

NICARAGUA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNFPA, WHO-PAHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Nicaragua focused on scaling up access to HIV prevention and testing services among populations at higher risk of acquiring HIV. Moreover, prevention of mother-to-child transmission of HIV (PMTCT) services in priority healthcare facilities were monitored, medical and commodity supplies were procured, and healthcare providers were trained to improve early detection of HIV, syphilis, and hepatitis cases. The Joint Team helped enhance the overall quality of these services in the country as well as strengthened data collection and reporting. Technical support was further provided to improve treatment adherence and achieve viral suppression among pregnant and breastfeeding mothers living with HIV. Vaccines for COVID-19 and other diseases were procured, and their appropriate cold storage spaces were built to strengthen national immunization efforts. Quality standards were implemented in health facilities and healthcare providers were trained to improve adolescent-friendly HIV and sexual and reproductive health (SRH) services. HIV, SRH, and other essential services, including counselling were also extended to vulnerable populations affected by the hurricanes Eta and Iota. Heightened advocacy and technical support led to the approval of a Comprehensive Sexuality Education (CSE) curriculum that is aligned with international technical guidelines aimed at empowering children and adolescents to make safe and informed decision.

HIV TESTING AND TREATMENT

Following a successful pilot conducted in 2021, the family testing initiative was rolled out in all 18 priority health facilities in Chinandega, Managua, and North Caribbean Region strengthening access to HIV testing and counselling services for young people and key populations including men who have sex with men, transgender persons and sex workers. Moreover, the Joint Team supported the development and dissemination of the National HIV/AIDS and Sexually Transmitted Infection (STIs) Strategic Plan 2020-2024, which includes interventions targeting adolescent people to accelerate prevention, care, and treatment services in the country.

In response to the Hurricanes Eta and Iota in the North Caribbean, SRH, HIV prevention and counselling services were extended to vulnerable communities in Bilwi, Prinzapolka and Waspam through mobile medical brigade. One hundred forty people received services related to STIs while 181 people living with HIV accessed treatment and care services. Meanwhile, 27 representatives from the Ministry of Health, Ministry of Family, Children and Youth, Forensic of Institute of Legal Medicine (IML), and regional government secretariats were trained on the

clinical management of sexual violence in the context of emergencies, including pre- and post-exposure prophylaxis for HIV and STIs. The Joint Team also donated rape clinical management kits, condoms, and PPE to ensure continuity of services for survivors of sexual violence.

Under the COVID-19 Vaccines Global Access (COVAX) initiative, the Government of Nicaragua received support from the Joint Team to implement the National Deployment Plan against COVID-19. This included direct procurement of COVID-19 vaccines and mobilization of 3.9 million doses of vaccines from Canada, European Union, France, Norway, Japan, Spain, Switzerland, and the United States of America; procurement of 3.4 million syringes for COVID-19 vaccine and routine immunization for children; and implementation of effective communication strategies and awareness campaigns. The national cold-chain system was strengthened through the procurement and distribution of 132 refrigerators and 678 cold boxes using funding from the Government of Japan and other donors; additional 80 refrigerators and 125 cold boxes were purchased through financial resources from the Joint Team.

The Joint Team supported the Government to build cold vaccine warehouses to safely store COVID-19 and other vaccines in a health facility in Managua and strengthened the vaccination monitoring system through procurement of computers and tablets. Training was conducted for 36 649 healthcare workers involved in COVID-19 clinical care and eight clinical standards were developed improving the quality of care for people with diagnosed COVID-19.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Through technical support provided by the Joint Team, the National Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B and Chagas (EMTCT Plus) 2021-2025; and the protocol for comprehensive care for children exposed to HIV, syphilis, hepatitis, and chagas were updated to accelerate progress towards ending vertical transmission of HIV and the health outcomes of mothers and children.

The Nicaragua Ministry of Health was also assisted to conduct an annual monitoring and evaluation of indicators outlined in the EMTCT framework against the global recommendations. For example, EMTCT indicators were monitored in 19 health facilities and three hospitals led by the local integrated healthcare systems (SILAIS) providing PMTCT services across the country. Training was conducted for 296 healthcare personnel improving their skills on development of indicators and ensuring the quality of data collection, analysis, and management in PMTCT services; 50 healthcare workers were trained on the EMTCT and syphilis service delivery protocol while 40 healthcare workers in 19 SILAIS and municipalities received capacity building on management of viral hepatitis cases and data collection tools for hepatitis B and C, with emphasis on pregnant women and exposed children. These efforts enabled Nicaragua to sustain current progress, identify gaps, and execute improvement plans aimed at advancing the EMTCT certification process.

The Joint Team also provided technical support to strengthen the SIVE-HIV information system, including collation, purification, triangulation, processing, and analysis of HIV-related data improving the quality of strategic information for the HIV response. The standardized registry of the management census for pregnant women was also updated to include HIV and syphilis screening in the third trimester of pregnancy.

Between January and September 2021, the Joint Team supported the analysis of the quality of HIV prevention, treatment and care services, access to load viral test, and treatment adherence among pregnant woman, adolescents and children aimed at addressing programme gaps. Results from the analysis showed that only 57% of the pregnant and lactating women living with HIV who are on ART had achieved viral suppression. Based on this analysis, a priority has been given to early detection in the first trimester of pregnancy.

Supporting the National ART and EMCT Committee in their analysis made it possible to identify the needs for antiretrovirals and laboratory reagents. This assessment allowed for obtaining ARV and laboratory reagents to be included in the Global Funds proposals.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

In 2020, the Ministry of Education approved the school curriculum for CSE, which was aligned with international technical guidelines to improve access to reliable information and help children and adolescents to lead safe, productive, and fulfilling lives. Following its approval, CSE was included in the *Growing in Values* programme initiated in elementary and secondary schools to address gender-based violence (GBV). *Growing in Values* seeks to guide, inform, and provide knowledge to children and adolescents on SRH and GBV and promote positive values and practices that are critical to their personal and social development. Training sessions were conducted for 9176 teachers, directors, counsellors, and pedagogical advisors; and under the *Growing in Values* initiative 246 652 students and 73 386 families nationwide were sensitized to improve delivery CSE and effective involvement of families.

Technical assistance provided to the Ministry of Health resulted in the implementation of quality standards for adolescent health services, with an emphasis on SRH and HIV. By the end of 2021, 15 health units established their baseline and improvement plans while 29 municipal health units also established their baseline and initiated analysis of results. A total of 30 adolescent healthcare providers from 43 health facilities in the country were trained on the implementation of the quality standards for adolescent health services, which included promotion of SRH and comprehensive approach to STI, syphilis and HIV service delivery. In addition, the quality standards were also integrated in the comprehensive adolescent care manual and 48 adolescent healthcare coordinators from 19 SILAIS were trained on utilization of the manual.

Nicaragua's medical supply chain was strengthened through technical support for the annual forecasting of HIV medicines and commodities needs in the country; and monitoring visits of health units and hospitals in eight priority SILAIS. In 2022, a total 705 600 male condoms were procured and donated to the Government compensating for the supply delays incurred during the COVID-19 pandemic.

To ensure continuity of SRH, HIV, and COVID-19 services during the COVID-19 pandemic, personal protective equipment (PPE) worth US\$ 440 000 were procured and distributed to selected health units, with focus on primary care services in nine priority SILAIS. This included surgical face masks and shields, and disposable gowns. Besides, ten animation videos and 14 print materials with SRH, and HIV and STIs prevention components were produced to improve access to quality SRH-related information and promotion materials tailored to the needs of adolescent people.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Nicaragua continued to make significant contributions towards the achievement of the Sustainable Development Goals (SDGs). This included scale up of EMTCT, SRH and HIV integrated health services for adolescents; strengthening of the supply chain to improve the availability of condoms, HIV testing kits and antiretroviral medicines; and ensuring the continuity of SRH and HIV services during the COVID-19 pandemic and hurricanes Eta and Iota— contributing towards SDG 3 (good health and well-being).

Extensive support was provided to improve the quality of education in Nicaragua, in line with the SDG 4 (quality education) through the implementation of in- and out-of-school CSE, which includes prevention of HIV and STIs. CSE aims to empower young people with quality SRH and HIV information, build their capacity to make informed and responsible decision, and improve their self-esteem to address harmful attitudes and gender/social norms.

In partnership with sector ministries, the Joint Team sought to address GBV and promote gender equality among adolescent and young people through implementation of *Growing in Values* programme in elementary and secondary schools, in line with SDG 5 (achieve gender equality).

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic affected the availability of essential reproductive health medicines and commodities, including contraceptives and male condoms—the occurrence of stockouts in the last three months increased from 6% in 2020 to 54% in 2021. It is necessary to increase procurement of supplies to satisfy the growing needs of people who cannot afford to pay for their medical supplies, including condoms.

Limited funding and lack of skilled healthcare providers continue to challenge the scale up of adolescent health services and implementation of global standards for quality of adolescent-friendly health services. Similarly, the lack of skilled healthcare and shortages of supplies also impede access and delivery of quality sexual violence services. These experiences showed the need for strengthening integration of HIV in adolescent healthcare services in line with the national policy and strategic plan; generating evidence based on standardized indicators; assessing HIV and STIs prevalence, behaviour, attitudes, and practices of adolescent people aged 15-24 years; and monitoring and evaluation of SRH, HIV, and STI services to strengthen the national HIV response.

In- and out-of-school CSE continues to leave behind some populations, including learners from rural, indigenous, and Afro-descendant communities, and people with disabilities. Experiences from the implementation of CSE showed a need for deepening the gender approach in the delivery of CSE, with emphasis on the promotion of positive masculinities.

Consorted efforts are needed to strengthen PMTCT services in Nicaragua to achieve elimination of vertical transmission of HIV, syphilis, and hepatitis. These includes mobilizing resources to increase integrated mobile medical brigades for the hard-to-reach territories in the Northern and Southern Caribbean Coast; ensuring hepatitis B testing for pregnant women is included in prenatal care policy; strengthening the capacity of healthcare providers, community health workers, and family care givers on PMTCT services.

There is also a need to decentralize the HIV treatment services that are highly concentrated in hospitals in the Capital Managua to primary health care units across the country—50% of the people living with HIV are currently accessing ART through these hospitals. Continued support is also needed to strengthen the regulatory framework for addressing STIs, post-exposure prophylaxis (PEP) and ensure care for people with HIV within the family; and the SIVE-HIV information system through generation of agile, timely and quality data and reports, and integrating the analysis with interactive maps.

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