Antiretroviral therapy target declared by country: 280 by the end of 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005:

Nicaragua

HIV prevalence among commercial sex workers

Percentages per 1000

HIV testing and counselling sites: number of people tested at all sites

Knowledge of HIV prevention methods (15-24 years)

Reported condom use at last higher risk sex (15-49 years) - female

Reported condom use at last higher risk sex (15-49 years) - male

3. Situation analysis

Major vulnerable and affected groups

Policy on HIV testing and treatment

In 1996 Nicaragua passed a law on the promotion, protection and defence of human rights in the face of the AIDS epidemic. Standards and guidelines for the clinical management of HIV infection have been developed and/or adapted, based on the adaptation of standards proposed by the Pan American Health Organization/WHO and the United States Centers for Disease Control and Prevention. Protocols for preventing mother-to-child transmission have been in place since 2000.

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

The first-line drug regimen for adults is zidovudine + lamivudine + efavirenz. The first-line drug regimen for pregnant women is zidovudine or nevirapine. The first-line drug regimen for children is zidovudine + lamivudine + stavudine or lopinavir or indinavir. The previous cost of antiretroviral therapy per person per year was an estimated US$ 2400. Under the Accelerated Access Initiative, successful price negotiations have led to substantially reduced prices for antiretroviral therapy in Central America. The most common treatment in Central America, zidovudine + lamivudine + efavirenz, now costs between US$ 1000 and US$ 1400 per person per year. Where countries opt to use generic antiretroviral drugs, the cost per person per year for first-line triple therapy will be further reduced to between US$ 800 and US$ 2200.

Assessment of overall health sector reponse and capacity

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Nicaragua’s government has recognized the need for early action to contain the epidemic. The National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections (now the National AIDS Control Program) was established in 1987. Although part of the Ministry of Health, the National AIDS Control Program is decentralized in its operations. Specialized health care systems coordinate prevention and control and education related to HIV/AIDS and sexually transmitted infections with regional hospitals, primary health care centres and health posts. The National AIDS Control Program developed a National Strategic Plan for Preparing HIV and Sexually Transmitted Infections (2006-2010) in collaboration with civil society groups, groups of people living with HIV/AIDS, government institutions and international organizations. The Ministry of Health has indicated that improving the availability of medicines to prevent mother-to-child transmission is essential, but due to an inadequate supply of drugs, the government is not able to routinely cover antiretroviral therapy for people living with HIV/AIDS. The Ministry of Health has a care services network with 1058 physical units, broken down into primary care (1025 health centres and stations with and without beds), secondary care (32 hospitals) and tertiary care (two hospitals), 60 alternative centres (including private and military hospitals and clinics run by nongovernmental organizations) and 49 companies providing health care services. The national laboratory network consists of 164 units, and the network also includes 22 blood banks, which carry out serological tests for HIV.

Critical issues and major challenges
Critical issues and challenges for scaling up antiretroviral therapy include the lack of reliable data, lack of adequate training among health care providers and insufficient voluntary counselling and testing services. Given the low investment in the health sector, Nicaragua will need strong support to keep the HIV/AIDS situation from worsening. Key issues for scaling up antiretroviral therapy include the need to strengthen drug supply management, quality control, human resources capacity and surveillance.

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

- WHO estimates that about US$ 1.44 million was required to support scaling up antiretroviral therapy in Nicaragua during 2004-2005 to meet the WHO “3 by 5” treatment target of 465 people.
- Nicaragua submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 2 for total funding over five years of about US$ 10.5 million to support the national HIV/AIDS response. As of December 2005, US$ 3.2 million has been disbursed.
- Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama submitted a successful proposal to the Global Fund in Round 4 (the Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerability of Mobile Populations in Central America to HIV/AIDS), with a total five-year budget of US$ 4.7 million and two-year approved funding of US$ 2.1 million. The grant agreement was signed in August 2005, and as of December 2005, close to US$ 500 000 has been disbursed.

5. Treatment and prevention coverage

- In 2003, WHO and UNAIDS estimated Nicaragua’s total antiretroviral therapy need to be about 930 people, and the WHO “3 by 5” treatment target for 2005 was set at 465 people (based on 50% of estimated need). At the end of 2005, it was estimated that the total treatment need was about 1000 people. The government has declared a national treatment target for the end of 2005 of 280 people.
- The National AIDS Control Program reported that 33 people were receiving antiretroviral therapy in August 2004, and as of the end of the year, this had risen to a reported figure of 125 people under treatment. By December 2005, an estimated total of 163 people were receiving antiretroviral therapy in Nicaragua.
- Services for the prevention of mother-to-child transmission are available in 40 sites, or 26% of all sites providing antenatal care services. As of December 2005, services for voluntary counselling and testing were available in 153 sites across the country.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
The Ministry of Health takes an overall leadership and management role for prevention, care and control of HIV/AIDS and provides leadership in policy and programming within the public sector. The Nicaraguan AIDS Commission acts as the overall coordination mechanism for the national HIV/AIDS response. Other ministries such as the Ministry of Education, Culture and Sport, Ministry of the Interior and Ministry of Defence support HIV/AIDS prevention and training activities. Coordination mechanisms include the United Nations Theme Group on HIV/AIDS in Nicaragua and the Country Coordinating Mechanism of the Global Fund. UNAIDS in partnership with OPEC provides technical and financial support for prevention.

Service delivery
The Ministry of Health provides leadership in antiretroviral therapy service delivery. The National Civil Society HIV/AIDS Commission is a network of 84 nongovernmental organizations and supports government efforts in prevention, promotion and care. Additionally, national services include six antiretroviral dispensary centres, two of them located on the Caribbean coast.

Community mobilization
Numerous nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. The religious community participates in preventive activities, mainly focusing on stigma and discrimination issues. Congregations provide additional support for people living with HIV/AIDS.

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
- Providing support for developing the National Strategic Plan 2006-2010 in collaboration with other United Nations agencies, civil society organizations, universities, and other bilateral agencies
- 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 the subregion signing the agreement and purchases worth more than US$ 3 million being made in 2003 (this same year the Global Fund project started to be implemented, and it is currently in its second phase)

Key areas for WHO support in the future
- Managing funding for the activities of the National Strategic Plan, mainly health information and communication including the National Information, Education and Communication Strategy for HIV/AIDS
- Strengthening monitoring and evaluation

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).
- Additional staffing needs identified include a National Programme Officer for quality control for medicines and for monitoring drug resistance.