

Western Hemisphere – Central America/Brazil
Regional Operational Plan
ROP 2019
Strategic Direction Summary
May 30, 2019



Table of Contents

1.0 Goal Statement

2.0 Epidemic, Response, and Program Context

- 2.1 Summary statistics, disease burden and country profile
- 2.2 Investment profile
- 2.3 National sustainability profile update
- 2.4 Alignment of PEPFAR investments geographically to disease burden
- 2.5 Stakeholder engagement

3.0 Geographic and Population Prioritization

4.0 Program Activities for Epidemic Control in Scale-up Locations and Populations

- 4.1 Finding the missing, getting them on treatment, and retaining them
- 4.2 Prevention for Key Populations
- 4.3 Commodities
- 4.4 Collaboration, Integration and Monitoring
- 4.5 Targets for scale-up locations and populations

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.0 USG Management, Operations and Staffing Plan to Achieve Stated Goals

Appendix A - Prioritization

Appendix B- Budget Profile and Resource Projections

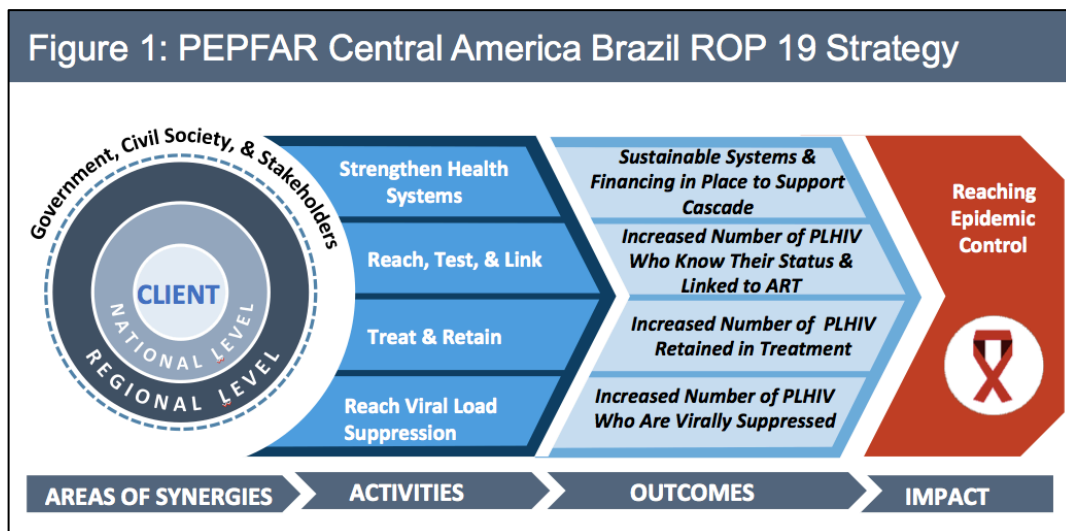
Appendix C- Tables and Systems Investments for Section 6.0

Appendix D – Minimum Program Requirements

1.0 Goal Statement

The PEPFAR Central America and Brazil program is focused on supporting the countries in the region to achieve epidemic control. In partnership with governments, civil society and other key stakeholders, PEPFAR will shift from a primary focus on technical assistance and system strengthening to prioritize site level interventions that have a direct impact on the clinical cascade for all countries. PEPFAR will support an aggressive scale-up of site level support to address the gaps in each country around case finding, immediate linkage to treatment, and achievement of viral load suppression with a targeted approach to strengthen systems essential to epidemic control. The aggressive scale-up strategy will focus primarily on El Salvador, Guatemala, and Honduras, but PEPFAR will continue to support innovative, evidence-based interventions in Brazil, Nicaragua and Panama as well.

As seen in Figure 1, the PEPFAR Central America and Brazil strategy is a first and foremost a client-centered strategy and all interventions and activities are based on providing the best possible service for our clients based on their feedback and preferences. The strategy continues to build on synergies at the national and regional levels with the robust engagement and commitment of all stakeholders.



Strengthening Health Systems To Support Cascade: Reliable supply chains and functioning strategic information systems are a crucial foundation for epidemic control; intensive policy dialogue is also needed to ensure the political will to adopt the key elements necessary to support scale up activities proposed with this ROP. PEPFAR will strategically target technical assistance to address and resolve identified systems barriers to ensure the long term sustainability of the national responses.

Reaching, Testing & Linking: PEPFAR will support an ambitious expansion of index testing at treatment sites for all new patients, all patients who have been lost to follow up, and all patients who are not virally suppressed. With a rapid scale up of index testing together with the continuation of high-yield key population-focused testing strategies, the USG plans to support countries to close the large existing gap of people with HIV who know their status. Rapid recency testing will continue to be deployed to identify 'hot spots' of infection and prioritize cases for index testing.

Treating & Retaining: Early treatment initiation will be scaled up at a national level along with multi-month scripting and treatment optimization. PEPFAR will support efforts to return those lost to follow up to treatment and increase adherence.

Reaching Viral Load Suppression: The USG will support expansion of viral load testing and monitoring of drug resistance and transition to more effective regimens in the case of treatment failure and to optimize treatment.

Countries in the region are making progress toward epidemic control but are not on track to reach the 95-95-95 goals. With the adoption of aggressive key targets in undiagnosed PLHIV who are aware of their status, PLHIV on treatment, PLHIV who are virally suppressed, and key policy changes to address high level barriers, the USG has a unique opportunity to significantly scale up interventions and resources to support host country governments to aggressively tackle the gaps in the cascade and in a collaborative effort with all stakeholders to reach epidemic control in each country in region in the short term.

2.0 Epidemic, Response, and Program Context

2.1 SUMMARY STATISTICS, DISEASE BURDEN AND COUNTRY PROFILES

Central America and Brazil continue to have a concentrated epidemic with certain key populations such as men who have sex with men (MSM) and transgender women (TG) with much higher prevalence rates than the general population per Table 2.1.1

Table 2.1.1 Epidemiological Profile for Central America & Brazil

Country	New Infections 2017	PLHIV>15 years	HIV Incidence Rate/1,000 hab	HIV prevalence (%)				Change in New Infections since 2010 (%)	Change in All-Casude deaths since 2010 (%)
				15-49 yo	SW	MSM	TG		
BRA	48,000	847,000	0.24	N/A	5.3	N/A	N/A	3	-3
GUA	3,300	44,000	0.26	0.4	1.6	7.1	21.2	-14	133
HON	1,000	21,000	0.15	0.3	3.6	12.4	9.7	4	-33
ESV	1,700	24,000	0.28	0.6	2.8	7.7	7.4	-20	73
NIC	770	8,800	0.14	0.2	2.6	8.6	8.1	-9	-36
PAN	1,300	24,000	0.41	1	4.6	12.1	29.6	10	31
Total	56,070	968,800	0.14-0.41	0.2-1	1.6-5.3	7.1 - 12.4	7.4 - 29.6	-20, +10	-36, +133

Sources: UNAIDS 2018 and Published MOH Reports

At the same time, a USG analysis of MOH data on active HIV patients showed that the majority of individuals are self-identified heterosexuals: 75% in Guatemala and 89% in El Salvador. In the case of Guatemala, the data also clearly demonstrates that individuals are being diagnosed extremely late: 70% of newly diagnosed individuals in 2018 had a CD4 of less than 350 (Source: MOH Treatment Database). For El Salvador the percentage was 27% and for Honduras 37% of new patients had CD4 of less than 350 in 2018 for those who reported baseline CD4 (Sources: SUMEVE & SESAL).

Recency testing also demonstrates that recent infections are not only found in self-identified KP. In El Salvador recency testing from January 2018 to April 2019 shows that 30% of women tested are recent, 32% of self-identified heterosexual men tested are recent and 39% of MSM are recent infections. (Source: SUMEVE 2019). Overall the data indicates that efforts to implement index testing among all new patients should be rapidly scaled up and not limited to self-identified key populations.

Significant gaps remain in each of the pillars of the continuum of care cascade for each country as seen in Table 2.1.2 and Figure 2.1.1. With the exception of Nicaragua, all countries show major gaps in the estimated of PLHIV who do not yet know their status. All six countries have significant disparities between PLHIV diagnosed and on treatment, meaning they have not been linked to treatment after diagnosis, have not initiated treatment, or have been lost to follow up. While for those on treatment the percentage of PLHIV who are virally suppressed is relatively higher across

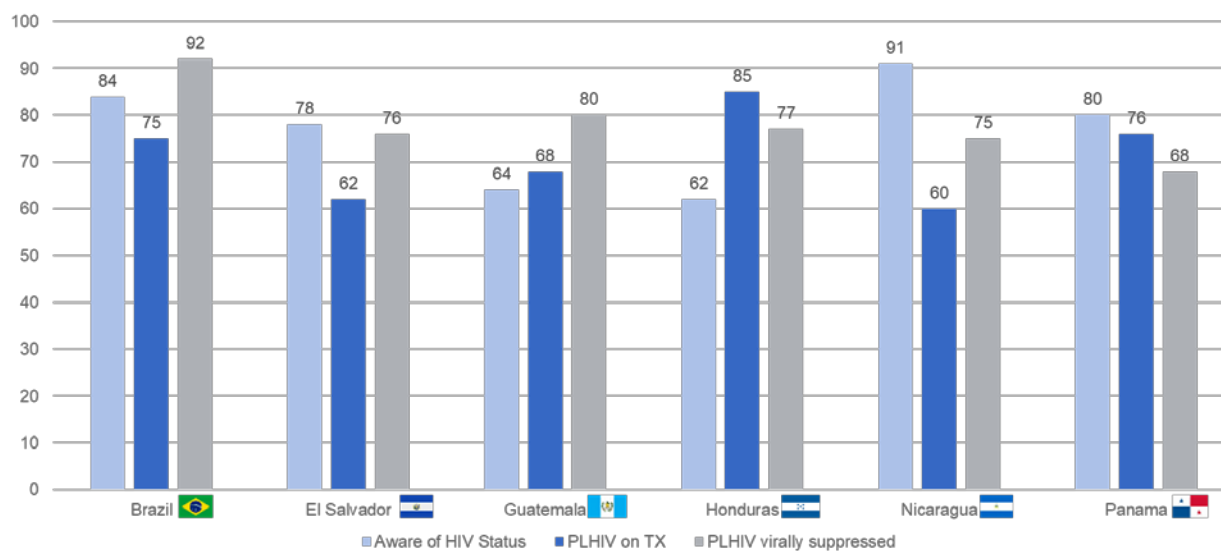
the region, but gaps in diagnosis and linked and retained in treatment means all countries have a significant way to go to reach epidemic control.

Table 2.1.2 Current Progress Toward Epidemic Control

	PLHIV	PLHIV Diagnosed	PLHIV on Treatment	PLHIV Virally Suppressed
Brazil	866,000	731,000	548,000	503,000
El Salvador	24,590	19,255	11,928	9,057
Guatemala	46,008	29,580	20,216	16,146
Honduras	22,105	13,782	11,667	9,039
Nicaragua	8,929	8,162	4,869	3,643
Panama	23,073	18,424	13,967	9,551

Sources: Ministério da Saúde. Relatório de Monitoramento Clínico do HIV. 3rd ed. Brasília: Ministério da Saúde; 2018 (BRA), M&E Unit, National AIDS Program 2018 (GUA), MOH, SUMEVE 2018 (SAL), SESAL, 2018 (HON), MOH SIVE VIH 2018 (NIC), M&E Unit of National AIDS Program (PAN)

Figure 2.1.2 Current Progress Toward 95-95-95 Goals



Sources: 95-95-95 targets using 2018 Spectrum estimates. UNAIDS. Unofficial data.

With the exception of Brazil, all countries in the region are still pending the adoption of key policies that currently represent barriers to progress in the cascade. El Salvador and Nicaragua are still pending official adoption of Test & Start although it takes place in clinical practice for most patients. Immediate linkage to treatment and early ART initiation has been taking place in each country with USG support but has not been systematized. The region has reported high drug resistance rates so careful monitoring of viral load and drug resistance is critical and all countries with the exception of Brazil, have yet to fully transition to TLD. Figure 2.1.2 highlights key policy solutions that must be adopted. The success of the PEPFAR strategy and all national efforts are dependent on these policy changes.

Figure 2.1.2 Priority Policy Changes Needed

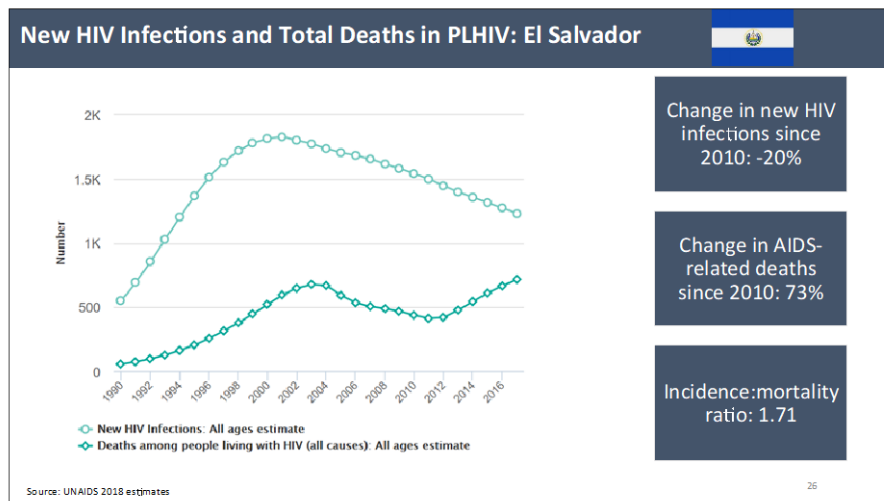
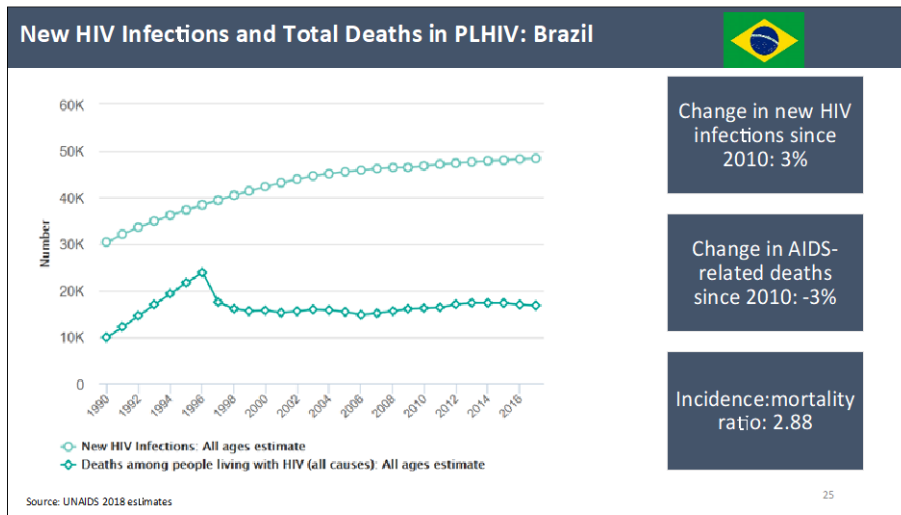
First 95		
NATIONAL TESTING GUIDELINES BASED ON RAPID TEST WITH SAME DAY RESULTS & LINKAGE (EL SALVADOR)	SYSTEMIZE IMMEDIATE LINKAGE TO ART (EL SALVADOR, GUATEMALA, HONDURAS, NICARAGUA)	ESTABLISHMENT OF INDEX TESTING NATIONAL GUIDELINES (GUATEMALA, EL SALVADOR, HONDURAS, PANAMA)
Second 95		
OFFICIAL ADOPTION OF TEST & START IN NATIONAL GUIDELINES (EL SALVADOR & NICARAGUA)	COMPLETE TRANSITION OF ALL CURRENT & NEW PATIENTS TO TLD AS INDICATED INCLUDING TLD REGISTRATION (ALL COUNTRIES)	RAPID ART INITIATION & DSD OPTIONS INCORPORATED INTO NATIONAL GUIDELINES (ALL COUNTRIES)
Third 95		
SYSTEMIZE APPROACH TO IDENTIFY & RE-ENGAGE PATIENTS LOST TO FOLLOW UP (GUATEMALA, HONDURAS, NICARAGUA, PANAMA)	ESTABLISH NATIONAL ALGORITHM TO MONITOR DRUG RESISTANCE (ALL COUNTRIES)	ESTABLISH NATIONAL VIRAL LOAD NETWORK QUALITY CONTROL GUIDELINES (HONDURAS, NICARAGUA, PANAMA)

Cross-cutting systems barriers across the region that have a direct impact on the cascade include:

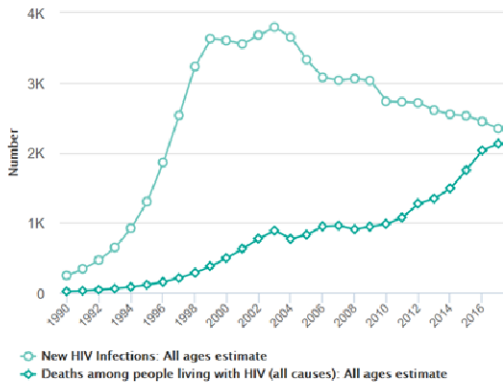
- Lack of frameworks and functional HIV information systems to monitor progress toward epidemic control at the subnational level
- Lack of integration of recency testing and self-testing into national guidelines
- Administrative barriers prevent countries from using the regional joint negotiation mechanism
- Financial & supply chain constraints periodically lead to stock outs of HIV and OI tests, isoniazid, antiretrovirals, CD4 and viral load tests.

Per Figures 2.1.3 a-f, trends in new infections and all-cause mortality vary among countries. Brazil and Panama do not show any progress in the reduction of new infections, while Guatemala, El Salvador and Nicaragua demonstrate declines since 2010, but all cause mortality for Guatemala and El Salvador have increased over the same period. Honduras has seen a downward trend for both but has shown a recent uptick in new infections. Only Nicaragua demonstrates a more recent trend of both new infections and all-cause mortality declining but both are still relatively high as Nicaragua still has a significant gap between those diagnosed and those on treatment as seen in the cascade.

Figures 2.1.3a-f Trend of New Infections and All-Cause Mortality Among PLHIV



New HIV Infections and Total Deaths in PLHIV: Guatemala



Change in new HIV infections since 2010: -14%

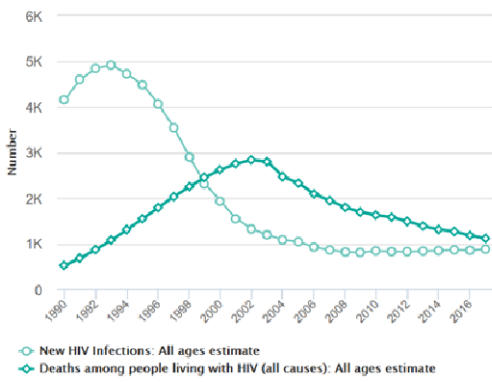
Change in AIDS-related deaths since 2010: 133%

Incidence:mortality ratio: 1.10

Source: UNAIDS 2018 estimates

27

New HIV Infections and Total Deaths in PLHIV: Honduras



Change in new HIV infections since 2010: 4%

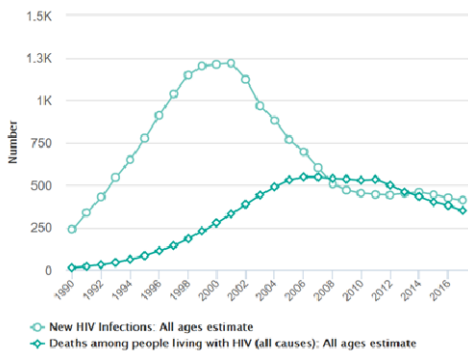
Change in AIDS-related deaths since 2010: -33%

Incidence:mortality ratio: 0.79

Source: UNAIDS 2018 estimates

28

New HIV Infections and Total Deaths in PLHIV: Nicaragua



Change in new HIV infections since 2010: -9%

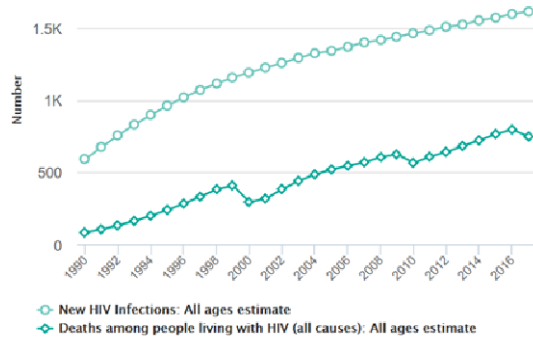
Change in AIDS-related deaths since 2010: -36%

Incidence:mortality ratio: 1.17

Source: UNAIDS 2018 estimates

29

New HIV Infections and Total Deaths in PLHIV: Panama



Change in new HIV infections since 2010: 10%

Change in AIDS-related deaths since 2010: 31%

Incidence:mortality ratio: 2.16

Source: UNAIDS 2018 estimates

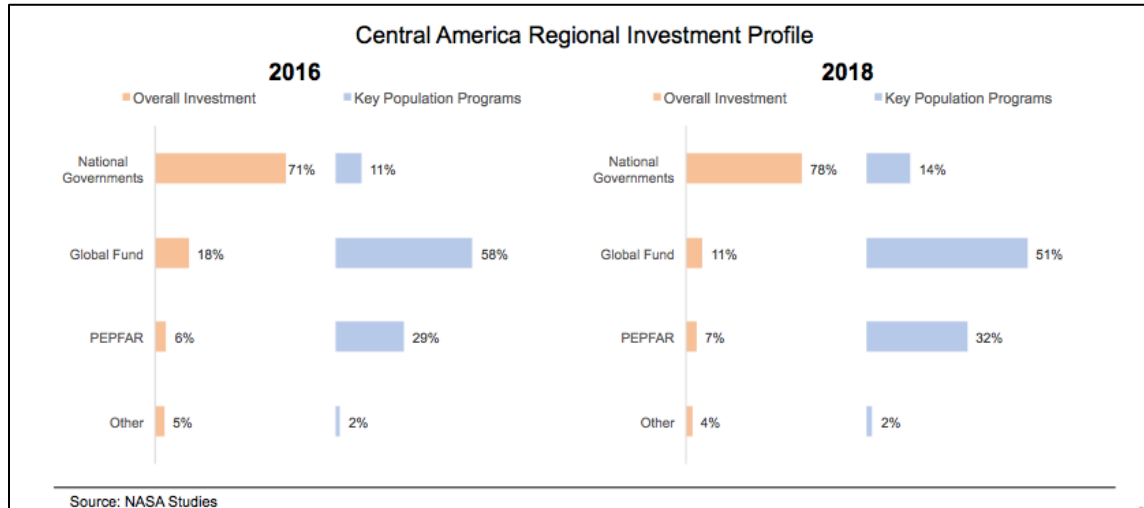
30

2.2 INVESTMENT PROFILE

The countries of Central America and Brazil have been leading the investment of their national responses since the beginning and have been steadily increasing that investment. Per UNAIDS 2017 data, Brazil funds over 99% of the response with national resources and PEPFAR only represents 0.23% of the total.

The results of the NASA studies in Figure 2.2.1 for the Central American countries show the lead role that national governments play in terms of resources with the Global Fund and PEPFAR contributing smaller amounts overall but continuing to provide the majority of support for key population programming. Overall, the amount of Global Fund resources in the region is declining as well. All five Central American countries have active Global Fund grants but Panama's is undergoing transition with its final grant being implemented.

Figure 2.2.1 Central America Regional Investment Profile – NASA Studies

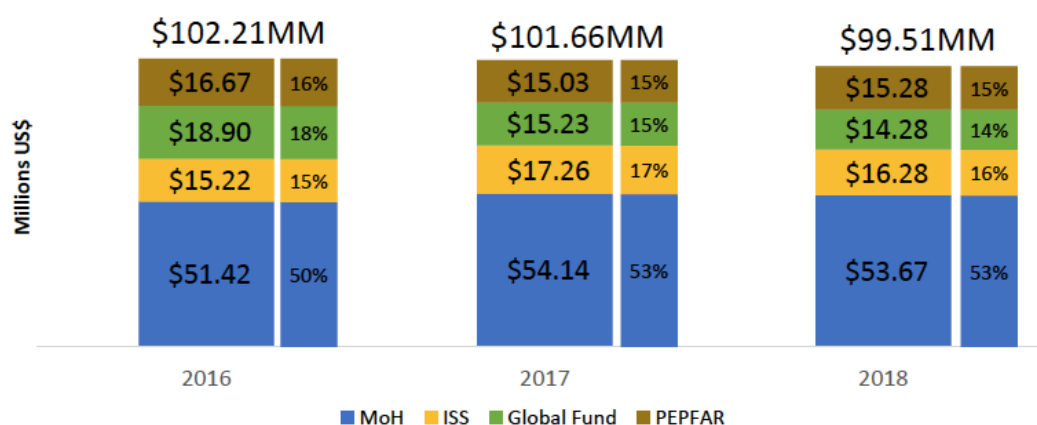


The USG team undertook an additional expenditures analysis for Guatemala, El Salvador and Honduras to consider whether any differences might be reflected (Figure 2.2.2) and overall this analysis still confirms that national governments are contributing the majority of the resources, but for El Salvador and Guatemala, the national social security systems represent a significant percentage of the national response in terms of expenditures as these systems operate a separate health system including hospitals and clinics for those who have formal employment. While PEPFAR is reflected as around 7% of the regional investment in the NASA studies, this analysis shows that the PEPFAR is much greater at around 15% and around the same or slightly higher than the Global Fund contribution.

Figure 2.2.2 Expenditures for Guatemala, El Salvador & Honduras

National HIV Expenditures by institution

Guatemala, El Salvador & Honduras 2016 – 2018



Note: Ministries of Health (MoH), Institutos de Seguridad Social (ISS); PEPFAR expenditures reported by the Regional Expenditure Report for FY2018 (EARTH Team; US\$14,36MM) where adjusted to match the COP fiscal year regional outlay report (US\$21,61MM). Global Fund and MoH derive from previous slides. Net amount for all countries has been aggregated.

Procurement Profiles for Key Commodities.

As shown in Table 2.2.1, in terms of commodities, national governments continue to fund the bulk of the commodities especially in terms of anti-retroviral (ARVs) medicine and rapid test kits and viral load reagents and related commodities, which reflect the most significant investment. Global Fund resources are used to purchase the majority of other lab reagents. PEPFAR does procure small amounts of test kits and reagents but less than 1% and has never procured commodities in significant amounts in the region.

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	\$ 12,514,603	-	2%	98%	-
Rapid test kits	\$ 2,012,817	-	23%	77%	-
Other drugs	\$ 7,931,549	-	10%	90%	-
Lab reagents	\$ 1,448,609	-	67%	33%	-
Condoms	\$ 580,479	-	2%	63%	35%
Viral Load commodities	\$ 15,144,397	-	8%	92%	-
Other commodities	\$ 460,301	-	75%	25%	-
Total	\$ 40,092,755	-	10%	89%	1%

*Includes El Salvador, Guatemala, Honduras & Panama – Source: Sources: Procurement Internal Reports , MoH: GUA, ELS and PAN – National HIV/AIDS Programs; and HND – the Logistic Management Unit (ULMIE)

Other PEPFAR Central Initiative – Key Populations Investment Fund (KPIF)

Guatemala was approved to receive 2,000,000 of KPIF funding that will be implemented through the Cooperative Agreement of existing PEPFAR partner SE-COMISCA and will be focused at six treatment sites in Guatemala. KPIF results will contribute to overall PEPFAR results through KP focused index testing and early ART initiation at the six treatment sites. KPIF will also cover PrEP, HIV self-testing for KPs, ARV home delivery, U=U, and referrals to health and legal services. KPIF activities will be complementary to planned ROP activities and contribute to the overall PEPFAR strategy in Guatemala.

2.3 NATIONAL SUSTAINABILITY PROFILE UPDATE

At the beginning of 2016 (after the first SID measurement), the PEPFAR team designed a joint strategy with the countries of Central America to identify elements of the SID that could be improved in the short and medium term. PEPFAR then prioritized certain elements for technical assistance and overall they included helping maintain sustainability for those elements already relatively strong but vulnerable and improvement in weaker areas. The effects of this technical assistance can be seen in the second SID measurement in Table 2.3.1, where critical areas saw improvement such as Service Delivery, Human Resources for Health, Commodity Security and Supply Chain, Laboratory, and in some countries Strategic Information.

Table 2.3.1 Summary of SID Results for 2015 and 2017

Sustainability Index Dashboards for Central America Countries 2015 & 2017 Results*										
DOMAINS	El Salvador		Guatemala		Honduras		Nicaragua		Panama	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Governance, Leadership, and Accountability										
1. Planning and Coordination	9.70	8.62	6.53	7.40	10.00	9.62	10.00	10.00	9.50	8.79
2. Policies and Governance	6.67	7.07	6.61	5.81	6.37	7.15	7.50	7.36	6.92	6.46
3. Civil Society Engagement	7.00	5.63	6.12	4.50	5.76	5.08	5.93	5.63	7.50	7.79
4. Private Sector Engagement	2.01	4.28	1.46	2.53	2.36	3.72	2.57	7.08	3.26	6.14
5. Public Access to Information	9.00	7.00	6.00	4.00	5.00	5.00	8.00	6.00	8.00	4.00
National Health System and Service Delivery										
6. Service Delivery	6.71	7.27	4.68	7.69	5.60	5.97	5.56	7.59	7.31	7.27
7. Human Resources for Health	5.92	6.83	6.33	5.83	4.58	6.64	8.08	9.17	7.31	6.20
8. Commodity Security and Supply Chain	6.72	6.92	5.17	8.06	6.14	5.54	7.23	8.26	6.75	7.36
9. Quality Management	5.24	7.10	4.90	5.10	6.14	7.19	1.95	9.71	7.14	8.76
10. Laboratory	7.92	9.17	3.38	6.58	3.75	5.00	6.11	7.17	7.73	7.00
Strategic Investments, Efficiency, and Sustainable Financing										
11. Domestic Resource Mobilization	4.72	6.51	5.28	7.69	7.22	5.71	5.83	6.48	5.56	8.15
12. Technical and Allocative Efficiencies	7.94	9.10	6.23	6.44	8.65	8.61	8.45	8.83	8.13	7.11
Strategic Information										
13. Epidemiological and Health Data	5.95	5.83	5.00	6.73	6.13	6.54	6.67	7.26	7.22	7.93
14. Financial/Expenditure Data	8.75	9.17	7.50	6.67	4.58	5.83	5.83	8.33	5.83	6.67
15. Performance Data	6.76	8.14	6.38	6.60	7.43	5.39	7.66	9.09	8.13	6.41

*SID's versions applied: 2015 (SID 2.0), 2017 (SID 3.0)

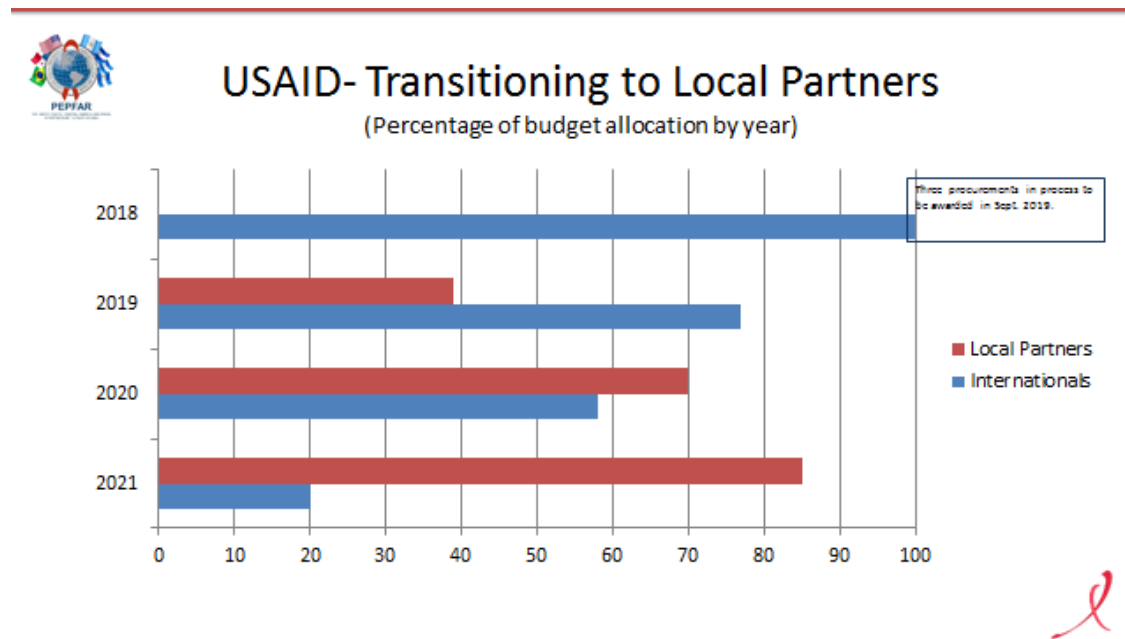
For the ROP19, the PEPFAR team has prioritized continuing technical assistance in laboratory, public access to information, and private sector and civil society engagement. For Guatemala and Honduras, the focus will be on National Health System and Service Delivery as well as Epidemiological and Health Data and Financial / Expenditure Data.

The Global Fund is a key partner in the identification of technical assistance available to support the improvement of any element of the SID. Overall the Global Fund and PEPFAR work together to support National Sustainability Strategies and ensure that there is no duplication of efforts and improved coordination. An example of this complementarity and coordination has been related to the support for improvement of HIV information systems, where the GF has provided financing and PEPFAR has provided the related technical expertise.

2.3.1 Transition to indigenous partners

Overall, the USG team has significant experience with local partners such as long term partnership with Universidad de Valle de Guatemala and in the case of Brazil, PEPFAR-funded activities have only been implemented by local organizations and the current local partner is FIOTEC/Fiocruz. USAID has defined an aggressive strategy to transition to local partners in the short term. Procurement processes are already in place for three new awards to local partners during the next fiscal year. As part of this strategy, there will be a transition period between international and local partners where both will overlap in implementation in order to strengthen local organizations. By providing technical assistance to strengthen local partners' institutional capacities, they will be promptly able to assume all program implementation and the corresponding financial execution while fulfilling all the technical and quality requirements that PEPFAR demands. Figure 2.3.2 shows the planned timeline for the transition from international to local partners.

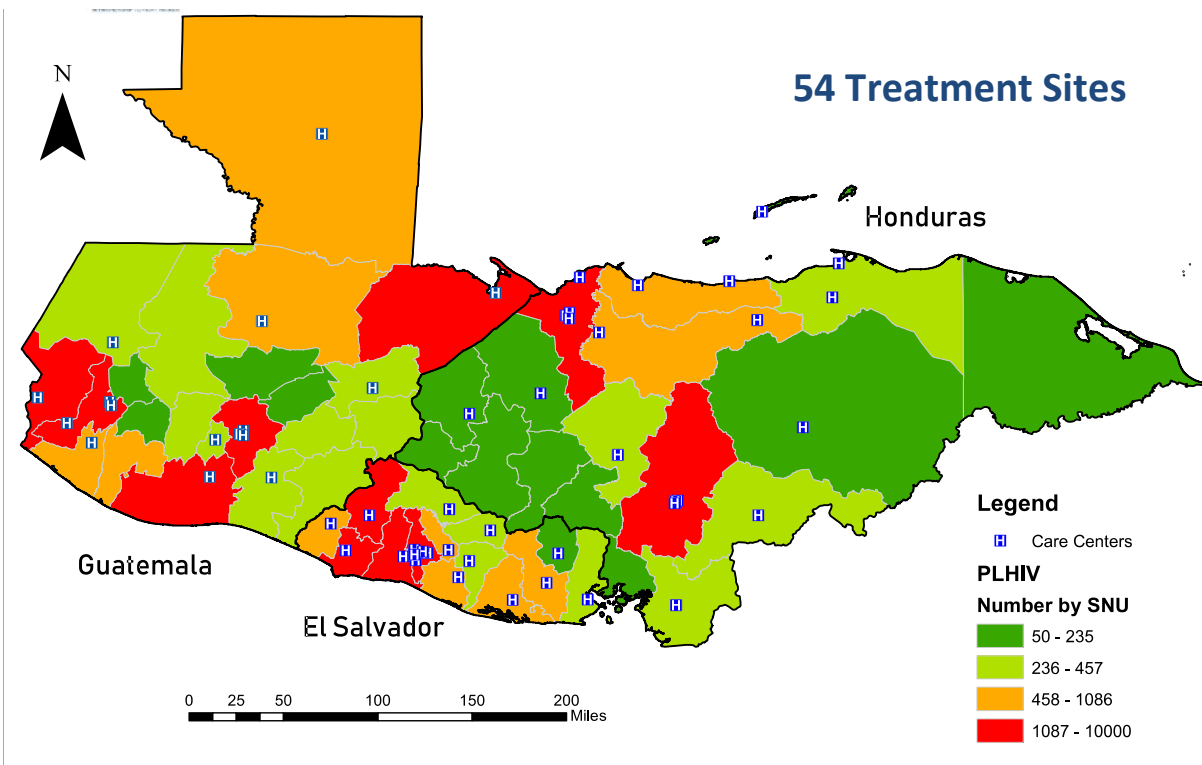
Figure 2.3.2 Timeline for Transition to Local Partners



2.4 ALIGNMENT OF PEPFAR INVESTMENTS GEOGRAPHICALLY TO DISEASE BURDEN

The PEPFAR team has traditionally done a regional SNU based analysis and selected the highest burden municipalities as priority SNUs for PEPFAR interventions. But an analysis of treatment sites in Guatemala, El Salvador and Honduras clearly shows that clients are often not seeking HIV services in the same municipality where they reside. Treatment sites in major cities have clients from all over the country, as clients are willing to travel long distances to seek services at their preferred site. In client surveys conducted in May 2019, the majority of patients indicated a preference to continue services at their current site no matter the distance. The data leads to selecting high burden treatment sites as the starting point for PEPFAR interventions especially in the context of an aggressive scale-up strategy. Using criteria that included coverage in terms of number of PLHIV on ART at a site, PLHIV LTFU and viral suppression rates, the USG has selected fifty-four priority care and treatment sites as shown in Figure 2.4.1 where site level interventions will be focused for El Salvador, Guatemala and Honduras.

Figure 2.4.1 PEPFAR Central America Priority Treatment Sites for ROP19 for El Salvador, Guatemala & Honduras



As part of the aggressive scale-up strategy in these three countries, this more than doubles the number of treatment sites where PEPFAR has been working. PEPFAR has been providing strategic technical assistance in 25 treatment sites and will now move to provide a full package of direct service delivery interventions at the newly selected sites.

Efforts in Nicaragua and Panama will also focus on high burden sites in the existing priority SNUs. USG support in Panama has recently expanded to include San Felix, which is located in the indigenous Ngobe Bugle Comarca, which was identified as having high numbers of newly identified PLHIV. Brazil has selected three priority SNUs which include their current SNU of Curitiba and the new proposed SNUs of Florianópolis and Campo Grande based on higher incidence trend slopes.

2.5 STAKEHOLDER ENGAGEMENT

PEPFAR Central America/Brazil continuously engages with key stakeholders at the regional, national and local levels to ensure USG activities are constantly being improved and refined to maximize support towards sustainable epidemic control. In Central America the PEPFAR team leverages the influence of the regional bodies, in particular COMISCA and the Regional Coordinating Mechanism, to influence policy and guidelines in all countries. As COMISCA is made up of the Ministers of the Health for all countries from the Central American region, resolutions and commitments made by COMISCA at the regional level can then be leveraged to affect national policy and implementation.

At the national level, PEPFAR Central America engages with both host governments and civil society organizations on a regular basis through above-site activities. The USG has also historically partnered with national chambers of commerce equivalents and is currently exploring new ways to engage with the private sector, especially private sector laboratories as options for clients to seek testing. PEPFAR Central America works closely with the Global Fund and other multi-lateral stakeholders such as PAHO and UNAIDS; and together they have developed a formal plan for program implementation which represents a framework for defining the use of resources to avoid duplication and ensure coordination and monitoring of key indicators.

Brazil also coordinates closely with the National AIDS program to engage stakeholders, which include UNAIDS and local civil society as recommended by the Ministry of Health, in such a way as to leverage sector-based expertise and buy-in by these stakeholders. As an example, UNAIDS mobile and web-based application “I’m positive: what next?” was incorporated into Brazil’s PEPFAR-supported web platform and communication campaigns targeted at young males. In addition, local civil society organizations fully endorsed introduction of index and recency testing in CDC-sponsored priority SNUs to subsidize future incorporation into national policies.

3.0 Geographic and Population Prioritization

The aggressive scale up strategy for El Salvador, Guatemala and Honduras require a national approach and as noted previously, due to the relatively small size of the countries and preference of clients to seek quality services in SNUs that are not necessarily where they reside. Therefore the focus for geographic prioritization in those three countries are treatment sites. In El Salvador and Guatemala, the treatment sites are centralized and PEPFAR is proposing to support all sites with more than 100 patients per Figures 3.1 and 3.2

Figure 3.1 Proposed Treatment Sites for USG Support in El Salvador

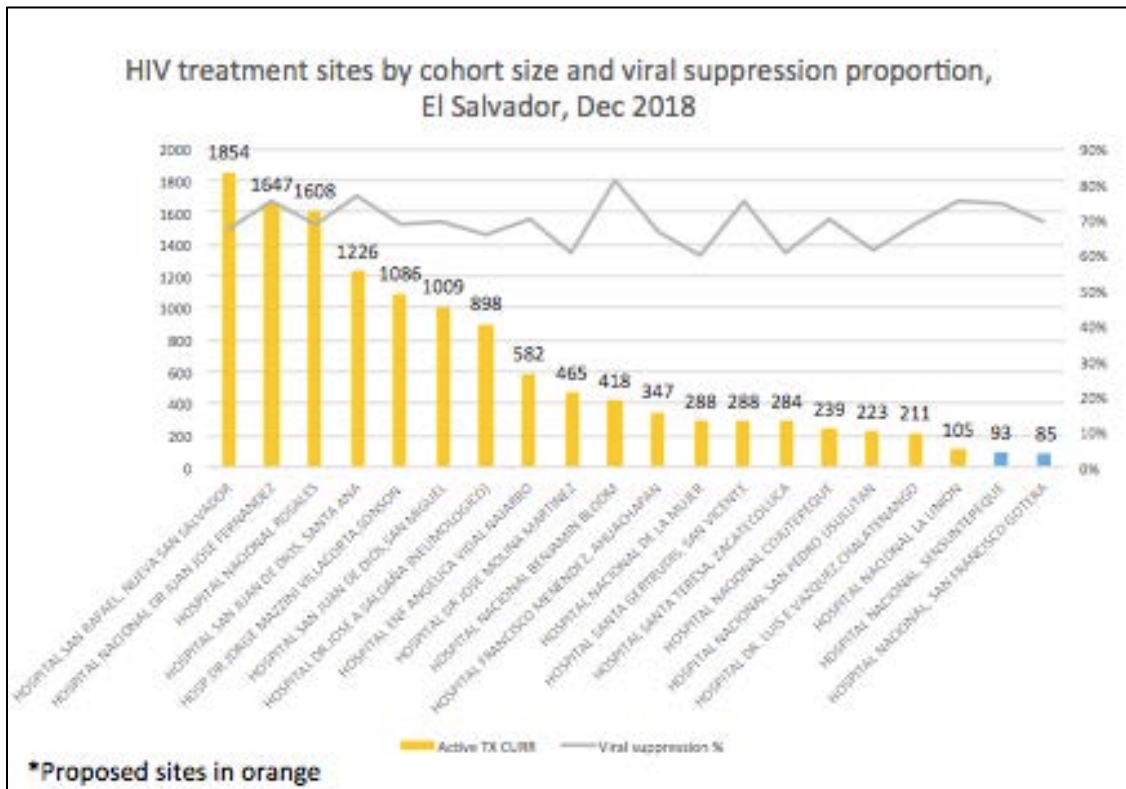
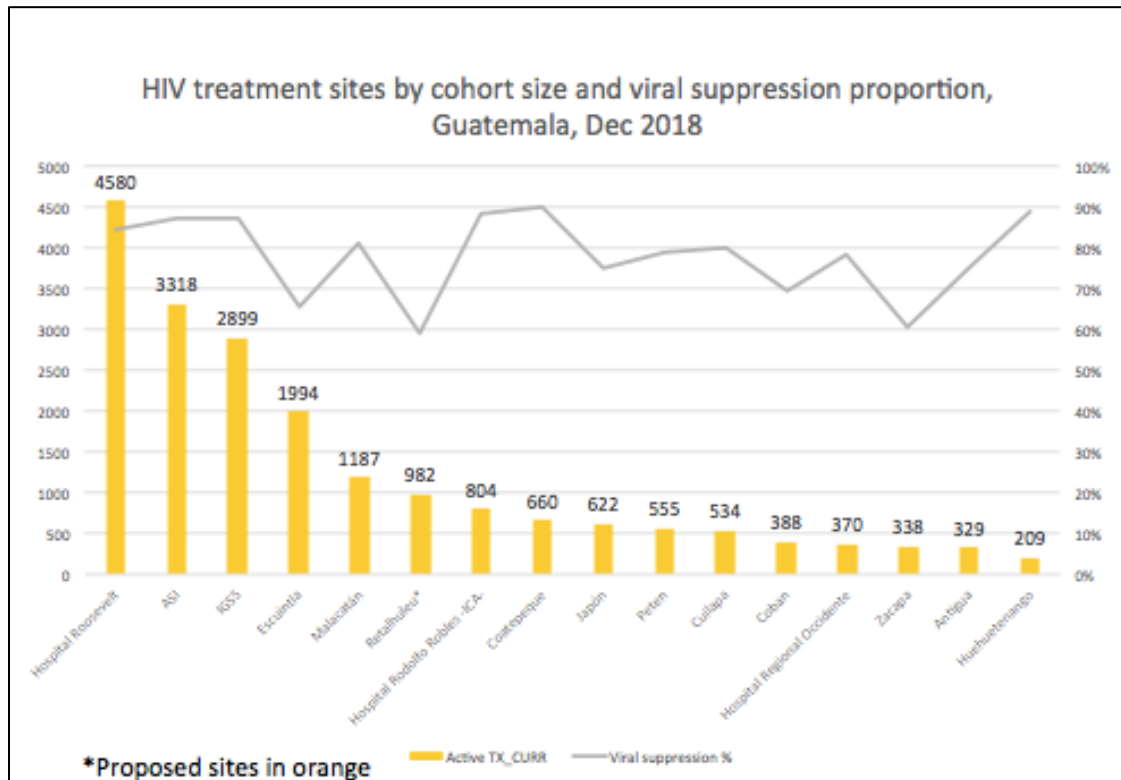
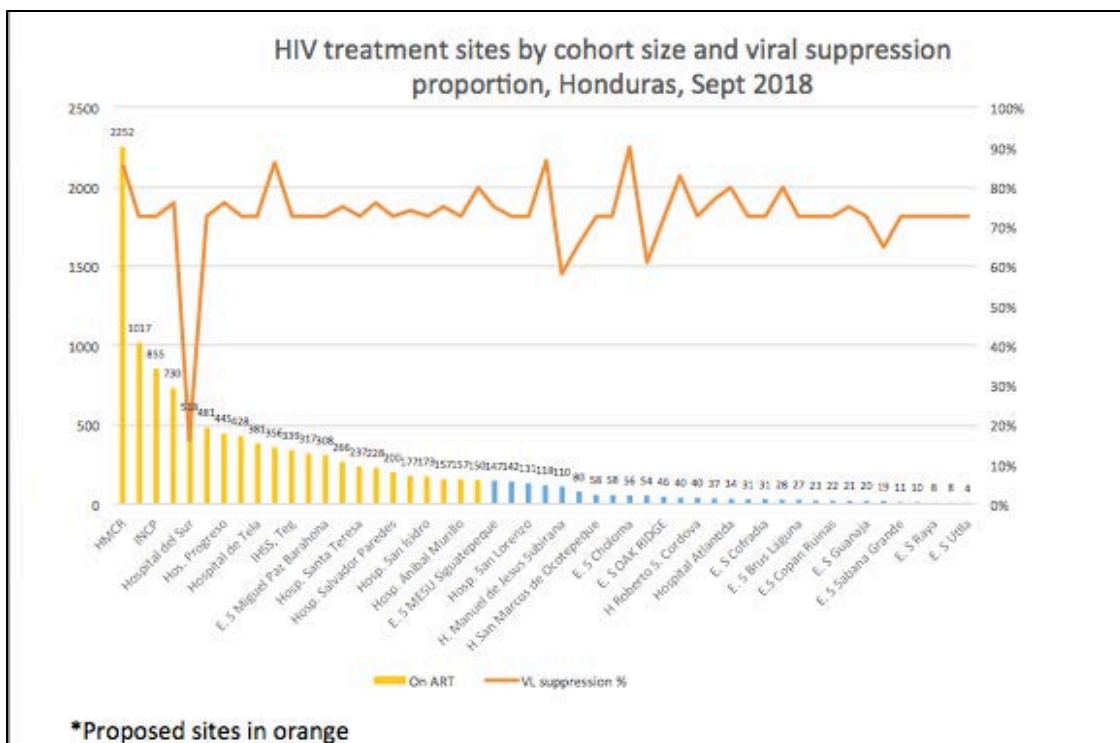


Figure 3.2 Proposed Treatment Sites for USG Support in Guatemala



As Honduras has a long established decentralized approach to treatment, the USG is proposed to work in treatment sites that have at least 150 active patients as shown in Figure 3.3.

Figure 3.3 Proposed Treatment Sites for USG Support in Honduras



Focus in Brazil, Nicaragua and Panama will continue with sites in SNUs that have the highest burden of PLHIV and high incidence rates.

In all countries, the population focus will be PLHIV who will be targeted by index testing. Due to the continued high prevalence rates among MSM and transgender women, efforts to reach these key populations will continue especially in terms of targeted prevention and testing efforts.

4.0 Program Activities for Epidemic Control in Scale-Up Locations

4.1 Finding the missing, getting them on treatment, and retaining them ensuring viral suppression

The aggressive scale-up strategy proposed to address the gaps in the cascade requires a systematic evidence-based approach at every site that PEPFAR is supporting. The PEPFAR team has identified a two-pronged comprehensive site level intervention package, which includes the following:

Site Level Package Components – TESTING

- Index Testing for Newly Diagnosed & Non-Virally Suppressed PLHIV
- Key Population Testing & Peer Linkage at Highest Volume Facilities & Online Outreach Programs
- HIV Rapid Recency Testing for Surveillance & Programmatic Response at Highest Yield Sites & Reference Labs
- Self-testing (Brazil)

Index Testing The centerpiece to the site level testing package is a massive scale up of index testing for all newly diagnosed individuals and for all non-virally suppressed PLHIV including all those who have been lost to follow up and re-engaged in treatment. To increase uptake of index testing, partners of index cases will be given various options to seek testing such as the treatment site, other public clinics that offer testing, private labs, via cyber-educators, self-tests etc. The USG team will support linkages to the different testing options and then treatment for all those who test positive, who will then be considered a new index case. The USG will work to ensure appropriate monitoring of index case partners who are tested no matter where they decide to seek testing services.

KP Testing & Linkage The USG will continue to identify new cases at the highest volume KP STI clinics and through the online outreach program as both interventions continue to identify high numbers of PLHIV in an efficient manner. All individuals identified through these interventions will be immediately linked to treatment and offered index testing for their partners.

Recency Testing Central America was one first areas of the world to implement the rapid recency test and PEPFAR will support the expansion of rapid recency testing at the highest yield sites and reference laboratories. Emphasis will be placed on using the recency data to inform programming and intensify efforts in testing in areas where high numbers of recent infections are found. PEPFAR has developed an app that is updated in real time to show a map of where recent infections have been identified.

The second half of the Site Level Intervention Package focuses on the second two pillars of the cascade and is as follows:

Site Level Package Components – TREATMENT

- Linkage to Care Registry to Verify Referrals of Newly Diagnosed PLHIV

- Early Treatment Initiation & Multi-month Scripting/Dispensing
- Reengagement of PLHIV Lost to Follow Up (Diagnosed but Unlinked or Abandoned Treatment)
- High Viral Load Tracking & Management
- Prioritization of Patients for Drug Resistance Testing & Timely Regimen Changes
- Intensification of OI Prevention, Diagnosis & Treatment

Linkage to Care Registry to Verify Referrals of Newly Diagnosed PLHIV PEPFAR plans to support efforts to ensure all newly diagnosed PLHIV are immediately linked to treatment no matter where the client decides to seek both testing and treatment services. As in Central America, clients have expressed preferences for treatment at sites that are not necessarily close to where they reside or where they were tested, PEPFAR is proposing to support a comprehensive registry to ensure that no matter where a client prefers to seek care, they are immediately linked to treatment and that can be verified.

Early Treatment Initiation/Multi- Month Scripting/Dispensing PEPFAR will support rapid treatment initiation within 7 days from diagnosis but ideally same-day or within 48 hours where possible. The USG will provide support for site level protocols and human resources where necessary to support early treatment. Clients have shown a clear preference for receiving care at their established treatment site. For stable patients, the USG will support the implementation of multi-month scripting and dispensing to enable clients to visit the clinic less and free up existing human resources to attend more patients as we expect the numbers of newly diagnosed to greatly increase with the proposed scale-up strategy. In client surveys, there is a clear preference for 3-month prescriptions but the USG will plan to support transition to 6-month scripting and dispensing.

Reengagement of PLHIV Lost to Follow Up (Diagnosed but Unlinked or Abandoned Treatment) The USG will prioritize the reengaging those lost to follow up back into treatment and will provide support for personnel at treatment sites and in communities to locate and bring back those positives. PLHIV who are risk of abandoning treatment as shown by missed appointments, will be identified and clinic promoters will reach out to at-risk PLHIV via phone (voice or SMS) to provide reminders of appointments and, where necessary, to help these clients reschedule missed appointments or mitigate barriers to attendance. The use of SMS has been shown to improve adherence to ART. When reminded of appointments, medications, or both, clients had a higher percentage of viral suppression than their peers who did not receive the messages. For patients in risk of abandonment or in abandonment, the use of community liaison and clinical health promoters will be used as a strategy.

High Viral Load Tracking & Management

To ensure continued viral suppression, regular viral load monitoring is essential. The USG will support treatment sites to have a system to monitor and manage viral load for all PLHIV receiving treatment..

Prioritization of Patients for Drug Resistance Testing & Timely Regimen Changes

Central America has high rates of drug resistance. The USG will work with sites to identify a process and protocol to prioritize patients to receive testing to identify drug resistance and where applicable ensure regimen changes take place as soon as possible.

Intensification of OI Prevention, Diagnosis & Treatment

As the data has shown that patients are being diagnosed very late, the probability of those newly diagnosed presenting with OIs or being susceptible to OIs is high. Therefore the USG will ensure that all sites have the tools and protocols in place to ensure prevention of OIs, especially TB and that any client presenting with an OI is quickly diagnosed and treated.

The USG will also prioritize cross-cutting site level support for supply chain technical assistance to ensure that all commodities needed for the site level package are consistently available.

4.2 Prevention for Key Populations

The USG will continue to implement targeted prevention activities tailored to key populations and they will be reached with a comprehensive combined prevention package, with a focus on testing and subsequent linkage to HIV care and treatment services for diagnosed PLHIV as described above. The goal for prevention programming is to ensure at-risk KP are tested. PEPFAR aims to reach PLHIV who are experiencing no adverse health effects and are not currently seeking services. Social media use and cyber-educators to reach and link KPs, particularly hidden populations to HIV services explores ways to bring prevention services to vulnerable groups, and to ensure early diagnosis of HIV and a link to treatment services. PEPFAR covers the costs of all technological equipment to implement the activity, cyber-educators, training, materials, monitoring of virtual interactions, site mentoring, the development and financing of a private lab network for testing accessibility, counseling, and follow-up with HIV-positive individuals in order to link them to care services. PEPFAR also continues to support KP friendly STI clinics (known as VICITS), which are public sector sites, tailored for KP. All Central American countries have VICITS clinics, which are solely operated by the Ministries of Health. PEPFAR will continue to support high volume sites, which are continuing to find new cases and have consistently shown high yields. Clients at VICITS sites are offered a comprehensive prevention package.

Interventions must be tailored to each country and for each group of KP as appropriate. PEPFAR develops specific interventions to reach 'hidden MSM' that may not be found at traditional hot spots. The USG uses partnerships with the public sector, civil society, and the private sector to explore new evidence-based models for reaching specific KP groups (e.g., the use of new technologies, building on previous successful experiences with social media, and other biomedical interventions such as self-testing). PEPFAR also works to strengthen the immediate linkage to public sector care and treatment for any individual diagnosed through non-public sector service providers. Individuals from the key and priority populations are engaged throughout every step of the activity to provide ongoing feedback on interventions and to offer suggestions for improvement. Their insight and perspective can be invaluable especially when trying to address site-level barriers to accessing services. PEPFAR also integrates addressing stigma and discrimination in all activities.

PEPFAR/Brazil was responsible for introducing HIVST in Brazil through an acceptability study that also covered the feasibility of a request-and-delivery web-based platform and mobile app for MSM. Users of these services have ample choice when selecting delivery channels, including mail delivery and pick-up in health facilities, NGOs, and digital test kit dispensing lockers. This successful strategy will be expanded to new priority SNUs in Southern Brazil in 2020.

Index and recency tests are not currently available in Brazil. In order to subsidize discussions and facilitate adoption of both methods at the policy level, PEPFAR will offer recency and index testing in three priority SNUs to inform incidence studies and effectively reach out to sexual contacts of gay men and MSM. PEPFAR will combine index testing and HIVST strategies by providing five self-test kits to contact refusers so that they are able to recommend and facilitate self-testing access to their sexual partners.

Brazil adopted PrEP as part of the national HIV/AIDS policy in late 2017 for populations at increased risk of exposure to HIV, e.g., discordant couples, MSM and commercial sex workers. PEPFAR/Brazil provides PrEP screening to determine eligibility, blood tests including creatinine, PrEP dispensation and follow up visits and exams. Differentiated service models providing PrEP include extended hours, walk-in assistance, and PrEP counseling for gay men and MSM.

4.3 COMMODITIES

While the national governments in Central America procure the majority of the antiretroviral medicines and other commodities, PEPFAR provides technical assistance in strengthening the supply chain for key commodities in order to help countries to achieve the 95-95-95 targets. On average, adequate ARV stock levels in all four countries hovers around 41%, almost half of the desired levels set at 80% (per FY19 Q1 and Q2 SC_Stock results). Delayed purchase processes, due to funding limitations as well as delayed deliveries, are common causes of this.

Antiretrovirals in all countries are primarily purchased via the PAHO Strategic Fund pooled procurement mechanism using the PAHO strategic fund. Global Fund grants still support small quantities of specific drugs for third-line treatment or Test and Start, with the exception of Panama, which still relies on lengthy and costly local procurement. Stock-availability projected for FY2020 (October-2019 to September 2020), raises some concerns mainly due to the lengthy process for approval and up-front payment needed to use the PAHO strategic fund in Guatemala and El Salvador. Panama has a more complex environment for local procurement. For example, procurement of third line-ARVs require biannual contracts with local providers. Current contracts end this year and establishing new ones can be challenging, especially as a newly elected government is about to take office. The situation in Honduras has improved through the use of a dedicated ARV fund, which facilitates the up-front payment process. Funding gaps for 2020 can be

anticipated as approved government funds are limited, thus any increase in available funding is a lengthy process normally, not granted unless an emergency is justified.

Health authorities in Guatemala, El Salvador, Honduras, and Nicaragua, have agreed to introduce TLD for first-line treatment, in newly diagnosed naïve patients. To date Guatemala is the only country in Central America that, additionally, will begin a 25% transition for current first-line treatments to TLD in 2020. Panama has challenges with pricing around TLD as it is considered to be a higher income country.

For HIV rapid test kits there is no stock out situation foreseen for FY2020. Current stock and planned procurement processes are ongoing with no anticipated issues. Funding gaps for 2020 can be anticipated, similar to the antiretrovirals case, because government funds are granted on a yearly basis and are normally subject to reductions.

Regarding viral load tests, there is no stock out situation foreseen for the fiscal year 2020. The current stock and planned procurement processes are ongoing and now they do not present any anticipated problems. Financing gaps can be anticipated for 2020, similar to the antiretrovirals and rapid tests kits. This is due to the fact that government funds are granted annually and are normally subject to reductions. It is important to highlight that, in the case of El Salvador; Global Fund procures 88% of these tests and in Honduras, 100%. Both countries do not have a specific budget line item for this product. Guatemala and Panama, do count with a specific budget line item for the procurement of viral load tests.

Condoms do not represent any risk of shortages for fiscal year 2020. The funding source for condoms is very similar among countries. In Guatemala and Panama, the Global Fund has purchased and donated condoms to the National HIV Program. However, for the 2020 purchases, Panama is making efforts to include condoms in the annual procurement plan, taking the necessary steps to purchase this commodity with government funds.

El Salvador purchases condoms in a centralized manner with government funds. In these purchases, the HIV Program does not intervene. The Ministry of Health's Supply Unit and the Comprehensive Care Unit for Women, Children and Adolescents, are in charge of this procurement process. Global Fund only purchases 6% of the total amount, in coordination with the HIV Program. Honduras is the only country of the four that has a budget line item for the procurement of condoms and other related supplies.

The Government of Brazil is responsible for acquiring commodities for HIV prevention and treatment. PEPFAR will provide only provide a limited amount of new commodities such as rency, oral fluid, and TB LAM tests. All commodities will be distributed by the National AIDS Department according to their guidelines.

While Brazil has moved to transition all patients to TLD, other countries in the region have limited this transition to new patients. The USG has supported transition through the following actions:

- Economic Analysis related to introduction of Dolutegravir in national guidelines (El Salvador, Guatemala)
- Support the logistics to introduce Dolutegravir with regional pricing mechanisms.

- Inclusion of Dolutegravir (single molecule and combination), to the National essential medicines list. Inclusion of Dolutegravir in national ARV guidance and comprehensive management of people living with HIV.
- Workshops with leading clinicians to review all literature on benefits of DTG in all Central American countries.
- Social Security Institutes' regulatory departments participating actively to include Dolutegravir as part of their line of ARV treatment.

Complete transition to TLD is crucial to the success for the proposed PEPFAR scale-up strategy. As part of the scale up strategy PEPFAR will have the unique opportunity to support El Salvador, Guatemala and Honduras with a donation of TLD and other key commodities to jumpstart the ambitious scale-up goals if key policy requirements are adopted.

4.4 COLLABORATION, INTEGRATION AND MONITORING

The USG interagency team is dedicated to a united approach to achieve epidemic control. The proposed scale-up strategy is a reflection of what all IPs (regardless of agency) will offer at the PEPFAR site level package as described previously. Close coordination with all stakeholders will also be essential for this scale-up strategy to be successfully realized.

PEPFAR has a long history of working closely with all key stakeholders. The USG works in close coordination with national governments to achieve a sustainable HIV response, through increased domestic funding, strategic alliances and effective use of available resources. PEPFAR works to support government commitments to reaching epidemic control. The development of the annual cascade reports is an example of multi-sectoral collaboration, led by Ministries of Health and supported by WHO, GF, UNAIDS, PEPFAR and NGOs involved in the national HIV response. Support for major policy changes such as the transition to TLD is established by including leading clinicians with the engagement of health authorities and promoted by experts such as WHO, UNAIDS, and USG agencies who provide technical support to update norms and protocols and guidelines.

PEPFAR agencies make detailed agreements and provide clear guidance to each implementing partner (IP) to avoid duplication and ensure targets are met. PEPFAR agencies work with their IPs to leverage synergies, share best practices from other countries, establish clear targets, and provide technical guidelines, as well, they monitor, supervise and coach IPs to ensure they meeting the established targets and having the expected impact. With the scale up strategy all selected sites will be supported by different agencies to ensure no duplication of efforts.

- a. Use of unique identifiers across sites and programs in clinical settings

PEPFAR agencies have supported the development and implementation of a unique identification number for each client seeking services, taking in consideration the appropriateness for each country. the purpose of the unique identification number has been developed by the use of

seven alphanumeric sequence: first two letters of first name,, first two letter of last name, one letter to identify gender identity M-F-T and the last two numbers of date of birth. This has been implemented throughout the region, and has helped to monitor service delivery, information about condom distribution, biomedical services, counseling, testing, treatment and has been used for follow up of referral to higher level services. The unique identification number has also served to provide information about mobilization, size of key population and biometrical information. The governments have adopted this model and now the social security systems are evaluating if this will work for them too. By using a unique identification number, an individual of a key population will develop confidence in the health provider/system with regards to keeping the confidentiality about their HIV status, sexual orientation, use of illicit drugs, etc. After doing the review of potential duplicity of the number for more than one individual, the probabilities are less than 1.5% - 2%, which is very low.

Once the individual is diagnosed as HIV positive and linked to HIV services, the official Unique Identification Number is used at the facility to ensure no duplication in the system and better monitoring of patients.

Brazil uses unique identifiers in PEPFARs-supported sites. PEPFAR also supports GOB efforts to move towards a unique identifier similar to the Social Security Number in the public, decentralized health system (SUS) by updating patient data, including unique identifiers, in the National Drug Logistics System (SICLOM).

4.6 Targets for scale-up

The ambitious scale-up strategy for Guatemala, El Salvador and Honduras are also reflected in ambitious targets for those countries as seen in Table 4.6.1.

Table 4.6.1 Trend between ROP Targets & FY18 APR: Central America

	HTS_POS			TX_NEW			TX_CURR			KP_PREV		
	ROP target	FY18 APR	Trend	ROP target	FY18 APR	Trend	ROP target	FY18 APR	Trend	ROP target	FY18 APR	Trend
Guatemala	7,381	885	↑ 734%	9,215	1,558	↑ 491%	28,984	12,477	↑ 132%	8,327	12,397	↓ -33%
El Salvador	2,670	254	↑ 951%	3,802	191	↑ 1891%	15,081	7,391	↑ 104%	5,033	6,643	↓ -24%
Honduras	2,166	359	↑ 503%	3,108	624	↑ 398%	12,963	6,475	↑ 100%	4,108	10,532	↓ -61%
Nicaragua	41	239	↓ -83%	74	663	↓ -89%	548	353	↔ 55%	343	4,284	↓ -92%
Panama	880	426	↑ 107%	1,670	1,178	↔ 42%	13,759	11,910	↔ 16%	10,118	3,608	↑ 180%
TOTAL	13,138	2,163	↑ 507%	17,869	4,214	↑ 324%	71,335	38,606	↔ 85%	27,929	37,464	↓ -25%

4.7 Viral Load

ART programs have improved in Central American countries by providing universal access to HIV treatment. Access to viral load testing and utilization of results for patient management with adherence counselling are key for Central American countries to achieve the UNAIDS target of 95% viral suppression of patients on ART. In ROP 19, we are proposing a strategy to improve access and equity of viral load testing for HIV treatment monitoring in Central America. A three-phased approach (planning, scale-up, and sustainability) will strengthen viral load and address gaps framed under: 1) Policy and leadership, 2) Financing, forecasting, and mapping of viral load network, 3) Specimen referral network, 4) Product selection and strategic placement of viral load services, 5) Human resources, 6) Advocacy and education of health-care providers about viral load testing, 7) Expansion of viral load testing with high quality results, and 8) Information management system and monitoring and evaluation.

During the first phase, strategic planning will empower Ministries of Health (MoH) on the importance of a sustainable viral load scale-up process; additionally, the use of the PEPFAR VL costing tool will help define scale up plans towards sustainability. The second phase focuses on the expansion of viral load testing, but considers strategies for limited-resource settings (i.e., use of existing molecular systems to support viral load testing expansion as part of the tiered laboratory network, VL pooling methods and specimen referral network strengthening) toward sustainability. Finally, the third phase will focus on the data use for strategic and programmatic interventions to achieve 95% viral suppression of patients on ART.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

For ROP19, PEPFAR will prioritize above-site investments by strategically targeting gaps that directly affect the cascade and they include gaps in HIV information systems, weak supply chains and gaps related to the adoption of the minimum policy requirements and these areas will be the focus for USG investments to support the site level strategy.

Weak HIV information systems represent a key systems gap that is found across Central America and is shown in more detail in Figure 5.1.

Figure 5.1 Assessment of M&E Capacities

Assessment of the M&E capacities. Baseline 2018 in four countries of Central America.

Capacity Area	Dimensions															
	STATE				QUALITY				TECHNICAL				FINANCIAL			
	Guatemala	Honduras	Panamá	El Salvador	Guatemala	Honduras	Panamá	El Salvador	Guatemala	Honduras	Panamá	El Salvador	Guatemala	Honduras	Panamá	El Salvador
1.0 Organizational	7.50	8.00	9.00	10.00	4.90	5.66	6.70	7.89	5.00	5.00	7.50	10.00	0.00	5.00	5.00	10.00
2.0 Human Capacity for M&E	7.00	2.00	1.00	8.00	0.71	2.14	1.62	6.67	2.50	2.50	2.50	5.00	0.00	2.50	2.50	2.50
3.0 Partnerships and Governance	3.21	2.38	4.52	7.86	0.42	1.76	2.85	6.41	2.00	3.00	4.00	7.00	2.00	1.00	2.00	4.00
4.0 Organization M&E Plan	4.00	6.67	6.67	10.00	1.58	3.25	3.91	9.10	5.00	0.00	0.00	10.00	5.00	0.00	0.00	10.00
5.0 Annual Costed M&E Work plan	0.00	0.00	10.00	10.00	0.00	0.00	8.57	8.57	0.00	0.00	0.00	10.00	0.00	0.00	0.00	10.00
6.0 Advocacy, Communication, and Cultural Behavior	5.00	3.33	5.00	8.33	2.22	5.00	6.25	8.33	5.00	0.00	0.00	5.00	5.00	0.00	0.00	5.00
7.0 Routine Monitoring	2.50	2.50	5.00	10.00	2.50	3.00	4.25	8.50	2.50	2.50	2.50	10.00	2.50	2.50	10.00	10.00
8.0 Surveys and Surveillance	5.00	5.00	6.67	8.33	0.56	5.83	4.72	8.75	2.50	5.00	7.50	5.00	5.00	2.50	5.00	7.50
9.0 National and Subnational Databases	2.50	0.00	0.00	10.00	2.08	0.00	0.00	7.03	0.00	0.00	0.00	10.00	0.00	0.00	0.00	10.00
10.0 Supervision and Auditing	0.00	0.00	5.00	5.00	0.00	0.00	2.50	5.00	0.00	0.00	2.50	2.50	0.00	0.00	2.50	2.50
11.0 Evaluation and Research	3.33	5.00	5.00	3.33	3.33	5.00	3.33	2.22	0.00	2.50	0.00	0.00	0.00	2.50	0.00	0.00
12.0 Data Demand and Use	1.67	3.33	5.00	3.33	1.67	3.33	6.25	3.33	2.50	2.50	2.50	2.50	2.50	2.50	5.00	2.50

PEPFAR is working in coordination with the Global Fund to strengthen information systems in order to effectively monitor the cascade and improvements in capacity are already being seen. The USG will work with civil society to improve knowledge management and their engagement with information systems.

PEPFAR will work at all levels of the supply chain to strengthen national systems and above-site supply chain work will complement site level efforts. The USG will work at the regional level with COMISCA to continue to strengthen the regional joint price negotiation mechanism and explore the possibility of adding a procurement component to ensure countries have long term procurement options that best fit their needs and will ensure a consistent regular supply of needed commodities.

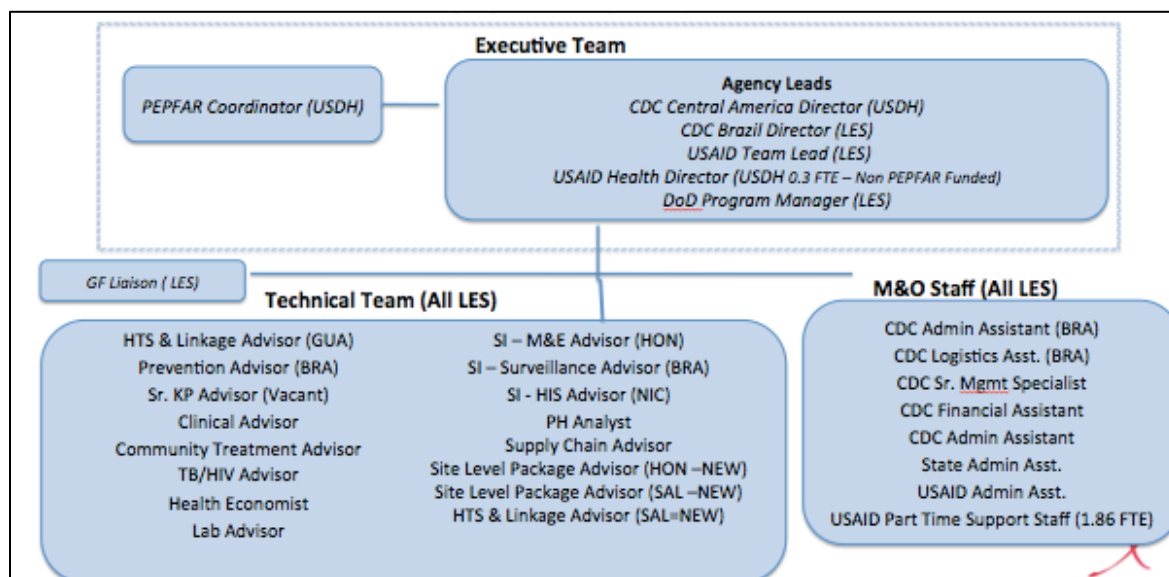
The USG will work to support countries to quickly implement policy changes related to the updating guidelines and norms and protocols. As the scale-up strategy at the site level aims to fill critical gaps in the cascade, the USG will support national governments to continue to lay the groundwork for the long-term sustainability of response especially in terms of the efficient use of host country resources and improved high-level leadership. The USG will support laboratory strengthening to improve viral load networks and work build capacity on drug resistance monitoring.

6.0 Staffing Plan

Central America/Brazil Footprint

The proposed footprint continues to reflect a lean and efficient approach to the USG management and staffing that has categorized the regional program. In light of the scale-up strategy in Guatemala, Honduras and El Salvador, the team is proposing three additional Local Employed Staff (LES) positions, two for El Salvador, where there are currently no USG team members and one for Honduras, where there is currently one USG team member. The Staffing Chart in Figure 6.1 illustrates the proposed footprint.

Figure 6.1 PEPFAR Central America Brazil Operational Staffing Chart



Vacant Positions

For the USAID LES position, the recruitment process for one individual was suspended in 2017, due to the hiring freeze. This year, we received the instruction to start the process again, and we are in the final stage of classification of the position. To cover the work of this position, we redistributed responsibilities within the current team, covering critical technical areas as well as operational ones.

Changes to CODB

CODB costs reflect the proposed addition of three LES positions as described above and the addition of Brazil to the ROP process.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

SNU 1 (Country)	SNU 2	Treatment coverage at APR by Age and Sex																				Overall Tx Coverage						
		<01		01-04		05-09		10-14		15-19		20-24		25-29		30-34		35-39		40-44			45-49		50+			
		COP	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M			
El Salvador	La Libertad	ROP 19	95%	95%	95%	95%	0%	0%	0%	0%	43%	44%	38%	38%	38%	38%	38%	39%	39%	38%	39%	38%	40%	38%	39%	38%	42%	
		ROP20	95%	95%	95%	95%	0%	0%	0%	0%	56%	57%	51%	51%	51%	51%	51%	52%	52%	51%	52%	51%	53%	51%	52%	51%	51%	
	San Miguel	ROP 19	0%	0%	0%	0%	0%	0%	67%	67%	42%	38%	39%	39%	39%	38%	38%	38%	37%	37%	37%	37%	37%	38%	38%	38%	37%	31%
		ROP20	0%	0%	0%	0%	0%	0%	78%	78%	53%	49%	50%	50%	49%	49%	49%	49%	49%	48%	48%	48%	49%	49%	49%	49%	48%	39%
	San Salvador	ROP 19	67%	67%	43%	43%	45%	45%	38%	38%	38%	38%	38%	38%	38%	38%	38%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	41%
		ROP20	79%	79%	55%	55%	57%	57%	50%	50%	50%	50%	50%	50%	50%	50%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	53%	
	Santa Ana	ROP 19	100%	100%	67%	67%	40%	40%	67%	50%	42%	41%	39%	38%	38%	38%	39%	38%	37%	38%	38%	37%	38%	37%	38%	37%	38%	48%
		ROP20	100%	100%	79%	79%	52%	52%	79%	62%	54%	53%	51%	50%	50%	50%	51%	50%	49%	50%	49%	50%	49%	50%	49%	50%	49%	59%
	Sonsonate	ROP 19	100%	100%	100%	100%	50%	50%	100%	100%	50%	40%	44%	38%	38%	40%	40%	38%	41%	39%	40%	37%	45%	41%	40%	38%	56%	
		ROP20	100%	100%	100%	100%	60%	60%	100%	100%	60%	50%	54%	48%	48%	50%	50%	48%	51%	49%	50%	47%	55%	51%	50%	48%	64%	
Guatemala	Alta Verapaz	ROP 19	40%	50%	50%	50%	67%	50%	38%	50%	41%	41%	39%	39%	40%	38%	38%	38%	38%	44%	38%	40%	38%	40%	50%	38%	43%	
		ROP20	52%	62%	62%	62%	79%	62%	50%	62%	53%	53%	51%	51%	52%	50%	50%	50%	50%	56%	50%	52%	50%	62%	50%	55%		
	Escuintla	ROP 19	0%	0%	0%	0%	0%	0%	50%	50%	44%	44%	41%	38%	38%	38%	41%	39%	40%	38%	40%	39%	50%	39%	50%	39%	32%	
		ROP20	0%	0%	0%	0%	0%	0%	63%	63%	57%	57%	54%	51%	51%	51%	54%	52%	53%	51%	53%	52%	63%	52%	63%	52%	41%	
	Guatemala	ROP 19	43%	50%	45%	45%	44%	42%	38%	44%	38%	38%	38%	38%	39%	38%	38%	38%	39%	40%	38%	40%	38%	41%	38%	40%		
		ROP20	56%	63%	58%	58%	57%	55%	51%	57%	51%	51%	51%	51%	52%	51%	51%	51%	52%	51%	53%	51%	53%	51%	54%	51%	53%	
	Izabal	ROP 19	25%	200%	33%	67%	67%	67%	22%	133%	10%	42%	31%	20%	61%	16%	112%	9%	228%	7%	333%	6%	443%	5%	550%	3%	104%	
		ROP20	40%	215%	48%	82%	82%	82%	37%	148%	25%	57%	46%	35%	76%	31%	127%	24%	243%	22%	348%	21%	458%	20%	565%	18%	61%	
	Peten	ROP 19	100%	100%	100%	100%	100%	100%	100%	67%	100%	50%	50%	40%	44%	41%	50%	39%	50%	39%	50%	39%	50%	44%	50%	38%	119%	
		ROP20	100%	100%	100%	100%	100%	81%	114%	64%	64%	64%	54%	58%	55%	64%	53%	64%	53%	64%	53%	64%	53%	64%	58%	64%	73%	
Quetzaltenango	ROP 19	40%	50%	50%	50%	67%	50%	38%	50%	41%	41%	39%	39%	40%	38%	38%	38%	38%	44%	38%	40%	38%	40%	38%	50%	38%	43%	
	ROP20	53%	63%	63%	63%	80%	63%	51%	63%	54%	54%	52%	52%	53%	51%	51%	51%	51%	57%	51%	53%	51%	53%	51%	63%	51%	56%	
Retalhuleu	ROP 19	50%	100%	100%	100%	100%	100%	50%	100%	43%	43%	40%	39%	45%	41%	40%	39%	43%	39%	40%	38%	40%	38%	40%	50%	38%	58%	
	ROP20	64%	100%	100%	100%	100%	100%	64%	100%	57%	54%	53%	59%	55%	54%	53%	57%	53%	54%	52%	53%	61%	54%	64%	52%	68%		
Sacatepequez	ROP 19	0%	0%	0%	0%	0%	0%	0%	0%	50%	50%	50%	50%	67%	50%	50%	50%	50%	100%	50%	100%	50%	100%	40%	40%			
	ROP20	0%	0%	0%	0%	0%	0%	0%	0%	63%	63%	63%	63%	80%	63%	63%	63%	63%	63%	63%	113%	63%	113%	63%	113%	53%	49%	
San Marcos	ROP 19	67%	100%	50%	50%	50%	50%	50%	38%	38%	41%	39%	40%	38%	41%	39%	42%	39%	50%	38%	40%	39%	43%	39%	67%	38%	47%	
	ROP20	80%	113%	63%	63%	63%	63%	63%	63%	51%	51%	54%	52%	53%	51%	54%	52%	55%	52%	63%	51%	53%	52%	80%	51%	60%		
Zacapa	ROP 19	100%	100%	100%	100%	100%	100%	67%	100%	50%	50%	50%	43%	44%	38%	50%	40%	40%	38%	50%	41%	50%	44%	50%	40%	62%		
	ROP20	114%	114%	114%	114%	114%	81%	114%	64%	64%	64%	57%	58%	52%	64%	54%	54%	52%	64%	55%	64%	58%	64%	58%	64%	76%		
Honduras	Atlantida	ROP 19	50%	50%	40%	40%	43%	42%	40%	41%	39%	38%	38%	39%	38%	39%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	40%	
		ROP20	62%	62%	52%	52%	55%	55%	54%	52%	53%	51%	50%	50%	51%	50%	51%	50%	50%	50%	50%	50%	50%	50%	50%	50%	52%	
	Choluteca	ROP 19	100%	100%	67%	67%	67%	67%	40%	40%	50%	50%	38%	46%	42%	47%	38%	46%	39%	42%	40%	40%	39%	47%	40%	54%	52%	
		ROP20	100%	100%	79%	79%	79%	79%	52%	52%	62%	62%	50%	58%	54%	59%	50%	58%	51%	54%	52%	52%	51%	54%	52%	62%	63%	
	Colon	ROP 19	67%	67%	43%	43%	44%	44%	38%	38%	38%	41%	38%	40%	39%	39%	38%	38%	38%	38%	38%	38%	38%	39%	38%	38%	42%	
		ROP20	79%	79%	55%	55%	56%	56%	50%	50%	50%	53%	50%	52%	51%	51%	50%	50%	50%	50%	50%	50%	50%	51%	50%	50%	54%	
Francisco Morazan	ROP 19	67%	67%	43%	43%	44%	44%	38%	38%	38%	41%	38%	40%	39%	39%	38%	38%	38%	38%	38%	38%	38%	39%	38%	38%	42%		
	ROP20	79%	79%	55%	55%	56%	56%	50%	50%	50%	53%	50%	52%	51%	51%	50%	50%	50%	50%	50%	50%	50%	51%	50%	50%	54%		
Managua	Chinandega	ROP 19	0%	0%	100%	50%	0%	100%	100%	50%	22%	30%	32%	31%	32%	31%	32%	30%	29%	19%	33%	29%	29%	33%	33%	29%	36%	
		ROP20	0%	0%	100%	50%	0%	100%	100%	50%	22%	40%	33%	41%	33%	41%	33%	40%	30%	29%	34%	39%	30%	43%	34%	36%	40%	
Managua	ROP 19	0%	0%	29%	35%	33%	38%	43%	40%	37%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	37%	38%	38%	34%	
	ROP20	0%	0%	29%	35%	33%	38%	43%	40%	37%	43%	38%	43%	39%	43%	39%	43%	39%	43%	39%	43%	39%	43%	38%	48%	39%	36%	
Panamá	Chiriqui	ROP 19	100%	100%	100%	100%	67%	67%	100%	100%	64%	60%	60%	56%	56%	56%	55%	55%	55%	55%	56%	55%	54%	55%	57%	55%	68%	
		ROP20	100%	100%	100%	100%	67%	67%	100%	100%	64%	70%	61%	66%	57%	66%	56%	65%	56%	65%	57%	65%	55%	65%	58%	62%	72%	
	Colon	ROP 19	100%	100%	67%	67%	75%	75%	100%	100%	56%	55%	53%	53%	54%	53%	53%	53%	54%	53%	52%	53%	53%	52%	53%	53%	64%	
		ROP20	100%	100%	67%	67%	75%	75%	100%	100%	57%	65%	53%	63%	55%	63%	54%	63%	55%	63%	53%	63%	54%	62%	54%	60%	68%	
	Panama	ROP 19	60%	60%	53%	53%	56%	56%	58%	58%	53%	52%	52%	53%	53%	52%	52%	52%	52%	52%	53%	52%	52%	52%	52%	52%	54%	
		ROP20	60%	60%	53%	53%	56%	56%	58%	58%	54%	62%	53%	63%	54%	62%	53%	62%	53%	62%	54%	62%	53%	62%	53%	59%	57%	
Panama Oeste	ROP 19	100%	100%	60%	60%	67%	67%	75%	75%	54%	53%	53%	53%	52%	53%	52%	53%	53%	53%	53%	53%	53%	53%	52%	52%	60%		
	ROP20	100%	100%	60%	60%	67%	67%	75%	75%	54%	63%	54%	63%	54%	62%	54%	63%	54%	63%	54%	63%	54%	62%	53%	52%	64%		
Brazil	Curitiba	ROP 19	0%	0%	100%	0%	89%	69%	81%	81%	38%	63%	51%	83%	57%	85%	62%	82%	65%	79%	65%	77%	67%	73%	66%	69%	62%	
		ROP20	5%	5%	105%	5%	94%	74%	86%	86%	43%	68%	56%	88%	62%	90%	67%	87%	70%	84%	70%	82%	72%	78%	71%	74%	67%	
	Florianopolis	ROP 19	0%	0%	100%	100%</																						

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area¹	Total PLHIV²	Expected current on ART (APR FY19)	Additional patients required for 80% ART coverage	Target current on ART (APR FY20) TX_CURR	Newly initiated (APR FY20) TX_NEW	ART Coverage (APR 20)
Scale-Up Aggressive	114,192	78,219	13,133	85,643	18,960	75%
Total	114,192	78,219	13,133	85,643	18,960	75%

APPENDIX B – Budget Profile and Resource Projections

B1. ROP 19 Planned Spending

Table B.1.1 ROP19 Budget by Program Area

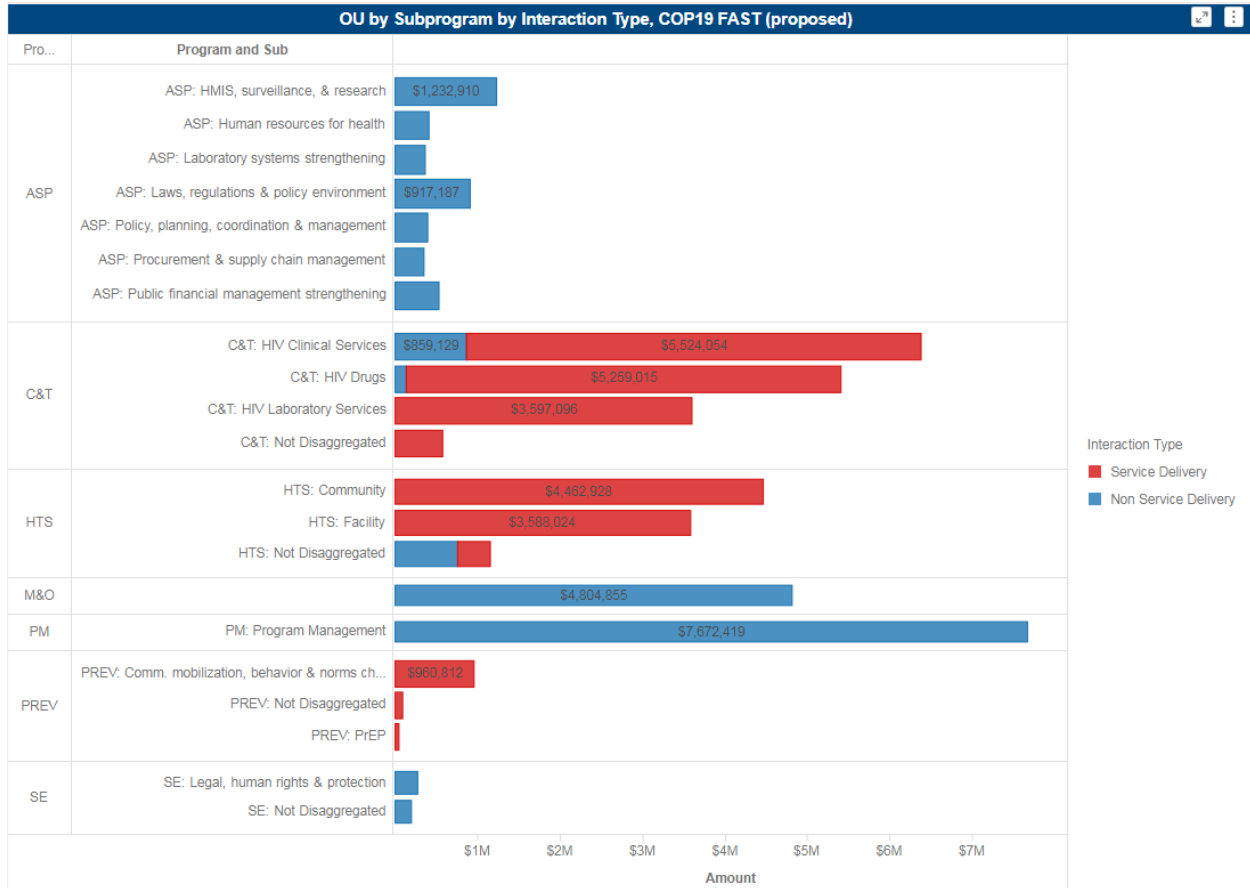


Table B.1.2 ROP19 Total Planning Level

Applied Pipeline	New Funding	Total Spend
\$US 12,934,563	\$US 30,478,026	\$US 43,412,589

PEPFAR Budget Code	Budget Code Description	Amount Allocated
APPLIED PIPELINE		\$ 12,934,563
HBHC	Adult Care and Support	\$ 974,894
HLAB	Lab	\$ 472,089
HTXD	Treatment: HIV Drugs	\$ 5,264,375
HTXS	Adult Treatment	\$9,539,637
HVCT	Counseling and Testing	\$9,035,707
HVMS	Management & Staffing	\$2,255,531
HVOP	Other Sexual Prevention	\$466,552
HVSI	Strategic Information	\$805,591
HVTB	TB/HIV Care	\$789,059
OHSS	Health Systems Strengthening	\$874,591

B.2 Resource Projections

The USG team undertook a detailed costing exercise to develop the budget for the integrated site level package by analyzing the costs for each component based on previous related expenditures and level of effort. The team then considered the size of each proposed site and adjusted the cost estimate accordingly to come up with a estimated budget per country. Above-site activities were first analyzed to ensure only activities critical to epidemic control continue and budgets were developed based on expenditure reports from the previous year.

APPENDIX C – Tables and Systems Investments for Section 6.o

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	Panama	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 38,568.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	3 lab staff trained per country
HHS/CDC	University Research Co., LLC	Panama	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 10,800.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	TB law admitted to Congress. Two actions / regional agreements. 3 participants who complete a TB / HIV workshop
HHS/CDC	Universidad del Valle de Guatemala	Panama	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 22,632.00	Institutionalization of in-service training	Viral load management: Country policy updated.	COP19	COP21	TX_PVLS: 85% of patients on ART with at least one VL per year
HHS/CDC	Universidad del Valle de Guatemala	Nicaragua	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 30,005.00	Institutionalization of in-service training	Viral load management: Country policy updated.	COP19	COP21	TX_PVLS: 85% of patients on ART with at least one VL per year
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	Honduras	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 98,214.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	3 lab staff trained per country
HHS/CDC	Universidad del Valle de Guatemala	Honduras	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 100,100.00	Institutionalization of in-service training	Viral load management: Country policy updated.	COP19	COP21	TX_PVLS: 85% of patients on ART with at least one VL per year
HHS/CDC	University Research Co., LLC	Honduras	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 19,841.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	TB law admitted to Congress. Two actions / regional agreements. 3 participants who complete a TB / HIV workshop
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	Guatemala	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 144,833.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	3 lab staff trained per country
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	Guatemala	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 90,739.00	Institutionalization of in-service training	Viral load management: Country policy updated.	COP19	COP21	TX_PVLS: 85% of patients on ART with at least one VL per year
HHS/CDC	University Research Co., LLC	Guatemala	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 19,840.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	TB law admitted to Congress. Two actions / regional agreements. 3 participants who complete a TB / HIV workshop
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	El Salvador	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 54,774.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	3 lab staff trained per country
HHS/CDC	SECRETARIA GENERAL DEL SISTEMA DE LA INTEGRACION CENTROAMERICANA	El Salvador	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 87,818.00	Institutionalization of in-service training	Viral load management: Country policy updated.	COP19	COP21	TX_PVLS: 85% of patients on ART with at least one VL per year
HHS/CDC	University Research Co., LLC	El Salvador	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 18,088.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	TB law admitted to Congress. Two actions / regional agreements. 3 participants who complete a TB / HIV workshop

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	Fiotec Fundação para o Desenvolvimento Científico e Tecnológico em Saúde.	Brazil	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 4,714.00	Institutionalization of in-service training	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP21	Distance learning training tool for medical doctors launched
HHS/CDC	Fiotec Fundação para o Desenvolvimento Científico e Tecnológico em Saúde.	Brazil	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 4,714.00	Institutionalization of in-service training	Evidence of resource commitments by host governments with year after year increases.	COP19	COP21	Number of health staff certified in PrEP implementation
HHS/CDC	Fiotec Fundação para o Desenvolvimento Científico e Tecnológico em Saúde.	Brazil	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 23,457.00	HMIS systems	Scale up of unique identifier for patients across all sites.	COP19	COP20	Number of LTFU reached through SICLOM contact information
HHS/CDC	Fiotec Fundação para o Desenvolvimento Científico e Tecnológico em Saúde.	Brazil	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 43,880.00	Program and data quality management	Weak HIV Health Information Systems	COP19	COP20	Number of health surveillance professionals trained in data quality assessment
USAID	Plan International USA, Inc.	El Salvador	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 50,000.00	Administrative and financial systems	Evidence of resource commitments by host governments with year after year increases.	COP18	COP20	HIV national plans implemented in 40% according to schedule in 5 countries.
USAID	Plan International USA, Inc.	El Salvador	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 52,400.00	Training in public financial management strengthening	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Multinational plan to incorporate HIV services in Health insurance schemes implemented in 60% en three countries
USAID	Plan International USA, Inc.	El Salvador	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 118,540.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	Plan International USA, Inc.	El Salvador	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 27,720.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP18	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	Plan International USA, Inc.	Guatemala	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 98,000.00	Administrative and financial systems	Evidence of resource commitments by host governments with year after year increases.	COP18	COP20	HIV national plans implemented in 40% according to schedule in 5 countries.
USAID	Plan International USA, Inc.	Guatemala	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 107,900.00	Training in public financial management strengthening	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Multinational plan to incorporate HIV services in Health insurance schemes implemented in 60% en three countries
USAID	Plan International USA, Inc.	Guatemala	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 218,100.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	Plan International USA, Inc.	Guatemala	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 49,200.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP18	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	Plan International USA, Inc.	Honduras	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 49,100.00	Administrative and financial systems	Evidence of resource commitments by host governments with year after year increases.	COP18	COP20	HIV national plans implemented in 40% according to schedule in 5 countries.
USAID	Plan International USA, Inc.	Honduras	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 66,000.00	Training in public financial management strengthening	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Multinational plan to incorporate HIV services in Health insurance schemes implemented in 60% en three countries

Table 6-E

Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	Plan International USA, Inc.	Honduras	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 114,000.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	Plan International USA, Inc.	Honduras	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 23,100.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP18	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	Plan International USA, Inc.	Panama	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 48,660.00	Administrative and financial systems	Evidence of resource commitments by host governments with year after year increases.	COP18	COP20	HIV national plans implemented in 40% according to schedule in 5 countries.
USAID	Plan International USA, Inc.	Panama	ASP: Public financial management strengthening	Key Pops: Not disaggregated	\$ 60,060.00	Training in public financial management strengthening	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Multinational plan to incorporate HIV services in Health insurance schemes implemented in 60% en three countries
USAID	Plan International USA, Inc.	Panama	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 48,620.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP18	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	Plan International USA, Inc.	Panama	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 17,160.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP18	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 21,764.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 23,743.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 25,721.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 17,807.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Priority Pops: Not disaggregated	\$ 13,850.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	Implemented KP HIV strategic action plan by KP groups in each country
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 15,828.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	University Research Co., LLC	El Salvador	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 19,786.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 18,581.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 17,033.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 18,581.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 12,388.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Priority Pops: Not disaggregated	\$ 12,388.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	Implemented KP HIV strategic action plan by KP groups in each country
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 10,839.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	University Research Co., LLC	Guatemala	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 18,581.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 37,163.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 27,872.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 40,260.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 21,678.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Priority Pops: Not disaggregated	\$ 27,872.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	Implemented KP HIV strategic action plan by KP groups in each country
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 27,872.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	University Research Co., LLC	Honduras	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 34,066.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 8,603.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 8,603.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 11,183.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 9,463.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Priority Pops: Not disaggregated	\$ 9,463.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	Implemented KP HIV strategic action plan by KP groups in each country
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 8,602.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	National HIV HIS Strengthening plans implemented in each country

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	University Research Co., LLC	Nicaragua	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 4,301.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 8,946.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 8,947.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP18	COP20	Implemented research projects addressing HIV KP knowledge gaps in each country.
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Key Pops: Men having sex with men	\$ 13,420.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Key Pops: Transgender	\$ 11,183.00	Training in HMIS systems or processes	Weak HIV Health Information Systems	COP19	COP20	Strengthened local partners develop capacities to provide TA for HIV HIS and KP knowledge management
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Priority Pops: Not disaggregated	\$ 10,065.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	Implemented KP HIV strategic action plan by KP groups in each country
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 11,183.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	University Research Co., LLC	Panama	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 14,538.00	HMIS systems	Weak HIV Health Information Systems	COP18	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	Chemonics International, Inc.	El Salvador	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 36,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	Chemonics International, Inc.	Guatemala	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 96,600.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	Chemonics International, Inc.	Honduras	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 24,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	Chemonics International, Inc.	Nicaragua	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 18,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	Chemonics International, Inc.	Panama	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 45,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	TBD	El Salvador	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 104,654.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	TBD	El Salvador	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 62,792.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	TBD	Guatemala	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 150,324.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	TBD	Guatemala	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 122,594.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	TBD	Honduras	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 74,753.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	TBD	Honduras	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 44,851.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	TBD	Panama	ASP: Laws, regulations & policy environment	Key Pops: Not disaggregated	\$ 64,796.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Joint national and regional advocacy plans developed in five countries and implemented in 50%
USAID	TBD	Panama	ASP: Policy, planning, coordination & management	Key Pops: Not disaggregated	\$ 38,871.00	National strategic plans, operational plans and budgets	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	Stigma and Discrimination decreased among HCW and other public officers
USAID	TBD	El Salvador	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 61,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	TBD	El Salvador	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 38,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	TBD	Guatemala	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 163,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	TBD	Guatemala	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 84,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	TBD	Honduras	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 82,500.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	TBD	Honduras	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 70,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response
USAID	TBD	Panama	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 21,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	National HIV HIS Strengthening plans implemented in each country
USAID	TBD	Panama	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 28,000.00	HMIS systems	Weak HIV Health Information Systems	COP19	COP20	1) KP variables included in health information system through the cascade of care 2) HIV knowledge focused on KP used for decision making in key process of the HIV national response

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	TBD	El Salvador	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 24,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	TBD	Guatemala	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 41,400.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	TBD	Honduras	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 18,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	TBD	Nicaragua	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 9,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
USAID	TBD	Panama	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 24,000.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
DOD	TBD	Guatemala	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	\$ 5,275.00	National strategic plans, operational plans and budgets	Evidence of resource commitments by host governments with year after year increases.	COP19	COP19	Multiannual Military HIV Strategic Plan Updated (2020-2024) and annual operational plans elaborated
DOD	TBD	Guatemala	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 5,300.00	HMIS systems	Evidence of resource commitments by host governments with year after year increases.	COP19	COP20	80% of sites reporting quarterly HIV Surveillance and Monitoring indicators collected and disaggregated by age/sex and geographical area
DOD	TBD	Guatemala	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 3,850.00	Lab quality improvement and assurance	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	75 % of HIV Rapid Test facilities with proficiency score 90% or higher
DOD	TBD	Guatemala	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	\$ 7,800.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Decrease S&D index by 50% from last measurement
DOD	TBD	El Salvador	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	\$ 5,275.00	National strategic plans, operational plans and budgets	Evidence of resource commitments by host governments with year after year increases.	COP19	COP19	Multiannual Military HIV Strategic Plan Updated (2020-2024) and annual operational plans elaborated
DOD	TBD	El Salvador	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 5,300.00	HMIS systems	Evidence of resource commitments by host governments with year after year increases.	COP19	COP20	80% of sites reporting quarterly HIV Surveillance and Monitoring indicators collected and disaggregated by age/sex and geographical area
DOD	TBD	El Salvador	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 22,750.00	Lab quality improvement and assurance	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	75 % of HIV Rapid Test facilities with proficiency score 90% or higher
DOD	TBD	El Salvador	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	\$ 7,800.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Decrease S&D index by 50% from last measurement
DOD	TBD	Honduras	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	\$ 5,272.00	National strategic plans, operational plans and budgets	Evidence of resource commitments by host governments with year after year increases.	COP19	COP19	Multiannual Military HIV Strategic Plan Updated (2020-2024) and annual operational plans elaborated

Table 6-E										
Funding Agency	PrimePartner	Country	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
DOD	TBD	Honduras	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 5,300.00	HMIS systems	Evidence of resource commitments by host governments with year after year increases.	COP19	COP20	80% of sites reporting quarterly HIV Surveillance and Monitoring indicators collected and disaggregated by age/sex and geographical area
DOD	TBD	Honduras	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 3,850.00	Lab quality improvement and assurance	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	COP19	COP20	75 % of HIV Rapid Test facilities with proficiency score 90% or higher
DOD	TBD	Honduras	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	\$ 7,800.00	Information and sensitization for public and government officials	Lack of political will to move towards sustainable epidemic control	COP19	COP20	Decrease S&D index by 50% from last measurement
DOD	TBD	El Salvador	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 3,950.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
DOD	TBD	Guatemala	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 3,950.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels
DOD	TBD	Honduras	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	\$ 3,950.00	Training in supply chain systems	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	COP19	COP20	75% of all sites covered by USG maintain key ARV stock levels between established Minimum and Maximum levels

APPENDIX D– Minimum Program Requirements

TEST & START

Challenges persist in Nicaragua and El Salvador to officially adopt Test& Start although in clinical practice, patients are started on treatment regardless of CD4. Both countries are in process of changing official guidelines.

Table D.1 Test & Start Status May 2019

	EL SALVADOR	GUATEMALA	HONDURAS	NICARAGUA	PANAMA	BRAZIL
National ART guidelines incorporate Test & Start	In process	Yes	Yes	In process	Yes	Yes
Test & Start for KP	Yes	Yes	Yes	Yes	Yes	Yes
Test & Start for Pregnant women	Yes	Yes	Yes	Yes	Yes	Yes
Test & Start for TB patients	Yes	Yes	Yes	Yes	Yes	Yes
Current guidelines publication year	2014	2019	2017	2016	2017	2018
NAP reports clinical practice applying "Test & Start"	Yes	Yes	Yes	Yes	Yes	Yes

DIFFERENTIATED SERVICE DELIVERY MODELS

All countries implement differentiated service delivery models with PEPFAR support but these models including multi-month scripting are not currently included as national policy in Central America. Brazil's HIV/AIDS policy includes multi-month scripting for adherent patients. PEPFAR supports deployment of differentiated service delivery models for young gay men and MSM.

TLD TRANSITION

All Central American's countries have initiated TLD transition but with a focus on new patients. Only Brazil's has national guidelines that include a full transition to TLD.

Figure D.2 Status of TLD Transition May 2019

Country	TLD or Dolutegravir Current 1 st or 2 nd Line Regimen	TLD or Dolutegravir 3 rd Line Regimen	Guidelines Include TLD/ Dolutegravir	Expected Start Date
ELS	2 nd line	Yes	In process	September 2019 (Social Security)
GUA	1 st & 2 nd Line First line progressive transition to DTG by end 2020	Yes	In process	Started in Jan 2019
HND	1 st for new patients	Yes	In process	July 2019
NIC	1 st for new patients	Yes	In process	June 2019
PAN	1 st line for certain new cases	Yes	In process	May 2019
BRA	1 st line	Yes	Yes	Started in Jan 2018

SCALE-UP OF INDEX TESTING & SELF-TESTING

As mentioned, the aggressive scale-up of index testing is a central component of the PEPFAR scale-up strategy being proposed. The USG helped introduce self-testing in Brazil but it is still new for Central America.

Figure D.3 Status of Index Testing & Self-Testing

Index Testing

Country	Policy Status	Implementation of Index Testing
ALL	NO SIGNIFICANT POLICY BARRIERS IN ANY COUNTRY TO SCALE UP INDEX TESTING	PEPFAR Supporting Index Testing in All HTS Activities (STI Clinics, <u>Cvbereducators</u>)

Self-Testing

Country	Policy Status	Implementation of Self-Testing
BRAZIL	COUNTRY IMPLEMENTING SELF-TESTING – No Current Policy Barriers	USG Support to MoH in Priority SNU for Innovative Self – Testing Model Targeted to MSM
CENTRAL AMERICAN COUNTRIES	No major legal barriers Preferred RTKs for Self-Tests In Process of Registration Pre-Post Test Counseling Requirements Some MoH & CSO Support Fear of Control of Data	PEPFAR Support for Laying Groundwork to Introduce Self-Testing to the Region (Market Research, Support National Programs to Develop Self-Testing Guidelines)

TB PREVENTIVE TREATMENT (TPT) FOR ALL PLHIV MUST BE SCALED-UP AS AN INTEGRAL AND ROUTINE PART OF THE HIV CLINICAL CARE PACKAGE

This is included as part of the site level package that PEPFAR is supporting. Brazil's policy includes TPT for all PLHIV. However, further efforts are needed to fully implement this policy.

DIRECT AND IMMEDIATE (>95%) LINKAGE OF CLIENTS FROM TESTING TO TREATMENT ACROSS AGE, SEX, AND RISK GROUPS.

While this is the policy for all countries except for El Salvador and Nicaragua, in practice this is not currently being implemented for non-PEPFAR diagnosed patients and it is major component of the proposed scale-up strategy.

ELIMINATION OF ALL FORMAL AND INFORMAL USER FEES IN THE PUBLIC SECTOR FOR ACCESS TO ALL DIRECT HIV SERVICES AND RELATED SERVICES

All public HIV services in Central America and Brazil are provided free of charge.

COMPLETION OF VL/EID OPTIMIZATION ACTIVITIES AND ONGOING MONITORING TO ENSURE REDUCTIONS IN MORBIDITY AND MORTALITY ACROSS AGE, SEX, AND RISK GROUPS, INCLUDING >80% ACCESS TO ANNUAL VIRAL LOAD TESTING AND REPORTING.

PEPFAR-sponsored activities offer free, regular viral load exams to HIV/AIDS patients.

MONITORING AND REPORTING OF MORBIDITY AND MORTALITY OUTCOMES INCLUDING INFECTIOUS AND NON-INFECTIOUS MORBIDITY

The USG is supporting countries to implement morbidity and mortality monitoring but it is still in process for Central American countries.

EVIDENCE OF RESOURCE COMMITMENTS BY HOST GOVERNMENTS WITH YEAR AFTER YEAR INCREASES

As noted previously, national governments have always provided the majority of the resources for their response and they continue to do so.

AGENCY PROGRESS TOWARD LOCAL, INDIGENOUS PARTNER PRIME FUNDING

As previously noted, CDC already implements most activities through local partners and USAID has a plan to transition to majority local partners by the end of the coming fiscal year.

SCALE OF UNIQUE IDENTIFIER CODES

Figure D.4 Status of Unique Identifiers

Country	Policy Status	Implementation
EL SALVADOR	Unique identifier established for use in SUMEVE (National HMIS)	PEPFAR supports use of national unique identifier.
GUATEMALA	Each HIV clinic has unique identifier (Carnet), Social Security uses official national identifier document	PEPFAR uses own unique identifier for site level work.
HONDURAS	Nationally established unique identifier	PEPFAR supports use of national unique identifier. For prevention activities PEPFAR uses own identifier, once diagnosed, the individual is entered into information system with the official country code.
NICARAGUA	Nationally established unique identifier (since 2015)	PEPFAR support use of national unique identifier. For prevention activities PEPFAR uses own identifier, once diagnosed, the individual is entered into information system with the official country code.
PANAMA	Nationally established unique identifier, foreigners need to present valid passport.	PEPFAR supports use of national unique identifier. For prevention activities PEPFAR uses own identifier, once diagnosed, the individual is entered into information system with the official country code.
BRAZIL	PEPFAR supports GOB efforts to update national HIS with a single identifier equivalent to the Social Security number (CPF).	PEPFAR uses own unique identifier for site level work.