

## THE HUMAN FACE OF HIV/AIDS IN HONDURAS

Honduras is one of the countries in Central America most affected by HIV/AIDS. Some 21,000+ people were reported to be living with HIV and AIDS as of October 2004, though most estimates suggest that the number of Hondurans living with HIV may be as high as 63,000. The majority of Hondurans do not know their HIV status, even though the testing is free. Estimated prevalence is 1.8% for the general adult population. In the major urban areas, the leading cause of death for women is AIDS and it is the second leading cause of death for all adults. Honduras accounts for 17% of all Aids cases in Central America and 60% of all the AIDS cases in Honduras are in San Pedro Sula.

Of the estimated 63,000 adults with HIV in Honduras, 8% are of the African Garifuna population, 16% are in the urban areas, 6.8 % are in the military and sex workers account for 13 %.. Recent studies indicate a whole new group to attend to in the prison population where there is a rising incidence of HIV/AIDS. The San Pedro Sula Diocesan Pastoral Team for the Prison has received monies from the Global Fund for a program of training and accompanying prisoners with HIV/AIDS. 85% of people who are HIV positive in the total population belong to the economically active age group (15-49). Many companies, especially, the factories, require a blood test before hiring and if the person is positive they are not hired.

Five years ago the male-female ratio for HIV/AIDS was 5:1; it is now 1:1 indicating the feminization of the epidemic. Poverty, violence, inequality increase the vulnerability of women. Of the 220,000 women who become pregnant each year, 1.8% of that population is HIV-positive. Additionally, approximately 14,000 orphans require a comprehensive response to their situation. Stigma and discrimination, especially toward persons living with HIV and AIDS and vulnerable groups such as sex workers and gay persons, as well as limited access for youth to sexual education are also obstacles for developing an effective response to the epidemic.

The National Aids plan (PENSIDA II) has prioritized integral care for people living with HIV/AIDS. The number of persons receiving antiretroviral medication (through the Global Fund) has increased. However, it is still necessary to increase the quality and scale of coverage. According to the estimates of the Secretary of Health, around 60% of the people living with HIV and AIDS need antiretroviral medication (that is, their viral count is high). Of the 28,000 reported cases of HIV/AIDS in Honduras, only 3000 are receiving medication (10 % of the HIV/AIDS population) and 2000 of those receiving medications are in San Pedro Sula alone)

Honduras does not have a permanent campaign for the prevention of HIV and AIDS targeting the general population. However there are innovative programs directed for example to the Garifuna-Afro-descendant community and financed by the Global Fund.\*1

But it is the human face of HIV/AIDS that is most evident here in Honduras. And it is the Catholic Church that has initiated most of the programs for persons living with HIV. In the Diocese of San Pedro Sula, there are 15 institutions, clinics, hospices for persons with HIV/AIDS. In the city of San Pedro Sula alone, there are two hospices for children who are HIV positive, two hospices for adults, two programs for families with persons living with HIV. These programs approach the disease on an integrated basis.

For example, Casa Aurora is our Dominican Center for almost 100 families with children who are HIV and who, in one way or another, are part of the program. There is a food program attending to nutrition of the youngsters, a volunteer psychologist, a volunteer teacher for remedial tutoring, a volunteer doctor, a team of persons making home visits, conferences with the hospital doctor who checks the CD4 count and tests for resistance to medications. Our program is called "LIVING WITH HIV" and our emphasis is just that – living within a family context a normal life where children live at home, go to school and are no different from others. The medications enable HIV to be treated as a chronic disease and not a death sentence.

Most of the groups offer workshops to acquaint families with the need for adherence to the medications, need for a well balanced diet, and legal rights of persons with HIV. There is a law (2001) that denotes the rights of persons living with HIV but it is universally ignored. An example is the case of testing workers before hiring mentioned previously - it is illegal but done.

One factor that is unique to our group is the number of valiant grandmothers or other relatives who are raising children whose parents have died. It is a component that needs to be addressed more specifically. Another element that is beginning to present new needs is the adolescent population that has been on medications for several years and is living well. The hospital has begun a program for adolescents on medications and we have begun a program on Saturdays for 26 adolescents and their sisters and brothers in our program. One area that is surfacing is the difficulty of how to respond to a young person's normal rebellion that is often expressed by refusing to take the medication. The topics of the Saturday program range from self-esteem to specific areas regarding medicines, law, discrimination, and communication.

Looking to the future, one can see and foresee further difficulties. Unfortunately, as the people here say, "Not only are there persons living with HIV but also persons living from HIV – There are black markets of antiretroviral medications, corruption on the part of officials administering monies from the Global Fund etc. In addition, the Global Fund that supplies the medicines to the government is committed only until 2007. What will Honduras do or what is Honduras doing now to provide for the future? The original agreement of the government to provide the medicines came only after the various groups of persons with HIV took to the streets and appeared in Congress in Tegucigalpa demanding a response from the government. The passage of Cafta will affect us tremendously. According to this trade agreement

(which passed by just two votes in the USA), only medicines from the first class pharmaceutical companies such as Glaxo-Wellcome, Pfizer, Abbott etc can be purchased by Honduras. That means the companies that supply generic medicines that are equally good and a third of the price, such as CIPLA of India, cannot come here. In effect, 2/3rds of those who need medicines from the government will not be able to receive them.

As we watch the HIV youngsters grow and thrive, there is the increasing possibility of resistance to the medicines they are taking, as well as the side-effects of the medications. The government only buys three medications (the “cocktail” one often hears about.) So that, if a child is demonstrating resistance after several years of the medication, there is no other medication to offer. There are some second and third generation medicines available in pharmacies but the cost is more than a month’s salary for most.

With the advent of medicines provided by the government, the number of AIDS cases has decreased while the number of HIV positive persons seeking medicines has increased. At the same time, the hope for survival has replaced a future with no hope. People living with HIV and representatives of vulnerable populations in Honduras are becoming more vocal in their demands, but much remains to be done to ensure their effective participation in policy dialogue and decision making.

\*1- statistics taken from UNAIDS – “Uniting the World against AIDS” -Honduras 2004 report on the global aids epidemic

also consulted: Global Fund ARV Fact Sheet – Dec 1 2005