loses 39 years of his life.

Geographically, the epidemic is concentrated in the central corridor, from Puerto Cortés on the Atlantic to San Lorenzo on the Pacific, Valle de Sula, the Caribbean coast and Tegucigalpa. Nevertheless, cases have been reported in all of the country's municipalities[4], which means that the epidemic is spreading to rural areas as people move to where jobs are available.

Between 1990 and 2000, sentinel surveillance and seroprevalence studies were undertaken in Honduras. These studies indicate that among Women having prenatal check-ups (MECP), HIV/AIDS prevalence fluctuated between 1% in Tegucigalpa and 3% to 4% in Valle de Sula. For 2004, seroprevalence stood at 1.4%.

Female sex workers and MSM still have the highest prevalence rates in comparison to the rest of the population. Among female sex workers in Tegucigalpa in 2001, there was an average HIV/AIDS prevalence rate of 9% while in San Pedro Sula it was 13%. In 2003, the national prevalence rate among sex workers was 9.68%, according to the Multi-centric Central American study.

Among men who have sex with other men, in the biggest urban areas, 12% were living with HIV/AIDS in 2002. This figure rose to 13% in 2005. The Garifunas are an ethnic group which is significantly affected by the epidemic with a HIV prevalence rate between 8% and 14%. There have been no studies undertaken on this group in recent years. For 2002, the national prevalence rate among those over 15 years of age was estimated at 1.6%[5]. This figure rose to 2% in 2005.

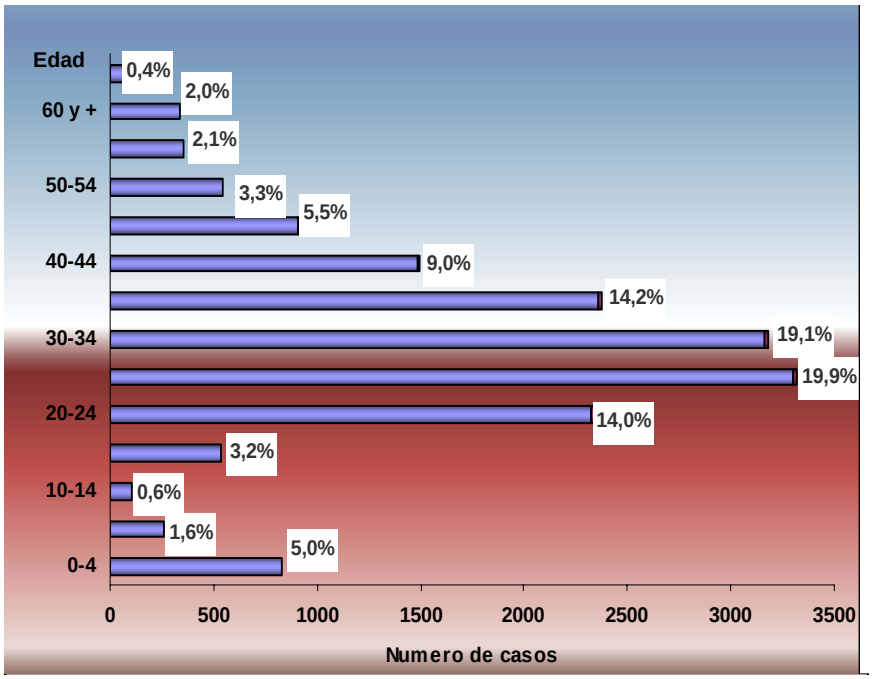
[3] Barahona S. Emilia Aldivin and collaborators. Final report on the analysis of the national response to HIV/AIDS in Honduras, August 2002
[4]Health Secretariat: 2021 national health plan.
[5]Children on the Brink 2002. UNICEF/UNAIDS

In Honduras, 10% of the general mortality rate is attributable to AIDS; despite the problem of under-notification, the mortality rate for 2000 stood at 5 per 10,000 inhabitants. There were approximately 3,000 deaths in 2000[6]. In 2003, the percentage was 4.3%, representing a total of 304 deaths, according to Health Secretariat reports based on the Core Indicators.

This high mortality rate impacts on the national economy. The estimated annual loss for 2000 was put at between 328,000 and 6.6 million lempiras per family, depending on the family's monthly income. (1 HNL = 0.05 USD) This also results in the shrinking of the labour force and a reduction in family incomes. Consequently, levels of poverty increase and some social problems, for example, unemployment and becoming orphaned (there were 27,000 children who were orphans in 2005) are aggravated.

On the other hand, thanks to the administration of antiretrovirals, 220 deaths were recorded in 2004 and 183 in 2005 (until November 2005). The drop in the number of deaths could be related to the coverage of ART and the delivery of a basic shopping basket to 300 PLWHA homes. However, there is no research that proves or disproves this.

Graph No. 1: Percentage of people diagnosed with HIV/AIDS accumulated between 1985 and December 2004

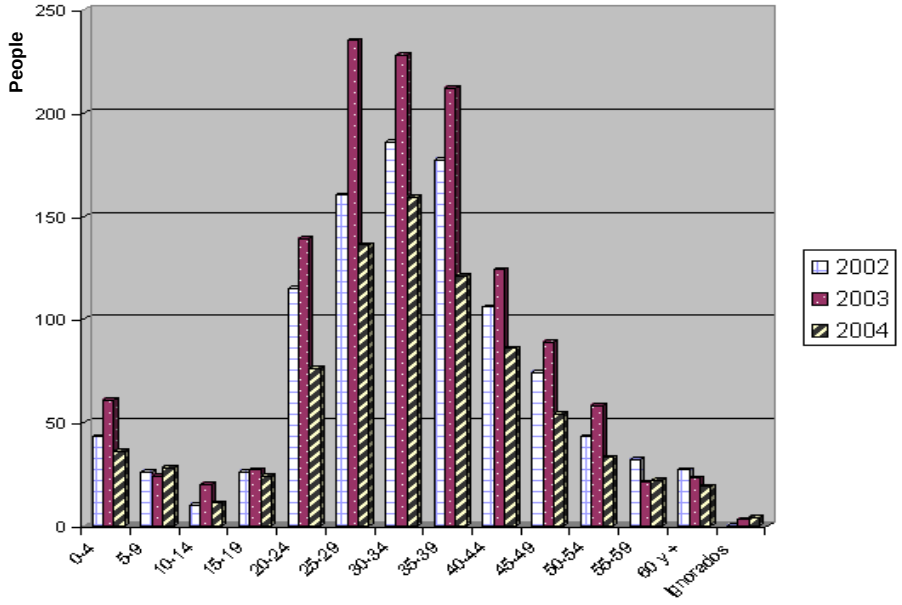


Key: *Edad : age / Numero de casos: Number of cases*

[6] Socio-economic impact of HIV/AIDS in Honduras, 2001

The graph shows that the epidemic is concentrated among 20-39 year olds and that it affects the active population, as stated earlier. The 25-29 age group is the most affected.

Graph No. 2: Comparison of people diagnosed with AIDS between 2002 and 2004 by age group



When comparing the data that appeared in the 2002 and 2005 reports, we note that in the 0-4 age group there is a drop in the number of infants infected through the mother-to-child route. Despite this, MTC transmission remains high. Analysing data from 2004 reveals a rise in the number of cases detected among 5-9 year olds while this number drops among the other age groups.

National response to the HIV/AIDS epidemic

Organising the national response

Between 1984 and 1989, the Health Secretariat set up the National AIDS Commission (COMSIDA). In 1999, the multi-sectorial participatory structure was amplified as the Special Law on HIV/AIDS was passed by Congress. This law created the National AIDS Committee (CONASIDA) and granted it governing body status for the response to the epidemic. The fundamental aim is to promote the defence of the human rights of PLWHA and those of the most vulnerable groups. This political achievement was a result of the mobilisation of those who live with HIV/AIDS and civil society.

Between 1989 and 1994, the Health Secretariat got the National AIDS control programme (PNS) up and running. It drew up the first, second and third medium-term plans and it produced the Health code, which already included HIV/AIDS issues at this

time. During this period, activities centred on setting up the counselling service network, promoting and encouraging social participation, and strengthening the management of the programme at the various health care levels.

From 1994 to 1998, the national response was boosted through the organisation of a technical-administrative body (National STI/HIV/AIDS department) whose purpose was to strengthen management-based development capacities, the standardization of care, multi-sectorial participation and second generation epidemiological surveillance. Work related to human rights also began**.**

Between 2002 and 2006, the government declared HIV/AIDS as a national priority and the Health Secretariat designated the epidemic as one of its priority programmes. The commitment to the fight against HIV/AIDS is set to be strengthened when the new government takes office on January 27 2006.

Currently, the 2003-2007 National strategic plan against HIV/AIDS is under way. This plan was created on the basis of widespread multi-sectorial participation and representation by government and non-governmental organisations and bodies, people living with HIV/AIDS, technical and financial cooperation bodies and civil society groups. The strategic areas of PENSIDA II include the promotion of sexual and reproductive health, comprehensive care, the management and coordination of social policies, the promotion and defence of human rights and scientific research.

Prevention measures

Prevention is being addressed through various government and civil society organisations. National processes, such as the IEC campaigns, are led by the Health Secretariat and supported at a local level by different bodies, such as NGOs, churches, schools, vulnerable groups and private firms. Likewise, campaigns and strategies aimed at the general population and specific groups which attend the education centres at the various Education Secretariat levels have been developed. These groups include: sex workers, gays and lesbians, MTC transmission, mobile populations, religious groups, 'maquila'[7] workers, banana plantation workers, taxi drivers, prisoners, Garifunas, youngsters and decision-makers, etc.

Also, the Global Fund project for HIV/AIDS includes the promotion and defence of the human rights of PLWHA**,** the prevention of new infections, and diagnosis and treatment in 39 municipalities with high HIV/AIDS incidence rates. In this context, as of 2002, an extensive social mobilisation campaign was put in place to help control the HIV/AIDS epidemic in as short a time as possible.

Also, as part of STI surveillance and the strategic plan and with the support of CDC, sentinel sites are being set up to control STIs among sex workers and to undertake behavioural studies among high HIV incidence rate populations.

[7] (Translator's note) Maquila: a firm which produces clothing for export.

Thanks to the Education Secretariat and under the Global Fund/UNPF, sexual and reproductive health issues with a focus on gender and HIV/AIDS and STIs have been incorporated into the national curriculum. Advisory guidebooks for teachers and pupils have been created so that these subjects can be dealt with systematically at the 'pre-básico' (pre-school age) and 'básico' (6-15 years) levels. Teachers also received training as of 2005 to teach this subject at these levels.

At a secondary school level, teachers from 39 municipalities have been trained in sexual and reproductive health among adolescents with a focus on HIV/AIDS and counselling so that they can give classes on this subject as part of the guidance programme and provide advice in schools in coordination with the health services so that those cases needing specific attention are reported. This activity is implemented in coordination with the Health Secretariat's Comprehensive care for adolescents programme (PAIA).

Comprehensive Care

With regard to the comprehensive care of PLWHA, when President Carlos Flores' government left office in 2001 an emergency budget of 3 million lempiras was approved and 18 million lempiras were earmarked to purchase ART the following year. In 2002, the Global Fund approved Honduras' proposal aimed at strengthening the actions of the National strategic plan against HIV/AIDS. This is how in July 2003, the Health Secretariat increased national budget funding to gradually introduce the Comprehensive care of PLWHA programme, including antiretroviral therapy (ART). To date, 4,445 AIDS patients have received ART in 21 Comprehensive care centres and in other centres which care for HIV-positive children. The government has committed itself to providing ART universally.

To improve the provision of Comprehensive HIV/AIDS care services and faced with the demand for institutional and community personnel training, the Health Secretariat and the UNAH, with the support of UNAIDS, have signed an agreement to implement a permanent HIV/AIDS education programme which will start at a diploma level in 2006.

In 2003, based on a UNAIDS initiative, the Inter-institutional Alliance for the Improved Nutrition of People living with HIV/AIDS (IMANAS) was created. This body is formed by the WFP, CARE, ASONAPVSIDA, the Health Secretariat and UNAIDS. In August 2003, under the coordination of CARE and the WFP and with the support of a network of PLWHA volunteers, the delivery of a basic shopping basket began. This food goes to 300 PLWHA households receiving ART and that do not have enough food. A study undertaken in 2005 showed that this had a positive impact on the recovery of the families of PLWHA and that it improved their quality of life.

In 2004 and 2005, a project to strengthen the Comprehensive STI care units (UMIETS) was developed with funding from the DFID. This meant that these units could be remodelled, supplied and standardised in six of the country's departments.

Legal framework that supports the National Response

There are many and varied laws and policies that support the public health system's role as governing body and its basic functions on behalf of the state of Honduras, among these are:

1. The Constitution; the general law on public administration and the regulations on the organisation, functioning and capacities of the Executive; the Health code and its regulations; the general law on the environment and its regulations; the law on municipalities; the Childhood and adolescence code; the law against domestic violence; the law on equal opportunities for women; the special law on HIV/AIDS; the poverty reduction law; the law creating the National ombudsman for human rights and other purposes. It must be noted that these legal instruments show that substantial progress has been made. Nevertheless, there is a large gap between the actual law and its implementation in practice.

2. Policies have been drawn up to fulfil the constitutional mandate, for example: the National policy for women; the National policies on sexual and reproductive health; the national policy on mother-child health, national mental health policies, micro-nutrient and nutrition policies, the drugs policy; other important documents of a general nature; regulations, agreements, norms, standards for regulating health facilities and services, the consensus-based reformulation of the National strategic plan against HIV/AIDS and the 2001 national health plan.

3. The drafting of decrees to legitimise decisions that favour public health, for example: the departmentalisation of the 'Health Regions', which favours decentralisation; the decree that extends health service coverage so as to facilitate access to populations living in neglected areas. All of these measures encourage multi-sectorial participation and decision-making in the area of HIV/AIDS.

These initiatives, as well as being valid foundations on which to build planned actions, provide good opportunities to incorporate strategies related to HIV/AIDS control and prevention based on gender equality, the respect of human rights, participation and, as a national obligation, transparency in the implementation of technical and financial processes.

Main impact alleviation strategies

Under the framework of the National strategic plan against HIV/AIDS, the Health Secretariat created the 2005-2021 national health plan, which aims to reduce the impact of HIV/AIDS on the economic and social development of the country by strengthening universal access to comprehensive health services in the areas of prevention, diagnosis, treatment and alleviation of the impact caused by the epidemic. The 2005-2021 national health plan includes:

- Cutting the number of new infections through activities promoting sexual and reproductive health with the full participation of the education sector and civil society organisations.

- Extending and improving the coverage of the MTC transmission prevention programme.

- Extending the coverage of comprehensive STD care as a factor to reduce the vulnerability of HIV/AIDS transmission and enlarge timely, suitable and on-going access to ART.

- The promotion and defence of the human rights of PLWHA and their families.

- The consolidation of the 'Three Ones' strategy to implement a national response coordination authority, a national strategic plan and a single surveillance and evaluation system.

- Epidemiological Surveillance and the development of scientific research.

Country commitment

Honduras committed itself to fulfilling the commitments made during the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001 and since this date it has signed important regional agreements such as, the Summit of the Americas, the Heads of state and government of the Americas extraordinary summit in Nuevo León, and the Central American presidents' declaration of commitment in 2005 in El Salvador. These initiatives constitute a global and regional reference framework in the strengthening of the national response aimed at reducing and controlling the epidemic.

2005 UNGASS Honduras indicator results

Each indicator is analysed to provide greater detail on the progress made in controlling the epidemic. 2005 data is compared with data from the 2002 report.

Amount of national funds disbursed by governments on HIV/AIDS	**$ 6,214,056**

The Honduran Health Secretariat has made substantial efforts in promoting, preventing, treating and alleviating HIV/AIDS. Nevertheless, given the scale of the epidemic in the country, the redoubling of efforts is needed to reduce and control it.

Three National HIV/AIDS Account studies have been undertaken in Honduras. The following figures stand out:

Year	Health care spending (in Lempiras)
1991	317,251,428.00
2000	370,119,753.00 **1/**
2001	407,382,755.00

1/ Data from the first UNGASS report.

As no studies on subsequent years were found and based on previous data and applying a growth rate of 3% (SIDALAC data), it was estimated that health care spending in 2005 stands at HNL 472,268,266.00. It was estimated that 25% of this figure relates to HIV/AIDS. This money goes to the running of the 21 Comprehensive HIV/AIDS care centres and the costs from promotion, prevention and alleviation at a national level.

Development agencies have made sizeable financial contributions in the area of HIV/AIDS. These agencies include, among others, the Global Fund, UNAIDS, AID, the Canadian (International Development) Agency, GTZ (Germany), PAHO, UNPF and UNIFEM.

National Composite Policy Index	**89.58%**

Honduras has an important legal framework for HIV/AIDS. This report has improved the indicator due to the laws and strategies that deal with orphans. The law on childhood and family emitted through Decree 199-97 has the power of guiding public policies meant to protect children and ensure that the appropriate legislation is enforced. Articles 69 and 70 of the law on HIV/AIDS specify the protection of HIV/AIDS orphans; PENSIDA II therefore includes strategies dealing with orphaned children, for which the inter-institutional committee and an operational plan were set up.

In the area of IEC policies for migrant populations, in 2003-2004, an initiative that promotes national strategies for the prevention of HIV/AIDS among mobile and migrant groups (national and international haulage drivers, passengers and people emigrating to the United States) was developed. This project, known as ***'HIV/AIDS prevention among mobile and migrant groups along the border corridor: La Entrada, Copán – Agua Caliente, Ocotepeque'*** was carried out under the coordinaton of the Health Secretariat's STI/HIV/AIDS department. The project received the technical and financial support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Mexican national public health institute and IMPSIDA (Mesoamerican Initiative for the Prevention of HIV/AIDS).

There is no national ethics policy that guides and controls research, surveillance and other HIV/AIDS related areas. Nevertheless, the Scientific research unit (UIC) at the UNAH medical science faculty does have an Ethical committee which reviews the research performed in this field.

Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	**15.32**

The training of teachers to impart life-skills-based education among children and youngsters with a focus on gender and HIV/AIDS is systematically carried out in connection with the Education Secretariat's national curriculum; it is backed by the Global Fund and the UNPF. As part of the training process, the course books for teachers and pupils were designed accordingly. The indicator for this component increased from 2.5% in 2002 to 15.33% in 2005.

Percentage of secondary schools where life-skills-based HIV education is taught	**17.78**

The Education Secretariat comprises a Youth, population and health unit (JUPSA), in which HIV/AIDS prevention programmes aimed at teachers and adolescents are developed. The Health Secretariat also has a Comprehensive care for adolescents programme (PAIA). Both Secretariats coordinate measures with local committees and municipal councils to forewarn and stimulate the development of youngsters. The empowerment of teachers and pupils takes place in the various municipalities and is backed, among others, by NGOs, churches, the COMVIDAS network and development agencies.

Percentage of primary schools where life-skills-based HIV education is taught	**20.79**

To address the issue of HIV/AIDS in primary schools, a strategy that encompasses the 'Pre Básico' (pre-school) and 'Básico' levels (6-15 years) up to the ninth grade (first year of secondary school) has begun. This consists of a life-skills-based curriculum from the age of five, when the child enters pre-school, to the age of 14 or 15, when the child finishes the 'básico' level. HIV/AIDS related education continues through the student counselling departments until the age of 17 or 18, when secondary school ends.

Percentage of large enterprises/companies which have HIV/AIDS workplace policies and programmes	**ND**

The Labour and social security secretariat has the AIDS education programme for Honduran workers (PETSIDAH) to prevent HIV/AIDS among the workforce. With the support of UNAIDS and the regional project, IMPSIDA, a project to prevent HIV/AIDS among 'maquila' workers was launched in the *cities of Tegucigalpa and San Pedro Sula*. The aim was to reduce the vulnerability and risk of infection among 'maquila' workers, particularly among young and adolescent women.

This project resulted in 47 companies, which employ a total of 48,346 workers, committing themselves to abiding by the law on HIV/AIDS and developing various prevention and care measures.

Furthermore, the obligation to take a HIV/AIDS test was lifted from the participatory companies' labour regulations as a prerequisite to applying for a job when these regulations are reviewed by the Labour and social security secretariat.

In the area of HIV/AIDS prevention, CARE International implemented the 'All Combat AIDS' project for banana plantation workers belonging to a transnational firm and 'maquila' workers on an industrial estate in Valle de Sula.

Percentage of women and men with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled	**80.20**

80% of patients (92% of which are women) who go to health service facilities are given a physical check-up, diagnosis and appropriate treatment. Nevertheless, it is acknowledged that there are operational problems affecting the clinical laboratory teams and that there are reagent and drug shortages. Also, a lot of patients do not go to health service facilities for reasons which have not been looked into. Furthermore, some health centres do not produce data.

There has been progress for this indicator in comparison to the previous report as this data was not available in 2002.

Percentage of public STI clinics in which counselling and voluntary testing for HIV are offered and/or patients are referred to other health care facilities	**80**

80% of Honduran health centres provide counselling on taking a voluntary test and refer patients to the centres where the tests are performed.

Percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	**3.37**

In 2004, the MTC transmission prevention programme registered a total of 58,696 new pregnancies at prenatal check-ups. 28,319 of these took the test and 193 tested positive. Out of this number, 104 had received prophylaxis treatment as of December 2004. This means that 53.8% of seropositive pregnant women received prophylaxis treatment.

In 2002, it was estimated that the pilot MTC project covered 13.9% of the pregnant women who received ART. In 2004, coverage stood at 26.5%. This means that the number of pregnant women receiving prophylactic ART doubled. Nevertheless, ART coverage is still low due to the low uptake levels.

The Mother-to-child transmission programme (PTMI) is currently being gradually implemented. At the moment, services are provided in 289 health care units. This figure represents 20% of the total number of health care units in Honduras.

Percentage of women who attend a prenatal check-up during which counselling services on voluntary HIV testing are offered and/or patients are referred to other health care facilities	**18.96**

Out of 180,848 users of public prenatal clinics, 34,304 received counselling on voluntary HIV/AIDS testing. This means that 18.96% of women attending a prenatal check-up were given counselling on voluntary testing.

Percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy	**36.45**

Significant progress has been made in relation to the 2002 report for this indicator. In 2002, an average of 200 patients had received ART. According to data gathered by the Health Secretariat's HIV/AIDS department, 4,445 patients had received treatment up until November 2005. Treatment is abandoned by 11% of patients. The reasons for this must be looked into so that adherence can be bolstered.

Percentage of health facilities with the capacity to deliver appropriate care to people living with HIV and AIDS	**1.54**

Efforts need to be maintained in the country so that comprehensive care facilities can be gradually introduced, thereby providing greater access and coverage.

Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV i.e., who avoid using non-sterile injecting equipment and use condoms	**NA**

Intravenous drugs do not currently pose a problem in Honduras. This indicator does not therefore apply.

Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sex partner	**ND**

There is no data for the period in question.

	Women	Men
Average age at time of first sexual intercourse	**18.3**	**16.7**

The average age at the time of first sexual intercourse for both men and women is the same as in the previous report (2003) as there are no studies which are representative of the national population and the National epidemiological and family health survey will only be taken in 2006.

	Women	Men
Percentage of young men aged 15-24 who have had sex with a non-marital, non-cohabitating partner in the last 12 months.	**27.03**	**48.96**

The *'The ability of youngsters and adolescents to confront HIV/AIDS'* survey carried out by UNICEF, PRAIM and GTZ in November 2002, among a population of 5,900 youngsters in 11 cities which account for over 80% of HIV/AIDS cases, shows that 48.9% of males and 27.0% of females had had sex in the previous 12 months and they had had sex in the same period with a non-marital and non-cohabiting partner. This indicator did not appear in the previous report.

Percentage of sex workers reporting the use of a condom with their most recent client, from among those who reported having commercial sex in the last 12 months.	**95.51**

The Multi-centric Central American study on HIV/STI prevalence among female sex workers carried out in February 2003 in the cities of Tegucigalpa, San Pedro Sula, Puerto Cortés and San Lorenzo (including Nacaome and Monjarás) determined that 95.5% of sex workers used a condom the last time they had sex.

Percentage of men or their partners reporting the use of a condom when they last had anal sex with a male partner in the past six months.	**ND**

There was no data for this indicator.

	Girls	Boys
Ratio of current school attendance among orphans to that among non-orphans, aged 10-14	**ND**	**ND**
Percentage of children under 15 years of age who are orphans	**1.86**	**1.84**

In Honduras, HIV/AIDS is the main cause behind the rising number of orphaned children. There are no quantitative studies which provide information on the schooling of orphans according to age at a national level. A qualitative study carried out by UNICEF in 2002 in 13 cities with high HIV/AIDS prevalence rates revealed that 95% of orphans were unaware of their condition: they did not know whether they were HIV-positive or not. The 5% that knew that they were HIV-positive did not know about the consequences of this problem. The majority of the children come from poor families without access to basic services.

Percentage of young women and men aged 15-24 who are HIV-infected.	**ND**

The data provided by the Virology laboratory on HIV/AIDS tests among the general population reveals that these tests are processed by age groups and not by individual years of age. This therefore does not correspond to the ages requested by the indicator.

HIV prevalence among sex workers	**9.68**

The Multi-centric Central American study on HIV/STI prevalence among female sex workers carried out in 2003 reveals that general HIV/AIDS prevalence stands at 9.6%. The San Pedro Sula region has the highest prevalence rate.

HIV prevalence among the clients of sex workers	**ND**
HIV prevalence among injecting drug users	**NA**

There is no data for the first indicator and the second indicator does not concern Honduras as it does not currently pose a problem.

HIV prevalence among men who have sex with other men	**12.98**

In 2003, 12.98% of MSM were HIV-infected, according to the Multi-centric Central American study on HIV/STI.

Percentage of infants born to HIV-infected mothers who are infected	**0.18**

Under the Mother-to-child transmission programme, 125 PCR tests were carried out on newborns, of which 13 tested seropositive. The programme is being implemented in 128 municipalities and 289 health care units. The number of pregnant women attended by the programme was 58,696, of which 28,319 took the HIV test. 193 tested positive, of which 104 (53.8%) received antiretroviral treatment.

Major challenges and measures to be taken

The international conventions ratified by the country, the legal reference frameworks, the policies in the different areas related to HIV/AIDS, the 2005-2021 national health plan and the 2003-2007 National strategic plan against HIV/AIDS are the main instruments which guide the multi-sectorial work on HIV/AIDS, which also includes citizen participation, in Honduras. The main challenges concern:

1. Strengthening the national leadership of CONASIDA so that it encourages and ensures the provisions the law on HIV/AIDS has conferred on it are applied in the various government and civil society bodies, whether local, national or international, and facilitates multi-sectorial coordination and participation for the implementation of PENSIDA, its periodic review and surveillance and evaluation.

2. Developing the strategic management and information capacity on the epidemic and the country's response so as to keep the fight against HIV/AIDS on the national policy agenda, ensure adequate and sustainable technical and financial resources are allocated and that these resources are used transparently.

3. Organising CONASIDA's Surveillance and evaluation unit so that it implements a Single surveillance and evaluation system that harmonises and optimises resources and keeps the information system up to date for timely decision-making.

4. Implementing CRIS and rendering the information systems harmonious and flexible so as to incorporate the various institutions' data from their IT systems (and vice versa).

5. Developing a research calendar that focuses on undertaking base line research on those core indicators for which there is no information and which promotes strategic research that contributes to more informed and opportune decision-making.

6. Enhancing the mainstreaming of HIV/AIDS into the poverty reduction strategy (ERP) programmes and budget given the relationship between AIDS and poverty, as well as in the main policies, programmes and projects concerning health, in particular, and development, in general.

7. Supporting, technically and financially, the mid-term assessment of PENSIDA II as a complement to and in synergy with this plan and under the framework of gradual national coverage and on the basis of the construction of a Single surveillance and evaluation system.

8. Reviewing the law on HIV/AIDS to incorporate gender as a transversal issue and bring down the legal barriers that add to the vulnerability of the various population groups to the epidemic.

9. Organising the National ethics committee on health research as an appendix to CONASIDA so that it encourages HIV/AIDS research in line with unresolved needs for information and knowledge both on the epidemic and the national response as a basis upon which decisions can be made and in line with the gaps that have been identified.

10. Establishing sustainable mechanisms to guarantee universal access to HIV/AIDS prevention, care and treatment while considering the technical and financial assistance processes which are currently in place with the Global Fund, USAID, United Nations system agencies and other cooperation bodies.

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