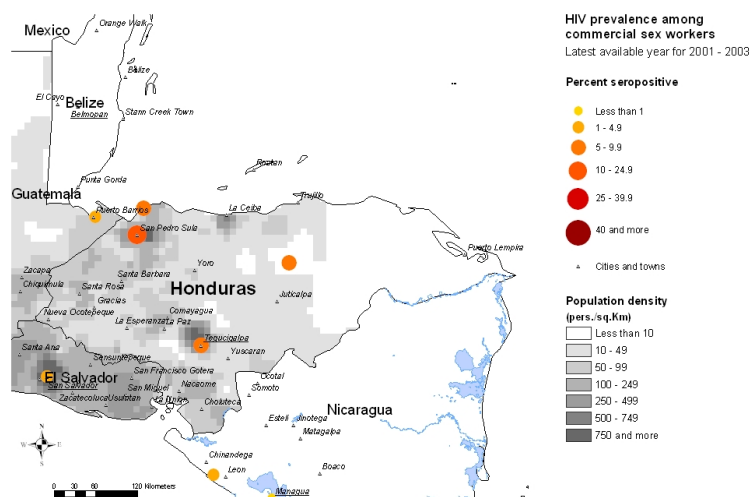


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 12 000  
 Antiretroviral therapy target declared by country: universal access



World Health Organization

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	7.1	United Nations
Population in urban areas (%)	2005	46.4	United Nations
Life expectancy at birth (years)	2003	67	WHO
Gross domestic product per capita (US\$)	2002	970	United Nations
Government budget spent on health care (%)	2002	14	WHO
Per capita expenditure on health (US\$)	2002	60	WHO
Human Development Index	2003	0.667	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	1.0 - 3.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	35 000 - 110 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	4 305	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	12 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Oct 2005	434	National AIDS Control Program
HIV testing and counselling sites: number of people tested at all sites	Jan-Dec 2005	94 265	National AIDS Control Program
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

## 3. Situation analysis

### Epidemic level and trend and gender data

WHO/UNAIDS estimate that between 35 000 and 110 000 adults and children in Honduras were living with HIV/AIDS at the end of 2003. The prevalence of HIV infection among adults was between 1.0% and 3.2%. Although it accounts for only 17% of Central America's population, Honduras has reported close to 12 000 AIDS cases, or nearly 60% of all cases in Central America. The high rates may be explained in part by better surveillance. The main mode of transmission for almost 60% of reported AIDS cases is heterosexual. HIV/AIDS is the second leading cause of hospitalization and death in Honduras, after injuries and violence, and has been the leading cause of death among women of childbearing age since 1997. The prevalence is higher in urban areas, especially in the two largest cities of Tegucigalpa and San Pedro Sula. Women are nearly as severely affected as men (1:1.4).

### Major vulnerable and affected groups

HIV infection has spread consistently in several vulnerable populations in recent years, including sex workers, military recruits, men who have sex with men, prisoners and the ethnic Garifuna population. The HIV prevalence among sex workers in Honduras is the highest in Central America. In 2001, the HIV prevalence among sex workers in Tegucigalpa and San Pedro Sula was 8-9%, and the HIV prevalence among men who have sex with men was about 13%. Infection rates among the Garifuna population are estimated to be between 8% and 14%.

### Policy on HIV testing and treatment

The government is committed to providing antiretroviral therapy to everyone who needs it. National guidelines on antiretroviral therapy for adults and children were adopted in 2003. Voluntary testing and counselling facilities are available and are integrated into primary health care services. Criteria for determining the need for antiretroviral therapy include CD4 count and viral load. Honduras has also developed protocols for preventing the mother-to-child transmission of HIV and has used them since September 2004. Treatment is largely provided through the public sector, via the social security system. According to the treatment protocol, after a socioeconomic evaluation, people who are receiving treatment must pay a minimal fee to support the sustainability of treatment provision by the public sector. This fee is established by the government with the participation of the people who are living with HIV/AIDS.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line drug regimen for adults is zidovudine + lamivudine + efavirenz or stavudine + lamivudine + nevirapine. The first-line drug regimen for children is zidovudine + lamivudine + efavirenz. Under the Accelerated Access Initiative in Central America and the Caribbean, successful price negotiations have led to substantially reduced prices for antiretroviral therapy. The cost of the first-line drug regimen in the public sector is around US\$ 620 per person per year. Since 2004, the government has purchased generic antiretroviral drugs from the pharmaceutical companies Cipla and Ranbaxy.

### Assessment of overall health sector response and capacity



The Department of HIV/AIDS was created in the late 1980s within the office of the Secretary of Health, and the National AIDS Control Program was established in 1994 to coordinate national activities on HIV/AIDS. In 1999, the government established the National Commission on AIDS with representation from 15 national institutions to harmonize the multisectoral response to the epidemic. The first national strategic plan for HIV/AIDS was elaborated in 1998, and a second on for 2003-2007, involving people living with HIV/AIDS, various sectors of the government, civil society, chambers of commerce and the religious community. In 2004, all health districts in the country had laboratory services for HIV diagnosis, and 35% of health districts had a treatment centre for antiretroviral therapy.

#### Critical issues and major challenges

The lack of trained and qualified human resources constitutes a major challenge to rapidly scaling up care and treatment for people living with HIV/AIDS. Procurement and supply management systems for drugs and diagnostics need to be strengthened. A system for monitoring drug resistance surveillance needs to be developed.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that about US\$ 10.5 million was required to support scaling up antiretroviral therapy in Honduras to meet the WHO "3 by 5" treatment target of 3700 people during 2004-2005.
- Honduras submitted a successful integrated funding proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 1. The HIV/AIDS component of the proposal, with a total funding request of US\$ 27.3 million, focuses on reducing the incidence of HIV/AIDS among the most vulnerable population groups in Honduras, including sex workers, men who have sex with men, the Garifuna ethnic group, prisoners and young people 12-24 years old, and on providing comprehensive support programmes for people living with HIV/AIDS. As of December 2005, US\$ 15.2 million has been disbursed.
- The Regional HIV/AIDS Initiative for Latin America and the Caribbean (SIDALAC) estimates that the total per capita spending on HIV/AIDS in Honduras is about US\$ 3.91 per year, the highest in this region. Of this amount, 17% is from public sources, close to 55% from private sources and 28% from external sources.
- Honduras is a beneficiary of World Bank support for HIV/AIDS prevention and control programmes in Latin America and the Caribbean, and the United States Agency for International Development is one of the main bilateral sources of funding for HIV/AIDS interventions.

## 5. Treatment and prevention coverage

- In 2003, WHO and UNAIDS estimated the total antiretroviral therapy need for Honduras to be about 7400 people, and the WHO "3 by 5" treatment target was calculated as 3700 people (based on 50% of estimated need). According to estimates from the National AIDS Control Program, 5550 people needed antiretroviral therapy in 2004. The estimated total number in need of antiretroviral therapy as of the end of 2005 is 12 000 people.
- At the Special Summit of the Americas in Monterrey, Mexico in January 2004, the Heads of State of the Americas committed to the goal of universal access to antiretroviral therapy for those in need.
- A total of 2312 people were receiving treatment as of July 2004, of which close to 90% was provided by the public sector and the remainder by nongovernmental organizations, especially Médecins Sans Frontières. Around 4 300 people were receiving antiretroviral therapy in Honduras by December 2005.
- Services for the prevention of mother-to-child transmission are available in 17 of 20 departmental regions in the country, and in all hospitals and antenatal care clinics.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The National AIDS Control Program and the National AIDS Commission together provide leadership to the national response to the epidemic. The United States Agency for International Development provides support for programme planning and implementation through institutional capacity-building. The United Nations Theme Group on HIV/AIDS in Honduras plays a key role in coordinating partners.

#### Service delivery

The Ministry of Health provides leadership in delivering services for HIV/AIDS prevention, care and treatment. Procurement of antiretroviral drugs, supplies and diagnostic equipment is centralized at the national level. The United States Agency for International Development provides support to the Ministry of Health in strengthening procurement and supply management systems. The United States Agency for International Development also provides assistance for a range of activities related to prevention, care and support, including the expansion of rapid testing services, condom-use programmes in vulnerable population groups and behaviour change communication. WHO will provide support in building human resource capacity and strengthening systems for managing drug procurement and supply for scaling up antiretroviral therapy. Other technical and financial partners include UNICEF, United Nations Population Fund, UNDP, the United Kingdom Department for International Development, SIDACOM, the German Gesellschaft für Technische Zusammenarbeit (GTZ), UNAIDS, Pan American Social Marketing Organization, Médecins Sans Frontières, SIDALAC, University of Miami, United States Centers for Disease Control and Prevention, Grupo Cooperación Técnica Horizontal, Johns Hopkins University, Academy for Educational Development and University of Maryland.

#### Community mobilization

A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. The Honduran Association of People Living with HIV/AIDS participates actively in the national response to the epidemic. Médecins Sans Frontières is involved in providing antiretroviral therapy. The Pan American Social Marketing Organization supports prevention and behavioural change communication interventions among vulnerable population groups. The Honduran Red Cross also provides community support.

#### Strategic information

The National AIDS Control Program provides leadership in surveillance, monitoring and evaluation, including surveillance of antiretroviral drug resistance. The United States Agency for International Development provides support for strengthening the national surveillance and monitoring and evaluation systems. WHO provides support for surveillance activities throughout the region.

## 7. Staffing input for scaling up HIV treatment and prevention

#### WHO's response so far

- Holding a subregional meeting in August 2005 in Costa Rica for countries of Central America to assess progress towards "3 by 5" and to identify gaps and areas of cooperation
- Implementing the "3 by 5" strategy and developing national and subregional strategic plans
- Developing a subregional plan for HIV/AIDS surveillance in Central America
- Holding training workshops in the subregion on prevention and counselling among youth and vulnerable groups, delivering antiretroviral therapy, preventing sexually transmitted infections and training health workers
- Establishing the Regional Revolving Fund for Strategic Public Health Supplies (including antiretroviral therapy), with 12 countries in Central America signing the agreement and purchases worth more than US\$ 12 million being made in 2003

#### Key areas for WHO support in the future

- Establishing an HIV/AIDS team for Central America to support national authorities and partners in scaling up the response to HIV/AIDS
- Providing support for training and developing human resource capacity
- Providing support to ensure the uninterrupted procurement and supply of drugs

#### Staffing input for scaling up HIV treatment and prevention

- A National Programme Officer is in place as well as a Subregional HIV/AIDS Officer (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama).