

## NICARAGUA

## STRATEGIC FOCUS

Since 2003, the U.S. Centers for Disease Control and Prevention (CDC) Central American Regional Office has collaborated with Ministries of Health and the Council of Health Ministers of Central America to respond to the HIV epidemic in the region. CDC supports countries to achieve the Joint United Nations Program on HIV/AIDS (UNAIDS) 95-95-95 targets and the World Health Organization's (WHO's) End TB Strategy targets in the context of the United Nations Sustainable Development Goals Agenda. The UNAIDS 95-95-95 targets are by 2030: 95 percent of people living with HIV (PLHIV) will know their HIV status; 95 percent of people who know their status will be on treatment; and 95 percent of people on treatment will have suppressed viral loads.

In coordination with the Chief of Mission, CDC prioritizes specific interventions that have a direct impact on the quality of services for PLHIV and key populations at elevated risk of infection. CDC supports the scale-up of evidence-based programs to bridge gaps around HIV prevention, active case finding, early ART initiation, optimized treatment services, and achievement of viral load suppression with a targeted approach to strengthen systems essential to HIV epidemic control.

## KEY ACTIVITIES AND ACCOMPLISHMENT

**Increase Detection of Undiagnosed HIV Cases through Recency and Index Testing**

CDC supports implementation of the Sexually Transmitted Infection (STI) surveillance, prevention, and control strategy, known as VICITS by its Spanish acronym. VICITS provides a tailored HIV prevention and testing service package to men who have sex with men, transgender women, and sex workers. This package includes risk-based counseling, enhanced STI diagnosis and treatment, condom and lubricant distribution, HIV testing, peer navigation for linkage to treatment, and a surveillance information system.

**Increase Knowledge of HIV Status through Active Case Finding Strategies**

CDC improves access to HIV testing among undiagnosed PLHIV by supporting several active case-finding strategies. These include testing as part of outreach strategies for key populations, index testing services (which involve identifying current and former partners and household members of PLHIV), and optimized provider-initiated testing. CDC launched HIV recency testing to identify areas of active transmission (i.e., PLHIV infected in the past 12 months) to guide prevention and case finding strategies and to accelerate contact tracing among recent index cases.

**Improve HIV-related Health Outcomes among PLHIV**

CDC supports the provision of a comprehensive service package to increase adherence to HIV treatment and improved health outcomes among PLHIV. These comprise of active linkage to care after diagnosis, reengagement of PLHIV who are not in care or not virally suppressed, early ART initiation, treatment optimization, and the management of opportunistic infections. CDC advocates for the introduction of differentiated service delivery models such as pharmacy fast track refill (FTR), multi-month scripting/dispensing, and high viral load tracking and management at decentralized sites.

**Strengthen Sustainable Viral Load Suppression among PLHIV to Prevent Illness and Transmission**

CDC supports the specimen referral, supplies, information, quality management systems, technology, and coverage of viral load services focused on increasing viral load coverage and viral load suppression among PLHIV that receive clinical care in the supported sites.

**Increase the Capacity of Health Care Systems and the Health Workforce to Serve People with HIV**

CDC introduced the Extension for Community Healthcare Outcomes (ECHO) model, an innovative tele-mentoring initiative, which uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. Through ECHO, CDC has created virtual communities of practice in HIV prevention, treatment, mental health, and strategic information. Additionally, CDC launched the Continuous Quality Improvement Training Initiative. Participants learned how to apply concepts of Quality Improvement in the clinical setting to improve service quality. CDC also established the HIV Rapid Test Continuous Quality Improvement Initiative and conducts economic evaluations to ensure optimal use of funding for programs that deliver the greatest benefits to people living with HIV, key populations, and non-governmental organizations.

## Key Country Leadership

President:  
Daniel Ortega

Minister of Health:  
Martha Reyes

U.S. Ambassador:  
Kevin Sullivan

CDC/DGHT Regional Director:  
Janell Wright

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$1,850 (2020)

Population (millions):  
6.62 (2020)

Under 5 Mortality:  
17/1,000 live births (2019)

Life Expectancy:  
74 years (2019)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 0.2% (2020)

Estimated AIDS Deaths  
(Age ≥15): <500 (2020)

Estimated Orphans Due to  
AIDS: 5,400 (2020)

Reported Number Receiving  
Antiretroviral Therapy (ART)  
(Age ≥15): 5,652 (2020)

**Global Tuberculosis  
(TB) Epidemic**  
([who.int/tb/country/data/profiles/en](http://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
43/100,000 population (2019)

TB Patients with Known HIV-  
Status who are HIV-positive:  
4.9% (2019)

TB Treatment Success Rate:  
87% (2018)

Estimated TB Mortality:  
2.3/100,000 population (2019)

## DGHT Country Staff: 1

Locally Employed Staff:1  
Direct Hires: 0  
Fellows & Contactors: 0

Our success is built on the backbone of science and strong partnerships.

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