United States Department of State

Washington, D.C. 20520

FY 2015 Central America Regional Operational Plan (ROP)

The following elements included in this document, in addition to "Budget and Target Reports" posted separately on www.PEPFAR.gov, reflect the approved FY 2015 ROP for Central America Regional.

1) *FY 2015 ROP Strategic Development Summary (SDS)* narrative communicates the epidemiologic and country/regional context; methods used for programmatic design; findings of integrated data analysis; and strategic direction for the investments and programs.

   Note that PEPFAR summary targets discussed within the SDS were accurate as of ROP approval and may have been adjusted as site-specific targets were finalized. See the "COP 15 Targets by Subnational Unit" sheets that follow for final approved targets.

2) *COP 15 Targets by Subnational Unit* includes approved ROP 15 targets (targets to be achieved by September 30, 2016). As noted, these may differ from targets embedded within the SDS narrative document and reflect final approved targets.

Approved FY 2015 ROP budgets by mechanism and program area, and summary targets are posted as a separate document on www.PEPFAR.gov in the "FY 2015 Country Operational Plan Budget and Target Report."

FY 2015 Regional Operational Plan

Central America Region

Strategic Direction Summary

October 2015

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Goal Statement

During the FY 2015 ROP implementation year, the USG will enhance its focus and increase its efforts in finding HIV+ people among Key Populations (KPs), and link them to care and treatment services. The program will achieve this by strategically directing its technical assistance (TA) to support evidence-based interventions that are directly linked to epidemic control in KPs, and enhance the continuum of prevention, care and treatment for KPs with a special focus on strengthening linkages and retention in care and treatment services. At the policy and technical levels, the USG team will continue to play an essential role in keeping KPs at the forefront of the national and regional responses, anchored in a human rights approach to ensure that those key and priority populations living with HIV are able to continue their lives free of stigma and discrimination.

The PEPFAR Central America program is committed to supporting the achievement of 80% treatment coverage by end of FY17 and by the agreed upon 90-90-90 targets by 2020. As agreed upon by the countries and donors through the Regional Partnership Framework, epidemic control in the region can be achieved through PEPFAR support for 20% of the response, GF support for 60% (including PEPFAR's strong TA assistance), and 20% through national support.

The primary program pivot from the FY2014 ROP is the re-direction of resources from low HIV Testing and counselling (HTC) yield sites in low priority sub-national units (SNUs) to high-burden SNUs not sufficiently targeted. We have significantly increased our funding to core activities that directly support the cascade, and have decreased support to systems activities, shifting the focus and support to link KPs to the cascade - to reach, test, treat and retention of those PLHIV. In Central America, PEPFAR has never funded treatment directly but through this strategic shift PEPFAR will increase support to treatment and adherence interventions by targeting TA efforts for early detection, linkage and support to KPs through the cascade.

Achieving the target of 80% coverage is only possible through close collaborations by partners such as PEPFAR and the Global Fund, and national efforts. To that end, PEPFAR will continue to work closely with all countries and key stakeholders, particularly to secure Global Fund financing through concept notes. PEPFAR will continue to support the successful mobilization of external TA for both concept note development and for implementation by Principal Recipients. PEPFAR will continue more modest but strategic and targeted support to system level activities in order to build up national capacities to reach the 80% treatment coverage. PEPFAR will continue targeted TA support to the regional coordination mechanism, through which all Central American countries are active. Seven PEPFAR-supported countries have committed to the UNAIDS 90-90-90 goals and PEPFAR will continue its close engagement so that the countries are able to invest more of their own resources in treating most affected populations.

1.0 Epidemic, Response, and Program Context

1.1 Summary statistics, disease burden and country or regional profile

The Central America Region is comprised of seven countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and has a population of almost 45 million. Per capita gross national income (GNI) in the region ranged from a high of $10,700 in Panama to a low of $1,790 in Nicaragua (the 2nd poorest country in the Western hemisphere), with Belize, Costa Rica and Panama being the only countries in the region with a per capita GNI over $4,000 (World Bank, 2013).

The HIV epidemic in Central America is concentrated with low prevalence among the general population, but high prevalence among key populations: men who have sex with men (MSM), transgender women (TG), and male and female sex workers (SW) in some locations. HIV prevalence in the general population is estimated to be less than 1% throughout the region, with the exception of Belize[1]. Findings from a USG-supported survey evidence a high disease burden amongst key populations. Prevalence rates in KP range from a low of 2.8% (in one city in Guatemala) to a high of 13.9% (Belize) among MSM; a low of 17.2% (in Tegucigalpa, Honduras) to a high of 33.3% (La Ceiba, Honduras) among TG; and, a low of 0.2% (Costa Rica) to a high of 15.1% (La Ceiba, Honduras) among FSW. High prevalence rates (above the general population) have also been found among the Garifuna ethnic group in Honduras (>4%) and people infected with TB.

As of 2013, an estimated 132,000 people were living with HIV in the region (UNAIDS, 2013). Three countries- Guatemala, Honduras and El Salvador- have the highest burden, accounting for 74% of all estimated people living with HIV. Guatemala, the most populous nation in the region, with a population of approximately 15 million has an estimated adult prevalence of 0.6%. The estimated number of people living with HIV in 2013 was 53,000; over 16,000 were in ART by the end of that year. There is an estimated 3,600 new infections per year, while AIDS-related deaths are estimated at 2,600. Honduras has a population of approximately 8 million and an estimated adult prevalence of 0.5%. An estimated 24,000 people were living with HIV in 2013; almost 10,000 individuals were on ART by the end of the same year. While the number of estimated AIDS deaths in Honduras (1,500) is under the estimated number of new infections (<1,000), data indicates that specific geographic areas of the country, such as the Caribbean coast, experience strong sub-national epidemics.

Among the major gaps in achieving HIV epidemic control in the region are the high number of estimated undiagnosed cases, the lack of robust referral systems, and moderate to poor adherence to ARV treatment.

[1] The exception is Belize, where it hovers around 1.5%,

HIV PREVALENCE

	Adult[1] %	FSW[2,3] %	MSM[2,3] %	TG[2,3] %
Belize	1.5	0.9	13.9	-
Costa Rica	0.2	0.2	10.9	-
El Salvador	0.5	2.5-5.7	8.8-10.8	25.8
Guatemala	0.6	1.1-3.7	2.8-8.9	23.8
Honduras	0.5	3.5-15.6	6.9-11.7	31.9
Nicaragua	0.2	1.8-2.4	2.8-7.5	27.8
Panama	0.6	0.7	18.7	37.6

Data reflect latest available country data reported as of 12/31/14, but period of data collection may vary.
[1]UNAIDS Gap Report, 2014
[2]Encuesta Centroamericana de Vigilancia de Comportamiento (2012 Belice, 2008 El Salvador, 2013 Guatemala, 2012 Honduras, 2010 Nicaragua)
[3]Encuestas en HSH (2009 Costa Rica, 2012 Panama)

REGIONAL PROFILE

	PLHIV estimate(2012)		PLHIV (2002-2013)	Newly reported (2013)		New HIV infections (2012)	KP estimate (2013)	
Belize	3,000	(2.3)		241	(3.3)	<200	5,164	(1.1)
Costa Rica	7,600	(6)	7,274	750	(10.2)	<500	33,053	(7.6)
El Salvador	21,000	(16)		1,428	(19.4)	1,300	71,932	(16.5)
Guatemala	53,000	(40)		1,842	(25.0)	3,600	130,724	(30.0)
Honduras	24,000	(18)		754	10.2)	<1,000	73,729	(16.9)
Nicaragua	8,661	(6.5)		926	(12.6)	<1,000	80,278	(18.4)
Panama	15,000	(11)	12,720	1,420	(19.3)	<1,000	40,391	(9.3)

Guatemala

Table 1.1.1 Guatemala - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	15,806,675 (2014 estimate)	100	3,106,183	19.7	3,211,309	20.3	4,981,096	31.5	4,508,087	28.5	Instituto Nacional de Estadística, Proyecciones de población. 2014[+]
Prevalence (%)		0.6		NA		NA		NA		NA	UNAIDS, 2013*
AIDS Deaths (per year)	2600										UNAIDS, 2013*
PLHIV	53 000		3 100				19 000		31000		UNAIDS, 2013*
Incidence Rate (Yr.)		NA		NA		NA		NA		NA	
New Infections (Yr.)	3600										UNAIDS, 2013*
Annual births	474,000										UNICEF, 2012**
% >= 1 ANC visit	NA	93%									UNICEF, 2012**
Pregnant women needing ARVs	1,000-4,600										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA		NA		NA		NA		NA		
TB cases (Yr.)	3369										WHO Global Report 2014
TB/HIV Co-infection	267		NA	NA	NA	NA	NA	NA	NA	NA	WHO Global Report 2014
Males Circumcised		5.6%			NA	NA			NA	5.6%	ENSMI-2008/09
Key Populations											
Total MSM*	141,153 (MSM) 4,940 (TG)										MOT, 2013 MSM: 4%, TG: 0.14%
MSM HIV Prevalence		**MSM:** Guatemala City: 8.9% Coatepeque: 2.8% **TG:** 23.8%									ECVC, 2013
Total FSW	36,015										MOT, 2013 0.93%
FSW HIV Prevalence		Guatemala City: 1.1 Escuintla/ Pto. San José: 3.7 Malacatán/ Tecún Umán: 2.0									ECVC, 2013
Total PWID	3795	NA									MOT 2012
PWID HIV Prevalence	NA	NA									

Table 1.1.1 Guatemala - Key National Demographic and Epidemiological Data											
	Total		<15				15+				*Source, Year*
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Priority Populations											
Clients of FSW	169,072	1.50%									MOT 2012^
TB patients	Estimated: 17,000 Notified: 3,369 Co-infected: 267	10%									WHO Global Report, 2013++
Military	22,000	0.1%									ECVC Guatemala 2014 (pending publication)
Young men, 15-24	1,620,689	0.2%^^									INE. 2014+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information
Young women, 15-24	1,626,171	0.2%^^									INE. 2014+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information

** Available at http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/*

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

+ Available at http://www.ine.gob.gt/sistema/uploads/2014/02/26/L5pNHMXzxy5FFWmk9NHCrK9x7E5Qgvvy.pdf

++Available at http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf

^Available at http://www.pasca.org/sites/default/files/GT_MOT2011_FEB2013.pdf

^^Available at http://www.unicef.org/publications/index_77928.html

Honduras

Table 1.1.1 Honduras - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	8,215,313	100	1,532,388	18.7	1,580,453	19.2	2,634,986	32.1	2,467,486	30.0	INE, 2011+
Prevalence (%)		0.5									UNAIDS, 2013*
AIDS Deaths (per year)	1500										UNAIDS, 2013*
PLHIV	24000		2200				9000		13000		UNAIDS, 2013*
Incidence Rate (Yr)											NA
New Infections (Yr)	<1000										UNAIDS, 2013*
Annual births	208,000	100									UNICEF, 2012**
% >= 1 ANC visit		97									UNICEF, 2012**
Pregnant women needing ARVs	<500-<1000										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA		NA		NA		NA		NA		
TB cases (Yr)	2981										WHO Global Report 2014
TB/HIV Co-infection	263										WHO Global Report 2014
Males Circumcised	NA										
Key Populations											
Total MSM	54,953 (MSM) 2,706 (TG)										MOT, 2013 MSM: 2.64%, TG: 0.13%
MSM HIV Prevalence		**MSM:** Tegucigalpa: 6.9 San Pedro Sula: 10.7 La Ceiba: 11.7 **TG:** Tegucigalpa: 17.2 San Pedro Sula: 23.6 La Ceiba: 33.3									ECVC, 2012
Total FSW	15013										MOT, 2013 0.7%
FSW HIV Prevalence		Tegucigalpa: 3.3 San Pedro Sula: 6.7 La Ceiba: 15.3									ECVC, 2013
Total PWID	NA	NA									
PWID HIV Prevalence	NA	NA									

Table 1.1.1 Honduras - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Priority Populations											
Clients of FSW	211,694	3.30%									MOT, 2012
FSW		**3.5-15.6**									**BSS (Honduras, 2012**
TB patients	Estimated: 6,000 Notified: 2981 Co-infected: 263	10									WHO Global Report, 2013++
Military	16,000	0.1%									Ministry of Defense, Honduras 2014 ECVC Honduras 2013
Garifuna	46448	Urban, men: 4.4 Urban, women: 4.6 Rural, men: 1.6 Rural, women: 4.9									INE, 2001 ECVC, 2013

** Available at http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/*

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

+Available at http://www.ine.gob.hn/index.php/datos-y-estadisticas/estadisticas-sociales-y-demograficas/indicadores-demograficos-3

++Available at http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf

El Salvador

Table 1.1.1 El Salvador - Key National Demographic and Epidemiological Data											
	Total		<15				15+				*Source, Year*
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	6,369,224 (2015 estimate)		884,044		923,534		2,501,612		2,060,034		Dirección General de Estadísticas y Censos, 2010 (Proyecciones)+
Prevalence (%)		0.5									UNAIDS, 2013*
AIDS Deaths (per year)	<1,000										UNAIDS, 2013*
PLHIV	21,000		<1000				9200		11800		UNAIDS, 2013*
Incidence Rate (Yr)											NA
New Infections (Yr)	1300										UNAIDS, 2013*
Annual births	128,000										UNICEF, 2012**
% >= 1 ANC visit		94									UNICEF, 2012**
Pregnant women needing ARVs	<500-<1000										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA										
TB cases (Yr)	2193										WHO Global Report 2014
TB/HIV Co-infection	203										WHO Global Report 2014
Males Circumcised	NA										
Key Populations											
Total MSM*	55,878										MOT, 2013 MSM: 3.41%. No TG figure.
MSM HIV Prevalence		**MSM:** San Salvador: 10.8 San Miguel: 8.8 **TG:** 25.8									ECVC, 2010
Total FSW	25,467										MOT, 2013
FSW HIV Prevalence		San Salvador: 5.7 Sonsonate/ Acajutla: 2.5									ECVC, 2010
Total PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Priority Populations											
Clients of FSW	109, 846	2.00%									MOT 2012^
TB patients Prevalence (includes HIV+TB)	Estimated: 3,100 Notified: 2193 Co-infected:	9%									WHO Global Report, 2013++

Table 1.1.1 El Salvador - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
	203										
FSW		**2.5-5.7**									**BSS (2008 El Salvador)**
Young men, 15-24	526,385	0.2%									Dirección General de Estadísticas y Censos, 2010 (Proyecciones)+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information
Young women, 15-24	560,722	0.3%									Dirección General de Estadísticas y Censos, 2010 (Proyecciones)+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information

** Available at http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/*

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

+Available at http://bit.ly/1znfnE5

^ Available at *http://www.pasca.org/sites/default/files/docs/mot_els_2011.pdf*

^^Available at http://www.unicef.org/publications/index_77928.html

Nicaragua

Table 1.1.1 Nicaragua - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	6,180,406 (2015 estimate)	100	973,721	15.6	1,012,950	16.4	2,156,848	34.9	2,036,887	*33.1*	INIDE+, Estimaciones y proyecciones de población. 2007
Prevalence (%)		0.2									UNAIDS, 2013*
AIDS Deaths (per year)	<200										UNAIDS, 2013*
PLHIV	1.-7,100 2.-8,661		NA		NA		2100		4800		1.UNAIDS, 2013* 2. HIV Epidemiologic Situation Report, 2014. MoH Nicaragua.
Incidence Rate (Yr)		28 x 100,000 hbts									HIV Epidemiologic Situation Report, 2014. MoH Nicaragua.
New Infections (Yr)	(1)926 (2)<1000 (500-1000)										(1) HIV Epidemiologic Situation Report, 2014. MoH Nicaragua. (2)UNAIDS, 2013*
Annual births		139,000									UNICEF, 2012**
% >= 1 ANC visit		90<									UNICEF, 2012**
Pregnant women needing ARVs	(1)176 (2)200-500										(1)Spectrum 2014. National Health Statistics, 2013 (2)UNICEF, 2012**
Orphans (maternal, paternal, double)	1,712										Spectrum 2014. National Health Statistics, 2013
TB cases (Yr)	3028										WHO Global Report 2014
TB/HIV Co-infection	75										GF concept note, 2014 GARPR 2013
Males Circumcised	NA										
Key Populations											
Total MSM*	57,742	72%									CONISIDA
MSM HIV Prevalence	9,76%										CONISIDA
Total FSW	5,489	6,8%									CONISIDA
FSW HIV Prevalence	18,6%										CONISIDA
Total PWID	17,047	21.2%									CONISIDA
PWID HIV Prevalence	2,3%										CONISIDA
Priority Populations											

Table 1.1.1 Nicaragua - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Clients of FSW	64,973	0.94%									MOT, 2011^
TB patients	Estimated: 4,100 Notified: 3,028 Co-infected: 106	3.5%									WHO Global Report, 2013++
Military	NA										
Young men, 15-24	665,365	0.1%^^									INIDE+, ^^UNICEF, State of The World's Children 2015 Country Statistical Information
Young women, 15-24	629,488	<0.1%^^									INIDE+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information

** Available at http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/*
***Available at http://www.unicef.org/13panish/publications/index_70986.html*
+Available at http://www.unfpa.org.ni/wp-content/uploads/2013/02/Proyeccion-Poblacion-Nic-2007.pdf
++Available at http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf
^Available at http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_final.pdf
^^Available at http://www.unicef.org/publications/index_77928.html

Panama

Table 1.1.1 Panama - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	3,975,404 (2015 estimation)	100	534,169	13.4	557,255	14.0	1,445,540	36.3	1,438,440	36.3	Proyecciones de Población, Instituto Nacional de Estadística y Censos, 2015+
Prevalence (%)		0.6									UNAIDS, Global Report on the Global AIDS epidemic, 2013
AIDS Deaths (per year)	**<1,000**										UNAIDS Gap Report, 2014
PLHIV	**15,000** (15,423)										UNAIDS Gap Report, 2014 (Spectrum 2013)
Incidence Rate (Yr)											
New Infections (Yr)	**<1,000**										UNAIDS Gap Report, 2014
Annual births	18.61 /1000 people per year										Panama Demographics Profile 2014
% >= 1 ANC visit	---	96									UNICEF, 2012**
Pregnant women needing ARVs	200-500										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA										
TB cases (Yr)	1519										WHO Global Report 2014***
TB/HIV Co-infection	175										WHO Global Report 2014***
Males Circumcised	NA	NA									
Key Populations											
Total MSM*	27,104										MOT, 2013
MSM HIV Prevalence		**18.7**									MSM surveys
Total FSW	17,985										MOT, 2013
FSW HIV Prevalence		**0.7**									MSM surveys
Total PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Priority Populations											

Table 1.1.1 Panama - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Clients of FSW	76,209	0.80%									MOT 2013
TB patients	Estimated: 2,400 Notified: 1,519 Co-infected: 175	13									WHO Global Report, 2013++
Young men, 15-24	335,497										Instituto Nacional de Estadística y Censo ^^UNICEF, State of The World's Children 2015 Country Statistical Information s, 2015+
Young women, 15-24	324,474										Instituto Nacional de Estadística y Censos, 2015+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

****Available at http://data.worldbank.org/indicator/SH.STA.ANVC.ZS/countries*

+Available at https://www.contraloria.gob.pa/INEC/Publicaciones/Publicaciones.aspx?ID_SUBCATEGORIA=10&ID_PUBLICACION=499&ID_IDIOMA=1&ID_CATEGORIA=3

++Available at http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf

^^Available at http://www.unicef.org/publications/index_77928.html

Costa Rica

Table 1.1.1 Costa Rica - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	4,832,234 (2015 estimate)	100	542,291	11.2	570,400	11.8	1,850,610	38.3	1,868,933	38.7	INEC+ 2015
Prevalence (%)		0.2									UNAIDS, Global Report on the Global AIDS epidemic, 2013
AIDS Deaths (per year)	<500										UNAIDS Gap Report, 2014
PLHIV	7,600										UNAIDS Gap Report, 2014
Incidence Rate (Yr)											
New Infections (Yr)	<500										UNAIDS Gap Report, 2014
Annual births	15.02/1000 people per year										INEC Costa Rica
% >= 1 ANC visit	---	90%									UNICEF, 2012**
Pregnant women needing ARVs	>100										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA										
TB cases (Yr)	417										WHO Global Report 2014***
TB/HIV Co-infection	36										WHO Global Report 2014***
Males Circumcised											
Key Populations											
Total MSM*	52,372										MOT, 2013
MSM HIV Prevalence		**10.9**									MSM surveys
Total FSW	15,712										MOT, 2013
FSW HIV Prevalence		**0.2**									MSM surveys
Total PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Priority Populations											
Clients of FSW	69,074	0.25%									MOT 2012

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

****Available at http://data.worldbank.org/indicator/SH.STA.ANVC.ZS/countries*

+Available at http://www.inec.go.cr/Web/Home/GeneradorPagina.aspx

Belize

Table 1.1.1 Belize - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	322,453 (2010 estimate)	100	56,828	17.6	57,920	18.0	104,398	32.4	103,307	32.0	Belize Population and Housing Census, Statistical Institute of Belize 2010+
Prevalence (%)		1.5									UNAIDS, Global Report on the Global AIDS epidemic, 2013
AIDS Deaths (per year)	**<200**										UNAIDS Gap Report, 2014
PLHIV	**3,000**										UNAIDS Gap Report, 2014
Incidence Rate (Yr)											
New Infections (Yr)	**<200**										UNAIDS Gap Report, 2014
Annual births	25.14/1000 people per year										Belize Demographics Profile 2014
% >= 1 ANC visit		96									UNICEF, 2012**
Pregnant women needing ARVs	<100										UNICEF, 2012**
Orphans (maternal, paternal, double)	NA										
TB cases (Yr)	124										WHO Global Report 2014***
TB/HIV Co-infection	25										WHO Global Report 2014***
Males Circumcised											
Key Populations											
Total MSM*	4,479										MOT, 2013
MSM HIV Prevalence		**13.9**									Encuesta Centroamericana de Vigilancia de Comportamiento 2012 Belice
Total FSW	565										MOT, 2013
FSW HIV Prevalence		**0.9**									Encuesta Centroamericana de Vigilancia de Comportamiento 2012 Belice
Total PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Priority Populations											
Clients of FSW	16,443	0.70%									MOT 2012^

Table 1.1.1 Belize - Key National Demographic and Epidemiological Data											
	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
TB patients	Estimated: 130 Notified: 124 Co-infected: 25	21%									WHO Global Report, 2013++
Military	1,700	1.14%									Belize Defense Force 2014 BDF/ BSS in Militaries 2010
Young men, 15-24	35,991	0.6%									Statistical Institute of Belize 2010+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information
Young women, 15-24	36,572	0.6%									Statistical Institute of Belize 2010+ ^^UNICEF, State of The World's Children 2015 Country Statistical Information
Garifuna	1500	NA									HIV prevalence data for Garifuna in Guatemala not available, but likely similar to Honduras Garifuna population (4.5%).

***Available at http://www.unicef.org/spanish/publications/index_70986.html*

****Available at http://data.worldbank.org/indicator/SH.STA.ANVC.ZS/countries*

+Available at http://www.sib.org.bz/Portals/0/docs/publications/census/2010_Census_Report.pdf

++Available at http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf

^Available at http://www.pasca.org/userfiles/MOT_Belize%20final%20report%207_March_2014.pdf

^^Available at http://www.unicef.org/publications/index_77928.html

Table 1.1.2 Cascade consolidation

	HTC	PLHIV		In Care		On ART	Retained on ART	Viral Suppression
Guatemala		53,000	(40)	18,325	(34.6%)	16,386	16,386	9,639
Honduras	71,911	24,000	(18)	10,047	(41.9%)	9,797		8,481
El Salvador	270,068	21,000	(16)	11,180	(53.2%)	7,196		5,080
Panama	282,540	15,000	(11)	9,756	(65.0%)	8,524	7,782	4,954
Nicaragua	252,479	8,661	(6.5)	5,755	(66.4%)	2,906	2,307	1,407
Belize	29,648	3,000	(2.3)			1,358	1,032	
Costa Rica	10,564	7,274		5,965	(82.0%)	4,487		3,943
	917,210	**131,935**		**61,028**		**50,654**	**27,507**	**33,504**

***Data sources include UNAIDS 2012 estimates in addition to MOH epi data for respective countries*

Guatemala

Table 1.1.2 Guatemala - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	15,073,375 (2013)	0.62% (Epidemiologic Bulletin CNE Nov. 2014)	54,550 Estimations and projections HIV AIDS Guatemala, MOH/PNS-CNE 2014	18325 (2013, adherence study)	16,386 (2013, adherence study)	16,386 (2013, adherence study)	9,639 (2013, adherence study)	144,221 Situational analysis MOH-PNS 2013	ND	ND
Population less than 15 years	6,029,350 WB Estimations 2013	ND	3,349 Estimations and projections HIV AIDS Guatemala, MOH/PNS-CNE 2014	ND	ND	ND	ND	ND	ND	ND
Pregnant Women	587,792 (Total Pop. estimates x fertility rate (3.8)/100, WB 2012)	0.33 (Baseline Study, Global Fund 2006)	1,820 Estimations and projections HIV AIDS Guatemala, MOH/PNS-CNE 2014	ND	394	ND	ND	107,051 Situational analysis MOH-PNS 2013	195* Situational analysis MOH-PNS 2013	195
MSM	112,738 MOT, PNS 2012	8.9 (ECVC2013) 3.3% (II Epidemiologic Bulletin HIV, VICITS data 2014)	10,627 MOT, PNS 2012	ND	ND	ND	ND	631 Situational analysis MOH-PNS 2013	51* Situational analysis MOH-PNS 2013	ND
FSW	22,563 MOT, PNS 2012	1.1 (Mid-term review Global Fund 2013) 0.7% (II Epidemiologic Bulletin HIV, VICITS data 2014)	1,219 MOT, PNS 2012	ND	ND	ND	ND	14,918 Situational analysis MOH-PNS 2013	10* Situational analysis MOH-PNS 2013	ND

Table 1.1.2 Guatemala - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
		1.1-3.7% CDC data 2013								
PWID	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Priority Pop TRANS	1,509 MOT, PNS 2012	23.8% (Mid-term review Global Fund 2013) 4.8% (II Epidemiologic Bulletin HIV, VICITS data 2014)	728 MOT, PNS 2012	ND	ND	ND	ND	132 Situational analysis MOH-PNS 2013	3*	ND

*Data under reporting

El Salvador

Table 1.1.2 El Salvador - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	6,340,454 (2013)	0.16% SUMEVE 2013 MoH 0.5% CDC data 2008	25,000 UNAIDS Report on the Global AIDS Epidemic - 2013	11,180 SUMEVE 2013 MoH	7,196 SUMEVE 2013 MoH	5980 8.1%	5,080 November SUMEVE 2013 MoH	270,068	182* (Data corresponds to the national campaign "Take the Test") 2013 MoH	ND
Population less than 15 years	1,946,967 estimation (National Statistics Center and census 2013)	ND	1,000 UNAIDS Report on the Global AIDS Epidemic - 2013	ND	ND	ND	ND	ND	ND	ND
Pregnant Women	119,559 estimation (National Statistics Center and census 2013)	ND	400 (MOT 2013) 166(Actual MOH- PNS data UNAIDS Report on the Global AIDS Epidemic – 2013)	166	166	ND	ND	82,969 SUMEVE 2013	166 SUMEVE 2013	166 SUMEVE 2013
MSM	47,817 MOT 2013	10.4% VICIT 2012 8.8-10.8% CDC data 2008	4973 MOT 2013	ND	ND	ND	ND	ND	ND	ND
FSW	27,324 MOT 2013	3.14% VICIT 2012 2.5-5.7 CDC data 2008	858 MOT2013	ND	ND	ND	ND	ND	ND	ND
PWID	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Priority Pop TRANS population	1000 MOT 2013	25.8% ECVC 2008.	258 MOT2013	ND	ND	ND	ND	ND	ND	ND

*Data under reporting

Panama

Table 1.1.2 Panama - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV SPECTRUM (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	3 850 735 INEC (2013)	0.65% Epidemiology MOH, 2013	17000 UNAIDS Report on the Global AIDS Epidemic - 2013	9 756 PNVS, 2013	8,524 PNVS, 2013	7 782 PNVS, 2013	4 954 PNVS, 2013	282 540 PNVS, 2013	846 Epidemiology MOH, 2013	ND
Population less than 15 years	1 082 973 INEC (2013)	ND	1,000 UNAIDS Report on the Global AIDS Epidemic-2013	ND	ND	ND	ND	21 The only data available is from new born babies of HIV positive mothers	245 Epidemiology MOH, 2013	ND
Pregnant Women	85 794 INEC (2013)	0.3% Epidemiology MOH, 2013	200 UNAIDS Report on the Global AIDS Epidemic-2013	ND	ND	ND	ND	72 000 Epidemiology MOH, 2013	216 Epidemiology MOH, 2013	159 PNVS, 2012
MSM	33,300 MOT 2013	19.8% Epidemiological surveillance data CLAM 2013 18.7% CDC data 2012	6 664 Spectrum 2013	ND	ND	ND	ND	1720 GARP 2013, TrAC Study, Panamá 2012	440 Epidemiological surveillance data CLAM, 2013	ND
FSW	1,700 MOT 2013	1.94% ICGES, 2010 0.7% Dato de CDC 2012	420 Spectrum 2013	ND	ND	ND	ND	1 108 GARP 2013 TrAC Study, Panamá 2012	9 Epidemiological surveillance data CLAM, 2013	ND
PWID	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Priority Pop TRANS	600 MOT 2013	31.6% GORGAS, PNVS Panamá, 2013 37.6% CDC data 2012	200 MOT 2013	ND	ND	ND	ND	ND	ND	ND

Belize

Table 1.1.2 Belize - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV SPECTRUM (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	358,899 (2013) Statistical Institute of Belize 2015	1.4% 2013 Statistical Report issued by MoH 2012, Global AIDS Country Progress Report 2014	3100 Global AIDS Country Progress Report 2014	ND	1,433 Global AIDS Country Progress Report 2014	1032 a public Health analysis in LAC and Caribbean PAHO 2012, says 76%	ND	29648 PNS 2013	ND	193 Global AIDS Country Progress Report 2014
Population less than 15 years	122,026 Estimation from World Bank 2013	ND	300 UNAIDS Report on the Global AIDS Epidemic - 2013	ND	ND	ND	ND	593 PNS 2013 Dr Manzanero	ND	ND
Pregnant Women	8,961 (Total Pop. estimate x fertility rate (2.73.5)/100, WB 2012)	0.78% Global AIDS Country Progress Report 2014	70 estimate (Based on Pop. estimates and prevalence)	ND	46 Global AIDS Country Progress Report 2014	ND	ND	6383 Global AIDS Country Progress Report 2014	50 Global AIDS Country Progress Report 2014	ND
MSM	4542 MOT 2014	13.9% ECVC MoH 2012	629 MOT 2014	ND	ND	ND	ND	ND	ND	ND
FSW	463 MOT 2014	0.9% ECVC MoH 2012	4 MOT 2014	ND	ND	ND	ND	ND	ND	ND
PWID	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Priority Pop (specify)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

Costa Rica

Table 1.1.2 Costa Rica - Cascade of HIV diagnosis, care and treatment (12 months)										
				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Total PLHIV (#)**	**In Care (#)**	**On ART (#)**	**Retained on ART 12 Months (#)**	**Viral Suppression 12 Months**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	4.700.011 (INEC, total population 2013)	0,2% (Populations 15-49 Yrs.) (Primary source: epidemiology report Spectrum 2012)	9,800 UNAIDS Report on the Global AIDS Epidemic - 2013	5,965 (Active patients in CCSS clinics up to Dec. 2013)	4,487 (CCSS clinics up to Dec. 2013)	ND	3,943 Estimate MdS 2013,	ND	694 (Newly diagnosed cases 2013, Surveillance Unit MoH)	ND
Population less than 15 years	1.120.702 (INEC, population -14 years 2013)	ND	400 UNAIDS Report on the Global AIDS Epidemic - 2013	54 (Active patients under 15 Yrs., up to Dec. 2013, Children's Hospital)	54 (patients under 15 Yrs. under ARV up to Ce. 2013, Children's Hospital)	54 (patients under 15 Yrs. under ARV up to Ce. 2013, Children's Hospital)	ND	ND	2 (New confirmed cases 2013, Surveillance Unit MoH)	ND
Pregnant Women	87699 (Total Pop. estimate x fertility rate (1.8)/100, WB 2012)	0.31% MoH Report: Indicators to monitor HIV AIDS epidemic 2012	272 estimate (Based on Pop. estimates and prevalence)	ND	222 81.58% (Percentage of HIV+ pregnant women that receive ARV to reduce PMTCT, UNGASS, 2014).	ND	ND	ND	ND	ND
MSM	4,7328 (MOT 2013)	10.9% Syphilis, HIV and risk behavior surveillance study in MSM-GAM (2009 MoH)	5159 (MOT 2013)	ND	ND	ND	ND	ND	ND	ND
FSW	1400 (MOT 2013)	0.2% SW survey (2009 MoH)	8 (MOT 2013)	ND	ND	ND	ND	ND	ND	ND
PWID	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Priority Pop	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

1.2 Investment Profile

Table 1.2.1: NASA

		PEPFAR	%	GLOBAL FUND	%	MOH	%	Other	%
Tier 1:	Guatemala (2012)	630,371	1.9	8,090,602	24.2	24,222,859	77.4	530,448	1.65
	Honduras (2012)	5,065,798	13.2	8,834,240	23.1	20,218,291	53.1	4,081,649	10.7
	El Salvador (2012)	2,527,356	4.7	7,419,421	13.7	42,416,047	78.5	1,662,039	3.1
Tier 2:	Panama	2,035,460	6.6	919,786	3.0	27,665,550	89.0	456,687	1.5
	Nicaragua (2012)	2,661,755	11.0	6,775,848	28.0	13,073,482	54.0	1,714,490	7.1
Tier 3:	Belize (2012)	555,483	19.7	517,356	18.3	1,036,525	36.7	717,408	25.4
	Costa Rica (2012)	1,114,147	4.9			20,507,766	90.9	948,240	4.2
		14,590,370		**32,557,253**		**149,140,520**		**10,110,961**	

Table 1.2.2 Procurement Profile for Key Commodities

Guatemala

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP*	% Other
ARVs	$11,823,857	0	24	76	
Rapid test kits	IQ	0		0	
Other drugs	$2,323,832	0	16	82	2
Lab reagents	$9,293,207		8	76	16
Condoms	$4,376,106		18	4	78
VMMC** kits	NA				
Other commodities	IQ				
Total	**$27,817,002**		**17**	**65**	**18**

Source: MEGAS 2012

Honduras

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP*	% Other
ARVs	$1,679,552		10.4	89.6	
Rapid test kits	NA				
Other drugs	NA				
Lab reagents	NA				
Condoms	$461,691		23.3	76.7	
VMMC** kits	NA				
Other commodities	NA				
Total	**$2,141,243**		**13**	**87**	

Source: Unidad de Logística de la SESAL, Programa Nacional ITS/VIH/SIDA and PR Global Fund (Cooperative Housing Foundation), 2014

El Salvador

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP*	% Other
ARVs	$ 1,810,518		21	79	
Rapid test kits	$ 671,240		86	12	2
Other drugs	$ 374,631		38	56	6
Lab reagents	$ 790,571		100		
Condoms	$ 182,984		21	78	1
VMMC** kits	NA				
Other commodities	$ 631,247		34	58	8
Total	**$ 4,461,191**		**48**	**50**	**2**

Source: SINAB data base 2014

Panama

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP*	% Other
ARVs	$ 5,211,158	0		100	
Rapid test kits	$ 31,440	0	2	98	
Other drugs	IQ	0			
Lab reagents	IQ	0			
Condoms	$ 94,149	0	12	88	
VMMC** kits	NA	0			
Other commodities	IQ	0			
Total	**$ 5,336,747**	**0**	**0.2**	**99.8**	

Source: Provision de Suministros MINSA and PR of Global Fund (Cicatelli) 2014

Nicaragua

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP	% Other
ARVs	$877,938		100		
Rapid test kits	$1,173,890	2.7	97.3		
Other drugs					
Lab reagents					
Condoms	$18,000	100			
VMMC kits					
Other commodities (lubricants)	$5,259	100			
Total	**2,075,087**	**2.6**	**97.4**		

Source: Estimations from information related with commodities in Concept note presented to Global Fund

Due the variety of data collection and sources of information, it is difficult to obtain all the information for these tables and consolidate this in one table for the entire region, but some relevant information could be obtained from these.

Related with the ARV treatment in Honduras, Guatemala, El Salvador and Panama, the government covers in average more than 75% of the expenses. Nicaragua depends on Global Fund to procure ARV treatments, but in the Concept Note sent recently the country shows a gradual absorption plan of patients in ARV treatment from the government in the next years.

Supplies related with Prevention activities (Rapid test kits, Condoms) some countries in the Region still depending of some external sources, but there are plans of gradual absorption of these expenses in the future.

Table 1.2.3 Non-PEPFAR Funded Investments and Integration and PEPFAR Central Initiatives

Funding Source	Total Non-COP Resources	Non-COP Resources							Non-COP Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
		Guatemala	Honduras	El Salvador	Panama	Nicaragua	Costa Rica	Belize				
USAID MCH	4,978,225	4,000,000	978,225							Honduras:1		
USAID TB												
USAID Malaria												
Family Planning	7,577,365	6,500,000	1,077,365							Honduras: 1		
Nutrition	4,500,000	4,500,000										
NIH												
CDC NCD	6,990,930	3,314,926	58,879	219,680	3,314,926	29,900		52,619				
Peace Corps	6,909,871	1,850,254	No PC presence	No health program	1,008,507	2,840,254	No health program	1,210,856				
DOD Ebola												
MCC												
Private Sector												
PEPFAR Central Initiatives (Key Pop.)	2,434,689	858,420	250,000		779,102	500,000	47,167		858,420	Guatemala: 1 Regional (Combination prevention); Honduras: 3 (Key Pop.); Nicaragua: 1 (Key Pop.); Panama: CDC	16,000,000	Gender Challenge Funds (549,000) are increasing the awareness about Sexual Violence, Exploitation and Trafficking in Persons among Key Populations and into the Justice System in El Salvador and Guatemala.
												Key Population Challenge Funds (309,420) are increasing the online outreach to hidden MSM population across the region and strengthening the activities related to S&D through the social movement "Generacion Cero"
Total												

1.3 Regional Sustainability Profile: Priorities and major gaps in coverage

The Central America Regional HIV sustainability strategy was developed and agreed to by the countries in 2014. The ROP will invest to support it and align the sustainability profile to this strategy, which focuses on: i) policies and human rights, ii) prevention (with focus on KP), iii) comprehensive care, and iv) financing. With COMISCA's endorsement (Central American Council for Ministries of Health), the regional strategy was approved at the XL Meeting of the Central America Integration System (SICA in Spanish) presided by the region's Presidents, ensuring high level support for a sustainable response to HIV and AIDS priorities. USG is supporting the countries to implement more cost effective programs and reduce spending on HIV medicines and other supplies by joint purchasing and facilitating greater ownership of the regional and national responses. The Strategic Action Plan defines in phases a reduction in dependency on external resources to achieve sustainability of care and treatment coverage. In many countries in the region (Guatemala, El Salvador, Costa Rica and Panama) the largest investment for the HIV response comes from the local government, in particular for care and treatment services. A major gap in many cases is the investment for prevention services for Key Populations, which is solely donor funded. The Sustainability Index and Dashboard will be developed in FY16 to better track each country's path towards full treatment sustainability.

All USG activities are reviewed, validated and often developed jointly with host country government and civil society counterparts at different levels. All activities must clearly align with the NSP in each country, where discussions are held with the GFATM and other donors to ensure coordination and avoid duplication. On the one hand, governments and regional entities have shown political leadership in articulating priorities and plans represented by comprehensive NSPs, developed with multi-sectorial stakeholders convened and led by government representatives.

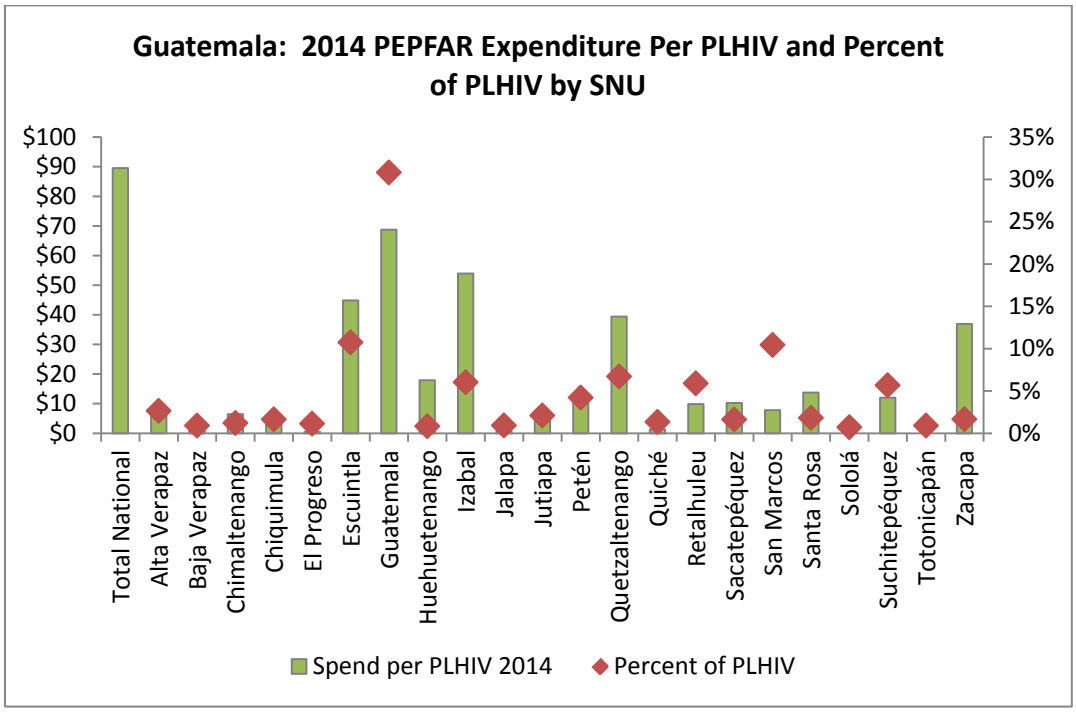
Since 2012, Honduras has financed the provision of prevention services by the Ministry of Health (G2G), through contracts with local NGOs to provide quality services to key and priority populations. This strategy has allowed the MOH and NGOs to develop the ability and capacity to continue these services once the cooperation support has finished. For the first time, in FY15 the MOH will be contracting one of the NGOs with its own funds (from the national budget), and hopes to assume 100% of the contracts within 5 years. The GFATM has closely monitored the results, and will incorporate it in its funding package.

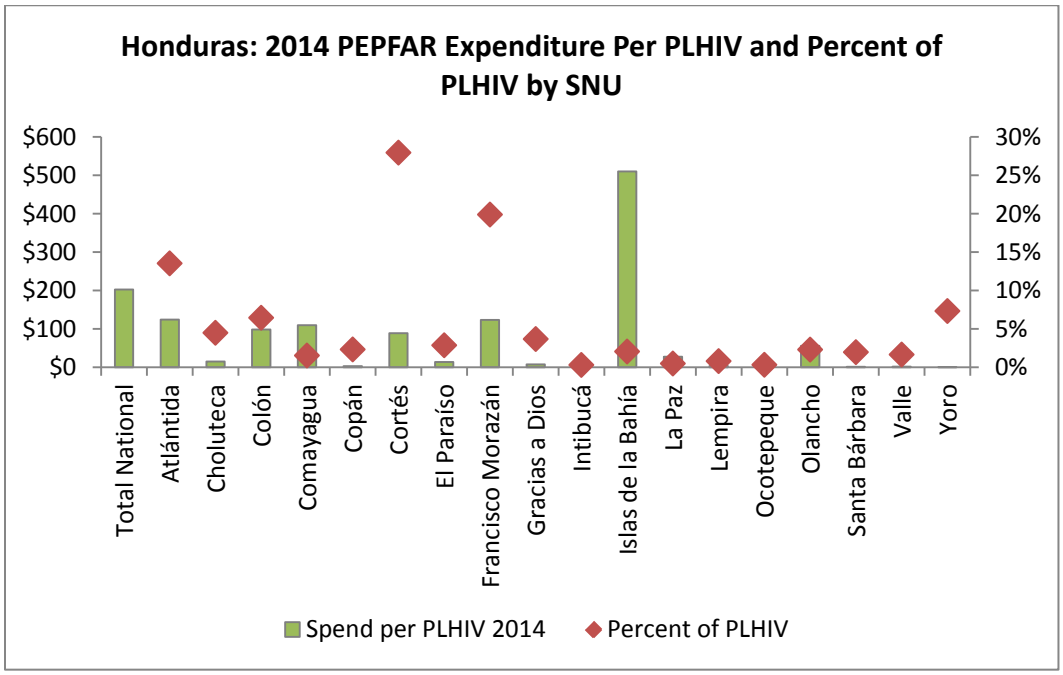
1.4 Alignment of PEPFAR investments geographically to disease burden

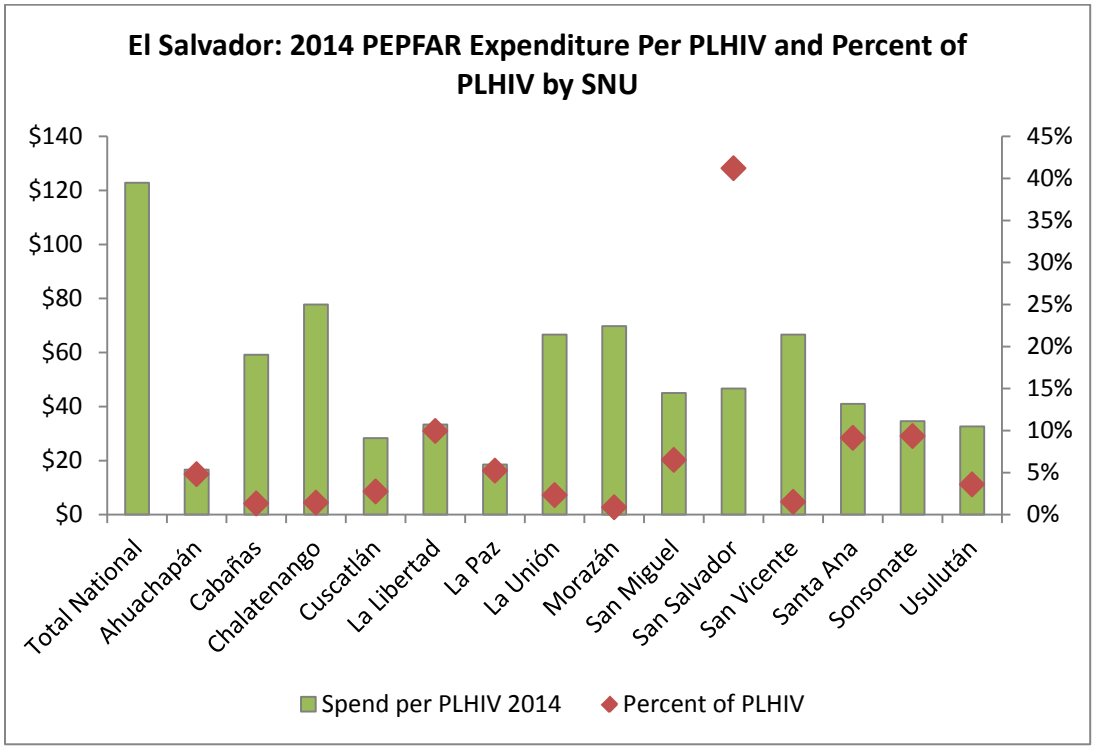
The tables below present PEPFAR expenditures in the countries for 2014 by percentage of PLHIV by SNU. Expenditure per PLHIV across SNUs varied from $0.53 to $68.72 in Guatemala; $0.37 to $510.32 in Honduras; and, $16.65 to $77.75 in El Salvador.

In FY 2014, the USG invested funds in national and above-national activities, with an average of $89.54 dollars spent per PLHIV in Guatemala, $202.61 in Honduras, and $122.83 in El Salvador. These amounts were based on the estimated number of PLHIV in each country and in each SNU, *not* on actual number of PLHIV reached by PEPFAR.

Overall a clear correlation was not found between PEPFAR expenditures and PLHIV in SNUs; some SNUs showed low expenditures in services to PLHIV (4 in Guatemala, 11 in Honduras, and 1 in El Salvador), whereas the majority of SNUS have high costs (7 SNUs in Guatemala, 2 in Honduras, and 9 in El Salvador).







1.5 Stakeholder Engagement

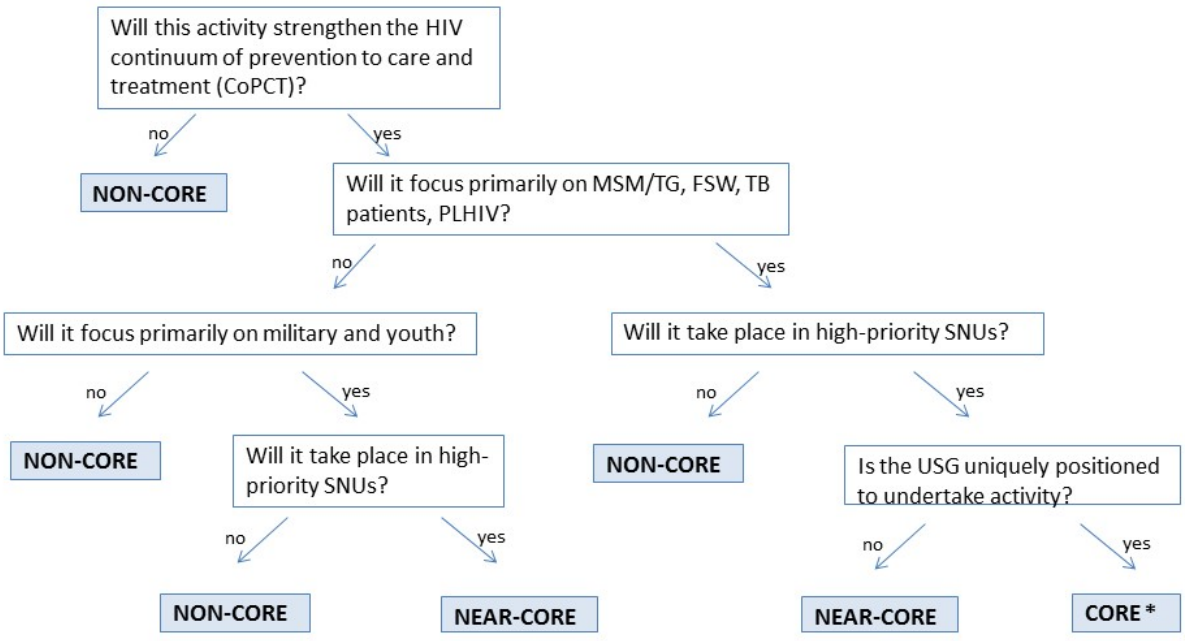
USG maintains close communication and collaboration with the GFTAM on a regular basis through programmed calls and meetings with the LAC Regional Coordinator and with portfolio managers in each country. USG also conducts monthly reviews of all GFTAM projects in the region to identify implementation challenges and coordinate with the portfolio managers. Every year, during ROP preparation, the PEPFAR team carefully reviews the state of the HIV epidemic and the response (including GFTAM projects) in each country. The team holds consultations with countries, GF portfolio managers, UNAIDS, other multi-lateral donors and a diverse group of stakeholders to identify any possible overlapping of resources and activities, and adjust accordingly. During this process, the areas where there is a need for TA support from the USG team are identified.

In addition, USG has fluid communication with all UN agencies in each country, as well as with regional offices. Regional and national meetings occur regularly for political and technical coordination, aiming at harmonization and to avoid duplication, while keeping the focus on the scope of work and mandate of each agency. Civil Society is a key partner in USG programming and members participate in discussions and decision making. The intensive work of USG with the private sector in the last three years, has engaged entrepreneurs to adopt HIV workplace policies, and to incorporate them into the decision making process. This discussion has led to transferring their best practices for efficiency and cost analysis.

2.0 Core, Near-Core and Non-Core Activities

USG defined core, near-core, and non-core activities for program implementation in FY16 based on the qualities of the activity to lead to epidemic control. For this exercise, a decision tree was developed to aid in the analysis of the burden of the disease and HIV prevalence among sub-populations, as well as the current gaps in the continuum of prevention to care and treatment, (CoPCT in country investments, and USG's unique ability to impact the continuum response cascade. As a result, core activities will focus primarily on key populations and PLHIV in high-priority SNUs, and only include activities that the USG will be uniquely positioned to undertake to strengthen the CoPCT. Near-Core activities will focus primarily on priority populations (i.e., military, Garifuna ethnic population, TB patients, and KP youth). Any other activity that may be critical for US-host country relations or the national HIV response will also be included. Activities that will not strengthen the CoPCT and that will not be significant to the national HIV response will be considered as non-core and will not be funded in FY16. Please see Appendix A for full list of core, near-core, and non-core activities and transition plans.

Figure 1a. Decision Tree: core, near-core, non-core activities in the Central America Region



* Only SI, lab, HRH, and supply chain management activities supporting CoPCT that the USG is uniquely positioned to undertake

3.0 Geographic and Population Prioritization

Based on the epidemiological profile and to implement the PEPFAR 3.0 strategy, the USG team in consultation and dialogue with external stakeholders, prioritized the investment of PEPFAR resources in the highest disease burden areas where PEPFAR could be most impactful. This prioritization allows limited resources to be invested in the areas of highest need where an impact on epidemic control could be measured.

The PEPFAR Central America team will maintain its regional approach in the FY 2015 COP but has modified its footprint and level of support to align investments and support to strategically selected activities in the 13 highest burden SNUs. These 13 SNUs across the region account for 60% of the PLHIV burden and include areas where the data shows that PEPFAR can have the biggest impact for its investment. Costa Rica has advanced the most in the region towards the 90-90-90 goals and has the lowest gap in the treatment cascade. As a result, PEPFAR support will be redirected to other locations in the region. During this process, PEPFAR applied the following criteria:

- Disease burden, total size of PLHIV and prevalence
- Underserved populations (KPs prevalence)
- Impact of investment (USG resource distribution vs results)
- Cascade gaps for KPs
- Financial contribution from other donors and national government
- Country's economic threshold

The program has reallocated funding to countries based on the above mentioned criteria. As a first step, PEPFAR reduced the number of SNUs for community based prevention in each country and withdrew from SNUs with less than 4 positive cases diagnosed by USG IPs. The next step was to prioritize support to increase and ensure linkages to care and treatment at facility-level services that are directly serving KPs and PLHIV. TA for above-site support was aligned to three priority areas: (a) cascade enhancement, including regional integration of procurement of supplies and equipment; (b) key national level strategic information processes (GARPR, NASA and COMISCA indicator) and (c) S&D policy related to KP and PLHIV. Above-site support will be strongest in countries with the largest HIV burden.

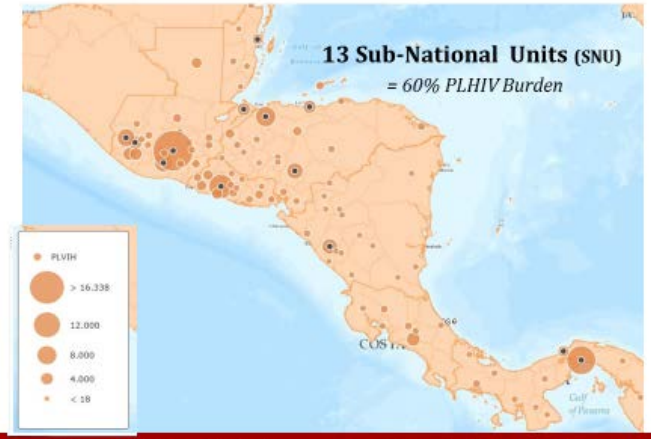
Country	Number of KP	% KP in the region	% PLHIV in the region	*FY14 EA Expenditures*	Cascade Focus	*ROP15 Geographic Focus*	Change in # of SNUs (FY14 to FY16)	Notes
Guatemala	**182,108**	**39.34**	40%	*4.7 million*	All pillars	***5 SNUs*** *Guatemala Escuintla San Marcos Quetzaltenango Izabal*	18 to 5	Focus on 5 SNUs for community-based prevention activities. Provide TA for Global Fund-supported HTC activities in any SNU. Strengthen gender, S&D activities. Strengthen support for facility-level activities directly serving KP and PLHIV. Focus on activities that directly strengthen the cascade.
Honduras	**72,672**	**15.59**	18%	*4.8 million*	All pillars	***3 SNUs*** *Atlantida Franciso Morazan Cortes*	6 to 3	Focus on 3 SNUs for community-based prevention activities. Strengthen support for facility-level activities directly serving KP and PLHIV. Focus on activities that strengthen the cascade.
El Salvador	**81,345**	**15.22**	16%	*2.5 million*	All pillars	***1 SNUs*** *San Salvador*	12 to 1	Focus on 1 SNU for community-based prevention activities. Provide TA for Global Fund-supported HTC activities in any SNU. Strengthen support for facility-level activities directly serving KP and PLHIV. Focus on activities that directly strengthen the cascade.
Panama; Nicaragua; 1) 17 % of your estimated PLHIV are here; what are the few best opportunities for impact on reaching 90-90-90								
Panama	**45,089**	**8.43**	11%	*2.5 million*	Reach, Retain	***2 SNUs*** *Panama Colon*	9 to 2	Focus on 2 SNUs for community-based prevention activities. Strengthen support for facility-level activities directly serving KP and PLHIV. Focus on activities that directly strengthen the cascade, including supply chain management.
Nicaragua	**76,268**	**13.81**	6.5%	*2.3 million*	Reach, Retain, Tx	***1 SNUs*** *Managua*	17 to 1	Focus on 1 SNU for community-based prevention activities, based on GF concept note agreement. Provide TA for Global Fund-supported HTC activities in any SNU. Strengthen support for facility-level activities directly serving KP and PLHIV. Focus on activities that directly strengthen the cascade.
Belize, Costa Rica; 1) 8% of your estimated PLHIV are here; what are the few best opportunities for targeted technical assistance that can make an impact on reaching 90-90-90								

Costa Rica	**64,084**	**5.75**	5.7%	*1.3 million*	Retain, Treat	*No SNU*	4 to 0	Transitioning support from Costa Rica as they have a strong national response and less gap in the cascade than the other countries.
Belize	**5,044**	**0.94**	2.3%	*1.5 million*	Detect, Retain	***1 SNU*** *Belize*	6 to 1	High HIV prevalence in the general population, small population. Highest TB/HIV co-infection rates in the region. No CD4 / viral load capabilities. Focus on 2 SNUs for community-based prevention activities: Focus on stigma and discrimination, TB/HIV activities. Focus on activities that directly strengthen the cascade

PEPFAR FY2014 – Subnational level support

A New Era of Accountability, Transparency and Solidarity to Accelerate Impact

PEPFAR FY 2015 – Subnational level support



A New Era of Accountability, Transparency and Solidarity to Accelerate Impact

ROP15 - SNU Prioritization in Region

Prioritized SNUs	KP all	KP priorities	Estimated No. PLHIV (UNAIDS 2013)	90% people diagnosed	PEPFAR FY 17 (90%)	90% people treated	PEPFAR FY 17 (90%)	90% viral supressed	PEPFAR FY 17 (90%)
Guatemala	38418	30893	16338	14704	6644	13234	1519	11910	5007
Escuintla	6131	4930	5691	5122	2311	4610	4058	4149	3823
San Marcos	6689	5379	5528	4975	2208	4478	4212	4030	3874
Quezaltenango	8231	6618	3560	3204	1469	2884	-408.4	2595	657
Izabal	4859	3907	3198	2878	2036	2590	1814	2331	1874
Cortes	15210	15210	6710	6039	2283	5435	1701	4892	3603
Fco Morazan	13450	13450	4772	4295	1657	3865	1326	3479	2602
Atlantida	3721	3721	3247	2922	1087	2630	1379	2367	1935
San Salvador	19525	19525	8655	7789	323	7010	7,010	6309	6,309
Managua	24034	17777	5347	4812	0	4812	1418	4331	2294
Panama	21551	13083	10912	9821	1720	8839	8839	7955	4159
Colon	2946	1821	2327	2094	1147	1885	1183	1696	1288
Belize	1529	1357	2249	2024	1029	1822	1202	1640	1640
Total	**166294**	**137671**	**78534**	**70680**	**23915**	**64093**	**35252**	**57684**	**39066**

In addition, the PEPFAR Central America Program will keep supporting the following priority populations:

1. Garifuna (Honduras)
2. TB patients (Guatemala, El Salvador, Honduras, Nicaragua and Panama)
3. FSW (El Salvador & Honduras)
4. KP Youth

1. Garifunas (Honduras)

The Garifuna population is one of eight ethnic groups in the country; they are of African origin and live mostly in communities along the Caribbean coast. Several studies in Honduras have shown that a high HIV burden amongst Garifunas, as a result of individual and social factors that increase their risk of HIV infection. The sexual behavior surveillance survey (BSS) conducted in 2006 found an HIV prevalence of 4.5% among urban Garifuna population and 4.6% in the rural population, an increase from 4.2% and 2.5% respectively, found in the BSS 2012. This prevalence is significantly higher compared to 0.5% in the general population. An ethnographic study conducted in 2004 identified social factors that potentially contribute the high HIV prevalence in the Garifuna population, mainly associated to gender inequality, male migration for employment, sexual violence, alcohol and drug use, difficulty for women to negotiate condom use with their sexual partners, multiple sexual partners, and early initiation of sexual intercourse, transactional sex and low condom use. According to these risk factors, the vulnerability context and the high HIV prevalence amongst the Garifuna, there is a need to strengthen national strategies for HIV prevention targeted to this population, along with linkages to care and treatment services.

2. Tuberculosis (TB) Patients (Guatemala, El Salvador, Honduras, Nicaragua, Panama)

In 2013, 13% of people who developed TB worldwide were co-infected with HIV. According to the WHO Central America country profiles, the TB prevalence rate (per 100,000) varies from 15 (Costa Rica) to 110 (Guatemala) per 100,000, with a mean of 59.29 per 100,000**.** The countries with the highest TB/HIV incidence rate (per 100,000) are Belize (8.6), Panama (6.3), Guatemala (5.9) and Honduras (5.6). There are gaps in the implementation of effective interventions to reduce the burden of HIV-associated TB. Undiagnosed TB disease, where detection rate is low (36% in Guatemala, 68% in Honduras), can impose a high risk for PLHIV. In a recent review during intensified TB case finding (ICF) in resource-limited settings, the yield of HIV-associated TB showed an 8% median prevalence of TB disease among PLHIV attending HIV care and treatment clinics [range up to 25% in some of these clinics]. According to APR14 results, USG-supported TB clinics detected a 15%-20% HIV co-infection in high TB burden SNUs. As a result of investment alignment and site yield/volume analyses and regional context, in ROP15 USG has prioritized an appropriate mix of core and near-core activities in in priority SNUs to provide HTC and ensure linkage to care of HIV+ TB patients.

3. FSW (Honduras and El Salvador)

The prevalence among FSW is high only in Honduras and El Salvador, therefore these priority populations will be supported in these two countries at priority SNUs. According to MOT, 2013 an HIV prevalence of 0.7% was found among a total of 15.013 FSW. The ECVC in 2013 showed HIV prevalence among FSW to vary between 3.3 to 15.3, depending on the sites (Tegucigalpa, 3.3; San Pedro Sula, 6.7 and La Ceiba, 15.3). In El Salvador according to MOT 2013, the estimated total of FSW was 25,467 and the ECVC survey in 2010 showed an HIV prevalence of 2.5 in Acajutla and 5.7 in San Salvador. FSW attend VICITS clinics supported by CDC in Honduras and El Salvador where they receive HTC services, care and treatment for STDs and also are linked to HIV care and treatment.

3. KP Youth (Guatemala, El Salvador, Nicaragua, Belize)

Peace Corps (PC) will support activities in 4 countries in the sub region: Guatemala, El Salvador, Nicaragua and Belize. In these countries, PC will implement Core Activities in 15 or more municipalities using PEPFAR and PC funding to target at least 325 persons from Key Populations, mainly young men who have sex with men. Given the gender inequalities that affect these countries, PC will implement work pertaining gender norms within the context of HIV and addressing stigma and discrimination. This work will target at least 375 individuals from diverse groups who are influential to improve attitudes and practices toward key populations in non-urban areas.

PC will also continue to work on building capacities among health care workers, both in-service and pre-service, in close coordination with the Ministry of Health (MOH). The partnership with the MOH will also provide opportunities for some volunteers to follow-up with positive persons in the community and link them to health care and support services as described in the PEPFAR guidelines, focusing on, but not limited to retention for pre-ART and ART treatment. This activity will be driven by community and MOH needs, preceded by orientation imparted by the HIV departmental clinics.

In Nicaragua, PC will also work with orphans and other vulnerable children with specific earmark funds. Given that the prioritized SNUs for the Central America PEPFAR program are located mainly in departments or country capitals (urban areas) and most PC Volunteers are located in non-urban locations, PC's sphere of influence will primarily be in the catchment areas of the prioritized SNUs, as well as linking Key Populations and positive persons to services centralized in the selected SNUs while also providing on-site support and follow up.

Approximately 45 non-PEPFAR funded PC Volunteers will implement core activities, which will contribute to ROP15 targets. Activities will continue to include community contributions and participation of local counterparts to ensure enhanced sustainability and cost efficiency. At the end of the year, PC plans to reach more than 1000 persons with core activities.

4. Military

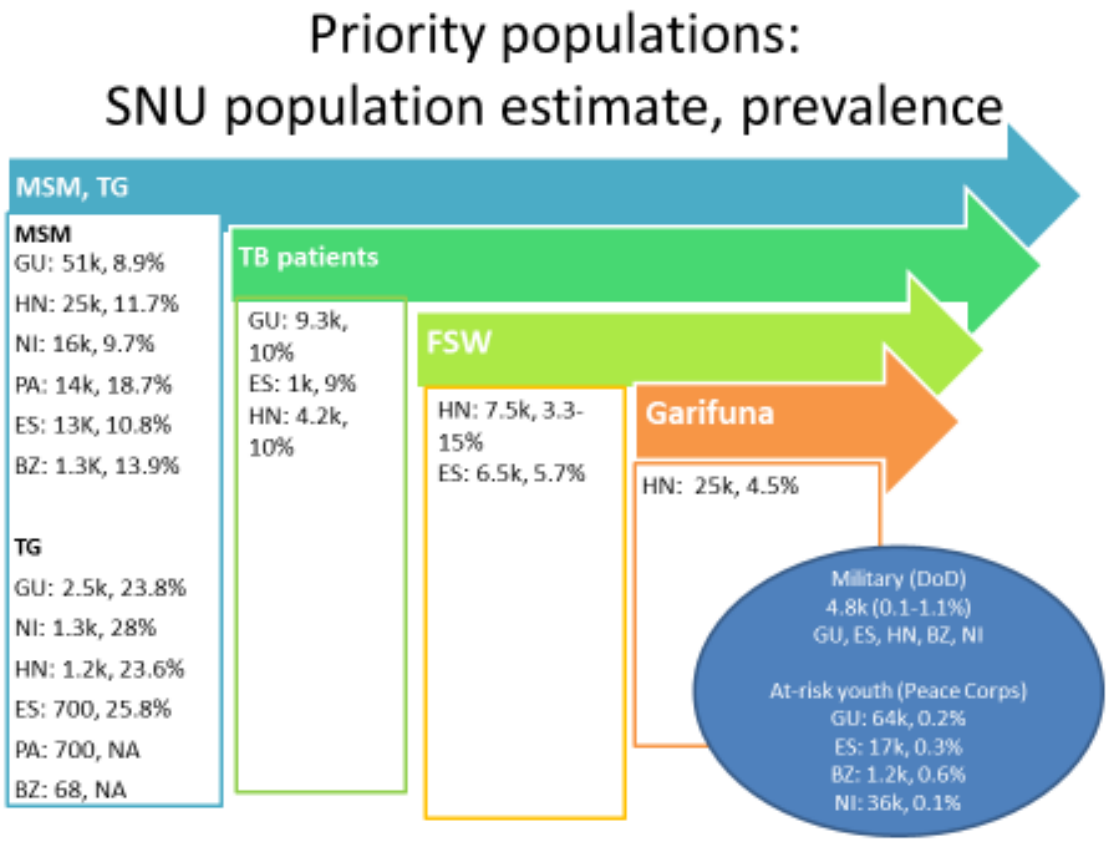
The Department of Defense's epidemiological, investment, and site yield analysis has led to significant changes in the DOD program for FY2015, accelerating the shift of key program activities' to militaries with a heightened focus on ensuring a rapid, yet responsible and sustainable transition. DOD will use ROP14 funds to transition all core and near-core activities from local implementing partners to their military in-country counterparts. DOD will transition all general HIV prevention activities to the militaries and will no longer provide direct or technical assistance support for mobile or voluntary counseling and testing activities. These non-core activities with be replaced with training of military medical providers in provider initiated testing and counseling to ensure our militaries are left with installed capacity to assume prevention and testing activities independently. DOD will also use remaining ROP14 funds to apply successes and lessons learned from Nicaragua and El Salvador in gender norms and S&D to military programs in Guatemala, Honduras, and Belize. For example, in Nicaragua, the military is a joint partner with the National AIDS Commission (CONISIDA) at both the national and departmental level. PLHIV advocates from CONISIDA speak to military personnel about the stigma and discrimination that PLHIV face. These testimonies work to humanize HIV and are changing the perception (stigma) associated with HIV among military personnel. In El Salvador, DOD conducted ToT in non-discrimination with military health staff personnel. In turn, these trained military facilitators have conducted non-discrimination training with all staff at military health facilities and are receiving certification in recognition of compliance with Ministry of Health national standards and guidelines.

DOD's ROP15 plan seeks to leverage our current regional mechanisms with targeted investments to achieve the greatest impact for our level of investment by providing above site support through the provision of direct technical assistance from Department of Defense personnel. With ROP15 funds, DoD headquarter and regionally-based staff will work in tandem with its regionally-based implementing partner for work in Positive Health Dignity and Prevention in Belize, El Salvador, Guatemala and Honduras.

DoD will provide continued limited support to the Guatemala and Honduras militaries' health information management systems (MeHIN) deployed in FY14/FY15. This support will establish local help desks in each country, ensuring the militaries can effectively manage these systems independently. In conjunction with the support desk, DOD will provide targeted TA to build military capacity to effectively manage their prevention, care, and treatment programs through data-based decision making. Building off the MeHIN platform, DOD also proposes to leverage the expertise of the NAMRU-6 Bioinformatics group to create a text message based platform to reach military PLHIV with treatment reminders, ultimately improving retention in C&T, treatment adherence, and viral suppression.

DOD will also support a Spanish language Military International HIV Training Program (MIHTP) course in the U.S. for three host nation military personnel participants (1 each from Honduras, Guatemala, and El Salvador).

Lastly, DOD Central America will use ROP15 funds to conduct a SABERS (Seroprevalence and Behavioral Epidemiology Risk Survey) study in Belize.


Priority populations:
SNU population estimate, prevalence
MSM, TG
MSM
GU: 51k, 8.9%
HN: 25k, 11.7%
NI: 16k, 9.7%
PA: 14k, 18.7%
ES: 13K, 10.8%
BZ: 1.3K, 13.9%
TG
GU: 2.5k, 23.8%
NI: 1.3k, 28%
HN: 1.2k, 23.6%
ES: 700, 25.8%
PA: 700, NA
BZ: 68, NA
TB patients
GU: 9.3k, 10%
ES: 1k, 9%
HN: 4.2k, 10%
FSW
HN: 7.5k, 3.3-15%
ES: 6.5k, 5.7%
Garifuna
HN: 25k, 4.5%
Military (DoD)
4.8k (0.1-1.1%)
GU, ES, HN, BZ, NI
At-risk youth (Peace Corps)
GU: 64k, 0.2%
ES: 17k, 0.3%
BZ: 1.2k, 0.6%
NI: 36k, 0.1%

4.0 Program Activities for Epidemic Control in Priority Locations and Populations

4.1 Targets for priority locations and populations

	REACH (Kp_prev)	TEST (HTC)	TREAT (Care_ Current)	RETAIN (Tx_current)
USAID Target	19206	31726	4,255	3,829
CDC Target	18,309	17789	2,738	991
DOD Target		725		
PC Target	320			
Total Target	**37,835**	**50,240**	**6,993**	**4,820**
Guatemala	**USAID:** Increase Com CP services from in the 5 SNUs	**USAID:** Increase Com C&T in the 5 SNUs	**USAID:** Clinical monitoring of treatment outcomes (VL, CD4, drug resistance); in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance	
	CDC: Expand HTC service (VICITS promoters, TB community workers, modified clinic hours, tailored hours of service, modified or added locations)	**CDC:** Drop support for HIV clinics with less than 4 HIV+; improve targeted HTC for KP and TB patients; improve quality of HIV diagnosis	**CDC:** Implement navigator program to link HIV+ to HIV services; support POC CD4 tests at VICITS; support TB/HIV services and OI screening among PLHIV; improve quality of CD4 testing; monitor HIV clinical care	
Honduras	**USAID:** Increase Com CP services from in the 3 SNUs	**USAID:** Increase Com C&T in the 3 SNUs	**USAID:** Clinical monitoring of treatment outcomes (VL, CD4, drug resistance)	**USAID:** Assess treatment adherence
	CDC: Expand HTC service (VICITS promoters, TB community workers)	**CDC:** Drop support for HIV clinics with less than 4 HIV+; improve targeted HTC for KP and TB patients; improve quality of HIV diagnosis	**CDC:** Implement navigator program to link HIV+ to HIV services; support POC CD4 tests at VICITS; support TB/HIV services and OI screening among	

			PLHIV; improve quality of CD4 testing; monitor HIV clinical care	
El Salvador	**USAID:** Increase Com CP services in 1 SNU	**USAID:** Increase Com C&T in 1 SNU	**USAID:** In-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance	**USAID:** Assess treatment adherence
	CDC: Expand HTC service (VICITS promoters) TB community workers)	**CDC:** Drop support for HIV clinics with less than 4 HIV+; improve targeted HTC for KP and TB patients; improve quality of HIV diagnosis	**CDC:** Implement navigator program to link HIV+ to HIV services; TB/HIV services and support OI screening among PLHIV; improve quality of CD4 testing; monitor HIV clinical care	
Nicaragua	**USAID:** Increase Com CP services in 1 SNU	**USAID:** Increase Com C&T in 1 SNU	**USAID:** Clinical monitoring of treatment outcomes (VL, CD4, drug resistance)	**USAID:** Assess treatment adherence
	CDC: Expand HTC service (VICITS promoters, TB community workers)	**CDC:** Drop support for HIV clinics with less than 4 HIV+; improve targeted HTC for KP; improve quality of HIV diagnosis	**CDC:** Implement navigator program to link HIV+ to HIV services; improve quality of CD4 testing; monitor HIV clinical care, TB/HIV services	
Panama	**USAID:** Increase Com CP services in 2 SNUs	**USAID:** Increase Com C&T 2 SNUs; Provide HTC services to TB patients in TB clinics	**USAID:** In-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance	**USAID:** Assess treatment adherence
	CDC: Expand HTC service (VICITS promoters, modified clinic hours, tailored hours of service), TB community workers)	**CDC:** Drop support for HIV clinics with less than 4 HIV+; improve targeted HTC for KP; improve quality of HIV diagnosis	**CDC:** Implement navigator program to link HIV+ to HIV services; improve quality of CD4 testing; monitor HIV clinical care, TB/HIV services	
Belize	**USAID:** Maintain Com CP services in 1 SNUs	**USAID:** Maintain Com C&T in 1 SNU	**USAID:** In-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance	**USAID:** Assess treatment adherence

As a regional operating unit, the team was tasked to select high-burden countries and high-burden sub-national units within selected countries for ROP15 inclusion. The team debated whether to rank the countries by HIV burden using UNAIDS PLHIV estimates or the MoH number of newly reported HIV cases, and KP size estimates using UNAIDS Spectrum and/or Modes of Transmission (MOT) data inputs. We ultimately decided to use the MoH number of newly reported HIV cases and KP size estimates derived from the UNAIDS Modes of Transmission exercise despite the limitations associated with each data point (i.e., sub-notification of HIV reported cases, arbitrary data inputs in the MOT). This proved to be a useful exercise in determining which countries to include in each of the tiers. Under both of these scenarios, two countries switched order in the 1st and 2nd tiers.

The Central America team was able to analyze the number of newly reported HIV cases in 2013 from host country national program data for all seven countries. In addition, sub-national program data for total number of HIV reported during the last 10 years was also analyzed. Utilizing these data sources and the HIV positivity yield from APR14, the team was able to select 13 high priority SNUs for FY16. This data-driven approach proved to be a significant challenge, as data gaps exist at the sub-national level for 6 out of 7 countries in the region. The approach to the selection of SNUs in Nicaragua was different due to the availability of subnational prevalence and incidence data at the lowest sub-national unit, municipality, and negotiations with Global Fund and the Ministry of Health in mapping each donor's contributions by KP and municipality. Targets were set based on actual identified numbers of each key population in municipalities with the highest HIV incidence in Nicaragua.

The Central American PEPFAR team decided to prioritize high disease burden SNUs for community prevention in each of the six countries for inclusion in ROP15. Compared to the list of priority SNUs for prevention efforts at the community-level in ROP14, the USG decided to transition out of 18 SNUs for the combination prevention program () in ROP15. For facility-based prevention, mainly at the MoH-owned VICITS clinics, the team will no longer support clinics with low yield (<4 HIV positive individuals). We will continue to support already established MoH-owned VICITS clinics with at least 4 HIV positives identified to date and new MoH-owned VICITS clinics located in high KP concentrated SNUs,. For facility-based care and treatment, the team decided to focus on MoH-based facilities providing HIV care and treatment services in the priority SNUs. Given the limited number of treatment outlets for PLHIV and the strong emphasis to increase treatment coverage in order to decrease population-level transmission, the team decided to continue supporting MoH-based care and treatment facilities from ROP14 that are based in high priority SNUs or reference facilities. This will allow PEPFAR to strategically improve treatment adherence and retention, and support a well-coordinated national response.

Table 4.1.1. ART targets for epidemic control in Central America

Country	Total PLHIV[ii]	Expected current on ART (2013)[iii]	Additional patients required for 80% ART coverage	Target current on ART in FY16 *TX_CURR*	Newly initiated in FY 16 *TX_NEW*
Belize	**3,300**	**1,358**	**1,282**	**1,087**	**217**
Costa Rica	**7,600**	**4,421**	**1,659**	**2,665**	**533**
El Salvador	**21,000**	**6,681**	**10,119**	**5,343**	**1,069**
Guatemala	**53,000**	**16,386**	**26,014**	**13,321**	**2,360**
Honduras	**24,000**	**9,569**[iv]	**9,631**	**4,806**	**251**
Nicaragua[i]	**8,661**	**3,500**	**3,429**	**2,500**	**1,250**
Panama	**16,000**	**7,782**	**5,018**	**3,375**	**675**
Total	**133,561**	**49,697**	**57,152**	**33,097**	**6,355**

i MOH Nicaragua 2014.
ii UNAIDS Report on the global AIDS epidemic 2014.
iii MOH data from various countries.
iv USAID/Honduras Report 2014.

Approximately 37% of PLHIV in the region are currently on treatment. To achieve 80% ART coverage in the region, an additional 57,152 PLHIV will need to be linked to care and treatment. Our previous treatment support to countries in the region has been both at the facility and above site level. In 2016, PEPFAR CAR aims to provide technical assistance in enrolling 6,104 patients into ART programs and continuing to support 34,054 PLHIV current on ART in seven countries. Given that this is the first year that PEPFAR CAR will report treatment indicators, we are not able to calculate % increase in ART coverage from previous years. We anticipate continuing to increase our technical assistance in the future to assist countries reach at least 80% coverage target for PLHIV.

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-up Sub-national Units, Guatemala

	Tested for HIV	Identified Positive	Enrolled on ART
Clinical care patients not on ART	n/a	n/a	-
TB-HIV Patients not on ART	425	20	16
HIV-positive Pregnant Women	-	-	-
Other priority and key populations	-	-	-
Total	425	20	15

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-up Sub-national Units. Honduras

	Tested for HIV	Identified Positive	Enrolled on ART
Clinical care patients not on ART	n/a	n/a	-
TB-HIV Patients not on ART	183	18	14
HIV-positive Pregnant Women	-	-	-
Other priority and key populations	-	-	-
Total	183	18	14

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-up Sub-national Units. El Salvador

	Tested for HIV	Identified Positive	Enrolled on ART
Clinical care patients not on ART	n/a	n/a	n/a -
TB-HIV Patients not on ART	15	4	3
HIV-positive Pregnant Women	-	-	-
Other priority and key populations	-	-	-

Total	15	4	3

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-up Sub-national Units. Nicaragua

	Tested for HIV	Identified Positive	Enrolled on ART
Clinical care patients not on ART	n/a	n/a	-
TB-HIV Patients not on ART	127	14	11
HIV-positive Pregnant Women	-	-	-
Other priority and key populations	-	-	-
Total	127	14	11

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Scale-up Sub-national Units. Panama

	Tested for HIV	Identified Positive	Enrolled on AR
Clinical care patients not on ART	n/a	n/a	
TB-HIV Patients not on ART	100	8	6
HIV-positive Pregnant Women	-	-	
Other priority and key populations	-	-	
Total	100	8	6

Table 4.1.4 TB Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Pp_PREV		Population Size Estimate (priority SNUs)			FY16 Target PP	
GUATEMALA	**17,000 (TB patients)**		**2695 (Total number of registered new and relapsed TB cases: 981 in Guatemala , 850 in Escuintla, 310 in Quetzaltenango and 554 in San Marcos, 2014)**			**425 (TB patients; Escuintla, 170; San Marcos, 150; Quetzaltenango, 105)**	
HONDURAS	**6,000 (TB patients)**		**311 (Total number of registered new and relapsed TB cases: 87 in Fco Morazan and 224 in Cortes, 2014)**			**183 (TB patients; Fco Morazan, 25; Cortes, 158)**	
EL SALVADOR	**3,100 (TB**		**464 (Total number of**			**15 (TB patients)**	

	patients)		**registered new and relapsed TB cases in San Salvador, 2014)**				
TIER 2 COUNTRIES						**22,622**	
NICARAGUA	**4,100 (TB patients)**		**496 (Total number of registered new and relapsed TB cases in Managua, 2014) 32,231**			**127 (TB patients) Youth: 625**	
PANAMA	**2,400 (TB patients)**		**711 (Total number of registered new and relapsed TB cases: 553 in Panama and 158 in Colon, 2014)**			**100 (TB patients; Panama City, 50; Colon, 50)**	

Source: Central America Regional Program - cascade table

Table 4.1.4
Target Population for Prevention activities to accelerate epidemic control by SNU

No.	COUNTRY	SNU LEVEL 1	MSM	FSW	TOTAL
1	BELIZE	BELIZE	5,298	1,357	6,655
2	EL SALVADOR	SAN SALVADOR	13,473	6,225	19,698
3	GUATEMALA	GUATEMALA	30,893	7,525	38,418
4	GUATEMALA	ESCUINTLA	4,930	1,201	6,131
5	GUATEMALA	SAN MARCOS	5,379	1,310	6,689
6	GUATEMALA	QUETZALTENANGO	6,618	1,612	8,230
7	GUATEMALA	IZABAL	3,907	952	4,859
8	HONDURAS	ATLANTIDA	5,471	1,502	6,973
9	HONDURAS	CORTES	21,793	5,984	27,777
10	HONDURAS	FRANCISCO MORAZAN	19,365	5,318	24,683
11	NICARAGUA	MANAGUA	17,743	6,231	23,974
12	PANAMA	PANAMA	13,026	8,363	21,389
13	PANAMA	COLON	1,487	955	2,441
TOTAL			**149,384**	**48,535**	**197,918**

Program Area Summaries

4.2 – Prevention

Prevention services for KP's provides a broad platform to identify new cases and to link these new cases to care and treatment, therefore, they are an essential component to reach epidemic control. Since 2014, the Joint Focus Approach (Global Fund, UNAIDS, PEPFAR and SICA) set an 80% coverage goal for prevention services to KP through a defined minimum package of services. Ongoing discussions with the Global Fund and countries in identifying and agreeing on a set of priority locations for KP prevention efforts has implications for PEPFAR to adequately support countries to reach the level of saturation in the high burden SNUs as PEPFAR will have to support countries to reach more individuals with fewer resources. Global Fund initiatives will not necessarily contribute to prevention targets in these priority locations in the coming year.

Prevention services for KP and PP will continue to be provided across a reduced number of community and facility sites. In all countries, the Combination Prevention (CP) package in community settings is provided by NGOs and includes: BCC activities, condom provision, HTC and linkage to other health services: linkage to care and treatment, STI diagnosis and treatment, family planning, alcohol and drugs programs, legal services, etc. PEPFAR also provides TA through a coaching initiative to NGOs receiving Global Fund grants for prevention services. In some countries in the region, PEPFAR, Global Fund and country supported community prevention data has been already integrated through the use of a unique registry system, allowing accurate calculation of prevention service coverage.

In FY14, PEPFAR's contribution to prevention services to KP, including KPCF funds, varied from 11% in Guatemala to 57% in Nicaragua. After analysis of epidemiologic, programmatic and site yield data, USG has prioritized geographic areas to concentrate TA efforts in FY16 to get the higher number of KP reached with prevention services and HIV positives cases identified (at least 4 positive cases per site). In FY16, PEPFAR contribution to prevention services in priority SNUs will range from 8% in Honduras to 27% in Nicaragua.

Following strategy adjustments to focus on selected high burden SNUs, the number of community and facility sites for prevention has been reduced. For no/low yield sites and low prevalence/burden geographic areas, appropriate communication will be established with MoH and Global Fund to inform them of this change in PEPFAR focus.

Six countries implement the STI surveillance, prevention and control strategy (VICITS), which also includes the provision of a combination prevention package (STI diagnosis and treatment, condom promotion and distribution, HTC, ARV referral, and a second-generation HIV surveillance information system for KP and PLHIV). VICITS data have been integrated into the MoH data structure in five out of the six countries, allowing MoH officials to merge these data with national HIV databases to monitor HIV epidemic trends among KPs and identify the number of KPs linked to care and treatment. VICITS provide tailored services to KPs at MoH-owned facilities in high KP concentrated SNUs. In FY16, PEPFAR will no longer support 3 VICITS clinics in Costa Rica and 7 VICITS clinics with low yield in the region (1 in Guatemala, 2 in Honduras, 3 in Nicaragua, and 1 in Panama). In FY16, PEPFAR will continue to support already established MoH-owned VICITS clinics that have been effective and efficient in identifying at least 4 HIV positives and new MoH-owned clinics that are located in SNUS with high KP concentration.

This data-driven approach will allow PEPFAR to strategically target KP concentrated SNUs where HIV is most prevalent and in which we can achieve sustainability and the greatest impact for our investment.

The main weakness in the current response is sustainability. Future investments should be maintained to guarantee access of KP to prevention services. The current strategy is to build local capacity among local civil society organizations and to advocate for increased participation of the public sector. The potential of the public sector to sustain prevention services for KP remains low. The Global Fund has asked Central American countries to propose mid-term sustainability plans for prevention services to KPs. Weaknesses in NGO capacity to refer KPs to other services have been identified during SIMS implementation visits and immediate action plans for remediation have been put in place.

In FY16, PEPFAR will continue to tailor innovative strategies to reach hidden layers of KPs, including social media promotion in Facebook and Twitter in all countries in order to improve key population coverage rates. PEPFAR will continue to provide technical assistance to governments to implement outreach strategies beyond the clinical settings and to identify areas to increase quality, and improve and track coverage.

4.5 – HIV Testing and Counseling

HIV testing and counseling for key and priority populations will continue to be provided across a range of community and facility-based settings. In comparison to FY14 HTC data, PEPFAR will be more strategic in providing HTC services in selected high burden SNUs for community prevention and at MoH-owned VICITS clinics in high KP concentrated SNUs.

PEPFAR's approach includes in-service training at facility levels (i.e., VICITS) and NGOs, mobile labs, supply, provision and distribution of rapid tests kits, mobilization to support HTC, and linking/tracking people tested to the appropriate MoH services. Counseling and testing services at the community level are reaching PPs in hot spots, such as: brothels, night clubs, markets, cruising areas, etc. For no/low yield sites and low prevalence/burden geographic areas, appropriate communication will be established with MoH and Global Fund to inform them of this change in PEPFAR focus. As part of the Central American HIV Sustainability Strategy launched in 2012, Central American governments are increasing their participation in HTC services provision, which remains limited in reaching KP, while PEPFAR and Global Fund currently are focusing HTC efforts mainly in KP.

The main weakness in the current response is in guaranteeing referrals and tracking these referrals through all pillars of the cascade after diagnosis. Future investments should be maintained to guarantee access of KPs to HTC and should be increased in the pre-ART stage of care, both at facility and community sites. The current strategy is to build local capacity among local civil society organizations and to advocate for increased participation from the public sector. The potential to sustain HTC for KP is still low, since the Ministries of Health have prioritized HTC for pregnant women and structural barriers (related to S&D and economic factors) still limit access of KP to HTC. Some countries continue to experience stock outs of HIV rapid test kits, thus, supply chain management for HTC is an area that needs attention.

4.6 - Facility and community-based care and support

In FY16, USG priorities for care and support will have a stronger emphasis on linking positive individuals into care. To improve linkages to HIV care and treatment for KP in the region, the USG will implement strategies to accompany members of KPs who test positive in NGO, private sector sites, or public sector VICITS sites. Most of the countries have measured the cascade in accordance with the latest WHO guidance, and national and regional plans are being developed to close gaps and barriers for ensuring comprehensive care and treatment services. Facility and community networks are working together to improve referral and follow up at both the community and household level.

The Continuum of Care (CoC) approach for PLHIV identified through prevention efforts at facility and community level includes a network of linked, coordinated HIV care, treatment and support services for PLHIVs and KPs provided by collaborating organizations or other key stakeholders. Especially important is the use of mobile CD4 testing to identify patients in need of treatment. The enrollment target will include several entries to the CoC: clinical care patients not on ART, TB-HIV patients not on ART and through HTC programs linked to prevention platforms.

The CoC approach includes a package of services for PLHIVs, which is delivered through the empowerment of a multi-sectorial local network of KPs/community groups. A fully developed CoC brings together the five major components of a response to HIV: prevention, counseling/testing, care, treatment, and support. All CoC activities are implemented in close collaboration with each organization involved in the national and local HIV/AIDS response. This approach facilitates bi-directional referrals through peer and lay outreach workers, health care workers, and community volunteers and includes KPs as lay counselors to reach their cohorts through social networking. The USG technical approach places great emphasis on promoting local capacity, ownership and stewardship of all project outcomes and interventions to strengthen health systems that sustain quality of HIV and STI services for PLHIV and KP.

Based on the successful results of the navigator pilot program implemented in Guatemala through KPCF funds, a health navigator model will be implemented to support linkage to care of KP newly diagnosed with HIV at all MoH-owned VICITS sites throughout the region. Individuals who receive a positive result through the VICITS strategy will be promptly connected to a health navigator. This health navigator will counsel individuals as they receive confirmatory tests, accompany them to medical appointments, connect them with social services, offer assistance with disclosure to family, friends and sexual partners, and help to develop a social support network. The health navigator will ensure that HIV positive KP receive a clinical evaluation by the attending physician, have laboratory tests conducted to inform clinical management (including HIV viral load and CD4 count), and receive prophylactic treatment for opportunistic infections or HIV treatment as indicated. In addition, all MoH-owned VICITS sites will receive TA to establish or strengthen its systems to register successful referrals to care of newly diagnosed individuals, including standardized referral logbooks. Already in use in some sites, these logbooks will be expanded to all MoH-owned VICITS facilities and will include patient information as well as details on successful linkage to care.

The main issue noted during SIMS implementation is the need to strengthen local organizations and community networks, beyond prevention interventions. A strategy for monitoring patients at the household level by non-health personnel needs to be developed, as well as a reference system based on the one used by local non-governmental organizations.

4.7 - TB/HIV

Tuberculosis (TB) is the leading cause of morbidity and mortality among persons living with HIV (PLHIV). The risk of developing TB among PLHIV is 20–37 times higher compared with HIV-uninfected people. In the region, an estimated 9-21% of TB patients who tested for HIV received a positive result. WHO Policies recommend that all PLHIV be regularly screened for TB as a routine component of every clinical visit using a clinical algorithm and that PLHIV with at least one of these symptoms (i.e., presumptive TB) should be further evaluated for TB disease. If positive they should initiate TB treatment, and if negative should be given IPT (isoniazid preventive therapy). IPT has the potential to decrease TB-related cases and deaths in PLHIV and it is recommended that PLHIV without active TB should receive at least 6 months of IPT.

Overall, the TB/HIV activities will support the countries in achieving the 90/90/90 treatment goals by 2020:

- Through support of provider-initiated HIV testing and counseling for TB patients, will increase the number of PLHIV who know their HIV status will increase and USG will support closing the gap of undiagnosed TB/HIV patients.
- Through support of the integration of TB/HIV care and treatment, the USG will support the number of people that receive ART and we will ensure linkage and retention of HIV+ TB patients. Intensive case finding (ICF) will also contribute to identify HIV patients who are eligible for ART.
- Through TB preventive measures such as IPT and TB IC support viral suppression among PLHIV, given that TB has been shown to increase the HIV viral load.

TB and HIV services in the region are provided at separate sites in most locations. Currently, TB clinic staff provide HIV testing and IPT in some cases, but they are not able to start ART. Similarly, in ART clinic settings, although TB screening is not routinely performed, symptomatic patients are tested for TB, and if positive, they require referral to TB clinic for treatment. Due to the lack of integration of TB and HIV services, it is a challenge to implement TB/HIV collaborative activities, follow up linkage to care of HIV+ TB patients and have a unified reporting system.

Global Fund supports some TB/HIV collaborative activities in the region such as funding TB treatment, and covering some staff positions including TB/HIV supervisors. PAHO also provides TA so countries can follow WHO TB/HIV guidelines and report on global indicators. There is a gap though in the support needed for countries in the region where PEPFAR can collaborate such as: technical assistance to review and validate TB/HIV national guidelines, laboratory strengthening, monitoring and evaluation, data management and training for healthcare staff in interventions to reduce HIV burden among TB patients, and interventions to reduce TB burden among PLHIV such as ICF, TB IC and IPT. The USG will support the high burden priority SNUs in providing technical assistance in HTC to better identify HIV infection among TB patients.

In FY2015 ROP, USG will focus on the following core activities for TB/HIV with the ultimate goal of increasing ART coverage of TB/HIV co-infected to 100% in the following 2 years. The technical assistance will be provided to three SNUs in Guatemala (Escuintla, San Marcos and Quetzaltenango),two SNUs in Honduras (Francisco Morazan and Cortes) one SNU in Nicaragua (Managua), one SNU in El Salvador (San Salvador) and two SNUs in Panama (Panama City and Colon):

1. Ensure provider-initiated HIV testing and counseling for presumptive TB or TB disease in nine TB clinics in Guatemala (3),Honduras (2), Nicaragua (1), El Salvador (1) and Panama (2).
2. Ensure that 100% of identified TB/HIV patients are started on ART in prioritized countries.
3. Ensure that 100% of all HIV positive patients are screened for TB using the 4-symptom screening tool at each clinic visit; and implement, track, and report on TB screening of PLHIV in nine HIV clinics in Guatemala (3),Honduras (2), Nicaragua (1), El Salvador (1) and Panama (2).
4. Follow-up for PLHIV that screen positive for TB with diagnostic tests and link to care to initiate treatment.
5. Expand interventions to improve early diagnosis and treatment of TB among PLHIV and support scale-up of Xpert MTB/RIF testing in Guatemala and Honduras.
6. Support isoniazid preventive therapy (IPT) for PLHIV who do not have active TB disease in nine HIV clinics in Guatemala (3), Honduras (2), Nicaragua (1), El Salvador (1) and Panama (2).Support the integration of TB/HIV care and treatment to ensure linkage and retention of HIV+ TB patients by providing TA to TB and HIV national programs, and supporting the implementation of national TB/HIV guidelines (Guatemala, Honduras, Nicaragua, Panama and El Salvador).
7. Support TB infection control (TB IC) measures to prevent transmission of TB in healthcare and community settings by training HCW, conducting risk assessments and implementing local TBIC plans throughout the region. TB infection control activities will continue in priority districts of Belize but will be transitioned at the end of FY15.
8. Strengthen TB/HIV program monitoring and evaluation (M&E) by providing tools and creating efficient referral and counter-referral systems in TB and HIV clinics.

Table 1. Sites for TB/HIV activities

Cascade	ROP 14	ROP 15
Reach	ICF in 5 HIV clinics (1-Guatemala, 2-Honduras, 1-Nicaragua and 1-Panama)	ICF in 9 HIV clinics: Guatemala (3),Honduras (2), Nicaragua (1), El Salvador (1) and Panama (2).
Test	HTC in 16 TB clinics (4-Guatemala, 6-Honduras, 3-Nicaragua and 3-Panama)	HTC in 9 TB clinics Guatemala (3),Honduras (2), Nicaragua (1), El Salvador (1) and Panama (2).
Treat	Linkage to care in 16 TB clinics (4-Guatemala, 6-Honduras, 3-Nicaragua and 3-Panama)	Linkage to HIV care in 18 clinics (9TB and 9 HIV clinics): Guatemala (6),Honduras (4), Nicaragua (2), El Salvador (2) and Panama (4).
Retain	N/A	Provide TA about IPT in 18 clinics (9 TB and 9 HIV clinics): Guatemala (6),Honduras (4), Nicaragua (2), El Salvador (2) and Panama (4).
	TBIC in 26 TB and HIV clinics (5-Guatemala, 8-Honduras, 4-Nicaragua, 4-Panama and 5-Belize)	TBIC in 18 clinics (9 TB and 9 HIV clinics): Guatemala (6),Honduras (4), Nicaragua (2), El Salvador (2) and Panama (4).

4.8 – Adult Treatment

Over the past years access to ART has increased with funding provided by Governments and by the Global Fund. The total number of patients on ART currently reported by the National AIDS Programs in the region is slightly over 41,000. While UNAIDS in 2013 reported that ART coverage in the region range from 50% (El Salvador) to almost 76% (Costa Rica and Panama), all countries report that there are no waiting lists for treatment and ART is available for all eligible patients.

Treatment is provided free of charge at public hospitals, both Ministry of Health and Social Security facilities, and in most countries care and treatment services are offered in Comprehensive Care Centers. While all Comprehensive Care Centers are physically located on hospital grounds, integration with other hospital services and structures vary widely between and within countries. Comprehensive Care Centers often have a team of interdisciplinary staff which include physicians, pharmacists, social workers, psychologists and nurses and often include nutritionists, gynecologists, and other specialists.

Additionally, the WHO new treatment guidelines will increase the number of PLHIV eligible to initiate ART. The projections of adults in the region needing ART, according with the new guidelines are 130,000; an increase of approximately 80 percent as compared with the 2010 WHO Guidelines. The USG will provide TA to MOHs in the region to be prepared to scale up the number of PLHIV enrolled in treatment.

Technical assistance for local PLHIV groups will be provided to ensure their work continues to be a part of the continuum of care and that PLHIV are engaged in all levels of decision making and implementation of care programs and can advocate for quality care. These groups will implement training for community counselors, educational activities for PLHIV, home visits, coordination with the MOH, promotion of adherence to ARV treatment, psychological support, reduction of stigma and discrimination at community level, nutrition, family counseling and HIV prevention.

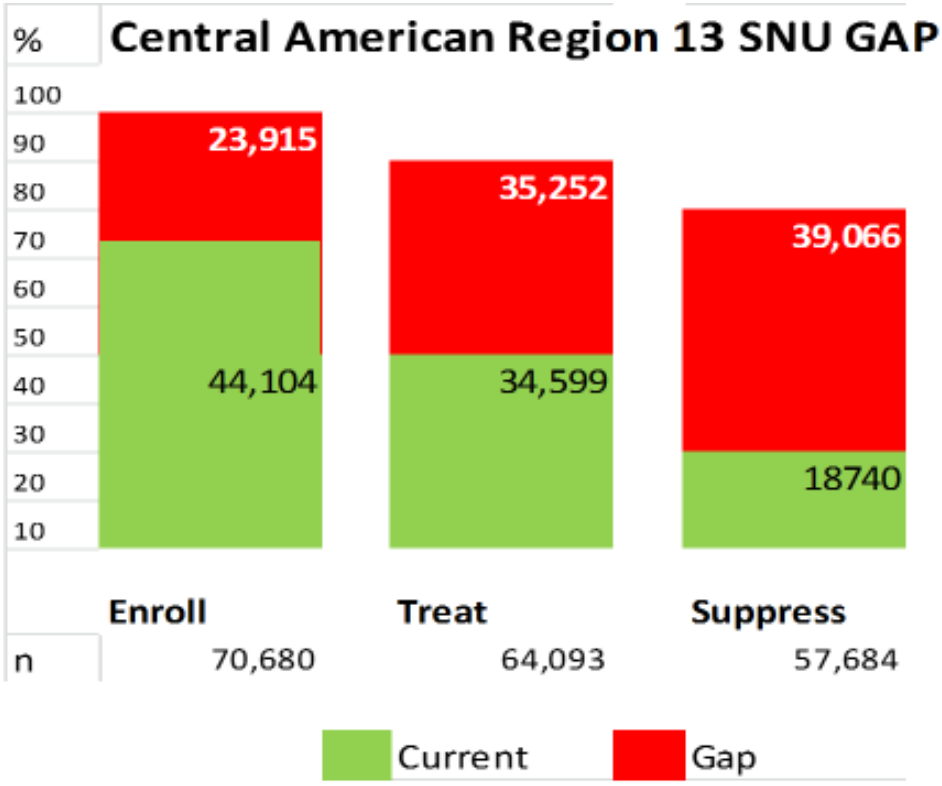
By partnering and building capacity of both private and public sectors, the USG is improving the Continuum of Care (CoC) expanding the type and quality of services targeted to PLHIV and KPs. USG assists Ministries of Health and Social Security Institutes in the region to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of performance improvement plans, and supportive supervision approach for HIV/AIDS services in health facilities across the region. Improving the delivery of services will also improve client retention and adherence to care and treatment. Networks where the participation of KPs is addressed, complements the circuit of the CoC of HIV treatment, and support services of existing community and facility providers have been strengthened and empowered. This approach forms the foundation for service delivery and quality improvements and establishes frameworks for accountability between clients in the community and service delivery providers. As some countries look to decentralize services such as Honduras, the USG will support the development of standards and protocols for HIV/AIDS treatment and management to ensure the quality of care and support efforts for certification and licensure of services where appropriate.

With a concentrated epidemic in the region, the USG plays a crucial rule in addressing key structural barriers experienced by key populations in accessing treatment and the largest of those continues to be stigma and discrimination. All USG pre-service and in-service training include components of stigma and discrimination and other special needs of these key populations. The key initial step to getting KPs on treatment is getting them tested and the USG continues to work to expand access to counseling and

testing for KPs, working together with Ministries of Health and civil society to offer KPs friendly counseling and testing services with referrals to care and treatment.

Performance improvement strategies are being implemented at treatment sites with USG support to improve and maintain the quality of care. The USG is working to strengthen supply chain management to ensure ARVs and other key commodities are available for not only treatment, but as well for prevention and care. The USG is building laboratory capacity in areas such as genotyping and viral load testing to support treatment and accurately identify drug resistance and treatment failure. The USG supports pre-service training to ensure that future clinicians are properly prepared to provide quality treatment services

While governments and the Global Fund cover the costs for care and treatment, USG supports the improvements in the distribution systems and warehousing and ensure KPs friendly services are available in care and treatment sites as well as quality services provided for PLHIV. Additional programs will assist in the adherence and support for PLHIV through support to networks and community groups of KPs and PLHIV. Prevention with Positive efforts support in keeping them closely connected to care centers



5.0 Program Activities to Maintain Support for Other Locations and Populations

5.1 Sustained package of services in other locations and populations

As a TA program with no historical direct funding towards treatment, we do not have any sustained sites to keep.

5.2 Transition plans for redirecting PEPFAR support to priority locations and populations

The PEPFAR Central America program will significantly shift its support to high burden priority SNUs in each country and have re-directed our funding and support to that. We have carefully considered supporting only activities that strengthen the care and treatment cascade. A full transition plan will be developed in FY16 when, as regional program, we will define the sustainability index for each country.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.1 Laboratory strengthening

The goal of the PEPFAR laboratory program is to support countries to strengthen integrated laboratory networks and systems in a sustainable manner to provide quality diagnostic tests to meet PEPFAR goals for prevention, treatment, and care of HIV-infected persons and the broader health system. Quality of HIV diagnostic and CD4 testing and a lack of routine viral load testing have been identified as key bottlenecks in the continuum of response in the high priority states. As part of its support to increase ART coverage, USG will focus its core laboratory activities on:

1)Provide laboratory capacity to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV

- Quality assurance programs for HIV rapid testing, CD4 testing, HIV viral load testing, and HIV-DR
- Rapid Testing Quality Improvement Initiative (RTQII), which aims to ensure the quality of HIV rapid testing and expand upon current in-country HIV rapid testing quality improvement work.
- CD4 machines in Guatemala and Honduras at KP clinics.

2) Provide laboratory capacity to support HIV, STI and TB testing for PP.

- Baseline audits at Regional Hospitals Laboratories and supervision visits to National reference labs.

3) Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.

4) Provide in-service trainings in Continuous Quality Improvement, biosafety, and mentoring

6.1 LAB – EL SALVADOR

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		19,382	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		15,782	16587 (COMISCA)			x			
QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		13,200	16587 (COMISCA)		x	x	x		x

6.1 LAB - NICARAGUA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
CD4 test, with mobile equipment, through NGOs working with key populations	Testing performed		50,000					X	X		
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		19,382	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		15,782	16587 (COMISCA)			x			

QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x	
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		13,200	16587 (COMISCA)		x	x	x		x	

6.1 LAB – GUATEMALA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
GUATEMALA CITY											
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		4,846	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,121	16587 (COMISCA)			x			
QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x		x
ESCUINTLA											
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		4,846	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,121	16587 (COMISCA)			x			
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x		x
QUETZALTENANGO											

Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		4,846	16587 (COMISCA)		x					
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,120	16587 (COMISCA)			x				
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x			x
SAN MARCOS												
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		4,846	16587 (COMISCA)		x					
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,120	16587 (COMISCA)			x				
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x			x

6.1 LAB - HONDURAS

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
ATLANTIDA											
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		6,461	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,861	16587 (COMISCA)			x			
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x		x
CORTÉS											

Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		6,461	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,861	16587 (COMISCA)			x			
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x		x
FRANCISCO MORAZAN												
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		6,461	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,861	16587 (COMISCA)			x			
QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		6,600	16587 (COMISCA)		x	x	x		x

6.1 LAB – PANAMÁ

1. Brief Activity Description	**Deliverables**		**Budget codes and allocation ($)**		**6. Implementing Mechanism ID**	**7. Relevant Sustainability Element and Score**	**Impact on epidemic control**				
	2. 2015	**3. 2016**	**4. 2015**	**5. 2016**			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
PANAMA CITY											
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		9,691	16587 (COMISCA)		x				

Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		8,341	16587 (COMISCA)			x			
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		6,600	16587 (COMISCA)		x	x	x		x
COLÓN											
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		9,691	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		8,341	16587 (COMISCA)			x			
QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		6,600	16587 (COMISCA)		x	x	x		x

6.2 Strategic information (SI)

As part of the VICITS strategy, USG will strengthen systematic review of data of the HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level, in El Salvador, Guatemala, Honduras, Nicaragua and Panama. This will lead to improved targeted HIV testing, linkage to care, and ART uptake by SNU at each facility where the VICITS strategy is implemented.

USG will also build and strengthen local capacity in these 5 countries for the collection, analysis, use, and dissemination of HIV behavioral and biological surveillance and other surveys targeting KP and PLHIV, including data generated through the VICITS second-generation surveillance system. A regional public platform to collect and disseminate regional HIV indicators along the cascade will be strengthened and data collected will be analyzed and used for programmatic decisions at the regional level.

In Guatemala, CDC will conduct a demonstration project to investigate the efficacy of PrEP in the context of a comprehensive package of prevention, care and treatment services for MSM to reduce HIV transmission. TA will also be provided to estimate population size of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage.

In Honduras, TA will be provided to the National HIV M&E Committee system to support successful implementation of the National M&E system, and the development of key national SI documents (GARPR, MoT, Spectrum estimates, etc.).

6.2 SI – BELIZE

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
TRAC MSM and FSW	1 Study		20,003		13082		x			x	
Technical assistance for the National AIDS Spending Assessment, NASA.	1 Study		2000		16727		x	x	x	x	
Training for the use findings from studies and analysis to inform HIV/AIDS policies and program decision making. M&E related to HIV Cascade.	20 People trained		5000		16727		x	x	x		x
Data collection and processing to build the HIV/AIDS investment case and modeling the results of cost-effective interventions in the reduction of new HIV infections and the decrease of morbidity-mortality rates.	1 Report 1 investment model		8000		16727		x	x	x	x	x
Support data collection and preparation of the Global AIDS Response Progress Report.	1 Report		3000		16727		x	x	x	x	x
Data collection and processing to monitor the implementation of HIV Prophylaxis Post Exposure Protocol.	1 Study		4000		16727			x		x	
Dissemination of findings, information and analysis among stakeholders, government officials, key populations and people with HIV/AIDS highlighting on the continuum of care.	Stakeholders informed about priorities		2418		16727		x	x	x	x	x
Comprehensive Care Units on HIV Care Centers. Baseline for each SNU	1 report	1 report	2000				x	x	x	x	x
Data Monitoring and Evaluation on pillars related to treatment and viral suppression	1 report		5000		13445		x	x	x	x	x

Adherence assessment from the Health Workers' standpoint	1 study	1 report	1000					x	x	x	x
SABERS Study	1 study		75000		14401		x	x			
SABERS Study	1 study		25,000		17408		x	x			

6.2 SI - EL SALVADOR

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Comprehensive Care Units on HIV Care Centers. Baseline for each SNU	1 report	1 report	15,350	4,750	13445		x	x	x	x	x
Continuum of Care Cascade evaluation	1 study	1 study	45,035	10,000	13445		x	x	x	x	x
Data Monitoring and Evaluation on pillars related to treatment and viral suppression	1 report	1 report	20,470	4,000	13445		x	x	x	x	x
Adherence assessment from the Health Workers' standpoint	1 study	1 study	21,495	18,000	13445			x	x	x	x
Cascade Pillar: REACH Population Size Estimation	n/a	Estimate PSE of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage.		30,000	16588 (Embassy)		x			x	

Case Reporting	n/a	Strengthen HIV case-surveillance system to improve analysis of HIV burden		37,238	16587 (COMISCA)		x				
Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level.	n/a	Improve targeted HIV testing, linkage to care, and ART uptake at each facility.		5,000	16588 (Embassy)		x			x	

6.2 SI – GUATEMALA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Guatemala City											
Comprehensive Care Units on HIV Care Centers. Baseline for each SNU	1 report		25,000	4,750	13445		x	x	x	x	x
Continuum of Care Cascade evaluation	1 study		74,133		13445		x	x	x	x	x
Data Monitoring and Evaluation on pillars related to treatment and viral suppression	1 report		35,000	3,600	13445		x	x	x	x	x
Adherence assessment from the Health Workers' standpoint	1 study		35,000		13445			x	x	x	x
Care cascade (regional)	1 regional report		250,000		17899		x	x	x	x	x
Assessment HSS in support of Cascade	1 regional report		150,000		17899		x	x	x	x	x

Secondary analysis (DHS, Global fund)	1 regional report		100,000		17899		x	x	x	x	x
Cascade Pillar: TEST	n/a	RT: Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services.		4,846	16587 (COMISCA)		x				
Cascade Pillar: CARE	n/a	CD4: Optimization of timely and quality HIV services		5,121	16587 (COMISCA)			x			
QA/QI	n/a	External quality assurance proficiency panels		3,000	16587 (COMISCA)		x		x		x
Continuous Quality Assurance	n/a	Provide in-service trainings in continuous quality assurance		3,300	16587 (COMISCA)		x	x	x		x
Case Reporting	n/a	Strengthen HIV case-surveillance system to improve analysis of HIV burden		37,238	16587 (COMISCA)		x				
Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level.	n/a	Improve targeted HIV testing, linkage to care, and ART uptake at each facility.		5,000	16588 (Embassy)		x			x	
Cascade Pillar: REACH Population Size Estimation	n/a	Estimate PSE of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage.		15,475	16588 (Embassy)		x			x	
Quetzaltenango											

Cascade Pillar: REACH Population Size Estimation	n/a	Estimate PSE of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage.		15,474	16588 (Embassy)		x			x	
San marcos											
Cascade Pillar: REACH Population Size Estimation	n/a	Estimate PSE of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage.		15,474	16588 (Embassy)		x			x	

6.2 SI - HONDURAS

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Case Reporting	n/a	Strengthen HIV case-surveillance system to improve analysis of HIV burden		37,238	16587 (COMISCA)		x				

Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level.	n/a	Improve targeted HIV testing, linkage to care, and ART uptake at each facility.		5,000	16588 (Embassy)		x			x	

6.2 SI - NICARAGUA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
TRAC MSM, TG, FSW, MAR, PLWHA	1 Study		66,678		13082		x			x	
Baseline New TA Model		1 Study		10,000	13082					x	
Baseline for CoC NGO model	1 baseline study		20,000	-	14466		x	x	x	x	x
Applied research on lessons learned on CoC provision by NGOs (CD4, community survey, CoC by NGOs, HIV determinants among key populations, QI assessment, NGO sustainability, IT use)	4 studies	4 studies	30,000	30,000	14466		x	x	x	x	x
Knowledge management through social networks to address S&D, GBV prevention, adherence promotion,	3 networks functioning with 1000 users	3 networks functioning with 1500 users	12,000	12,000	14466		x	x	x	x	x
Bi-annual Forum on BCC, S&D, GBV prevention, Combination Prevention and Care, HIV logistic and Quality Improvement	2 foros	2 foros	10,000	10,000	14466		x	x	x	x	x
Midterm evaluation for CoC by NGOs		1 evaluation report	-	20,000	14466		x	x	x	x	x
Technical assistance for the National AIDS Spending Assessment, NASA.	1 Study	1 study	12,000	12,000	16727		x	x	x	x	

Technical assistance to develop health economics and sustainability analysis (reduction of costs for the acquisition of ARV and supplies & reagents for HIV diagnostics among other).	2 Reports	1 national report	28,000	28,000	16727		x	x	x	x	x
Training for the use findings from studies and analysis to inform HIV/AIDS policies and program decision making. M&E related to HIV Cascade.	25 People trained	23 people trained	8,000	8,000	16727		x	x	x		x
Technical and financial support for the Survey data collection and processing of the Stigma & Discrimination Index.	1 Study report	1 Study report	12,000	12,000	16727		x	x	x	x	x
Technical assistance for the data collection and processing to build the Model of HIV Modes of Transmission.	1 Study report	1 Study report	18,000	18,000	16727		x			x	
Technical assistance for data collection and processing to build the HIV/AIDS investment case and modeling the results of cost-effective interventions in the reduction of new HIV infections and the decrease of morbi-mortality rates.	1 Report 1 investment model	1 Report 1 investment model	24,000	24,000	16727		x	x	x	x	x
Support data collection and preparation of the Global AIDS Response Progress Report.	1 Report	1 Report	16,000	16,000	16727		x	x	x	x	x
Technical assistance for data collection and processing to monitor the implementation of HIV Prophylaxis Post Exposure Protocol.	1 Study	1 Study	24,000	24,000	16727			x		x	
Technical assistance for the development of the Basic Indicator Package Report.	1 Report	1 Report	22,000	22,000	16727		x	x	x	x	x
Dissemination of findings, information and analysis among stakeholders, government officials, key populations and people with HIV/AIDS highlighting on the continuum of care.	50 Stakeholders informed about priorities	50 Stakeholders informed about priorities	11,000	9,000	16727		x	x	x	x	x

Technical assistance for implementation of a Strategic Information Forum to disseminate studies and analysis under the framework of the HIV Cascade and continuum of care in HIV/AIDS.	1 national forum report	1 national forum report	7,000	9,000	16727		x	x	x	x	x
Technical assistance on strategic and operational evaluation of plans and programs. Approach to and for the HIV Cascade.	1 Evaluation report	1 Evaluation report	18,000	18,000	16727		x	x	x	x	x
Case Reporting	n/a	Strengthen HIV case-surveillance system to improve analysis of HIV burden		37,238	16587 (COMISCA)		x				
Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level.	n/a	Improve targeted HIV testing, linkage to care, and ART uptake at each facility.		5,000	16588 (Embassy)		x			x	

6.2 SI - PANAMÁ

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Case Reporting	n/a	Strengthen HIV case-surveillance system to improve analysis of HIV burden		37,238	16587 (COMISCA)		x				

Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level.	n/a	Improve targeted HIV testing, linkage to care, and ART uptake at each facility.		5,000	16588 (Embassy)		x			x		

6.3 Health System Strengthening (HSS)

The Central America Regional Program will focus on core health systems strengthening activities that will strengthen the continuum of response, such as supply chain management, HTC services, quality improvement and focus on referral and linkages of key populations. PEPFAR is only able to support 20% of the care and treatment targets. Therefore, to ensure that the countries reach 80% treatment coverage for KPs, we must strengthen the countries' ability to provide sustainable care and treatment services for PLHIVs. Our HSS support is based on the Regional Sustainability Strategy (as agreed by donors and countries) and in FY16, the regional program will develop the sustainability index in each country to ensure that our investments are targeted and are reaching the ultimate goal of a sustained epidemic control.

6.3 HSS - BELIZE

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
TA for improve STI services in Health Centers and Hospitals	2 health services with skills to manage STI	4 health services with skills to manage STI	7,700	7,700	13445			x	x	x	x
Ta to implement an integrated FP/HIV services	1 health services implemented FP/HIV services	2 health services implemented FP/HIV services	8,250	8,250	13445			x	x	x	x
Strength local capabilities to ensure treatment adherence.	60 Percent of under treatment people adherents.	70 Percent of under treatment people adherents.	11,150	11,150	13445			x	x	x	x
Support implementation of national norms for Cotrimoxazole Preventive Therapy (CPT)	National norm implemented	National norm implemented	3,500	3,500	13445			x	x	x	x
Support national norms for screen, diagnose and treat Cryptococcal and histoplasma disease among PLHIV in HIV clinics.	Norm implemented	Norm implemented	9,700	9,700	13445			x	x	x	x
Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities, including gender, stigma and discrimination, screening STI and ART treatment.	20 health providers trained	24 health providers trained	9,600	9,600	13445		x	x	x	x	x
Support treatment adherence, retention in treatment, and clinical monitoring of treatment outcomes (VL, CD4, drug resistance) of PLHIV.	Services Strengthened	Services Strengthened	6,500	6,500	13445			x	x	x	x
Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR	20 health providers trained	22 health providers trained	9,800	9,800	13445		x	x	x	x	x

performance, etc.).											
Support interventions pertaining to gender norms within the context of HIV among KP.	Gender norm implemented	Gender norm implemented	8,800	8,800	13445		x	x	x	x	x
Provide TA for QI/QA to increase quality and access of cascade services to KP.	Access to treatment increased	Access to treatment increased	4,800	4,800	13445		x	x	x	x	x
QA/QI support in laboratory to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV.	Laboratory services improved	Laboratory services improved	9,800	9,800	13445			x	x	x	x
Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services	20 health providers trained	25 health providers trained	10,400	10,400	13445		x	x	x	x	x

6.3 HSS - EL SALVADOR

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Capacity building of civil society organizations that interact with the health system,	5 organizations reached	Total of GFATM sub receptors reached	34,405	30,000	13082		x			x	
Support to Global Fund programs and activities, and donor coordination	Combination Prevention model adopted by GFATM	National Prevention Strategy Developed	36,000	35,000	13082		x			x	
S&D reduction towards KP	S&D Index reduced	S&D Index reduced	40,000	40,000	13082		x			x	

LMIS Improvement to respond the cascade	SOP and manuals	Support the MOH with the strengthening of the Logistics Management Information System	72,500	50,000	12578			x	x		
ARVs supply planning process improvement to respond the cascade	SOP and manuals	Enabling quantification and forecasting procedures into SOPs for national use	32,150	32,150	12578			x	x		
HR capacity Development related with logistics responding to cascade	SOP and manuals	Provide continuous support to the MOH to develop Human Resource	56,100	45,000	12578			x	x		
Provide legal and advocacy assistance to Key Population groups and networks advocating for issues related to HIV/AIDS cascade, stigma & discrimination.	Human rights and advocacy campaigns implemented and reported	Human rights and advocacy campaigns implemented and reported	15,000	15,000	16727		x	x	x	x	x
Support and defend the rights of HIV-infected and affected- individuals, MSM, transgender population.	2 positives reforms in response to key populations and HIV infected and affected individuals rights	2 positives reforms in response to key populations and HIV infected and affected individuals rights	10,000	10,000	16727		x	x	x	x	x
Technical assistance for strengthening capacity of key population groups and people living with HIV/AIDS, to lead participatory process around the organization of health service and the continuum of care.	5 key population and people with HIV organizations strengthened	5 key population and people with HIV organizations strengthened	12,000	12,000	16727		x	x		x	x

Technical assistance for strengthening community governance in the framework of the continuum of care to improve the HIV cascade outputs.	Community advisory Committee to exchange information	Community advisory Committee to exchange information	16,000	16,000	16727		x	x	x	x	x
Technical assistance and support for citizen monitoring for HIV/AIDS accessible services for the continuum of care and prevention for HIV-infected and affected- individuals and key populations (MSM, transgender).	Citizen monitoring plan implemented	Citizen monitoring plan implemented	19,200	19,200	16727		x	x	x	x	x
Provide technical assistance on HIV Gender-Based Violence and the quality improvement plan for gender post-violence care and access to HIV Prophylaxis post exposure.	Gender Based Violence protocol being implemented. Number of barriers reduce to improve service delivery or implement supporting functions	Gender Based Violence protocol being implemented. Number of barriers reduce to improve service delivery or implement supporting functions	28,000	28,000	16727		x	x	x		x
Training on Gender-Based Violence and HIV, to in-service providers serving to key populations and HIV-infected and affected-individuals.	25 in-service providers trained	25 in-service providers trained	7,000	7,000	16727		x	x	x	x	
Technical assistance on Gender-Based Violence and HIV to strengthen the community response and referral systems in community settings.	Guidelines for referral for post-violence care to key population	Guidelines for referral for post-violence care to key population	22,000	22,000	16727		x	x	x	x	
Support the Sustainability Plan being implemented by the Regional Coordination Mechanism harmonized with the HIV cascade priorities.	National Sustainability plan desarrollado y vinculado al continuo de la atención y las metas 90 90 90	National Sustainability plan desarrollado y vinculado al continuo de la atención y las metas 90 90 90	28,000	28,000	16727		x	x	x	x	x

Technical assistance for the development of mechanisms for resource mobilization and cost reduction for the purchase of ARVs, commodities and reagents for diagnosis and monitoring of HIV.	Mecanismo de negociacion conjunta de precios implementandose	Mecanismo de negociacion conjunta de precios implementandose	22,000	22,000	16727		x	x	x	x	x
Technical assistance for the development of mechanisms for financing the provision of HIV services to key population and HIV-infected individuals in disadvantaged social and economic conditions.	National directives to assure financial coverage for service delivery to key populations	National directives to assure financial coverage for service delivery to key populations	12,000	12,000	16727		x	x		x	
Technical assistance and support to national and regional HIV/AIDS strategic planning to provide clear guidelines to government and non-government actors involved in the HIV response to address programmatic efforts to improve the HIV cascade outputs.	National plans include key populations as priority and continuum of care approach	National plans include key populations as priority and continuum of care approach	32,000	32,000	16727		x	x	x	x	x
Provide technical assistance to the operational planning in HIV/AIDS, focusing on the organization of health & community services, in support of the continuum of care and prevention on HIV/AIDS.	Site level plans include key populations as priority and continuum of care approach	Site level plans include key populations as priority and continuum of care approach	23,000	23,000	16727		x	x	x	x	x
Support the development or updating of HIV/AIDS national guidelines. Avoiding the gaps in the HIV/AIDS continuum of care and prevention.	National guidelines updated	National guidelines implemented	18,000	18,000	16727		x	x	x		x
Technical assistance and support the development of Anti-discrimination policy and code of conduct at the health service level.	Policy approved and/or implemented	Policy approved and/or implemented	23,000	23,000	16727		x	x	x	x	x

Technical assistance for the development of a policy regarding beneficiary rights and stigma discrimination at community level.	2 community sites with a written policy	2 community sites with a written policy	21,000	21,000	16727		x	x	x	x	x
Support the sharing of methods, tools, and other useful information, and share best practices and lessons learned focus in the HIV cascade to monitor HIV epidemic.	Tools and technology are being used to monitor the epidemic.	Tools and technology are being used to monitor the epidemic.	28,000	28,000	16727		x	**x**	**x**	x	x
Technical assistance to develop and implement HIV/AIDS monitoring and evaluation (M&E) plans, responding to the HIV cascade information needs, to properly monitor the epidemic and its response.	M&E plans include key global and PEPFAR indicators	M&E plans include key global and PEPFAR indicators	32,000	32,000	16727		x	**x**		x	x
Technical assistance and support to strengthen information systems for monitoring HIV cascade. Address the 12-prioritized components of the information systems evaluation.	Improvement plan implemented	Improvement plan implemented	20,000	20,000	16727		x	**x**	**x**	x	x
Continued technical assistance to Global Fund (GF) projects.	Global Fund projects with rank A or B1	Global Fund projects with rank A or B1	28,000	28,000	16727		x	**x**	**x**	x	x
Technical assistance to engage business sector in the implementation of HIV/AIDS continuum of care through HIV anti-discriminatory policies and HIV basic services programs at the workplace.	4 new HIV workplace policies developed	4 new HIV workplace policies developed	8,000	8,000	16727		x			x	x

Technical assistance to increase the involvement of non-health public sectors in the HIV response in support of the continuum of care and prevention in HIV/AIDS .	Two non-health sector public entities involve in the response	Two non-health sector public entities involve in the response	28,508	28,508	16727		x	**x**	**x**	x	x
TA for improve STI services in Health Centers and Hospitals	4 health services with skills to manage STI	8 health services with skills to manage STI	32,000	50,000	13445			x	x	x	x
Ta to implement an integrated FP/HIV services	4 health services implemented FP/HIV services	8health services implemented FP/HIV services	31,000	77,500	13445			x	x	x	x
Strength local capabilities to ensure treatment adherence.	60 Percent of under treatment people adherents.	70 Percent of under treatment people adherents.	42,000	35,000	13445			x	x	x	x
Support implementation of national norms for Cotrimoxazole Preventive Therapy (CPT)	National norm implemented	National norm implemented	28,000	62,000	13445			x	x	x	x
Support national norms for screen, diagnose and treat Cryptococcal and histoplasma disease among PLHIV in HIV clinics.	Norm implemented	Norm implemented	29,500	48,000	13445			x	x	x	x
Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities, including gender, stigma and discrimination, screening STI and ART treatment.	28 health providers trained	44 health providers trained	19,000	14,000	13445		x	x	x	x	x

Support treatment adherence, retention in treatment, and clinical monitoring of treatment outcomes (VL, CD4, drug resistance) of PLHIV.	Services Strengthened	Services Strengthened	15,000	12,000	13445			x	x	x	x
Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance, etc.).	28 health providers trained	42 health providers trained	20,000	11,000	13445		x	x	x	x	x
Support interventions pertaining to gender norms within the context of HIV among KP.	Gender norm implemented	Gender norm implemented	8,978	7,000	13445		x	x	x	x	x
Provide TA for QI/QA to increase quality and access of cascade services to KP.	Access to treatment increased	Access to treatment increased	22,000	10,000	13445		x	x	x	x	x
QA/QI support in laboratory to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV.	Laboratory services improved	Laboratory services improved	24,500	3,500	13445			x	x	x	x
Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services	20 health providers trained	25 health providers trained	5,500	5,500	13445		x	x	x	x	x
Sustainability Index											

6.3 HSS – GUATEMALA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8.	9.	10.	11.*Other	12. Viral

					ID		HIV Testing	Linkage to Care (LTC)	ART uptake	Combination prevention	suppression
Capacity building of civil society organizations that interact with the health system,	5 organizations reached	Total of GFATM sub receptors reached	100,000	75,000	13082		x			x	
Support to Global Fund programs and activities, and donor coordination	Combination Prevention model adopted by GFATM	National Prevention Strategy Developed	80,000	35,000	13082		x			x	
Reach PLH in treatment centers in SNU to address co-responsibility in their treatment. From that perspective, we will work on issues of adherence, nutrition, emotional state, emotional and sexual life, etc.	10,000 patients in treatment		206,321		13082			x	x	x	x
S&D reduction towards KP	S&D Index reduced	S&D Index reduced	80,000	40,000	13082		x			x	
LMIS Improvement	SOP and manuals	Support the MOH with the strengthening of the Logistics Management Information System	49,650		12578			x	x		
ARVs supply planning process improvement	SOP and manuals	Enabling quantification and forecasting procedures into SOPs for national use	74,475		12578			x	x		
HR capacity Development	SOP and manuals	Provide continuous support to the MOH to develop Human Recourses	37,240		12578			x	x		
Development of Logistic Unit	SOP and manuals	Provide continuous support to the MOH to develop of Logistic Unit	86,885		12578		x	x	x	x	x
Support implementation of cascade in Comprehensive HIV Care units	8 facilities		26,150		17404		x	x	x	x	x
Support National AIDS planning related with the Cascade	Strategic plan		25,000		17407		x	x	x	x	x

Provide legal and advocacy assistance to Key Population groups and networks advocating for issues related to HIV/AIDS cascade, stigma & discrimination.	Human rights and advocacy campaigns implemented and reported		55,000		16727		x	x	x	x	x
Support and defend the rights of HIV-infected and affected-individuals, MSM, transgender population.	2 positives reforms in response to key populations and HIV infected and affected individuals rights		44,000		16727		x	x	x	x	x
Technical assistance for strengthening community governance in the framework of the continuum of care to improve the HIV cascade outputs.	Community advisory Committee to exchange information		45,000		16727		x	x	x	x	x
Technical assistance and support for citizen monitoring for HIV/AIDS accessible services for the continuum of care and prevention for HIV-infected and affected-individuals and key populations (MSM, transgender).	Citizen monitoring plan implemented		38,000		16727		x	x	x	x	x
Training on Gender-Based Violence and HIV, to in-service providers serving to key populations and HIV-infected and affected-individuals.	25 in-service providers trained		15,000		16727		x	x	x	x	
Support the Sustainability Plan being implemented by the Regional Coordination Mechanism harmonized with the HIV cascade priorities.	National Sustainability plan desarrollado y vinculado al continuo de la atención y las metas 90 90 90		70,954		16727		x	x	x	x	x
Technical assistance for the development of mechanisms for resource mobilization and cost reduction for the purchase of ARVs, commodities and reagents for diagnosis and monitoring of HIV.	Mecanismo de negociacion conjunta de precios implementandose		55,000		16727		x	x	x	x	x

Technical assistance and support to national and regional HIV/AIDS strategic planning to provide clear guidelines to government and non-government actors involved in the HIV response to address programmatic efforts to improve the HIV cascade outputs.	National plans include key populations as priority and continuum of care approach		55,000		16727		x	x	x	x	x
Support the development or updating of national guidelines for serving key populations (MSM, transgender) in the health sector. Avoiding the gaps in the HIV/AIDS continuum of care and prevention.	Guidelines		25,000		16727		x	x		x	
Support the development or updating of HIV/AIDS national guidelines. Avoiding the gaps in the HIV/AIDS continuum of care and prevention.	Guidelines		25,000		16727		x	x	x		x
Technical assistance and support the development of Anti-discrimination policy and code of conduct at the health service level.	Policy approved and/or implemented		34,000		16727		x	x	x	x	x
Technical assistance for the development of a policy regarding beneficiary rights and stigma discrimination at community level.	2 community sites with a written policy		48,000		16727		x	x	x	x	x
Support the sharing of methods, tools, and other useful information, and share best practices and lessons learned focus in the HIV cascade to monitor HIV epidemic.	Tools and technology are being used to monitor the epidemic.		55,000		16727		x	x	x	x	x
Technical assistance to develop and implement HIV/AIDS monitoring and evaluation (M&E) plans, responding to the HIV cascade information needs, to properly	M&E plans include key global and PEPFAR indicators		45,000		16727		x	x		x	x

monitor the epidemic and its response.											
Technical assistance and support to strengthen information systems for monitoring HIV cascade. Address the 12-prioritized components of the information systems evaluation.	Improvement plan implemented		55,000		16727		x	x	x	x	x
Continued technical assistance to Global Fund (GF) projects.	Global Fund projects with rank A or B1		60,000		16727		x	x	x	x	x
Technical assistance to engage business sector in the implementation of HIV/AIDS continuum of care through HIV anti-discriminatory policies and HIV basic services programs at the workplace.	6 new HIV workplace policies developed		25,000		16727		x			x	x
Technical assistance to increase the involvement of non-health public sectors in the HIV response in support of the continuum of care and prevention in HIV/AIDS .	Two non-health sector public entities involve in the response		58,685		16727		x	x	x	x	x
TA for improve STI services in Health Centers and Hospitals	14 health services with skills to manage STI	25 health services with skills to manage STI	11,000	15,000	13445			x	x	x	x
TA to implement an integrated FP/HIV services	5 health services implemented FP/HIV services	12 health services implemented FP/HIV services	35,000	30,000	13445			x	x	x	x
Strength local capabilities to ensure treatment adherence.	60 Percent of under treatment people adherents.	70 Percent of under treatment people adherents.	9,000	50,000	13445			x	x	x	x
Support implementation of national norms for Cotrimoxazole Preventive Therapy (CPT)	National norm implemented	National norm implemented	16,000	7,000	13445			x	x	x	x
Support national norms for screen, diagnose and treat Cryptococcal and histoplasma disease among PLHIV in HIV clinics.	Norm implemented	Norm implemented	15,000	6,000	13445			x	x	x	x

Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities, including gender, stigma and discrimination, screening STI and ART treatment.	25 health providers trained	36 health providers trained	15,761	18,000	13445		x	x	x	x	x
Support treatment adherence, retention in treatment, and clinical monitoring of treatment outcomes (VL, CD4, drug resistance) of PLHIV.	Services Strengthened	Services Strengthened	32,000	12,000	13445			x	x	x	x
Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance, etc.).	50 health providers trained	70 health providers trained	8,000	8500	13445		x	x	x	x	x
Support interventions pertaining to gender norms within the context of HIV among KP.	Gender norm implemented	Gender norm implemented	7,000	7250	13445		x	x	x	x	x
Provide TA for QI/QA to increase quality and access of cascade services to KP.	Access to treatment increased	Access to treatment increased	14,500	7250	13445		x	x	x	x	x
QA/QI support in laboratory to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV.	Laboratory services improved	Laboratory services improved	5,500	4500	13445			x	x	x	x
Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services	20 health providers trained	25 health providers trained	7,500	7500	13445		x	x	x	x	x

6.3 HSS – HONDURAS

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Provide TA for QI/QA to increase quality and access of cascade services to KP. ®	Quality improvement plan developed and implemented in 15 facilities	Quality improvement plan developed and implemented in 20 facilities	175,000	250,000	17433			x	x		x
Support the implementation of the National Sustainability plan	Eight local NGOs contracted by SESAL to provide HIV prevention services for KP		282,223	-	16696		x			x	
Support the community based response to KP who experience gender based violence	Eight (8) Organization Strengthened		202,222	-	16696		x			x	

6.3 HSS – NICARAGUA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Capacity building of civil society organizations that interact with the health system,	5 organizations reached	Total of GFATM sub receptors reached	44,230	75,000	13082		x			x	

S&D reduction towards KP	S&D Index reduced	S&D Index reduced	25,000	40,000	13082		x			x	
S&D reduction towards KP	S&D Index reduced	S&D Index reduced	12,000	40,000	13082		x			x	
Technical assistance of 7 universities and 11 health careers (pharmacy, medicine, nursing) to transfer HIV logistic content into their curricula	500 pre-service students graduated	Close out	100,000		14406		x		x	x	
Capacity building of civil society organizations to improve their logistic system management on donated supplies (condoms, lubricants, rapid tests, non-medical supplies)	12 organizations strengthened	Close out	24,000		14406		x			x	
Virtual course on logistic for university teachers in 12 public and private universities	40 teachers graduated	Close out	26,000	-	14406		x		x	x	
Technical assistance of 10 universities and 11 health careers (medicine, nursing, psychology) to transfer HIV comprehensive health care management , S&D, GBV prevention, quality improvement	1000 pre-service students graduated	1000 pre-service students graduated	170,000	170,000	16625		x	x	x	x	x
Capacity building of civil society organizations to implement HIV services quality improvement management program	6 organizations implementing QI program	6 organizations implementing QI program	30,000	30,000	16625		x	x	x	x	x
Capacity building of civil society organizations to provide CoC HIV services	10 organizations strengthened and 5 organizations graduated	10 organizations strengthened and 5 organizations graduated	42,500	42,500	14466		x	x	x	x	x
Tainting course on gender norms (10 hours) for NGO personnel and community leaders and promotors	350 people trained	350 people trained	7,500	7,500	14466					x	

6.3 HSS – PANAMA

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
Capacity building of civil society organizations that interact with the health system	5 organizations reached	Total of GFATM principal recipients reached	15,000	15,000	13082		x			x	
Support to Global Fund programs and activities, and donor coordination	Combination Prevention model adopted by GFATM	National Prevention Strategy Developed	17,763	20,000	13082		x			x	
S&D reduction towards KP	S&D Index reduced	S&D Index reduced	17,763	20,000	13082		x			x	
LMIS Improvement	SOP and manuals	Support the MOH with the strengthening of the Logistics Management Information System	21,600		12578			x	x		
ARVs supply planning process improvement	SOP and manuals	Enabling quantification and forecasting procedures into SOPs for national use	25,200		12578			x	x		
HR capacity Development	SOP and manuals	Provide continuous support to the MOH to develop Human Resource	25,200		12578			x	x		

Support to national and regional HIV/AIDS strategic planning;	Strategic plan		25,000		17407		x	x	x	x	x
Provide legal and advocacy assistance to Key Population groups and networks advocating for issues related to HIV/AIDS cascade, stigma & discrimination.	Human rights and advocacy campaigns implemented and reported		7,000		16727		x	x	x	x	x
Support and defend the rights of HIV-infected and affected- individuals, MSM, transgender population.	2 positives reforms in response to key populations and HIV infected and affected individuals rights		8,000		16727		x	x	x	x	x
Technical assistance for strengthening capacity of key population groups and people living with HIV/AIDS, to lead participatory process around the organization of health service and the continuum of care.	2 key population and people with HIV organizations strengthened		7,000		16727		x	x		x	x
Technical assistance for strengthening community governance in the framework of the continuum of care to improve the HIV cascade outputs.	Community advisory Committee to exchange information		8,000		16727		x	x	x	x	x
Technical assistance and support for citizen monitoring for HIV/AIDS accessible services for the continuum of care and prevention for HIV-infected and affected- individuals and key populations (MSM, transgender).	Citizen monitoring plan implemented		######		16727		x	x	x	x	x
Provide technical assistance on HIV Gender-Based Violence and the quality improvement plan for gender post-violence care and access to HIV Prophylaxis post exposure.	Gender Based Violence protocol being implemented. Number of barriers reduce to improve service delivery or implement		######		16727		x	x	x		x

	supporting functions										
Training on Gender-Based Violence and HIV, to in-service providers serving to key populations and HIV-infected and affected-individuals.	25 in-service providers trained		5,000		16727		x	x	x	x	
Technical assistance on Gender-Based Violence and HIV to strengthen the community response and referral systems in community settings.	Guidelines for referral for post-violence care to key population		######		16727		x	x	x	x	
Support the Sustainability Plan being implemented by the Regional Coordination Mechanism harmonized with the HIV cascade priorities.	National Sustainability plan desarrollado y vinculado al continuo de la atención y las metas 90 90 90		######		16727		x	x	x	x	x
Technical assistance for the development of mechanisms for resource mobilization and cost reduction for the purchase of ARVs, commodities and reagents for diagnosis and monitoring of HIV.	Mecanismo de negociacion conjunta de precios implementandose		######		16727		x	x	x	x	x
Technical assistance and support to national and regional HIV/AIDS strategic planning to provide clear guidelines to government and non-government actors involved in the HIV response to address programmatic efforts to improve the HIV cascade outputs.	National plans include key populations as priority and continuum of care approach		######		16727		x	x	x	x	x
Provide technical assistance to the operational planning in HIV/AIDS, focusing on the organization of health & community services, in support of the continuum of care and prevention on	Site level plans include key populations as priority and continuum of care approach		8,000		16727		x	x	x	x	x

HIV/AIDS.											
Support the development or updating of national guidelines for serving key populations (MSM, transgender) in the health sector. Avoiding the gaps in the HIV/AIDS continuum of care and prevention.	Guidelines		######		16727		x	x		x	
Support the development or updating of HIV/AIDS national guidelines. Avoiding the gaps in the HIV/AIDS continuum of care and prevention.			8,000		16727		x	x	x		x
Technical assistance and support the development of Anti-discrimination policy and code of conduct at the health service level.	Policy approved and/or implemented		######		16727		x	x	x	x	x
Technical assistance for the development of a policy regarding beneficiary rights and stigma discrimination at community level.	2 community sites with a written policy		######		16727		x	x	x	x	x
Support the sharing of methods, tools, and other useful information, and share best practices and lessons learned focus in the HIV cascade to monitor HIV epidemic.	Tools and technology are being used to monitor the epidemic.		######		16727		x	x	x	x	x
Technical assistance to develop and implement HIV/AIDS monitoring and evaluation (M&E) plans, responding to the HIV cascade information needs, to properly monitor the epidemic and its response.	M&E plans include key global and PEPFAR indicators		######		16727		x	x		x	x

Technical assistance and support to strengthen information systems for monitoring HIV cascade. Address the 12-prioritized components of the information systems evaluation.	Improvement plan implemented		######		16727		x	x	x	x	x
Continued technical assistance to Global Fund (GF) projects.	Global Fund projects with rank A or B1		######		16727		x	x	x	x	x
Technical assistance to engage business sector in the implementation of HIV/AIDS continuum of care through HIV anti-discriminatory policies and HIV basic services programs at the workplace.	4 new HIV workplace policies developed		4,703		16727		x			x	x
TA for improve STI services in Health Centers and Hospitals	4 health services with skills to manage STI	6 health services with skills to manage STI	8,922	45,000	13445			x	x	x	x
TA to implement an integrated FP/HIV services	4 health services implemented FP/HIV services	6 health services implemented FP/HIV services	3,500	16,000	13445			x	x	x	x
Strength local capabilities to ensure treatment adherence.	60 Percent of under treatment people adherents.	70 Percent of under treatment people adherents.	3,500	11,000	13445			x	x	x	x
Support implementation of national norms for Cotrimoxazole Preventive Therapy (CPT)	National norm implemented	National norm implemented	3,500	14,000	13445			x	x	x	x
Support national norms for screen, diagnose and treat Cryptococcal and histoplasma disease among PLHIV in HIV clinics.	Norm implemented	Norm implemented	3,500	3,500	13445			x	x	x	x

Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities, including gender, stigma and discrimination, screening STI and ART treatment.	28 health providers trained	44 health providers trained	2,500	2,500	13445		x	x	x	x	x
Support treatment adherence, retention in treatment, and clinical monitoring of treatment outcomes (VL, CD4, drug resistance) of PLHIV.	Services Strengthened	Services Strengthened	10,000	5,000	13445			x	x	x	x
Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance, etc.).	28 health providers trained	42 health providers trained	3,000	5,000	13445		x	x	x	x	x
Support interventions pertaining to gender norms within the context of HIV among KP.	Gender norm implemented	Gender norm implemented	2,500	5,800	13445		x	x	x	x	x
Provide TA for QI/QA to increase quality and access of cascade services to KP.	Access to treatment increased	Access to treatment increased	3,000	7,200	13445		x	x	x	x	x
QA/QI support in laboratory to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV.	Laboratory services improved	Laboratory services improved	3,000	3,500	13445			x	x	x	x
Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services	20 health providers trained	25 health providers trained	2,000	2,500	13445		x	x	x	x	x

7.0 Staffing Plan

In ROP14, the regional program requested five new positions to support the upcoming demands. As a condition for the ROP14 approval and to ensure that the regional team is able to respond to the new requirements and match its skillsets to current priorities, the PEPFAR Deputy Principles have requested a staffing analysis to be conducted before any new positions are filled. The staffing analysis date is TBD.

As a TA region, the agencies have done internal analysis on their programmatic needs and have requested new positions to fulfill that need. After requesting five new positions in ROP14 (two being administrative assistants) and re-purposing an administrative position into a 50% SI liaison, it has become difficult to even support the current increase in staffing due to the increasing demands on M&O, a rise in certain cost categories, and SIMS implementation by USG staff. In ROP15, our CODB will increase to $3.3M, a 6.6% over ROP14, despite a careful analysis and a delayed roll out of new and vacant positions. Furthermore, the regional CODB will continue to increase in coming years due to the roll-out of the LNA hiring mechanism for the PEPFAR coordinator in ROP16 and the consolidation of the agencies onto one site by 2020. This will cause a substantial increase in ICASS charges, especially for agencies that are charged $20,000 (as of FY15) per staff member that is located at an Embassy.

Table A.1 Program Core, Near-core, and Non-core Activities for COP15

Level of Implementation	Core Activities (C)	Near-core Activities (NC)	Non-core Activities (NN)
Site level	Provide DSD and TA serving KP: HTC, care and treatment, and prevention	Provide DSD and TA serving PP: HTC, care and treatment, and prevention	
Sub-National level	Targeted TA for KP: HTC and prevention	Targeted TA for PP: HTC and prevention	
National level	Targeted TA for KP in laboratory, strategic information, and health systems strengthening	Targeted TA for PP in laboratory, strategic information, and health systems strengthening	General prevention activities PMTCT services Human Resource Information System Leadership trainings in Global Health Renovation of facilities General SI training National surveillance plan

Table A.2 Program Area Specific Core, Near-core, and Non-core Activities for COP 15

Program Area	Core Activities (C)	Near-core Activities (NC)	Non-core Activities (NN)
HTC			
HIV Testing and Counseling (HVCT)	1. Provide HTC services to KP across the range of community and facility-based settings. (R) 2. Compliance with National Testing Algorithm and Strategy 3. Quality Assurance of HIV Tests. 4. Biosafety measures for HIV testing 5. Confidentiality of HIV testing services 6. Support mobilization and creation of HTC service demand among KP. (R) 7. Link KP HTC-users to appropriate community and clinical services and track linkages. (R) 8. Swiping the zone test 9. Online promotion for test 10. Mobile units 11. RDS test 12. Health fairs 13. SMS for promotion 14. Supply, provide and distribute RTKs for KP. (G,H,E,P)	1. Provide HTC services to military and youth across the range of community and facility-based settings. (R) 2. Support mobilization and creation of HTC service demand among military and youth. (R) 3. Link PP HTC-users to appropriate services and track linkages. (R) 4. Supply, provide and distribute RTKs for PP. (R) 5.	Provide direct support and/or TA to client-initiated HTC services to military personnel. (B,E,G,H,N) Provide targeted TA for PITC services to military personnel (G,H,E,N) (Use with ROP14 funds)
CARE AND TREATMENT			
PHDP Intervention (HBHC)	Implement the national PHDP package for PLHIV: 1. Assess sexual activity and provide condoms (and lubricant) and risk reduction counseling. (R)	Assess treatment adherence. (CR,B)	

	2. Screen for STIs and provide or refer for STI treatment and partner treatment if indicated. (R) 3. Assess family planning needs and (if indicated) provide contraception or safer pregnancy counseling or refer for family planning services. (R) 4. Assess treatment adherence. (E,G,H,N,P) 5. Link to HIV care and treatment services. (R) 6. Link to health services (psychologist, endocrinologist, nutritionist, etc.) (R)		
Services related to prevention and treatment of OIs (HBHC)	1. 2. Screen, diagnose and treat Cryptococcal and histoplasma disease among PLHIV in HIV clinics. (E,G,H)		
In-service training in care and treatment (HBHC)	Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities (CD4), including gender, stigma and discrimination, screening, and treatment. (All except B and CR)	Provide in-service trainings for individuals at the facility and community level serving PLHIV in care and treatment activities, including gender, stigma and discrimination, screening, treatment and prevention of cervical cancer. (B, CR)	
Adherence, retention, and clinical monitoring at the facility and community level (HTXS)	1. Support treatment adherence, retention in treatment (E,G,P), and clinical monitoring of treatment outcomes of PLHIV. (G,H,N) 2. Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance, etc.) (E,G,H,N,P) 3. Peer community link for tracking HIV care and treatment service	1. Support treatment adherence, retention in treatment (B,C). 2. Provide in-service trainings in adult care to ensure quality of services (ARV treatment, STI, HR performance, etc.). (B,C)	
HIV/TB (HVTB)	1. Support IDSA and NTB Isoniazid Preventive Therapy (IPT) for PLHIV without active TB in TB clinics. (G) 2. Screen and diagnose TB using WHO-recommended four TB symptom screening algorithm for PLHIV in HIV clinics. (G,H,N,P) 3. Link HIV+ TB patients to appropriate services and track linkages and treatment initiation in HIV and TB clinics. (G,H,N,P)		
PREVENTION			
Condom marketing (HVOP)	Support accessibility and affordability of condoms for KP to prevent new HIV infections. (R)	Support accessibility and affordability of condoms for PP to prevent new HIV infections. (R)	
Combination prevention (HVOP)	1. Support HIV prevention activities (HIV testing, condoms, lubricants, behavior change, STI screening) targeting KP through peer outreach, small group prevention, and/or hotspot prevention activities. (R) 2. Link KP to health services (FP, nutritionist, psychologists, endocrinologist, etc.) to strengthen healthy behaviors related to HIV. (R)	1. Support HIV prevention activities (HIV testing, counseling, condoms, lubricants, behavior change, STI screening) targeting PP through peer outreach, small group prevention, and/or hotspot prevention activities. (R) 2. Link PP to health services (FP, nutritionist, psychologists, endocrinologist, etc.) to strengthen healthy behaviors related to HIV. (R)	1. Support small group prevention activities targeted at military personnel in general. (B,E,G,H,N) 2. Support community outreach promotional materials or campaign, specifically related to HTC for client-initiated/uptake of HTC services by military personnel. (B,E,G,H,N)

	3. Monitoring Outreach for Key Populations 4. Peer educators receiving a standardized supportive supervision including mentorship and training to better perform their role in outreach. 5. Facilitation of Small Group Sessions for HIV Prevention	3. Support risk reduction counseling, including condom promotion, condom skills training and facilitated access to condoms for HIV negative patients during PITC of military personnel. (B,E,G,H,N)	
Gender norms (HVOP)	Support interventions pertaining to gender norms within the context of HIV among KP. (E,G,N,P)	Support interventions pertaining to gender norms within the context of HIV among health personnel. (B,C,E,G,P)	
PEP (HVOP)	Support PEP implementation protocols for KP victims of sexual violence to prevent new HIV infections. (E,G,H,P)	Support PEP implementation protocols for KP victims of sexual violence to prevent new HIV infections. (B,CR) Support PEP implementation protocols for PP victims of sexual violence to prevent new HIV infections. (R)	
Linkages to structural services (HVOP)	Link KP to structural services (legal services, advocacy, alcohol programs, etc.) to strengthen healthy behaviors to prevent HIV. (E,H,G,N,P)	Link KP and PP to structural services (legal services, advocacy, alcohol programs, etc.) to strengthen healthy behaviors to prevent HIV. (B,CR)	
NGO network building (HVOP)	Promote and strengthen social support networks of KP to adopt and maintain healthy behaviors and decrease vulnerability to prevent HIV as well as policy advocacy. (R)	Promote and strengthen social support networks of PP to adopt and maintain healthy behaviors and decrease vulnerability to prevent HIV as well as policy advocacy. (R)	
In-service training in prevention (HVOP)	Provide in-service trainings for individuals serving KP in prevention activities, including gender, stigma and discrimination and topics. (E,H,G,N,P)	Provide in-service trainings for individuals serving KP in prevention activities, including gender, stigma and discrimination and topics. (B,CR) Provide in-service trainings for individuals serving PP in prevention activities, including stigma and discrimination topics. (R)	
Life Skills (HVOP)		Reduce risk behaviors related to HIV among PP through leadership activities. (H)	
PROGRAM/ SYSTEM SUPPORT			
Policy, advocacy, guidelines (OHSS)	1. Develop and implement policy and advocacy (legislation, policies and regulations) benefiting KP, PLHIV focusing on S&D and GBV prevention, including other relevant stakeholders. (B,C,E,G,N,P) 2. Provide TA to improve KP CSOs to participate in the national response. (R) 3. Provide TA for private sector involvement in national plans to reduce S&D towards KP and PLHIV. (E,G,N,P) 4. Technical assistance for the National AIDS Spending Assessment, NASA. (GT, NI, ES, PA, BE) 5. Technical assistance to develop health economics and sustainability analysis	1. Provide TA to National Aids Commissions and other national stakeholders to develop, implement and evaluate national HIV plans. (B,C,E,G,N,P) 2. Provide support to Global Fund programs and activities, and donor coordination. (R) 3. Promote the COMISCA mechanism to support regional revision and harmonization of national guidelines in care and treatment. (R) 4. Training for the use findings from studies and analysis to inform HIV/AIDS policies and program decision making. M&E related to HIV Cascade. (GT, NI, ES, PA, BE) 5. Provide legal and advocacy assistance to Key Population groups and networks advocating for	1. Conduct Leadership trainings in Global Health - refocused towards KP activities at facility-level (G) 2. Technical assistance to engage business sector in the implementation of HIV/AIDS continuum of care through HIV anti-discriminatory policies and HIV basic services programs at the workplace. (PA) Support the development or updating of HIV/AIDS national guidelines. Avoiding the gaps in the HIV/AIDS continuum of care and prevention. (PA)

(reduction of costs for the acquisition of ARV and supplies & reagents for HIV diagnostics among other). (GT, NI, ES, PA, BE)

6. Support and defend the rights of HIV-infected and affected- individuals, MSM, transgender population. (BE)
7. Technical assistance and support the development of Anti-discrimination policy and code of conduct at the health service level. (GT, BE)
8. Support the Sustainability Plan being implemented by the Regional Coordination Mechanism harmonized with the HIV cascade priorities.
(GT, NI, ES, PA, BE)
9. Technical assistance for the development of mechanisms for resource mobilization and cost reduction for the purchase of ARVs, commodities and reagents for diagnosis and monitoring of HIV.
(GT, NI, PA, BE)
10. Technical assistance and support to national and regional HIV/AIDS strategic planning to provide clear guidelines to government and non-government actors involved in the HIV response to address programmatic efforts to improve the HIV cascade outputs. (GT, NI, ES, PA, BE)
11. Continued technical assistance to Global Fund (GF) projects. (GT, NI, ES, PA, BE)
12. Support the development or updating of national guidelines for serving key populations (MSM, transgender) in the health sector. Avoiding the gaps in the HIV/AIDS continuum of care and prevention. (GT, NI, BE)
13. Support the sharing of methods, tools, and other useful information, and share best practices and lessons learned focus in the HIV cascade to monitor HIV epidemic. (GT, NI, ES, PA, BE)
14. Technical assistance to develop and implement HIV/AIDS monitoring and evaluation (M&E) plans, responding to the HIV cascade information needs, to properly monitor the epidemic and its response. (GT, NI, ES, PA, BE)

issues related to HIV/AIDS cascade, stigma & discrimination. (GT, NI, ES, PA, BE)

6. Support and defend the rights of HIV-infected and affected- individuals, MSM, transgender population. (GT, NI, ES, PA)
7. Technical assistance and support the development of Anti-discrimination policy and code of conduct at the health service level. (PA)
8. Technical assistance for the development of a policy regarding beneficiary rights and stigma discrimination at community level. (GT, NI, ES, PA, BE)
9. Technical assistance for the development of mechanisms for resource mobilization and cost reduction for the purchase of ARVs, commodities and reagents for diagnosis and monitoring of HIV. (ES)
10. Technical assistance to engage business sector in the implementation of HIV/AIDS continuum of care through HIV anti-discriminatory policies and HIV basic services programs at the workplace.(GT, NI, ES, BE)
11. Support the development or updating of national guidelines for serving key populations (MSM, transgender) in the health sector. Avoiding the gaps in the HIV/AIDS continuum of care and prevention. (ES,PA)
12. Support the development or updating of HIV/AIDS national guidelines. Avoiding the gaps in the HIV/AIDS continuum of care and prevention. (GT, NI, ES, BE)
13. Technical assistance to increase the involvement of non-health public sectors in the HIV response in support of the continuum of care and prevention in HIV/AIDS .
(NI, ES, PA)

	15. Technical assistance and support to strengthen information systems for monitoring HIV cascade. Address the 12-prioritized components of the information systems evaluation. (GT, NI, ES, PA, BE) 16. Technical assistance to increase the involvement of non-health public sectors in the HIV response in support of the continuum of care and prevention in HIV/AIDS . (GT, BE)		
Quality Improvement (OHSS)	1. Provide TA for QI/QA to increase quality and access of cascade services to KP. (R) 2. Provide TA to improve system-level financial management tools to MoH unit managing KP service agreements. (H) 3. Develop pre-service training focused on comprehensive HIV services to strengthen the cascade. (E,G,H,N,P) 4. Provide TA to each intervention point for the monitoring of its expenditures through systems that meet financial management criteria at the operational level. 5. Provide in-service trainings for individuals serving KP in prevention activities, including gender, stigma and discrimination and topics. (E,H,G,N,P)	1. Support development of guidelines related to the HIV continuum of prevention to care and treatment. (B,C,E,G,P) 2. Develop curriculum for in-service trainings focused on comprehensive HIV services. (R) 3. Provide TA for QI/QA to increase quality and access of cascade services to PP. (R) 4. Provide Management and Leadership Development (R) 5. Provide TA for capacity building of CSOs linked to the HS. (B,C,E,G,P) 6. Technical assistance for strengthening community governance in the framework of the continuum of care to improve the HIV cascade outputs. (GT, NI, ES, PA, BE) 7. Technical assistance and support for citizen monitoring for HIV/AIDS accessible services for the continuum of care and prevention for HIV-infected and affected- individuals and key populations (MSM, transgender). (GT, NI, ES, PA, BE)	1. TA for GP prevention (H) 2. Provide QI/QA assistance for PMTCT services. (H) 3. Strengthen Human Resource Information System. (G)
Logistics (OHSS)	1. Provide TA to HIV-related supply chain systems supporting KP core services. (E,G,P) 2. Conduct pre-service training for logistics supporting KP core services. (E,G,P) 3. Provide TA for training and development of cadres with supply chain competencies for KP core services. (E,G,N,P) 4. Support procurement process of HIV+ monitoring commodities (CD4, VL). (E,G,H,P)		1. Provide TA for procurement of supplies. (H) 2. Remodel facilities, including warehouses. (H)
Laboratory (HLAB)	1. Provide laboratory capacity to support HIV testing and clinical monitoring at each stage of the continuum for KP and PLHIV. (E,G,H,N,P) 2. Provide in-service trainings in QA/QI and diagnostic techniques used for HIV services (E,G,H,N,P)	1. Provide laboratory capacity to support HIV, STI and TB testing for PP. (C,E,G,H,N,P) 2. Provide in-service trainings in Continuous Quality Improvement, biosafety, and mentoring. (R)	

SI capacity building (HVSI)	1. Build capacity for and ensure the implementation of the collection, analysis, use, and dissemination of HIV behavioral and biological surveillance and other surveys targeting KP and PLHIV. (R) 2. Strengthen systematic review of HIV epidemic among KP, identify SNUs where HIV programs are most needed, and monitor services and quality of services provided to KP at the facility-level. (E,G,H,N,P) 3. Estimate population size of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage. (E, G) 4. Strengthen HIV-case based surveillance system to improve analysis of HIV burden (E,G,H,N,P) 5. Technical and financial support for the Survey data collection and processing of the Stigma & Discrimination Index. (GT, NI, ES, PA, BE) 6. Estimate population size of KP, develop HIV prevalence estimates and number of KP living with HIV, estimate distribution of new infections among KP, and estimate programmatic coverage. (G) 7. Support in SI in adherence across cascade 8. CoC cascade study 9. Users satisfaction survey in HIV clinic 10. Technical assistance for data collection and processing to build the HIV/AIDS investment case and modeling the results of cost-effective interventions in the reduction of new HIV infections and the decrease of morbi-mortality rates. (GT, ES, BE) 11. Technical assistance for data collection and processing to monitor the implementation of HIV Prophylaxis Post Exposure Protocol. (GT, NI, ES, PA, BE) 12. Technical assistance for the development of the Basic Indicator Package Report. (GT) 13. Dissemination of findings, information and analysis among stakeholders, government officials, key populations and people with HIV/AIDS highlighting on the continuum of care. (GT, NI, ES, PA, BE)	1. Provide TA to support capacity building efforts and the implementation of facility and other surveys targeting PP. (B,C,E,G,N,P) 2. Generate evidence about the epidemic: prevalence, behavior change, adherence, socio-economic and anthropologic studies among PP, TB-HIV prevalence, and TB-MDR surveillance. (R) 3. Provide TA to support for the military health information system planning and development to monitor care and treatment services. (G,H) 4. Provide TA to support for the national M&E system planning and development to monitor care and treatment services and policies (MEGAS, GARPR, MoT, etc.). (R) 5. Generate evidence about the epidemic: prevalence, behavior change, adherence, socio-economic and anthropologic studies among PP, TB-HIV prevalence, TB-MDR surveillance. (R) 6. Technical assistance for the data collection and processing to build the Model of HIV Modes of Transmission. (GT, NI, ES, PA, BE) 7. Provide TA to support for the national M&E system planning and development to monitor care and treatment services and policies (MEGAS, GARPR, MoT, etc.). (R) 8. Technical assistance for data collection and processing to build the HIV/AIDS investment case and modeling the results of cost-effective interventions in the reduction of new HIV infections and the decrease of morbi-mortality rates. (PA) 9. Technical assistance for the development of the Basic Indicator Package Report. (NI, ES, PA, BE) 10. Technical assistance for implementation of a Strategic Information Forum to disseminate studies and analysis under the framework of the HIV Cascade and continuum of care in HIV/AIDS. (GT, NI, ES, BE)	1. Provide general training in data analysis, reporting, interpretation, and dissemination (R) – refocused towards KP activities at the facility-level. (R) 2. Develop 5-Year national surveillance plan (C,N) – refocused towards KP activities at the facility-level. (R) 3. Technical assistance for data collection and processing to build the HIV/AIDS investment case and modeling the results of cost-effective interventions in the reduction of new HIV infections and the decrease of morbi-mortality rates.(NI) 4. Support data collection and preparation of the Global AIDS Response Progress Report. (GT, NI, ES, PA, BE) 5. Technical assistance for implementation of a Strategic Information Forum to disseminate studies and analysis under the framework of the HIV Cascade and continuum of care in HIV/AIDS. (PA)

PEACE CORPS ACTIVITIES			
PREVENTION			
Life Skills (HVOP)	Build HIV knowledge and skills among youth, young mothers, OVC, and PLHIV by promoting healthy behaviors through camps, clubs, in-school programs, and "Grassroots Soccer." (B,E,G,N,)		Build HIV knowledge and skills among community leaders, parents and other stakeholders by promoting healthy behaviors through small group/one to one prevention activities, and workshops. (B,E,G,N)
Combination prevention (HVOP)	Mobilize and link youth, young mothers, and OVC to key services (HTC, PMTCT, ART and condoms). (B,E,G,N)		Promotion of HIV prevention activities (HIV testing, condoms, lubricants, behavior change, STI screening) targeting community leaders through small group prevention and one to one interventions. (B,G,E,N)
Gender norms (HVOP)	"Promote behavior change among youth pertaining to gender norms linked to HIV prevention and access to care and support services." (B,E,G,N)		Provide information to key stakeholders and parents that reduce vulnerability to HIV/AIDS and increase access to treatment and care services through gender-related interventions. (B,E,G,N)
In-service training in prevention (HVOP)		Provide in-service trainings for school programs (teachers, parents, education committees). (B,E,G,N)	
OVC			
Camp for parents of HIV+ children and vulnerable children (HKID)	1. Promote psychosocial support to HIV+ children. (N) 2. Provide evidence-based guidelines to HIV+ children to adopt and maintain healthy behaviors. (N)	1. Promote psychosocial support to parents and caregivers of HIV+ children. (N) 2. Provide evidence-based guidelines to parents and caregivers of HIV+ children to adopt and maintain healthy behaviors. (N) 3. Small group interventions to reduce stigma and discrimination, with focus on gender equality. (N)	

Table A.3 Transition Plans for Non-Core Activities

Transitioning Activities	Type of Transition	Funding in COP15	Estimated Funding in COP16	# of IMs	Transition End date	Notes
General prevention activities (DoD) VCT and mobile testing, TA for provider-initiated counseling & testing (DoD)	Transition to militaries	$ 0	$0		With ROP14 funds only	R
General prevention activities (PC)	Transition to Peace Corps programs and local governments				Sept 2016	
PMTCT services (USAID Honduras)						
Human resource Information System (USAID)						
Leadership training (CDC)	Transition to government	$0	$0		Sept 2014	
Renovation of facilities (USAID Honduras)						
General SI training (CDC)	Transition to government	$0	$0		Sept 2015	
National Surveillance Plan (CDC)	Transition to government	$0	$0		Sept 2015	

Legend
B = Belize
C = Costa Rica
E = El Salvador
G = Guatemala
H = Honduras
N = Nicaragua
P = Panama
R = Regional (All 7 countries)

APPENDIX B REQUIRED

B.1 Planned Spending in 2016

Table B.1.1 Total Funding Level

Applied Pipeline	New Funding	Total Spend
$18,103	**$21,595,897**	**$21,614,000**

Table B.1.2 Resource Allocation by PEPFAR Budget Code

PEPFAR Budget Code	Budget Code Description	Amount Allocated
HVOP	Other Sexual Prevention	$5,143,868
HVCT	Counseling and Testing	$2,232,472
HBHC	Adult Care and Support	$2,144,603
HKID	Orphans and Vulnerable Children	$9,012
HTXS	Adult Treatment	$1,385,520
HVTB	TB/HIV Care	$825,113
HLAB	Lab	$367,561
HVSI	Strategic Information	$2,675,369
OHSS	Health Systems Strengthening	$4,753,259
HVMS	Management and Operations	$2,077,223

B.2 Resource Projections

Budget Code	Budget Code Description	TOTAL	Belize	El Salvador	Guatemala	Honduras	Nicaragua	Panama
HVOP	Other Sexual Prevention	$ 4,844,046	$ 72,101	$ 433,157	$ 1,057,234	$ 2,586,873	$ 241,390	$ 453,291
HVCT	Counseling and Testing	$ 2,031,211	$ 11,343	$ 228,326	$ 639,175	$ 826,323	$ 65,088	$ 260,956
HBHC	Adult Care and Support	$ 2,119,073	$ 185,350	$ 431,528	$ 683,965	$ 401,619	$ 144,225	$ 272,386
HTXS	Adult Treatment	$ 1,321,511	$ 69,829	$ 338,584	$ 402,482	$ 340,466	$ 10,000	$ 160,150
HVTB	TB/HIV Care	$ 691,758	$ -	$ 114,309	$ 237,972	$ 121,465	$ 109,335	$ 108,677
HLAB	Lab	$ 314,220	$ -	$ 51,364	$ 56,064	$ 53,164	$ 101,364	$ 52,264
HVSI	Strategic Information	$ 2,325,786	$ 52,421	$ 371,941	$ 1,290,262	$ 42,238	$ 380,916	$ 188,008
OHSS	Health Systems Strengthening	$ 4,614,748	$ 242,025	$ 1,000,197	$ 1,777,700	$ 659,445	$ 481,230	$ 454,151
HVMS	Management and Operations	**$ 18,262,353**	**$ 633,069**	**$ 2,969,406**	**$ 6,144,854**	**$ 5,031,593**	**$ 1,533,548**	**$ 1,949,883**
	Total							

Central America COP15 Targets by District/Province/Department: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Number of adults and children currently receiving antiretroviral therapy (ART)
Belize/ Belize District	453	24	139	20	117
Belize/ Cayo District	-	-	-	-	-
Belize/ Corozal District	-	-	-	-	-
Belize/ Orange Walk District	-	-	-	-	-
Belize/ Stann Creek District	-	-	-	-	-
Belize/ Toledo District	-	-	-	-	-
Costa Rica/ Alajuela	-	-	-	-	-
Costa Rica/ Cartago	-	-	-	-	-
Costa Rica/ Guanacaste	-	-	-	-	-
Costa Rica/ Heredia	-	-	-	-	-
Costa Rica/ Limón	-	-	-	-	-
Costa Rica/ Puntarenas	-	-	-	-	-
Costa Rica/ San José	-	-	-	-	-
El Salvador/ Ahuachapán	-	-	-	-	-
El Salvador/ Cabañas	-	-	-	-	-
El Salvador/ Chalatenango	-	-	-	-	-
El Salvador/ Cuscatlán	-	-	-	-	-
El Salvador/ La Libertad	-	-	-	-	-
El Salvador/ La Paz	-	-	-	-	-
El Salvador/ La Unión	-	-	-	-	-
El Salvador/ Morazán	-	-	-	-	-
El Salvador/ San Miguel	-	-	-	-	-
El Salvador/ San Salvador	4,965	176	2,693	575	3,927
El Salvador/ San Vicente	-	-	-	-	-
El Salvador/ Santa Ana	-	-	-	-	-
El Salvador/ Sonsonate	-	-	-	-	-
El Salvador/ Usulután	-	-	-	-	-
Guatemala/ Alta Verapaz	-	-	-	-	-
Guatemala/ Baja Verapaz	-	-	-	-	-
Guatemala/ Chimaltenango	-	-	-	-	-
Guatemala/ Chiquimula	-	-	-	-	-
Guatemala/ El Progreso	-	-	-	-	-
Guatemala/ Escuintla	1,475	15	383	86	590
Guatemala/ Guatemala	7,760	386	6,151	975	7,197
Guatemala/ Huehuetenango	-	-	-	-	-
Guatemala/ Izabal	104	22	536	20	648
Guatemala/ Jalapa	-	-	-	-	-
Guatemala/ Jutiapa	-	-	-	-	-
Guatemala/ Petén	-	-	-	-	-
Guatemala/ Quetzaltenango	1,024	63	1,862	348	2,381
Guatemala/ Quiche	-	-	-	-	-
Guatemala/ Retalhuleu	-	-	-	-	-
Guatemala/ Sacatepéquez	-	-	-	-	-
Guatemala/ San Marcos	978	6	153	59	406
Guatemala/ Santa Rosa	-	-	-	-	-
Guatemala/ Sololá	-	-	-	-	-
Guatemala/ Suchitepequez	-	-	-	-	-
Guatemala/ Totonicapán	-	-	-	-	-
Guatemala/ Zacapa	-	-	-	-	-
Honduras/ Atlántida	5,684	-	754	-	678

Central America COP15 Targets by District/Province/Department: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Number of adults and children currently receiving antiretroviral therapy (ART)
Honduras/ Choluteca	-	-	-	-	-
Honduras/ Colon	-	-	-	-	-
Honduras/ Comayagua	-	-	-	-	-
Honduras/ Copan	-	-	-	-	-
Honduras/ Cortés	6,857	137	2,355	-	1,940
Honduras/ El Paraíso	-	-	-	-	-
Honduras/ Francisco Morazán	6,167	72	1,826	-	1,371
Honduras/ Gracias a Dios	-	-	-	-	-
Honduras/ Intibucá	-	-	-	-	-
Honduras/ Islas de la Bahía	-	-	-	-	-
Honduras/ La Paz	-	-	-	-	-
Honduras/ Lempira	-	-	-	-	-
Honduras/ Ocotepeque	-	-	-	-	-
Honduras/ Olancho	-	-	-	-	-
Honduras/ Santa Bárbara	-	-	-	-	-
Honduras/ Valle	-	-	-	-	-
Honduras/ Yoro	-	-	-	-	-
Nicaragua/ Atlántico Norte	-	-	-	-	-
Nicaragua/ Atlántico Sur	300	-	-	-	-
Nicaragua/ Boaco	-	-	-	-	-
Nicaragua/ Carazo	-	-	-	-	-
Nicaragua/ Chinandega	-	-	-	-	-
Nicaragua/ Chontales	-	-	-	-	-
Nicaragua/ Esteli	-	-	-	-	-
Nicaragua/ Granada	-	-	-	-	-
Nicaragua/ Jinotega	-	-	-	-	-
Nicaragua/ León	700	-	-	-	-
Nicaragua/ Madriz	-	-	-	-	-
Nicaragua/ Managua	8,492	367	2,120	-	-
Nicaragua/ Masaya	600	-	-	-	-
Nicaragua/ Matagalpa	-	-	-	-	-
Nicaragua/ Nueva Segovia	-	-	-	-	-
Nicaragua/ Río San Juan	300	-	-	-	-
Nicaragua/ Rivas	-	-	-	-	-
Panama/ Bocas del Toro	-	-	-	-	-
Panama/ Chiriquí	-	-	-	-	-
Panama/ Coclé	-	-	-	-	-
Panama/ Colón	442	20	528	126	863
Panama/ Darien	-	-	-	-	-
Panama/ Guna Yala	-	-	-	-	-
Panama/ Herrera	-	-	-	-	-
Panama/ Los Santos	-	-	-	-	-
Panama/ Ngäbe-Buglé	-	-	-	-	-
Panama/ Panamá	1,909	194	4,087	903	6,188
Panama/ Panamá Oeste	1,285	27	192	39	269
Panama/ Veraguas	-	-	-	-	-
Other_ Central America Region	725	-	-	-	-
Total	**50,220**	**1,509**	**23,779**	**3,151**	**26,575**

Central America COP15 Targets by District/Province/Department: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Belize/ Belize District	-	905	-
Belize/ Cayo District	-	-	-
Belize/ Corozal District	-	-	-
Belize/ Orange Walk District	-	-	-
Belize/ Stann Creek District	-	-	-
Belize/ Toledo District	-	-	-
Costa Rica/ Alajuela	-	-	-
Costa Rica/ Cartago	-	-	-
Costa Rica/ Guanacaste	-	-	-
Costa Rica/ Heredia	-	-	-
Costa Rica/ Limón	-	-	-
Costa Rica/ Puntarenas	-	-	-
Costa Rica/ San José	-	-	-
El Salvador/ Ahuachapán	-	-	-
El Salvador/ Cabañas	-	-	-
El Salvador/ Chalatenango	-	-	-
El Salvador/ Cuscatlán	-	-	-
El Salvador/ La Libertad	-	-	-
El Salvador/ La Paz	-	-	-
El Salvador/ La Unión	-	-	-
El Salvador/ Morazán	-	-	-
El Salvador/ San Miguel	-	-	-
El Salvador/ San Salvador	-	7,847	-
El Salvador/ San Vicente	-	-	-
El Salvador/ Santa Ana	-	-	-
El Salvador/ Sonsonate	-	-	-
El Salvador/ Usulután	-	-	-
Guatemala/ Alta Verapaz	-	-	-
Guatemala/ Baja Verapaz	-	-	-
Guatemala/ Chimaltenango	-	-	-
Guatemala/ Chiquimula	-	-	-
Guatemala/ El Progreso	-	-	-
Guatemala/ Escuintla	-	2,085	-
Guatemala/ Guatemala	-	13,580	-
Guatemala/ Huehuetenango	-	-	-
Guatemala/ Izabal	-	208	-
Guatemala/ Jalapa	-	-	-
Guatemala/ Jutiapa	-	-	-
Guatemala/ Petén	-	-	-
Guatemala/ Quetzaltenango	-	1,570	-
Guatemala/ Quiche	-	-	-
Guatemala/ Retalhuleu	-	-	-
Guatemala/ Sacatepéquez	-	-	-
Guatemala/ San Marcos	-	1,240	-
Guatemala/ Santa Rosa	-	-	-
Guatemala/ Sololá	-	-	-
Guatemala/ Suchitepequez	-	-	-
Guatemala/ Totonicapán	-	-	-

Central America COP15 Targets by District/Province/Department: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Guatemala/ Zacapa	-	-	-
Honduras/ Atlántida	8,720	4,795	-
Honduras/ Choluteca	-	-	-
Honduras/ Colon	-	-	-
Honduras/ Comayagua	-	-	-
Honduras/ Copan	-	-	-
Honduras/ Cortés	4,730	10,589	-
Honduras/ El Paraíso	-	-	-
Honduras/ Francisco Morazán	-	9,387	-
Honduras/ Gracias a Dios	-	-	-
Honduras/ Intibucá	-	-	-
Honduras/ Islas de la Bahía	-	-	-
Honduras/ La Paz	-	-	-
Honduras/ Lempira	-	-	-
Honduras/ Ocotepeque	-	-	-
Honduras/ Olancho	-	-	-
Honduras/ Santa Bárbara	-	-	-
Honduras/ Valle	-	-	-
Honduras/ Yoro	-	-	-
Nicaragua/ Atlántico Norte	-	-	-
Nicaragua/ Atlántico Sur	-	1,149	-
Nicaragua/ Boaco	-	1,267	-
Nicaragua/ Carazo	-	-	-
Nicaragua/ Chinandega	-	1,468	13
Nicaragua/ Chontales	-	650	-
Nicaragua/ Esteli	-	-	-
Nicaragua/ Granada	-	-	-
Nicaragua/ Jinotega	-	-	-
Nicaragua/ León	-	869	13
Nicaragua/ Madriz	-	-	-
Nicaragua/ Managua	-	14,408	-
Nicaragua/ Masaya	-	834	12
Nicaragua/ Matagalpa	-	-	-
Nicaragua/ Nueva Segovia	-	-	-
Nicaragua/ Río San Juan	-	896	-
Nicaragua/ Rivas	-	2,229	12
Panama/ Bocas del Toro	-	-	-
Panama/ Chiriquí	-	-	-
Panama/ Coclé	-	-	-
Panama/ Colón	-	508	-
Panama/ Darien	-	-	-
Panama/ Guna Yala	-	-	-
Panama/ Herrera	-	-	-
Panama/ Los Santos	-	-	-
Panama/ Ngäbe-Buglé	-	-	-
Panama/ Panamá	-	3,300	-
Panama/ Panamá Oeste	-	1,204	-
Panama/ Veraguas	-	-	-
Other_ Central America Region	-	-	-
Total	**13,450**	**80,988**	**50**

Central America COP15 Targets by District/Province/Department: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Belize/ Belize District	-	-
Belize/ Cayo District	-	-
Belize/ Corozal District	-	-
Belize/ Orange Walk District	-	-
Belize/ Stann Creek District	-	-
Belize/ Toledo District	-	-
Costa Rica/ Alajuela	-	-
Costa Rica/ Cartago	-	-
Costa Rica/ Guanacaste	-	-
Costa Rica/ Heredia	-	-
Costa Rica/ Limón	-	-
Costa Rica/ Puntarenas	-	-
Costa Rica/ San José	-	-
El Salvador/ Ahuachapán	-	-
El Salvador/ Cabañas	-	-
El Salvador/ Chalatenango	-	-
El Salvador/ Cuscatlán	-	-
El Salvador/ La Libertad	-	-
El Salvador/ La Paz	-	-
El Salvador/ La Unión	-	-
El Salvador/ Morazán	-	-
El Salvador/ San Miguel	-	-
El Salvador/ San Salvador	15	2
El Salvador/ San Vicente	-	-
El Salvador/ Santa Ana	-	-
El Salvador/ Sonsonate	-	-
El Salvador/ Usulután	-	-
Guatemala/ Alta Verapaz	-	-
Guatemala/ Baja Verapaz	-	-
Guatemala/ Chimaltenango	-	-
Guatemala/ Chiquimula	-	-
Guatemala/ El Progreso	-	-
Guatemala/ Escuintla	170	4
Guatemala/ Guatemala	-	-
Guatemala/ Huehuetenango	-	-
Guatemala/ Izabal	-	-
Guatemala/ Jalapa	-	-
Guatemala/ Jutiapa	-	-
Guatemala/ Petén	-	-
Guatemala/ Quetzaltenango	105	2
Guatemala/ Quiche	-	-
Guatemala/ Retalhuleu	-	-
Guatemala/ Sacatepéquez	-	-
Guatemala/ San Marcos	150	3
Guatemala/ Santa Rosa	-	-
Guatemala/ Sololá	-	-
Guatemala/ Suchitepequez	-	-
Guatemala/ Totonicapán	-	-
Guatemala/ Zacapa	-	-
Honduras/ Atlántida	-	-
Honduras/ Choluteca	-	-
Honduras/ Colon	-	-
Honduras/ Comayagua	-	-

Central America COP15 Targets by District/Province/Department: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Honduras/ Copan	-	-
Honduras/ Cortés	157	10
Honduras/ El Paraíso	-	-
Honduras/ Francisco Morazán	24	2
Honduras/ Gracias a Dios	-	-
Honduras/ Intibucá	-	-
Honduras/ Islas de la Bahía	-	-
Honduras/ La Paz	-	-
Honduras/ Lempira	-	-
Honduras/ Ocotepeque	-	-
Honduras/ Olancho	-	-
Honduras/ Santa Bárbara	-	-
Honduras/ Valle	-	-
Honduras/ Yoro	-	-
Nicaragua/ Atlántico Norte	-	-
Nicaragua/ Atlántico Sur	-	-
Nicaragua/ Boaco	-	-
Nicaragua/ Carazo	-	-
Nicaragua/ Chinandega	-	-
Nicaragua/ Chontales	-	-
Nicaragua/ Esteli	-	-
Nicaragua/ Granada	-	-
Nicaragua/ Jinotega	-	-
Nicaragua/ León	-	-
Nicaragua/ Madriz	-	-
Nicaragua/ Managua	127	8
Nicaragua/ Masaya	-	-
Nicaragua/ Matagalpa	-	-
Nicaragua/ Nueva Segovia	-	-
Nicaragua/ Río San Juan	-	-
Nicaragua/ Rivas	-	-
Panama/ Bocas del Toro	-	-
Panama/ Chiriquí	-	-
Panama/ Coclé	-	-
Panama/ Colón	50	3
Panama/ Darien	-	-
Panama/ Guna Yala	-	-
Panama/ Herrera	-	-
Panama/ Los Santos	-	-
Panama/ Ngäbe-Buglé	-	-
Panama/ Panamá	50	3
Panama/ Panamá Oeste	-	-
Panama/ Veraguas	-	-
Other_ Central America Region	-	-
Total	**848**	**37**