Central America and Brazil

Regional Operational Plan

ROP 2023

Strategic Direction Summary

May 2023

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***Military PSNU data are non-public**

A portion of PEPFAR data relates to foreign military sites, such as bases, barracks, or military hospitals. Data originating at these sites are aggregated to each respective OU's Military PSNU and are non-public. When developing graphics for the SDS, do not include the Military PSNU, which you can find in PSNU dropdowns in Panorama. These services may be funded through a variety of implementing agencies or mechanisms, so the Military PSNU designation is not equivalent to DOD as an implementing agency.

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the FY24-25 plan.

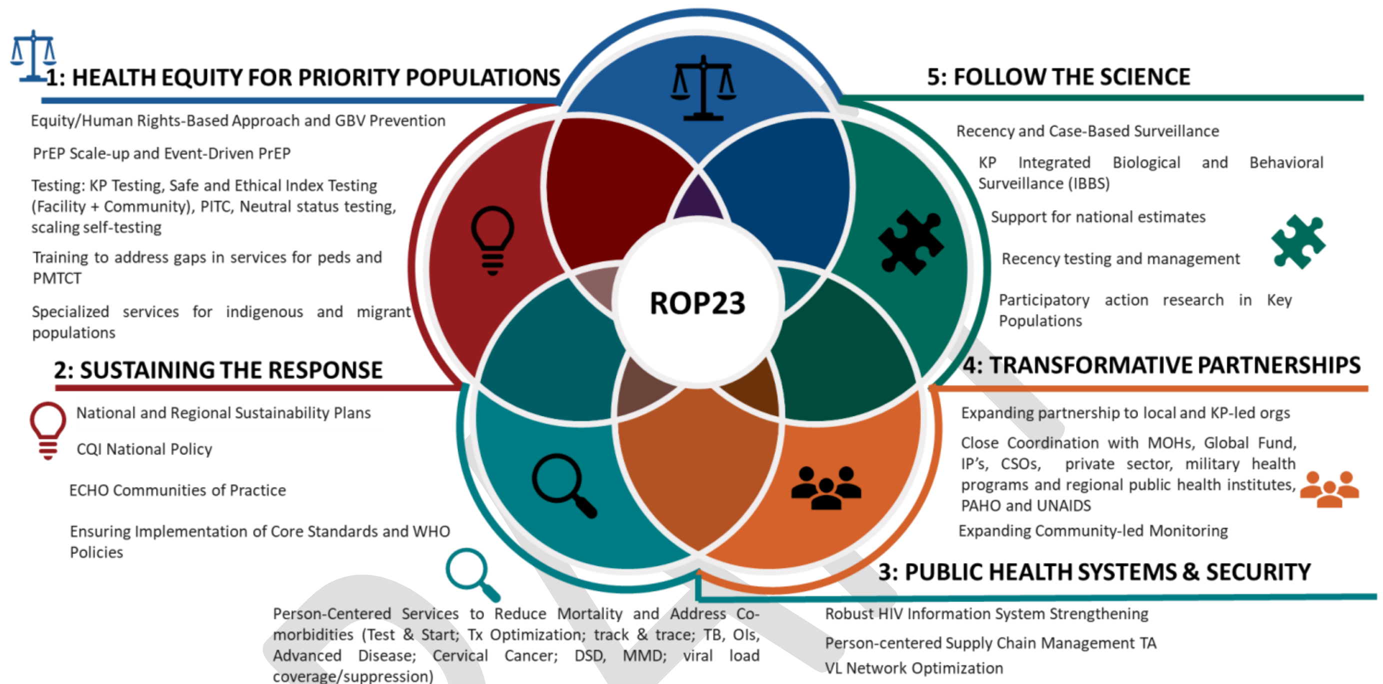
The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program in Central America and Brazil aims to accelerate the path to respond and end the HIV/AIDS pandemic as a public health threat by 2030 and sustainably strengthen public health systems across the region. The Regional Operational Plan (ROP23) outlines how the program will partner with governments, civil society, and other key stakeholders to align with the PEPFAR Global Strategic Direction (Figure 1.1.1) and progress towards the UNAIDS 95-95-95 goal.

Figure 1.1.1 PEPFAR Strategic Direction

After extensive dialogue and co-planning with key stakeholders across the six countries where the regional program implements (Brazil, El Salvador, Guatemala, Honduras, Nicaragua and Panama), the team has identified priority activities for ROP23 that are aligned under the 5 pillars and 3 enablers (figure 1.1.2). The program will focus on closing health equity gaps in prevention, testing, and treatment in Key Populations (KP), migrants, and indigenous communities, while providing capacity building and other technical assistance to identify gaps and strengthen HIV services for pediatrics, adolescents, and pregnant women. The Central America and Brazil program will continue leading sustainable programming in partnership with government guided by the national sustainability plans, and by promoting key policies and capacity building initiatives. Strengthening public health systems and security will continue to be prioritized through targeted assistance on supply chain management, laboratory, health information systems, and person-

centered care and treatment services. The program will continue to build on existing partnerships with government, civil society organizations (CSOs), private sector, multilaterals, and regional public health institutes, and grow new ones with local organizations. Finally, the program will continue to follow science by implementing and institutionalizing data-driven, innovative approaches and building robust HIV surveillance systems.

Figure 1.1.2 Central America and Brazil PEPFAR 5X3 Framework



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PEPFAR will build on strategies that prioritize site-level interventions and have a direct impact on the clinical cascade for all countries. PEPFAR will continue to focus on site-level support to address the gaps in prevention, case finding, immediate linkage to treatment upon diagnosis, treatment of advanced HIV disease, retention, and achievement of viral load suppression with a targeted approach to strengthen systems essential to epidemic control. The scale-up strategy started in previous ROPs will continue in El Salvador, Guatemala, Honduras, and Panama, and continue to support innovative, evidence-based interventions in select municipalities in Nicaragua and Brazil.

The program will continue to build on key interventions across the clinical cascade to reach the 95-95-95 goals:

<u>Strengthening Quality Health Systems to Support the Cascade</u>: Reliable supply chains, efficient lab networks, robust systems to address equity and human rights, and functioning strategic information systems are all crucial foundations for epidemic control. Intensive policy dialogue is also needed to ensure the political will to adopt the key elements necessary to reach epidemic control. PEPFAR will strategically target technical assistance to address and resolve identified system barriers to ensure the long-term sustainability and quality of national programs.

<u>Prevention and Active Case-Finding</u>: PEPFAR will continue to support safe and ethical index testing at treatment sites for all newly diagnosed PLHIV, all PLHIV who have been lost to follow-

up, and all PLHIV who are not virally suppressed. With index testing, high-yield key population-focused testing strategies, scaling up self-testing, and expanding catchment areas of provided-initiated testing (PITC), PEPFAR plans to support countries to close the gap in the first 95 of PLHIV who do not yet know their status, and address the challenges of late diagnosis in the region. For the ROP23 prevention strategy, the USG will leverage lessons learned from HIV pre-exposure prophylaxis (PrEP) implementation for high-risk key populations (KP) and for serodiscordant partners in the region to expand availability in Guatemala, Brazil, and Panama to scale-up PrEP in the whole region.

Linkage to Care, Rapid Antiretroviral Therapy (ART) Initiation and Continuity of Treatment: PEPFAR will continue to prioritize immediate linkage of positives identified at the community level to same-day treatment (or within seven days). PLHIV presenting with HIV advanced disease will be screened and treated for opportunistic infections (OI's) and have intensified follow up. Differentiated service delivery (DSD) models will be offered to all patients, including multi-month dispensing (MMD), community distribution of antiretrovirals (ARVs), home delivery of ARVs, and the availability of mobile clinics, given client consent and preference. PEPFAR will increase efforts to return those who have interruptions to treatment and increase adherence with intensified adherence counselling and follow up.

Reaching Viral Load (VL) Suppression: PEPFAR uses a comprehensive and data driven approach to strengthen the HIV VL laboratory systems and aims to leverage existing investments in laboratories to enhance VL testing coverage in Central America. The program is identifying critical barriers and challenges within laboratory networks and building capacity to support VL testing and other PEPFAR diagnostics. As a result of this effort, we expect to optimize performance of the national VL laboratory network to increase VL coverage and, ultimately, suppression as clinicians have access to timely results to guide clinical decision making. Programmatic activities include conducting a comprehensive situational analysis of the current VL network financing structure and stakeholder engagement; implementing a strategy that optimizes the laboratory network system; developing and adapting viral load training materials aligned with national and PEPFAR guidelines; providing ongoing national and regional level technical assistance; and conducting quarterly follow-up meetings to share data and to monitor testing capacities and efficiencies.

Countries in the region are making significant progress but are not yet on track to reach the 95-95-95 goals. With the adoption of aggressive key targets to increase the numbers of PLHIV who know 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. This would support host country governments to aggressively tackle the gaps in the cascade and in a collaborative effort with all stakeholders, including Civil Society and multilateral partners, to reach epidemic control.

The PEPFAR program recognizes that many structural barriers and social determinants of health including racism, poverty, stigma and discrimination, migration, gender-based violence, and lack of opportunities for employment and education impact PLHIV's ability to engage with prevention, linkage and adherence to treatment in the region. To reach the 95-95-95 targets, our program must include interventions that transform the social determinants associated with HIV. In ROP23,

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the USG is focusing on instituting robust interventions to address equity and Human Rights at the site, community, and national levels.

Geographic and Demographic Gaps

The Central America and Brazil region continues 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 as illustrated in Table 1.1.

Table 1.1

Country	Total Population 2021	New Infections 2020	PLHIV	Incidence rate /1000h	HIV prevalence (%)				New Infection Change from 2010 (%)	HIV Mortality Change from 2010 (%)
					15-49 years	FSW	MSM	TG		
Brazil	214,447,882	48,000	930,000	0.23	0.6	5.3	18.6	30.0	21%	1%
El Salvador	6,187,000	<1,000	23,000	0.13	0.5	2.8	13.9	22.3	-46%	90%
Guatemala	17,357,886	<1,000	32,000	0.05	0.2	1.0	9.0	15.3	-51%	-7%
Honduras	9,701,532	<1,000	21,000	0.07	0.2	3.0	10.0	6.4	-6%	-43%
Nicaragua	6,850,540	<1,000	12,000	0.11	0.4	2.2	8.4	9.5	4%	-19%
Panamá	4,351,267	1,800	31,000	0.44	1.0	1.1	13.4	29.8	13%	0%

Source: www.aids.unaids.org. For new infections and deaths change: UNAIDS Data 2022. Source Population: Brazil: www.ibge.gov.br. El Salvador: proyecciones de población municipal 2005-2025. DIGESTYC 2014. Guatemala: www.ine.gob.gt. Honduras: www.ine.gob. Nicaragua: www.inide.gob.ni. Panama: www.inec.gob.pa

At the same time, a USG analysis of MOH data on active PLHIV showed that most individuals are self-identified heterosexuals (75% in Guatemala and 89% in El Salvador). In the case of Guatemala, the data also demonstrates that individuals are being diagnosed late with 44% of newly diagnosed individuals in 2020 had a CD4 of less than 200. The percentage of late diagnosis was 25% in El Salvador (much lower than the 37% in 2019), 29% for Honduras (higher than the 26% in 2019), 38% in Panama, 22% in Nicaragua and 27% in Brazil (Source: UNAIDS 2021 report).

Significant gaps remain in each of the pillars of the continuum of care cascade for each country as seen in Table 1.1. Except for Nicaragua, all countries show gaps in the estimated number of PLHIV who do not yet know their status. All six countries have significant disparities between diagnosed PLHIV and those on treatment, meaning they have not been linked to treatment after diagnosis, have not initiated treatment, or have had treatment interruption. For those on treatment, the percentage of PLHIV who are virally suppressed is relatively higher across the region, but gaps in diagnosis, linkage and continuity of treatment illustrate that all countries have still need to make significant progress to reach epidemic control.

Figure 1.1. PLHIV by SNU, total PLHIV by SNU, coverage of total PLHIV with ART, and viral load coverage by SNU.

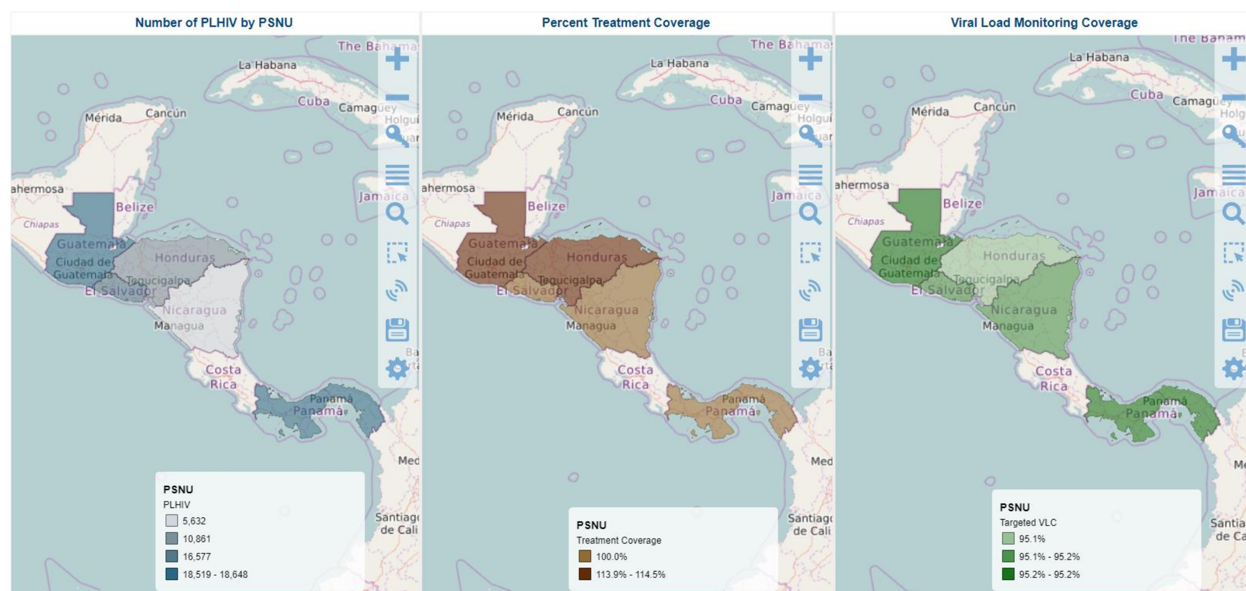

Table 1.2

Table 1.2: Coverage of PEPFAR Program in Central America and Brazil				
Country	**PLHIV**	**PEPFAR Coverage**	**% Coverage**	**# of PEPFAR Supported Sites**
El Salvador	23,000	23,000	100%	21
Guatemala	32,000	26,700	85%	16
Honduras	21,000	17,220	82%	22
Nicaragua	12,000	7,800	65%	9
Panama	27,000	25,650	95%	18
Brazil	55,621	19,264	35%	16

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PEPFAR provides support for the majority of the HIV cohort in El Salvador, Guatemala, Honduras and Panama. Efforts in Nicaragua will focus on high burden sites within the existing priority SNUs.

Brazil will continue intensive support in the five priority SNUs (Campo Grande, Curitiba, Florianópolis, Porto Alegre, and Fortaleza). Additionally, activities in the Amazon region address gaps in the provision of HIV services to the general population, as well as vulnerable migrants and indigenous peoples.

Pillar 1: Health Equity for Priority Populations

PEPFAR Central America and Brazil remains deeply committed to ensure all ages, genders, and population groups at risk for HIV infection receive data and evidence-based, equitable, and people-centered, and gender-affirming HIV prevention and treatment services. Pandemics do not affect all people uniformly, underscored by the major equity gaps that persist for key populations, migrant populations, and indigenous communities in the region, while acknowledging gaps in treatment for pediatrics, adolescents and pregnant women. PEPFAR will double down on its existing efforts to intentionally prioritize these groups by accelerating our effort to effectively and efficiently extend the reach of evidence-based HIV prevention and treatment programming to achieve durable viral suppression and reduce incidence and AIDS-related mortality for clients. Additionally, PEPFAR will collaborate with partners to dismantle the social and structural barriers that hold back progress in the HIV response by addressing equity for these priority populations in the region.

Pediatrics, Pregnant and Breast-Feeding Women, and Adolescents

The HIV epidemic in Central America and Brazil is concentrated in key populations, however there are hotspots of PMTCT and pediatric cases in certain subregions. For ROP23, the PEPFAR program will gather data to further pinpoint these hotspots as well as evaluate the current regulations and frame of work to provide targeted support for the Ministries of Health.

KP services

Stigma, Discrimination, and Human Rights

Stigma and discrimination against KPs remain a major barrier to uptake of critical health services outside of HIV clinics. Based on models of person-centered care, the program implements evidence-based approaches at multiple levels: in the community, at the health facility, and the national and regional levels.

At the community level, we partner with civil society to create “Espacios Libres”, a community building and mobilization intervention designed to strengthen the support networks of key populations (especially MSM and transgender women). We work with local NGO’s in ten communities in Guatemala, El Salvador, Honduras and Panama, strengthening the extended social support network of vulnerable populations at the same time that promotes the community mobilization with advocacy purposes in the human rights framework, for the implementation of prevention services based on equity and inclusion.

At the national level, we work to strengthen the capacities of civil society organizations to address Human Rights violations. Through support to the National LGBTIQ+ Human Rights Observatories of Guatemala and Honduras and by strengthening legal frameworks and policies that guarantee the rights of people living with HIV and key populations, and developing training for Human Rights Defenders in Guatemala, Panama, El Salvador and Honduras. We also have several communication campaigns through social networks, online communications and dating applications that support the reduction of violence, stigma and discrimination.

At the facility level, we implement 'stigma and discrimination free zones', which work to create stigma-free service delivery points, workplaces and institutions at the facility level, national,

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subnational, and local levels, with emphasis on the provision of friendly health services for KPs. In public health facilities, we have partnered with Ministries of Health for many years to develop training and capacity building materials for clinic staff. These trainings are carried out routinely in the health centers that we support, including those that implement the strategy of KP Friendly Clinics, known by its acronym CLAM (in Panama) and VICITS (in Guatemala, Honduras, Nicaragua and El Salvador), where a combined prevention package is offered to key populations, including peer-navigation. We have also started to expand our training to include broader support staff from different departments such as the emergency room, outpatient clinics and other operational support services that have direct contact with PLHIV such as porters, cleaning staff, etc.

Our “zones free of stigma and discrimination” certification program has also expanded to include laboratories and private clinics that offer HIV prevention services. The curriculum requires each institution to sign a 'letter of commitment', they participate in eight-module training on human rights and addressing stigma and discrimination in their facilities, create a committee to ensure continuous monitoring of the free zone, and develop a personalized work plan.

Indigenous Populations

Central America is home to numerous, diverse indigenous communities with a unique languages and customs. Using key findings from the exploratory study with Men who have sex with men (MSM) from indigenous communities in Guatemala, Honduras, and Panama and an assessment on the barriers faced by indigenous communities in Guatemala and Panama, regarding testing, care, and treatment, the PEPFAR program is pivoting into differentiated prevention models for youth indigenous (MSM in particular).

In response to this pivot in ROP23, the PEPFAR program will continue to build of previous programing to tailor HIV prevention and treatment services for these communities, but will also include developing an influencer/peer leader training and recognition program, and developing audiovisual content with the support of young leaders to empower this community. These two initiatives will focus on prevention services including distribution of condoms, HIV tests, PrEP. We will continue to expand stigma and discrimination free spaces (Espacios Libres) with culturally appropriate and bilingual communications that include U=U messaging. The program will tailor messaging about services that linked health care units offer including psychological support, social services, economic support for mobilization (in coordination with broader USAID non-PEPFAR funded projects that promote job opportunities), and support for bilingual service providers in their native language.

Mobile Populations

While Central America has long been a corridor for migration, the Venezuelan internal crisis has triggered one of the most significant mass migrations in the history of the Western Hemisphere. HIV prevalence among migrants and refugees in the region is significantly higher than the host country population due to limited access to healthcare services, including HIV testing and treatment, as well as social and economic factors such as poverty, discrimination, and violence. Addressing the service delivery gap in this population was a stakeholder priority in all countries in the region.

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Preliminary data from a PEPFAR-supported studies in Colombia, Peru, and across Central America indicate that the LGBTQI+ community is disproportionately represented among migrant flows due to forced displacement from their homes and communities, with HIV prevalence up to three times higher than the general population. These studies also confirms high rates of violence, including sexual violence, transactional sex, limited access to HIV prevention and treatment services. KP migrants face a lack of human rights protections and experience discrimination based on sexual orientation and gender identity. The structural vulnerabilities LGBTQI+ persons face are intensified by their status as migrants, asylum seekers, refugees, or internally displaced persons.

Addressing the HIV epidemic among key populations (KP) migrant communities in Central and South America requires strategies that consider the unique challenges faced by this population, including violence, stigma, language barriers, and lack of access to host country healthcare services. Improving access to HIV prevention and treatment services for migrants is crucial for reducing the spread of HIV and improving overall health outcomes in the region.

In ROP23, the PEPFAR program plan to expand prevention and treatment services and coordinate health services along the migration route from South America until the border of the Mexico. The program will develop and implement differentiated service delivery models for migrants, asylum seekers, refugees, and internally displaced persons in partnership with LGBTQI+-led organizations, based on national regulations and tailored to the unique operating context. The differentiated service delivery models will use a human rights and "do no harm" approach to address the unique vulnerabilities of migrant PLHIV. Prioritized Service Delivery Models will include innovative strategies for behavioral prevention, condoms distribution, STI testing and treatment, HIV testing, PrEP and PEP (post-exposure prophylaxis) delivery, post-rape care, mental health support, connection to the national health services.

This approach will also diversify PEPFAR's local partnerships and build the capacity of local, KP-led organizations.

Primary Prevention to Advance Equity

PEPFAR Central America and Brazil will continue to implement targeted combination prevention activities tailored to key populations, including the promotion of condom use, PrEP, testing, and linkage to HIV care and treatment services for diagnosed PLHIV. It is a comprehensive package that employs a broad risk assessment including mental health, substance use, and gender-based violence. PEPFAR aims to reach PLHIV who are experiencing no adverse health effects and are not currently seeking services. Interventions will be tailored to each country and for each group of KP as appropriate.

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, site interventions, and other biomedical interventions such as self-testing) including hidden populations. 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

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populations are engaged throughout every step of the activity to provide ongoing feedback on interventions and to offer suggestions for improvement through our Community-Led Monitoring initiative and engagement with CSOs. Their insight and perspective are invaluable when addressing site-level barriers to accessing services.

The PEPFAR program also recognizes the structural aspects that must be addressed as part of the comprehensive prevention package, including the use of alcohol and drugs, internalized homophobia, stigma and discrimination, lack of social support network, socio economic status, etc. The PEPFAR program's key prevention strategies are as follows:

Status-Neutral Testing Services

The goal for prevention programming is to ensure at-risk KP are enrolled into a holistic prevention program that is centered around HIV testing. During ROP 23, PEPFAR will introduce Status Neutral approach to HIV testing, a whole person approach to HIV prevention and care. A status neutral approach prioritizes opportunities to address the needs of everyone in a community by providing or linking to comprehensive sexual health and supportive services. Ultimately, status neutral approaches promote health equity by putting client needs above HIV status to improve care and eliminate stigma.

As outlined in the following section on testing, PEPFAR will continue to expand self-testing, safe and ethical index testing, social networking strategies and PITC to second level of health facility networks to increase the early detection of new cases in the region.

Cyber-Educators

At community level, the prevention services will use face to face and social media interactions to reach KP. Social media use and cyber-educators will reach and link hidden KP populations to HIV services and explore ways to bring prevention services to vulnerable groups, 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 PLHIV to link them to care services.

VICITS/CLAMS

The PEPFAR program will also continue to support the provision of a prevention package for key populations through the Sexually Transmitted Infection (STI) and HIV Surveillance, Prevention and Control Strategy, commonly known as VICITS by its Spanish acronym (or CLAM in Panama). VICITS is a combination prevention strategy for key populations that offers HIV testing, improved STI diagnosis and treatment, tailored counseling, condom and lubricant distribution, peer promotion, peer navigation to HIV treatment services, and an information system to monitor trends. More recently, PrEP has also been added to the prevention package available at VICITS sites, and PEPAR will support increased access to PrEP at these facilities.

Preventing Transmission within Sero-discordant Couples

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Sero-discordant couples are offered a package of services including disclosure support, conception counseling, PrEP, and HIV testing. The partner who is HIV negative in a sero-discordant couple will be encouraged to be tested at least annually (or more often if warranted by risk assessment) and promptly linked to appropriate prevention or treatment services.

PrEP

Pre-Exposure Prophylaxis (PrEP) enrollment requires an HIV test to ensure HIV negative status. Once enrolled in the PrEP program, clients are tested every three months for HIV. As part of the person-centered approach, PEPFAR will promote the use of self-testing as part of PrEP follow up. If HIV seroconversion is detected among an individual taking PrEP, the individual is immediately linked to treatment services.

PEPFAR is supporting differentiated service delivery models to expand access to PrEP (communication and outreach, medications, laboratory and clinical supplies, capacity building of human resources, condoms provision, adherence support, etc.), as well as technical assistance for optimal implementation (policy shifts, training, quality management, data monitoring, demand creation, information systems, etc.). PEPFAR coordinates with all key partners in each country to expand access and integrate PrEP into existing combination prevention packages for both key populations and sero-discordant couples identified through index testing.

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 sex workers. PEPFAR/Brazil provides PrEP screening to determine eligibility, blood tests including creatinine, PrEP dispensation, and follow-up visits and exams. The program offers PrEP through differentiated service models including extended hours, TelePrEP, walk-in assistance, and PrEP counseling for MSM, transgender-persons, sex-workers, sero-discordant couples teenagers (>15yo), and all people at high risk of HIV infection.

In ROP23, the Central America and Brazil program will continue to scale PrEP in all countries with more ambitious targets, introducing Event-Driven PrEP, expansion to primary healthcare facilities, and transitioning PrEP to routine service delivery (with forecasting, supply planning and training) for sustainable implementation.

Active Case-Finding to Close Gaps

Index Testing

The Central America and Brazil PEPFAR program has been scaling-up safe and ethical index testing, prioritizing all newly diagnosed individuals and all non-virally suppressed PLHIV including all those who have had treatment interruption and are re-engaged in treatment. To increase uptake of index testing, partners of index cases are given various options to seek testing at the treatment site, at other public clinics, at private labs, via cyber-educators, self-tests, etc. The USG team supports linkages to different testing options and then to treatment for all those who test positive. The USG works to ensure appropriate monitoring of index case partners who are tested, no matter where they decide to seek testing services.

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Index testing contributes to the highest positive yield out of our testing modalities, but the volume achieved needs to be improved. To address this issue, the PEPFAR program aims to increase coordination among both facility and community-based implementing partners to share the list of contacts that have not yet been reached. The PEPFAR team will continue strengthening healthcare worker capacity to implement this strategy, including customized SIMS CEEs on index testing, on-site mentoring, and specialized training on advanced skills for index testing.

KP Testing & Linkage

The USG will continue to identify new cases through the VICITS strategy (Sexually Transmitted Infection and HIV Surveillance, Prevention and Control Strategy, commonly known as VICITS by its Spanish acronym), and through the outdoors and online outreach program as both interventions continue to identify high numbers of KP PLHIV efficiently. All individuals identified through these interventions will be immediately linked to treatment and offered index testing for their partners. A unique partnership with private laboratories provides more access to testing for KPs and PEPFAR partners support accompaniment to public treatment sites for all who test positive.

Social Networking Strategy

The PEPFAR program plans to expand Social Network Strategies due to the emerging patterns of positivity and hot spots within social networks. Cyber educator teams, peer promoters, and other health workers will have systems in place to track different social networks, understand the dynamic of each network, and identify the best approach to use. The overall strategy is to enlist HIV-positive and high-risk, HIV-negative persons to recruit individuals from their social and sexual networks for HIV testing services. Once tested, network members become recruiters and refer members of their networks for testing. This process continues, creating chains of recruitment that can penetrate hidden networks. This is guided by the principle that people in the same social network are more likely to trust each other and respond positively to HIV testing messages from people they know and trust. The recruiters will direct them to KP-friendly clinics where they can safely receive HIV services in a welcoming environment.

Optimized Provider Initiated Testing & Counseling (PITC)

In ROP23, the PEPFAR program will continue to expand PITC strategies by utilizing existing geographic catchment areas around treatment sites and facilities reporting to hospitals in metropolitan areas. This will increase the opportunities to reach men, who have different health-seeking behavior patterns. This strategy will include mentorship to assure compliance with national testing guidelines, especially among clients with TB and STIs, as well as strategies to identify people at higher risk of infection (as determined by behavioral or signs/symptoms-based criteria) presenting to facilities for other health reasons.

Self-testing Scale-Up

PEPFAR has introduced self-testing in Brazil, Guatemala, El Salvador, Honduras, and has started scaling-up distribution in ROP22. In ROP23, the program will continue to leverage lessons learned from across the region to scale-up, institutionalize self-testing in the national health systems, and

to focus on reaching men and other vulnerable populations through the differentiated distribution models.

Recency Testing

Central America was the first PEPFAR operating unit to implement the rapid recency test and PEPFAR will continue to support this activity at reference laboratories. The USG has been working to build the capacity of national laboratories to collect and analyze data results. In ROP22, the program will emphasize integrating recency testing data into routine surveillance data systems, analysis, and use recency results for public health action (including targeted prevention and testing interventions.) The PEPFAR team will establish recent infection surveillance in Guatemala, Honduras, Panama, and Brazil to monitor and respond to the HIV epidemic, specifically focusing on public health responses to hotspots of active transmission. This will allow countries to identify and respond to concentrations of ongoing transmission. Recent infection surveillance systems can more rapidly identify trends of the epidemic and allow countries to implement the right interventions, for the right populations, at the right time. The team will monitor trends using the recent infection testing algorithm (RITA) among newly diagnosed PLHIV by select demographic and HIV risk variables to inform HIV prevention and active case finding interventions in geographic locations associated with elevated recency results. Recency testing surveillance results are expected to contribute to estimates of HIV incidence accuracy as well.

Safeguarding Client Confidentiality

To safeguard client confidentiality throughout the testing process, the use of Unique Identifier Codes is already institutionalized within the program's protocols. In addition, strict access to all personal information is part of the permanent measures taken by implementing partners; documents are filed on cabinets with no public access; and the electronic files do not have public access and are encrypted to increase their safety.

PEPFAR will also support these case finding strategies with military populations, including index testing and optimized PITC for military personnel with STIs.

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Pillar 2: Sustaining the Response

PEPFAR Central America and Brazil, our partners, and our stakeholders, understand that HIV/AIDS is a lifelong disease and sustaining HIV impact will be a multi-decade long effort. If the region is successful in reaching the 95-95-95 goals along with near-universal HIV prevention and treatment coverage but does not actively plan for sustaining HIV impact, all the gains made over two decades will be under threat. Maintaining treatment continuity, reducing mortality, and improving quality of life are critical components of the sustained response. PEPFAR will build sustainability efforts with countries in the lead to ensure a transparent process with shared expectations.

PEPFAR supports Ministries of Health to develop both national and regional sustainability strategies for the HIV response. Our program works closely with the National HIV Programs and the Regional Coordination Mechanism (technical advisor to the Central America Council of Ministers of Health, COMISCA) to promote innovative models, cost-effectiveness measures, National AIDS Spending Assessment (NASA) studies, and other economic analyses that inform programmatic and geographic shifts and institutionalize different models of care.

As outlined in the ROP23 priorities, the PEPFAR program will work closely with the partner government to progress toward sustainable health systems including strengthen HIV information systems, laboratory networks, and promote the reduction of stigma and discrimination related to HIV and key populations. In addition, human rights and equity are promoted at all levels of interventions. The program is also prioritizing work with local and key population-led organizations. During ROP23 implementation, PEPFAR will transition key care and treatment implementing partners to local partners and anticipates that 80% of the PEPFAR budget will be implemented by local partners.

In response to the COVID 19 pandemic, the Council of Health Ministers of Central America - COMISCA- launched an emergency resolution asking countries in the region to maintain their commitments to HIV, implement differentiated service delivery models (DSD, such as multi-month dispensing and community/home ART delivery), and ensure the stock of medicines. Now that "business as usual" is back, PEPFAR has been able to institutionalize many of these differentiated models to ensure their permanent implementation. **Integration**

The National HIV Programs in Central America and Brazil cover the majority of the costs of HIV response with Guatemala covering 70% of the total budget, El Salvador covering 74%, Honduras covering 82%, Panama covering 81% and Brazil covering 99%, including commodity procurement. All countries are expected to maintain their level of investment for fiscal year 2024, even with cost savings by transitioning to cheaper, more optimized regimens like TLD.

With PEPFAR support, national programs held several convenings using programmatic and national data, economic analyses, and secondary analyses of recent studies, to inform strategic shifts such as the transition to optimized treatment schemes, institutionalizing the differentiated service delivery models (including MMD), and removing legacy drugs from treatment regimens. In addition, these analyses have allowed the national programs to advocate for the progressive absorption of key interventions, personnel, and the purchase of laboratory reagents into their funding portfolios.

The primary financing challenge in the region is to have resources available in a timely manner when placing purchase orders for commodities. Due to various barriers with their financing

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disbursements, some countries were unable to submit purchase orders aligned with the PEPFAR-supported procurement timelines and estimations, which delayed orders causing low levels of stock (Guatemala). Countries also had challenges with the purchasing mechanisms (PAHO, UNFPA) having delayed deliveries also causing low levels of stock (Honduras, El Salvador and Panama). These challenges in procurement coordination led to a decrease and temporary suspension of MMD until the counter measures were implemented (loans, emergency donations, etc.).

Alignment

For remaining of the HIV response funding, PEPFAR coordinates closely with the Global Fund. The Global Fund has secured resources for Guatemala, El Salvador, Honduras, and Nicaragua, all of which have an approved proposal or are in the process of submitting a new proposal. With the departure of the Global Fund in Panama, the coordinating entity (Country Coordination Mechanism) was dissolved, which has left a gap in coordination and decision-making. In response, PEPFAR is promoting the reactivation of the National HIV Council (CONAVIH) to re-establish communications between sectors, improve coordination between implementing entities, support for CSOs, and support decision-making.

Sustainability Vision, Roadmap, and Implementation Plan

PEPFAR will continue working with countries in the region to implement the national and regional sustainability plans which are developed under the leadership of the National AIDS Programs, the Executive Secretary of COMISCA, and with the participation of CSOs, donors, academia, implementing partners, the Global Fund, etc. These plans include operational, monitoring, and cost-effectiveness analysis components to ensure that countries have the technical and financial justifications for aligning with WHO and PEPFAR guidelines. These strategies are regularly monitored, and corrective actions are proposed to avoid implementation delays.

Key regional gaps in health systems that these documents seek to address include fragmented HIV Health Information Systems (HIS) (in Honduras, Guatemala, and Panama), where producing updated, nominal, and national information is still limited. Another key gap is high staff turnover in the public health systems, which requires maintaining constant training programs in patient management, information systems, logistics, etc. in order to maintain quality services. PEPFAR and the Global Fund integrate complementary technical assistance and financing programs into these plans to address these key issues, strengthen health systems, and make them sustainable over time.

As a check-point, PEPFAR also gauged stakeholder input into the core elements of the sustainability strategy during the ROP23 consultation meetings in each country. This included input into institutionalizing new interventions, the availability of sufficient resources in a timely manner, and maintaining political support to make structural changes (related to HIS and investment of resources in HIV).

Pillar 3: Public Health Systems and Security

PEPFAR Central America and Brazil will continue to strengthen partner country public health systems, pandemic preparedness, and community-led efforts that are required to sustain long-term HIV impact, and which also can be leveraged for epidemic surveillance and to deliver

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effective, efficient, and sustainable health care for PLHIV and beneficiaries. Aligned with U.S. government, global and regional priorities, these investments will further enhance global health security by not only equipping countries to sustain HIV impact, but also efficiently strengthen local capacity for preparedness and response to other diseases and outbreaks. This includes support for quality management, person-centered care and treatment, supply chain, laboratory networks, health information systems, and health for human resources.

Quality Management Approach and Plan

PEPFAR will support the implementation of continuous quality improvement (CQI) cycles in each facility where the program implements technical assistance and DSD. Partners will work diligently in partnership with the MoH counterparts to institutionalize the CQI model for sustainability purposes in those countries where the model is not yet official. The CQI approach will ensure a more rigorous and frequent review of qualitative and quantitative data, implementation of real-time and ground-up solutions, and monitoring of their impact for scale-up to additional sites.

Person-Centered Care

Ensuring Viral Suppression and ART Continuity

In ROP23, the PEPFAR Central America and Brazil program will continue to build support of intensive, person-centered, direct service delivery at treatment sites across the region to ensure PLHIV are retained in treatment and viral suppression is achieved.

The components of the treatment strategy include the following:

1. Test & start rapid ART initiation
2. Immediate linkage to care from HIV diagnosis
3. Diagnosing and treating PLHIV with Advanced HIV Disease (AHD): screen, test, treat and prevent opportunistic infections (OI), including TB. Focused on: PLHIV starting treatment, re-engaging in treatment after an interruption, or virally unsuppressed
4. Gathering data and assure the screening/ treatment of premalignant lesions for the prevention and elimination of cervical cancer
5. Scaling Differentiated Service Delivery Models (DSD) such as after-hours clinics, community drug distribution, home delivery, pharmacy fast track and multi-month scripting/dispensing, and mobile clinics.
6. Advanced adherence package and reengagement of PLHIV lost to follow up, Track and Trace (PLHIV Diagnosed but never linked or initiated on ART)
7. Undetectable=Untransmissible (U=U)
8. High viral load tracking & management
9. Increased interventions to address GBV
10. Facilitating integration of sexual and reproductive health services for PLHIV, including expanding STI testing
11. Tele-mentoring ECHO program
12. 12. PACK program (for Brazil)

Test and Start: Rapid ART Initiation

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PEPFAR will continue supporting same-day Rapid Antiretroviral Treatment initiation (or within seven days of diagnosis) for PLHIV. This includes clients with Advanced HIV Disease, particularly those with TB-HIV coinfections, to start both treatments (with the exception of clients with meningitis). The program provides support for site-level protocols, opportunistic infection diagnosis, and human resources where necessary to support early treatment.

PLHIV have shown a clear preference for receiving care at their established treatment site. PEPFAR will continue to collect more data to better understand consumer preferences for packaging, clinic visit frequency, as well as an understanding of the social support network, partners reaction, nutritional status, economic stability, for broader effectiveness of early treatment initiation.

Immediate Linkage to Care & Registry to Verify Referrals of Newly Diagnosed PLHIV / Track and Trace Pre-ART

PEPFAR supports 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. PEPFAR maps the community testing sites in the catchment areas around the ART clinics, including private labs, hospitals, blood banks, and non-governmental organizations, so that newly diagnosed clients are linked to care immediately. Our program provides a linkage alert as part of the HIV surveillance national system in the Central America region to ensure that all clients diagnosed in the country can be verified that they are linked to care. These services are implemented through health navigators, linkage liaisons, or similar positions, funded by PEFPAR and Global Fund projects. With this support, more than 90% accept this service and are linked within three days on average. For sites that are not receiving this support, PEPFAR has implemented track and trace activities to detect people that are aware of their HIV positive status but never linked. The program will continue to collect information on the barriers PLHIV face when recently diagnosed to develop course correct strategies and improve linkage services.

Diagnosis and Treatment for People Living with Advanced HIV Disease (AHD)

According to UNAIDS, between 29% (Nicaragua) to 44% (Guatemala) of HIV cases are diagnosed late, presenting advanced HIV disease (AHD), in Central American countries. To further understand this trend, PEPFAR is implementing an assessment of AHD and HIV associated mortality in 36 clinics in Guatemala, El Salvador, Honduras, and Panama. Data collection ended in Honduras and El Salvador, and preliminary analysis in Honduras showed that the main factors associated with AHD are the presence of a comorbidity, primary prophylaxis for OIs, therapeutic management for OIs, and candidiasis infection. According to UNAIDS, 27% of HIV cases are diagnosed late In Brazil. Fast-track for AHD has been implemented in 7 facilities of supported PEPFAR clinics, with active tracking of people who experience treatment interruption, have low CD4 cells counts, or are virally unsuppressed.

PEPFAR will ensure that all sites have the tools, protocols and resources to screen, test, treat, and prevent opportunistic infections (OI), including TB, in accordance with WHO guidelines. This includes clients initiating treatment, re-engaging in treatment after an interruption, or those virally unsuppressed. Please see the following sections for PEPFAR's programming to address these specific issues.

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Tuberculosis

Tuberculosis (TB) continues to be the most prevalent opportunistic infection (OI) in the region. Based on 2018 WHO country reports, only El Salvador's TB Preventative Therapy (TPT) coverage was relatively high, whereas there are still major gaps in Guatemala, Nicaragua, Honduras, Panama, and Brazil. The most prominent gaps are in screening for TB in PLHIV with AHD, and completion of TPT. At site level there are barriers to implement the TB screening registration, and the referral and counter-referral of anti-TB treatment at the primary care level health centers. Other bottlenecks for expanding the availability of treatment and prophylaxis are timely access to chest X-rays and reports for clinical decision-making.

Currently, all countries have national guidelines that address TB/HIV co-infection including clinical screening, rapid testing for TB and fungal infections, and initiation of TPT. The PEPFAR program will continue to support the health care worker training to support these activities and advocate for the use of TB prevention shortened regimens. Local follow-up in the implementation of infection control plans (TBIC) will continue to ensure that risk of patient infection at ART sites remains low.

Opportunistic Infections (OIs)

Aside from TB, other OIs such as histoplasmosis and cryptococcosis are prevalent in the region. All countries have national guidelines that include cryptococcosis and histoplasmosis as part of the HIV care and treatment. However, one of the key challenges in the region is that CD4 tests are not always available at the point of care so that new patients or those reinitiating treatment are unable to have their CD4 counts. In response, PEPFAR will provide technical assistance for procuring OIs tests and drugs in a small-scale basis and ensure CD4 count tests are accessible.

The PEPFAR program will also develop a training program for health staff for screening, detection, and effective management of OIs, and facilitate country participation in the FUNGIRed (a community supporting scientific education, medical care, diagnosis, and treatment of fungal infections). PEPFAR will continue to ensure that all sites have the protocols aligned to WHO guidelines to implement the rapid diagnosis of OIs and treatment, intensified counseling, and community follow-up, as well as monitoring of cotrimoxazole preventive therapy and its adherence. In addition, PEPFAR program will pilot the use of artificial intelligence for diagnostic validation of rapid tests for OIs.

Aging and Co-Morbidities

As PLHIV on optimized ART regimens begin to live longer and age, chronic diseases such as hypertension and diabetes emerge in this population. For example, 15% of new HIV diagnoses in the last 10 years were in people over 50 years of age in El Salvador. While co-morbidity with non-communicable diseases (NCDs) are associated with higher rates of morbidity and mortality in older PLHIV, their enrollment in HIV services provide an opportunity for early NCD screening, referral, and integration in health systems. In partnership with national programs, PEPFAR will develop guidelines to ensure that this early detection and referral systems are in place for PLHIV with NCDs.

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Cervical Cancer

PEPFAR conducted a landscape analysis in 2021 to understand current national cervical cancer programming, and found that comprehensive approach to cervical cancer was not fully integrated into the services provided by HIV clinics in Guatemala, El Salvador, Honduras, and Panama.

PEPFAR will provide technical assistance in Guatemala, El Salvador, Honduras, and Panama to update and integrate regulatory, programmatic, and operational frameworks within the national HIV and sexual and reproductive health programs. These activities include updating guidelines and protocols with references to early diagnosis and treatment options for HIV-positive women diagnosed with invasive cervical cancer.

Differentiated Service Delivery Models (DSD)

Differentiated service delivery (DSD) is a person-centered approach to HIV care and treatment that tailor services to different groups of people living with HIV depending on their evolving needs, while maintaining the basis of the public health approach: simple, standardized, and evidence based, with the consent of the users and their preference. As mentioned previously, DSD model will be adapted to reach KP, migrants, and indigenous populations, along with collecting more data to better reach children, pregnant women, and adolescents.

For all patients, the PEPFAR program will continue to support the implementation of multi-month scripting and dispensing, pharmacy fast-track and home delivery of ARVs to enable PLHIV to visit the clinic less frequency and free up existing human resources to attend more clients. In ROP23, PEPFAR is working to expand DSD services in geographic catchment areas surrounding HIV clinics aligning with national health networks. We will also expand DSD models to include PrEP, as initial experiences in Brazil of asynchronous, virtual care provided by PrEP assistance teams (TelePrEP) in two municipalities.

The PEPFAR program will continue to work with governments to provide supply chain technical assistance to prevent stock-outs within the context of MMD roll-out. PEPFAR will work to implement MMD at the site level at PEPFAR supported sites while continuing to push for policy change at the above site level.

Advanced Adherence Package & Reengagement of PLHIV Lost to Follow Up

The PEPFAR program will prioritize re-engaging clients that have interrupted treatment. These PLHIV will have individual case management services including advanced disease screening with a CD4 count, and if it is less than 200, they will have rapid OI's screening and treatment, ARV re-initiation, and intensified follow up. PEPFAR will provide support for personnel at treatment sites and in communities to locate and bring back those positives. PLHIV who are at risk of abandoning treatment, identified through missed appointments, will be contacted by clinic promoters via phone (voice or SMS) to provide reminders of appointments, reschedule missed appointments, and mitigate any other barriers to attendance. The use of SMS, such as the AlerTAR platform developed by PEPFAR Central America, has been shown to improve adherence to ART when used to remind PLHIV of appointments, medications, or both. Clients had a higher percentage of viral suppression than their peers who did not receive the messages. For patients at risk of

abandoning treatment, the program will the use of community liaisons and clinical health promoters. As mentioned in the previous section of DSD, PEPFAR is also implementing other models to reengage PLHIV such as providing extended clinic hours and ART delivery close to home.

Other models specific to certain populations or country contexts will also be supported, such as adherence clubs for Venezuelan migrants in Panama, adherence clubs for indigenous populations in their languages, and providing documents for clients to obtain permission from work to attend medical appointments. In military populations, the USG will support an adherence program geared toward active-duty personnel adapted to their unique situation and using military health navigators.

Track and Trace

For persons who were diagnosed but never linked or initiated on ART, PEPFAR will use the Track and Trace strategy which includes identifying and following up with unlinked individuals through follow up using their phone and home visits. PEPFAR will actively carry out track and trace and support the institutionalization of processes and procedures for tracking all those who are diagnosed. Understanding the barriers, threats, and fears faced by PLHIV with a recent diagnosis, and training personnel to create a respectful and friendly environment will be key for the effectiveness of the track and trace strategy. Some countries also have a private provider network which, working collaboratively with the Ministry of Health, can follow-up with cases that want to be linked to treatment in the private sector.

U=U

The PEPFAR program has been incorporating Undetectable=Untransmittable (U=U) messaging and viral load literacy into all programming at treatment sites to ensure PLHIV are aware of the importance of adherence to treatment. It is currently being expanded in a variety of contexts, including translation into several indigenous languages. The PEPFAR program will follow up with a comprehensive review to understand the effectiveness of the campaign across different contexts and languages.

High Viral Load Tracking & Management

To ensure continued viral load suppression, regular viral load monitoring is essential. Intensified adherence counseling sessions for users with unsuppressed viral load will continue as the standard of care. PEPFAR is supporting systems to monitor and manage viral loads for all PLHIV receiving treatment. To address the high rates of drug resistance in Central America, the PEPFAR program is implementing the Cyclical Acquired HIV Drug Resistance (CADRE) patient monitoring to systematically conduct genotype testing to generate representative HIV drug resistance estimates.

Supply Chain Modernization and Adequate Forecasting

While the national governments in Central America procure most of the antiretroviral medicines and other commodities, PEPFAR provides technical assistance in strengthening the supply chain

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for key commodities to help countries to achieve the 95-95-95 targets. PEPFAR has strengthened countries' response capacity (policies, national procurement plans, tools, SOPs, and training human resources) to generate and track ARV stock levels at the central warehouse and service delivery points (HIV clinics).

PAHO's Strategic Fund pooled procurement mechanism is the main procurement mechanism for antiretrovirals in all countries. Global Fund grants, which on average procure 25% of HIV commodities (mainly lab commodities), use their procurement mechanism (the Wambo platform); in specific cases, it procures through PAHO's Strategic Fund. Ministries of Health in El Salvador, Guatemala, and Honduras use local providers as an "emergency" procurement option in cases of imminent risk of stock-out or during stock-outs. Due to legal limitations, Panama's procurement mechanism has traditionally been through local providers. However, with PEPFAR support, the law was modified to allow access to more procurement mechanism options, like the Strategic Fund.

There are funding gaps and budget restraints in El Salvador and Guatemala, and in Panama there are still issues with the procurement mechanism approval. The multiannual forecasting exercises for 2023 are still not available, but the only projected commodity shortages are related to viral load supplies in Honduras, El Salvador and Panama. To account for these shortages, the PEPFAR program has allocated emergency funding for those commodities within our ROP23 budget.

- PEPFAR will continue to strengthen the use of data to improve the availability of HIV medicines and supplies. In ROP23, the PEPFAR program will continue to provide technical assistance to maintain the following activities:
- Quantification and estimation exercises
- Develop and monitor supply and procurement plans for ARV optimization, viral load, CD4, rapid HIV tests and condoms.
- Align with PAHO quantification methodologies and coordination with the Global Fund.
- Strengthen logistics information systems and advocate for the transition to digital systems.
- In ROP23, the PEPFAR program will scale the following activities:
- Forecasting for OI tests, provide guidance to avoid stockouts, and prepare for outbreaks, and emergencies
- Provide technical assistance to strengthen the distribution system
- Create a Technical Supply Chain Committee to monitor procurement plans (starting within the PEPFAR interagency and extending into each country).
- Increase its footprint at the site level to ensure timely remediation of supply chain challenges, improve storage of medicines, and provide support for multi-month dispensing and transition to new and better HIV regimens.
- A comprehensive approach for viral load implementation will be used to improve access to viral load testing and results reporting.

Laboratory systems (VL, EID, DNO, etc.)

Access to viral load testing and utilization of results for patient management with adherence counseling is key for Central American countries and Brazil to achieve the UNAIDS target of 95% viral suppression of patients on ART. In ROP23, PEPFAR will continue to work to improve access

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and equity of viral load testing for HIV treatment monitoring in Central America and Brazil, across the VL cascade.

Network optimization is essential for creating efficient and effective diagnostic networks and is best achieved using a stepwise approach. The first step in network optimization is to assess the current network structure, capacity, and efficiency to identify gaps in the current network. The diagnostic network exercise was done in Panama, Honduras, El Salvador, Guatemala, and Nicaragua, the findings help the program identify gaps in the HIV viral load testing and where to focus our improvement plans. During ROP22 the PEPFAR program will continue the diagnostic network optimization exercise in Nicaragua and Guatemala and use those results to inform programming for ROP23.

Recent data analyses from Panama and Honduras reveal that there are still gaps in HIV viral load (VL) testing coverage in Central America. The laboratory network supporting VL testing faces significant systemic challenges that contribute to the low VL coverage. Guatemala has made considerable efforts to improve PLHIV survival, reaching 92% VLS in PLHIV in ART by 2021, however, when compared to the estimated PLHIV, only 61% achieved viral suppression by that same year. Access to VL tests and their use for decision-making is crucial to ensure high rates of viral suppression. To achieve high coverage rates, it is important to make optimal use of resources, improving the organization of clinics to favor access to sampling and in turn, making efficient use of these, prioritizing those PLHIV with at least 6 months in ART and implementing mechanisms to perform tests more frequently in those who have suspected failure. To provide timely and accurate services to PLHIV, countries must reduce their high-VL sample rejection rate, increase their skilled workforce, and modernize infrastructure at the decentralized VL laboratories.

<u>Proposed Objectives and Key Activities</u>

The PEPFAR program aims to leverage existing investments in laboratories to enhance VL testing coverage in Central American countries. Through this programming, the PEPFAR team proposes to identify critical challenges to the laboratory network and capacity to support VL testing and other PEPFAR diagnostics. As a result of this analysis, the program expects to optimize the performance of the national VL laboratory networks, contributing to increased VL coverage and suppression as clinicians have access to timely results to guide clinical decision-making. In close coordination with the MoH and other critical stakeholders (PEPFAR agencies and partners, UNAIDS, PAHO, and others), PEPFAR Central America/Brazil developed robust plans for strengthening laboratory testing and sample referral network for increased coverage of HIV VL specimens across all testing sites based on these results of these studies. Furthermore, laboratories will track testing capacities, efficiency, turnaround around time, and specimen rejection rate for routine assessment and improvement of the network. The next steps include:

1. Implementing partners are developing a National Strategic Plan for the HIV Viral Load Laboratory Network in Panama, including associated guidance, to strengthen and scale up the implementation of the WHO guidelines for viral load testing.
2. PEPFAR is providing technical assistance to laboratory technicians in Central American countries through training and mentorship to sustain quality-assured testing through laboratories.

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In ROP23, the PEPFAR program will continue to provide technical assistance to maintain the following activities:

- Develop and implement policies to guide testing (self-testing, Duo test, certification program, verification)
- Support for laboratories to enroll into external quality assurance programs to monitor the quality of HIV serology and CD4, Genotyping, to monitor quality of various tests
- Strengthen the Quality Management System through ECHO training at the National level
- Implement open-source low-cost sustainable LIS to support LIS systems for VL/EID/TB systems
- Assess and map laboratory policies, resources, networks with review of current testing algorithms and turn-around-time
- Optimize testing network with trainings and quality assurance
- Coordinate and integrate routine monitoring of diagnostic network
- Strengthen National Laboratory technical working groups

In ROP23, PEPFAR plans to scale up the following lab activities:

- Enhance implementation of RTCQI with site audits and tester certification guideline for point of care testing
- Develop and adhere to national testing algorithm
- Use HIV RT standardized logbooks for data capturing, monitoring, and reporting to ensure test providers receive feedback and implement corrective actions in a timely manner
- Implement the DTS EQA technology to monitor the quality of HIV RT, including the expansion of DTS EQA to all testers at a testing point.
- Improve access to 2 month Early Infant Diagnosis
- Implement open-source low-cost sustainable LIS to support LIS systems for VL/EID/TB systems

Finally, we plan to introduce the following new activities:

- Implement the Cyclical Acquired HIV-Drug Resistance (CADRE) Surveillance to estimate the prevalence of ADR from DTG-based regimens among adults and children who are not virally suppressed [ES]
- Build and transition VL/EID Proficiency testing Conventional and POC to Regional/National programs
- Biosafety and waste management
- Ensure commodities are procured through all-inclusive service agreements

Data Systems (strengthening national Health Information Systems [HIS] and data quality, etc.)

Building upon previous ROP initiatives, data system strengthening, and capacity building activities will continue in ROP23 including support for developing national strategies for data for

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decision-making (building dashboards, expanding situation rooms, etc.), promoting interoperability of HIS, expanding the use of unique identifiers, and centralizing databases.

Beyond continuing with training for Ministry of Health epidemiologists working in HIV in several countries, two new initiatives will be brought to the region in ROP23. The PEPFAR team will support El Salvador, Guatemala, Honduras, and Panama in the development of a National HIV Surveillance Strategy to lay the groundwork for epidemic control from the surveillance perspective. Additionally, Guatemala, Honduras, and Panama will be supported in convening quarterly meetings to review data quality and prepare well in advance of the UNAIDS HIV estimation workshops. With these two initiatives, the team is laying the groundwork for sustainable practices in the Central American Region.

HRH (priorities, national capacity to manage workforce, aligning to government planning, pay and cadres, etc.)

The activities of HRH (Human Resources for Health) in Central America related to the management of the workforce for the HIV program involve a range of tasks and responsibilities. These may include the recruitment, training, and retention of skilled personnel, as well as the development of policies and procedures to ensure that the program is effectively managed and aligned with government planning. PEPFAR continues to be a key stakeholder in recruitment, training, retention, and transition of key HRH personnel to HIV prevention and testing sites as well as care and treatment clinics.

In order to effectively manage the workforce, HRH in Central America needs to have a strong national capacity. This involves having the necessary infrastructure, resources, and systems in place to support the recruitment, training, and retention of skilled personnel. It also involves having the necessary policies and procedures in place to ensure that the program is aligned with government planning, and that the workforce is effectively managed.

One key aspect of managing the workforce for the HIV program in Central America is ensuring that pay and cadres are appropriately aligned with the needs of the program. This may involve developing specific pay scales and job classifications for personnel working in the program, as well as providing opportunities for professional development and career advancement.

Overall, the effective management of the workforce for the HIV program in Central America is critical to ensuring that the program can meet the needs of the population it serves. By investing in HRH and building national capacity, PEPFAR will continue to partner with key stadtholders in the region to build a strong and effective workforce that is able to effectively manage the program and provide high-quality care and support to those affected by HIV.

Tele-Mentoring ECHO Program

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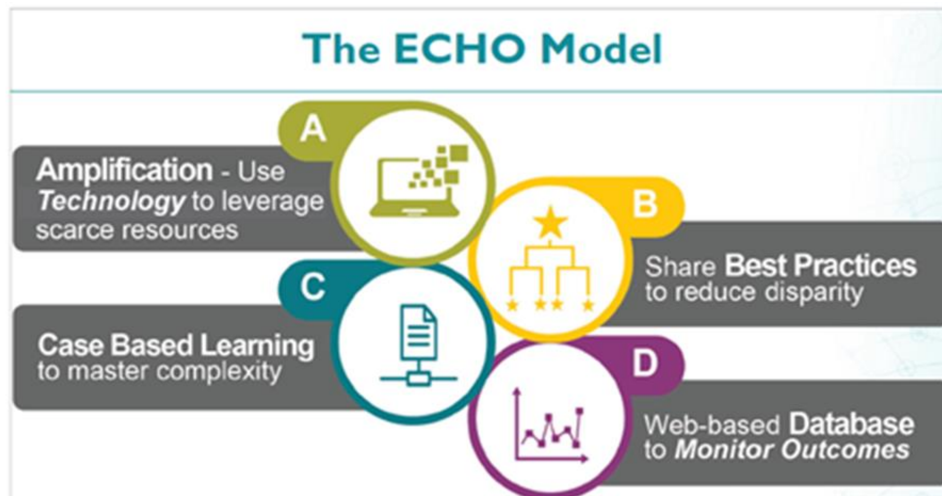

Figure 1: ECHO Model

The USG will continue training health care providers on care & treatment guidelines through the tele-mentoring case-based HIV ECHO programs in the region, creating a virtual community of practice where a local pool of experts will be created to share best practices and improve the quality of care for PLHIV. The ECHO platform will be used to ensure health care providers at PEPFAR supported treatment sites have the latest technical information to implement all key strategies and global best practices. ECHO may also be used in the context of COVID19 to equip treatment sites with tools needed to adapt their services to ensure the continuation of care and treatment for their clients. USG will continue training health care providers on care & treatment guidelines through the tele-mentoring case-based HIV ECHO programs in the region, creating a virtual community of practice where a local pool of experts will be created to share best practices and improve the quality of care for PLHIV. The ECHO platform will be used to ensure health care providers at PEPFAR supported treatment sites have the latest technical information to implement all key strategies and global best practices.

To date, the USG has established five recurring Project ECHO programs that draw participants from countries throughout the Western Hemisphere. These programs include ECHO HIV, ECHO Mental Health, ECHO Laboratory, ECHO Prevention, and the Information Systems ECHO. Each of these ECHOs caters to a target audience that play critical roles in the PEPFAR supported treatment sites. Each ECHO program draws upon expertise from the region and relies on the community of practice throughout PEPFAR programming to learn best practices and share resources throughout the region. The ECHO Prevention program draws healthcare workers involved in HIV prevention and testing programs at all levels of implementation, from the site level up to the various ministries of health. The Prevention ECHO has received positive reception, reaching an average of 112 participants in the weekly sessions. ECHO Prevention has included different blocks on HIV combination prevention and testing thematic areas, including Index Testing, PrEP, STI, PEP, HIV services for Key Populations, Addressing Stigma and Discrimination, social media use for demand creation, Active HIV Case Finding, PITC, Self-Test, and others. The ECHO Laboratory team has received praise throughout the region for connecting laboratory technicians and providing a source for continual education with reliable resources. Upcoming ECHO lab sessions material are based on SLMTA Program materials, all related to

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Quality Management Systems, which will greatly benefit laboratory processes throughout the region. The Information System ECHO has provided a space for data practitioners to develop analytical skills and work through tailored projects meant to build regional capacity. Future curriculum will focus on programs such as R and other statistical analysis programs. ECHO Mental Health has proven to be an invaluable opportunity for health practitioners from all areas of HIV services to learn important techniques to build resilience and maintain balanced lives despite facing challenges. The ECHO HIV program has quickly become a pillar within the Central America PEPFAR community, hosting weekly sessions that provide valuable information sessions followed by a case study by a practitioner in the region. Future programming will include emphasis on advanced HIV treatment, pediatric and adolescent care, and the execution of CQI projects to improve services.

Additionally, an exchange program, personalized mentoring, and case studies have been implemented to improve the capabilities of providers in case resolution, identification of opportunistic diseases, and patient follow-up.

PACK program (Brazil)

The Practical Approach to Care Kit (PACK) program is one of our current ongoing projects focused on comprehensive HIV care in Primary Health Care. PACK is a person-centered program aimed at improving health systems and supporting primary care professionals in achieving optimal outcomes for people/users. It operates on four main pillars:

- Clinical Guide - an evidence-based tool for clinical decision-making, covering over 500 symptoms, syndromes, and chronic conditions, including HIV, tuberculosis, mental health, and other health issues. The guide is reviewed annually and tailored to the local health network to ensure a comprehensive approach to addressing various health needs.
- Training Program - cascaded through trainers down to the scale of health units, with a focus on task-sharing of specialized services with primary care and task-shifting of specialist doctors to generalists' doctors and nurses. This enables primary care professionals to provide comprehensive care for a range of health issues, including HIV, tuberculosis, mental health, and other conditions.
- Health system strengthening measures - aimed at improving flows, inputs, and processes in local health networks to enhance the capacity of the primary care system to effectively address health needs of the communities.
- Monitoring and Evaluation - includes data collection for monitoring, supervision, research, and programmatic decision-making, to assess the progress and impact of the program in addressing the health needs of the communities.

The implementation of PACK program in 2023 in 4 cities where CDC Brazil provides direct assistance is expected to contribute to the last mile efforts against HIV, which will greatly depend on the organization and strengthening of health systems and community participation. By adopting a person-centered approach through strategies like PACK, which leverages the primary care as the entry point for people's health demands, we aim to provide comprehensive care for HIV, tuberculosis, mental health, and other health needs, ultimately improving health outcomes for the communities being served.

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Pillar 4: Transformative Partnerships

PEPFAR's focus to end the HIV/AIDS pandemic will only be accomplished by placing partner country governments, partners, and civil society front and center of the discussion to build and sustain transformative partnerships. We will leverage PEPFAR's longstanding, strong bipartisan support and the power of its position within the U.S. Department of State to strategically partner with and convene stakeholders to contribute additional resources and capabilities toward high priority HIV/AIDS program objectives.

PEPFAR Central America and Brazil continuously engages with key partners and stakeholders at the regional, national, and local levels to ensure USG activities are improved and refined to maximize support to achieve sustainable epidemic control.

In Central America, the PEPFAR team leverages the influence of the regional entities (COMISCA and the Regional Coordinating Mechanism), to influence policy and guidelines in all countries. As COMISCA is made up of the Ministers of Health for all countries from the Central American region, resolutions and commitments made by COMISCA at the regional level can then be leveraged to inform national policy and implementation.

At the national level, PEPFAR Central America and Brazil engages with both host governments and civil society organizations regularly through above-site activities. PEPFAR has also historically partnered with national chambers of commerce equivalents, military health programs (in El Salvador, Guatemala, and Honduras), and the private sector, especially private sector laboratories, as options for clients to seek testing. The program has worked to establish HIV policies in the workplace, to facilitate prevention, treatment, and promotion of human rights related to HIV and the most affected populations.

PEPFAR Central America works closely with the Global Fund and other multilateral stakeholders such as PAHO and UNAIDS. Together we have developed a formal plan for program implementation with a framework to avoid duplication and ensure coordination and monitoring of key indicators. PEPFAR will continue building on this plan to align policy advocacy and operational functions for greater regional collaboration. Brazil also coordinates closely with the National AIDS program to engage stakeholders, which include PAHO, UNAIDS, and local civil society as recommended by the Ministry of Health, to leverage sector-based expertise and buy-in by these stakeholders.

PEPFAR coordinates closely with the Global Fund to strengthen HIV-focused Health Information Systems (HIS) to effectively monitor the cascade. It will continue working with HIV-HIS at Ministries of Health in Guatemala Honduras, El Salvador, Panama and Brazil especially in those areas related to the interconnectivity of the system, data quality, routine monitoring, and developing Continuity of Care cascades at the local level, disaggregated by key populations.

PEPFAR will continue working with local CSOs in Guatemala Honduras, El Salvador, Nicaragua, Panama, and Brazil to improve HIV knowledge management at the organizational level, increasing their participation in the national response. CSOs have learned how to analyze secondary data using the social determinants of the health framework and uses it to prioritize

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areas for advocacy. CSOs are also involved in the development of human rights observatories in each country to monitor human rights violations, support complaints and follow up on judicial decisions. PEPFAR will continue using the HIV Knowledge Management Platform to train CSOs leaders in its virtual campus, foster communities of practice, and share knowledge among stakeholders, CSOs leaders, and PLHIV.

PEPFAR is also working with military health programs to improve the availability and use of strategic information for decision-making. Furthermore, PEPFAR programs strengthen existing systems to monitor new interventions such as PrEP, Recency Surveillance, Track and Trace, and leverage existing platforms such as ECHO to build capacity.

PEPFAR recognizes the important partnerships and contributions of faith organizations and traditional leaders to eliminate HIV/AIDS as a public health threat. To actively contribute to ending HIV/AIDS as a public health threat to children and adolescents, PEPFAR is a committed partner of the Global Alliance to end AIDS in Children by 2030. PEPFAR will collaborate with faith-based organizations (FBOs) and other stakeholders to ensure capacity building, advocacy, dissemination of best practices, and support for the elimination of mother-to-child transmission as well as pediatric/adolescent activities.

Pillar 5: Follow the Science

PEPFAR has a legacy of being guided by science and data to drive programming decisions for greater effectiveness and efficiency. Continuing that tradition will require increasingly investing in areas of science that aims to transform the future of HIV programming, and effectively partnering with scientific innovators to drive adoption of new technologies and delivery modalities across our program.

In ROP23, the PEPFAR Central America and Brazil program plans to continue the following activities:

- Participatory action research in Key Populations across the continuum of care
- Technical Assistance to VICITS/ CLAM
- Surveillance strategies such as incorporating the results from the rapid test for recent infection, ensuring the local and regional surveillance data are supported by the Recency project to better inform public health strategies
- Economic/financial analyses (MEGAS/NASA, including combined prevention)
- Continued support technical assistance in national surveillance programs (PLHIV Sub-national estimates at department level and socializing these estimates with stakeholders)
- Client archetype and market segmentation data collection to more effectively tailor prevention and treatment services to KP populations

PEPFAR also plans to scale the following activities:

- Bio-Behavioral Survey and Population Size Estimation among key populations in Panama and technical support for the Global Fund-led IBBSs in El Salvador, Guatemala, and Honduras
- Technical assistant for national HIV epidemiological surveillance plans
- Strengthen data quality committees for national estimates

- Support national assessment of gaps in HIV care and management in children and adolescents (and their transition)

Strategic Enablers

Community Leadership

PEPFAR will continue to fully engage the unique assets, capacities, and comparative advantage of communities, including key populations-led, youth-led, and women-led organizations, faith-based organizations, and PLHIV, to drive meaningful, people-centered impact through sustained community leadership in Central America and Brazil. Several of these key partnerships were highlighted under Pillar 4: Transformative Partnerships.

Community-Led Monitoring

The Community-led Monitoring (CLM) program-led by the Central American Network of People Living with HIV in Central America (REDCA+) and the Brazilian Interdisciplinary AIDS Association (ABIA) in Brazil, in partnership with civil society organizations, and host country governments, will continue to be implemented and expanded to additional clinics. The results of the second year of data collection are currently being published and will be used to develop improvement plans in partnership with other stakeholders to improve quality of services at the site level as part of a person-centered approach. PEPFAR Central America is also expanding CLM to include KP-led organizations.

Co-planning for the Regional Operational Plan

For ROP23, the PEPFAR Central America and Brazil team re-imagined our approach to stakeholder engagement to put community leadership at the forefront of the ROP process. After the Planning Level Letter and budgets were released, the team held co-planning meeting in each country, bringing together Ministry of Health, Military Health Units (Sanidad Militar) and National AIDS program representatives, Civil Society, implementing partners, Global Fund, UNAIDS, and PAHO representatives. Through small group work, stakeholders prioritized activities within each technical area, and proposes changes or new activities to meet the needs of each country while mapping everything under the 5X3 vision. The proposed activities were evaluated by the PEPFAR interagency for feasibility under the available budget, and the scope/mandate of PEPFAR and our implementing partners. The team then incorporated all approved activities into the regional and country-specific PEPFAR strategies outlined in the five pillars.

Innovation

PEPFAR will continue to drive and cultivate innovation, including by rapidly scaling up proven new technologies, scientific breakthroughs, and products through use of rigorous data analytics to assess impact, market demand, and expected cost effectiveness. But it will also require changes in the organizational incentives, processes, and culture across PEPFAR and its partners.

PEPFAR Central American and Brazil has integrated innovation across all five pillars, and leverages the regional program to adopt best practices from once country to rapidly scale up in others. Some of the key examples include working with countries to strengthen their capacities to

do cost-efficiency analysis of interventions, and use those results to make programmatic and financial changes such as the rapid transition to optimized treatment schemes using TLD. Additionally, the capacities of staff at the regional and local level have been strengthened to improve their HIV spending reports, and thus strengthen the information that NASA studies collect each year. This has resulted in higher quality and more rigorous reporting of expenses, avoiding duplication of costs, and registering expenses closer to reality. Another example was the socialization of differentiated service delivery models through the Regional Coordination Mechanism to all countries in the region, which accelerated their implementation and institutionalization.

Leading with Data

PEPFAR will continue to invest in and program with data, ensuring collection and use of granular data to identify key epidemiologic trends and outliers, gain program insights, understand cost effectiveness of interventions, and assess progress and the impact of current program interventions and innovative advances. As data needs grow increasingly complex, PEPFAR will ensure that our data investments are fit-for-purpose with the long-term trajectory of the program.

In line with pillar three, PEPFAR will continue to strengthen partner country public health systems, pandemic preparedness, and community-led efforts that are required to sustain long-term HIV impact. The Central American interagency PEPFAR team supports initiatives and systems that produce use high quality data analysis to inform timely programmatic decision making. A key component, not only as part of the ROP23 process, but also in our intent to support governments and stakeholders, is strengthening local capacity for preparedness and response to HIV and other diseases and outbreaks. We also emphasize monitoring strategies that measure activity outcomes, effectiveness, efficiency, and sustainability for PLHIV and beneficiaries.

Target Tables

Target Table 1

Target Table 1 ART Targets by Prioritization for Epidemic Control						
SNU 1	**Prioritization (Planning Year)**	**FY24 PLHIV Estimate**	**Expected Current on ART (FY23)**	**Target current on ART (FY24)**	**Newly initiated (FY24)**	**FY24 ART Coverage**
Brazil	Scale-Up: Aggressive	89,793	28,246	28,521	2,415	31.8%
El Salvador	Scale-Up: Aggressive	22,960	18,118	16,650	1,696	100.0%
Guatemala	Scale-Up: Aggressive	31,290	26,853	21,285	2,594	85%
Honduras	Scale-Up: Aggressive	21,000	12,709	12,453	1,578	82%

Nicaragua	Scale-Up: Aggressive	12,000	7,364	5,632	1,876	65%
Panama	Scale-Up: Aggressive	27,000	22,500	18,519	1,409	88%
Total		**204,043**	**115,800**	**103,060**	**11,567**	**75.3%**

Target Table 2

Target Table 2 Target Populations for Prevention Interventions to Facilitate Epidemic Control					
Target Populations	**Population Size Estimate* (SNUs)**				**FY24 Target**
	Country	**MSM**	**FSW**	**TG**	
MSM, FSW, and TG *Indicator Codes include* ***KP_PREV***	**El Salvador**	**54K**	**45K**	**1.8K**	**KP_PREV El Salvador: 16,740**
	Guatemala	**116K**	**84K**	**4.2K**	**Guatemala: 30,075**
	Honduras	**40.9K**	**22.8K**	**2.7K**	**Honduras: 10,900**
	Nicaragua	**34.9K**	**14.8K**	**6.6K**	**Nicaragua: 10,375**
	Panama	**29.6K**	**8.6K**	**2K**	**Panama: 7,750**
TOTAL	**468,000**				**75,840**

***Include data sources in the text (i.e., not in the table itself)**

Source: Population Size Estimate: UNAIDS 2022. www.aidsinfo.unaids.org

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USG Operations and Staffing Plan to Achieve Goals

PEPFAR Central America/Brazil Operational Staffing Chart

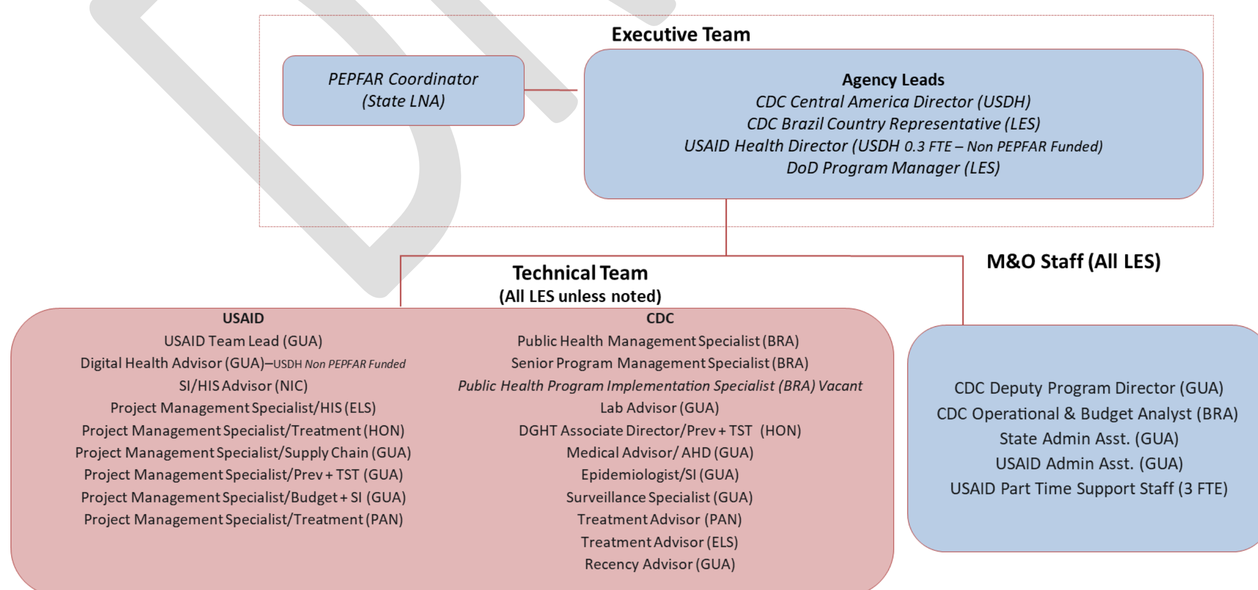

Figure 2: Central America/Brazil Staffing Chart

The Central America and Brazil regional PEPFAR team is uniquely structured to maintain technical and operational coverage across six countries. The regional office is based in Guatemala and hosts the PEPFAR Coordination Office; USAID, CDC, and DoD leadership; and the majority of technical staff. In El Salvador, Honduras, and Panama, there is a CDC and USAID team representative in each country, together they manage country-wide operations, partner management, relationships with key stakeholders, and serve as various technical points of contacts. In Nicaragua, there is a USAID representative based at the embassy, while the CDC representative works at the regional office.

New/Vacant Positions

For ROP23 there are no new positions. There is one vacancy for a technical advisor in Brazil, which is anticipated to be filled during ROP23.

Changes to CODB

The Cost of Doing Business has marginally increased due to anticipated staffing transitions and rising inflation. Staff travel and administrative costs have remained stable.

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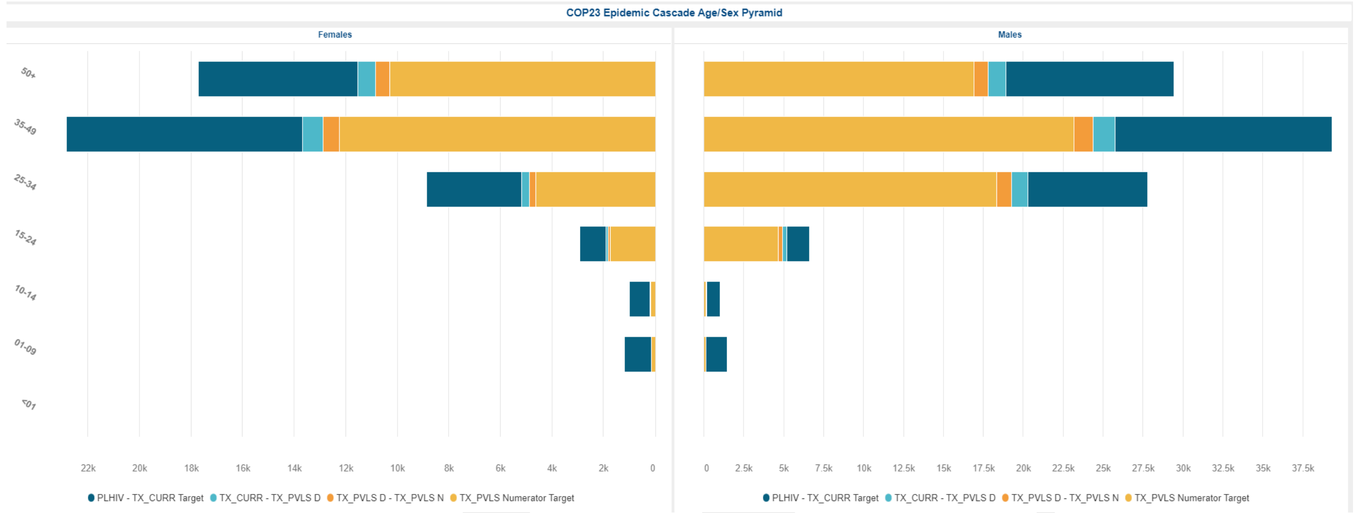
APPENDIX A -- PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

Figure A.1



APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP 22-24 Budget by Intervention

Country	Intervention	Budget 2023	Budget 2024
		$78,056,000	**$73,368,185**
Total		**$78,056,000**	**$73,368,185**
Brazil	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$65,034	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$66,505
	ASP>Human resources for health>Non Service Delivery>Key Populations	$1,622	$6,000
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$119,751	$6,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$69,878	$79,700
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$3,100
	ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$270,000	
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$4,551	
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$295,420
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$74,000
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$65,160

	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations		$537,956
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations		$589,022
	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$146,310	
	HTS>Community-based testing>Non Service Delivery>Key Populations	$18,259	
	HTS>Community-based testing>Service Delivery>Key Populations	$105,230	$112,817
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$95,040	$336,434
	HTS>Facility-based testing>Service Delivery>Key Populations		$46,843
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$812,418	$149,314
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$498,782	$526,085
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$333,491	$394,052
	PREV>PrEP>Non Service Delivery>Key Populations	$34,273	$98,509
	PREV>PrEP>Service Delivery>Key Populations	$204,479	$113,083
		$720,882	
Guatemala	ASP>HMIS, surveillance, & research>Non Service Delivery>Military	$5,000	
	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$823,829	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Military		$11,000
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$531,829
	ASP>Human resources for health>Non Service Delivery>Military	$21,000	$20,000

	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$85,019	$110,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Military	$5,000	$3,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$260,500	$333,600
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$168,637	$97,622
	ASP>Management of Disease Control Programs>Non Service Delivery>Children		$82,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$211,378
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$162,771
	ASP>Procurement & supply chain management>Non Service Delivery>Military	$1,500	$3,000
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$449,026	$479,026
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$48,185	
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$79,700
	C&T>HIV Clinical Services>Non Service Delivery>Military	$25,000	$3,000
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$1,521,182	$1,822,715
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$538,956	$363,423
	C&T>HIV Clinical Services>Service Delivery>Military		$16,000
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$3,583,403	$2,928,294
	C&T>HIV Drugs>Service Delivery>Key Populations	$1,900	$1,900
	C&T>HIV Laboratory Services>Non Service Delivery>Military	$18,000	$15,700

	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$15,703	
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$286,269	$264,277
	C&T>Not Disaggregated>Service Delivery>Military	$25,000	
	HTS>Community-based testing>Service Delivery>Key Populations	$419,910	$419,910
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$81,429	
	HTS>Facility-based testing>Service Delivery>Key Populations	$873,280	$953,977
	HTS>Facility-based testing>Service Delivery>Military	$30,000	$14,000
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$952,328	$1,392,908
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,547,695	$1,685,813
	PM>USG Program Management>Non Service Delivery>Military	$124,000	$128,000
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$4,387,513	$4,311,982
	PREV>Condom & Lubricant Programming>Non Service Delivery>Military		$13,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$645,671
	PREV>Not Disaggregated>Non Service Delivery>Key Populations	$39,676	
	PREV>Not Disaggregated>Service Delivery>Key Populations	$221,630	$256,038
	PREV>PrEP>Service Delivery>Key Populations	$314,932	$221,366
		$940,347	
Honduras	ASP>HMIS, surveillance, & research>Non Service Delivery>Military	$5,000	
	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$567,274	

	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$495,274
	ASP>Human resources for health>Non Service Delivery>Military	$15,000	$15,000
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$66,124	$53,710
	ASP>Laboratory systems strengthening>Non Service Delivery>Military	$2,500	$3,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$345,500	$403,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$139,818	$93,388
	ASP>Management of Disease Control Programs>Non Service Delivery>Children		$28,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$92,880
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$107,961
	ASP>Procurement & supply chain management>Non Service Delivery>Military		$3,000
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$326,966	$358,466
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$49,349	
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$76,500
	C&T>HIV Clinical Services>Non Service Delivery>Military	$15,000	$8,000
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$73,281	$165,483
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$262,172	$170,903
	C&T>HIV Clinical Services>Service Delivery>Military		$14,700
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$2,910,217	$2,433,816

	C&T>HIV Drugs>Service Delivery>Key Populations	$950	$950
	C&T>HIV Laboratory Services>Non Service Delivery>Military	$11,000	
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$7,328	
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$211,894	$206,893
	C&T>Not Disaggregated>Service Delivery>Military	$12,500	$10,000
	HTS>Community-based testing>Service Delivery>Key Populations	$308,091	$308,091
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$46,167	
	HTS>Facility-based testing>Service Delivery>Key Populations	$452,556	$939,085
	HTS>Facility-based testing>Service Delivery>Military	$20,000	$12,000
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$424,638	$189,137
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,106,609	$1,204,314
	PREV>Condom & Lubricant Programming>Non Service Delivery>Military		$10,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$621,890
	PREV>Not Disaggregated>Non Service Delivery>Key Populations	$19,786	
	PREV>Not Disaggregated>Service Delivery>Key Populations	$214,469	$187,813
	PREV>PrEP>Non Service Delivery>Key Populations	$56,250	
	PREV>PrEP>Service Delivery>Key Populations	$186,996	$161,099
		$826,777	
Nicaragua	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$14,000	

	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$30,000
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$13,000	$36,473
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$328,000	$207,000
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$557,756	$603,845
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$86,752	$84,389
	HTS>Community-based testing>Non Service Delivery>Key Populations	$216,669	$216,669
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$366,825	$425,707
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$304,154	$304,153
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$152,124
	PREV>Not Disaggregated>Service Delivery>Key Populations	$169,296	$148,216
		$152,124	
Panama	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$842,196	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$515,537
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$79,582	$40,500
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$584,841	$450,500
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$177,808	$108,835
	ASP>Management of Disease Control Programs>Non Service Delivery>Children		$20,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$158,281

	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$89,632
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$456,085	$486,085
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$56,576	
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$675,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$98,700
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$121,093	$225,983
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$1,015,477	$755,775
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$3,077,401	$2,663,302
	C&T>HIV Drugs>Service Delivery>Key Populations	$950	$950
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$23,609	
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$90,216	$87,977
	HTS>Community-based testing>Service Delivery>Key Populations	$1,441,181	$1,441,181
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$75,238	
	HTS>Facility-based testing>Service Delivery>Key Populations	$425,619	$361,797
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$810,218	$1,140,384
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,528,876	$1,667,949
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$648,381
	PREV>Not Disaggregated>Non Service Delivery>Key Populations	$37,468	

	PREV>Not Disaggregated>Service Delivery>Key Populations	$198,380	$174,110
	PREV>PrEP>Non Service Delivery>Key Populations	$75,000	$165,000
	PREV>PrEP>Service Delivery>Key Populations	$224,661	$114,176
		$879,125	

Table B.1.2 COP22-24 Budget by Beneficiary

Country	Targeted Beneficiary	Budget	
		2023	2024
		$78,056,000	**$73,368,185**
Total		**$78,056,000**	**$73,368,185**
Brazil	Key Populations	$433,741	$817,532
	Non-Targeted Populations	$3,066,259	$2,682,468
El Salvador	Key Populations	$3,295,764	$3,311,328
	Military	$120,500	$104,600
	Non-Targeted Populations	$7,159,499	$6,855,143
Guatemala	Children		$82,000
	Key Populations	$3,330,631	$3,073,663
	Military	$254,500	$226,700
	Non-Targeted Populations	$14,230,718	$14,200,537
Honduras	Children		$28,000
	Key Populations	$2,268,915	$2,482,711
	Military	$81,000	$75,700
	Non-Targeted Populations	$6,334,297	$5,787,942
Nicaragua	Key Populations	$538,089	$517,009
	Non-Targeted Populations	$1,670,487	$1,691,567
Panama	Children		$20,000

	Key Populations	$4,297,861	$4,494,651
	Non-Targeted Populations	$7,923,739	$7,575,384

Table B.1.3 COP22-24 Budget by Program Area

Country		Budget	
	Program	2023	2024
		$78,056,000	**$73,368,185**
Total		**$78,056,000**	**$73,368,185**
Brazil	C&T	$849,746	$1,192,138
	HTS	$1,030,947	$645,408
	PREV	$238,752	$211,592
	SE	$17,446	
	ASP	$530,836	$530,725
	PM	$832,273	$920,137
El Salvador	C&T	$3,781,389	$3,084,952
	HTS	$2,134,511	$2,452,415
	PREV	$1,401,473	$1,558,885
	ASP	$1,925,736	$1,717,511
	PM	$1,332,654	$1,457,308
Guatemala	C&T	$6,015,413	$5,415,309
	HTS	$2,356,947	$2,780,795
	PREV	$1,099,558	$1,136,075
	ASP	$2,284,723	$2,124,926
	PM	$6,059,208	$6,125,795
Honduras	C&T	$3,504,342	$3,010,745
	HTS	$1,251,452	$1,448,313
	PREV	$968,666	$980,802
	ASP	$1,853,143	$1,730,179

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	PM	$1,106,609	$1,204,314
Nicaragua	C&T	$644,508	$688,234
	HTS	$583,494	$642,376
	PREV	$257,720	$300,340
	ASP	$418,700	$273,473
	PM	$304,154	$304,153
Panama	C&T	$4,328,746	$3,733,987
	HTS	$2,752,256	$2,943,362
	PREV	$1,052,194	$1,101,667
	ASP	$2,559,528	$2,643,070
	PM	$1,528,876	$1,667,949

Table B.1.4 COP 22-24 Budget by Initiative

Country		Budget	
	Initiative Name	2023	2024
		$78,056,000	**$73,368,185**
Total		**$78,056,000**	**$73,368,185**
Brazil	Core Program	$3,500,000	$3,500,000
El Salvador	Community-Led Monitoring	$48,558	$90,000
	Core Program	$10,527,205	$10,181,071
Guatemala	Community-Led Monitoring	$79,866	$160,000
	Core Program	$17,735,983	$17,422,900
Honduras	Community-Led Monitoring	$63,342	$90,000
	Core Program	$8,620,870	$8,284,353
Nicaragua	Community-Led Monitoring	$63,700	
	Core Program	$2,144,876	$2,208,576
Panama	Community-Led Monitoring	$49,572	$90,000

	Core Program	$12,172,028	$12,000,035

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APPENDIX C – Above site and Systems Investments from PASIT

Funding Agency	Mechanism Name	Sub-Program Area	Activity Category	COP 23 Beneficiary	Activity Implementation Start	Short Activity Description	Measurable Interim Output by end of FY24
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Assessing impact of policies and regulations on HIV	Non-Targeted Populations	FY22/C/ROP21	Monitoring and advocacy to achieve positive political changes, and monitoring the implementation of the MPRs, removing barriers to their implementation.	Updated technical guidelines for comprehensive health care for the LGBTI population. Updated technical guidelines for comprehensive health care for people affected by violence
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Develop HIV policies in the workplace and greater involvement of the private sector in the national response	12 new companies with HIV policies in the workplace, and two instances (CCM and other) with active participation of the private sector
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Scale up training to support the reduction of stigma and discrimination in public and government institutions to improve quality of services in health and outside health sector.	150 public officials sensitized and trained to reduce stigma and discrimination against PLHIV and LGBTI+ populations.
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Strengthening of the actions carried out by civil society organizations to improve the human rights environment from citizen observatories	The CSO Salvadorian Human Rights Observatory reporting in its Annual Report and giving follow up to the resolution of HR violations in the judiciary system on a regular basis.
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Non-Targeted Populations	FY23/C/ROP22	Community Lead Monitoring (CLM) will be implemented by the Central American Network of PLHIV (REDCA) and other TBD organization, made up of members of PLHIV and Key populations. conjunction with MOH.	75% of health services that require improvement plans improve the quality of care according to the perception of users
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Key Populations	FY23/C/ROP22	Development of response plans in case of emergencies or eventualities that prevent the continuation of regular HIV services.	HIV response plan during emergencies developed.
USAID	El Salvador - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Assessing impact of policies and regulations on HIV	Non-Targeted Populations	FY24/C/ROP23	Support for sustainability through economic studies, measurement of the SID, and implementation of national and regional plans for the sustainability of the response to HIV.	Final report of the SID 2023 and finalized gap closure plan

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USAID	El Salvador - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	HIV APP Design: Some examples are SalvaVIHdas, Los3-95´s, GEO-VIH, Artificial intelligence in SUMEVE (Examples: predict adherence to HIV treatment, improve the interpretation of HIV test results) Biometric Model: Fingerprint identification (Single directory of patients)	Data using App
USAID	El Salvador - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Migrate and update SUMEVE source code so that it can be seamlessly integrated into the SIIS.	System interoperability
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening of the Supply Chain Functions focusing on: Supply Chain SOPs; Supply Chain Integrated Plan MOH and Social Security; Supply Chain Maintenance and Investment Plan	Quarterly reports from central and site-level trained staff on supply chain policies and guidelines at all PEPFAR-supported sites with a people-centered approach perspective. Updated supply chain roles and responsibilities manual to improve HIV program governance and HIV supply management.
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Forecasting, supply chain plan, budget, and implementation	Non-Targeted Populations	FY22/C/ROP21	Support the Implementation of ART Optimization Plan with a Person-Centered Approach focusing on: National Forecasting and Supply Planning Exercises; Selection and Procurement mechanims guidelines; Supply chain needs assesment for HIV testing	Quantification, forecasting and supply planning exercises developed and updated Monthly and quarterly report of stock levels disaggregated by ARVs and other tracer commodities, at national level and by PEPFAR prioritized site.

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USAID	GHSC-PSM	ASP: Procurement & supply chain management	Training in supply chain systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening the Monitoring and Evaluation Process of the Supply Chain Systems fosusing on: Supply Chain Performance Measurement; Competency and capacity building; Flow of logistics Information system designed promoting end-to-end visibility using global standars such as GS1	Plan to strengthen and interconnect available supply chain information systems with other MOH report systems. Quarterly reports of supervision visits to PEPFAR prioritized centers, findings, improvements and next steps, disaggregated at the site level.
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Monitoring and advocacy to achieve positive political changes, and monitoring the implementation of the MPRs, removing barriers to their implementation.	Reformulated HIV public policy that promotes the adoption of new strategies to achieve the 95-95-95 goals
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Develop HIV policies in the workplace and greater involvement of the private sector in the national response	6 new companies with HIV policies in the workplace, and two instances (CCM and other) with active participation of the private sector
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Scale up training to support the reduction of stigma and discrimination in public and government institutions to improve quality of services in health and outside health sector.	150 public officials sensitized and trained to reduce stigma and discrimination against PLHIV and LGBTI+ populations.
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Strengthening of the actions carried out by civil society organizations to improve the human rights environment from citizen observatories	The CSO Guatemalan Human Rights Observatory reporting in its Annual Report and giving follow up to the resolution of HR violations in the judiciary system on a regular basis.

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USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Non-Targeted Populations	FY23/C/ROP22	Community Lead Monitoring (CLM) will be implemented by the Central American Network of PLHIV (REDCA) and other TBD organization, made up of members of PLHIV and Key populations. conjunction with MOH.	75% of health services that require improvement plans improve the quality of care according to the perception of users
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Key Populations	FY23/C/ROP22	Development of response plans in case of emergencies or eventualities that prevent the continuation of regular HIV services.	HIV response plan during emergencies developed.
USAID	Guatemala - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Assessing impact of policies and regulations on HIV	Non-Targeted Populations	FY24/C/ROP23	Support for sustainability through economic studies, measurement of the SID, and implementation of national and regional plans for the sustainability of the response to HIV.	"Analysis of the financial impact of the intensive use of TLDs on spending on HIV with public funds and on the coverage of the PLHIV cohort on ART in the years 2020-2022.
USAID	Guatemala - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Integrate multiple data sources with SIGSA Health Data System, to produce strategic and operational multi-level information.	Proposed solution to data integration delivered

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USAID	Guatemala - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	National HIV Dashboard, updated monthly with information from the PNS and Implementing Partners, for use by prioritized DAS and Implementing Partners	Prototype for HIV Dashboard 3.0 completed, tested, delivered, and utilized by decision-makers
USAID	Guatemala - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Expand data use strategy to scale up DAS-level situation rooms to national level.	10 DAS implemented situation rooms utilizing data-use strategy, dashboards, and analytic solutions proposed by DataFI held at the national-level/central-level for decision-making
USAID	Guatemala - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Global Fund and MSPAS coordination for new HIS implementation and multiple source historical data repository. Visual design included.	Proposed solution for HIS implementation delivered and implementation pilot
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening of the Supply Chain Functions focusing on: Supply Chain SOPs; Supply Chain Integrated Plan MOH and Social Security; Supply Chain Maintenance and Investment Plan	Quarterly reports from central and site-level trained staff on supply chain policies and guidelines at all PEPFAR-supported sites with a people-centered approach perspective. Updated supply chain roles and responsibilities manual to improve HIV program governance and HIV supply management.

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USAID	GHSC-PSM	ASP: Procurement & supply chain management	Forecasting, supply chain plan, budget, and implementation	Non-Targeted Populations	FY22/C/ROP21	Support the Implementation of ART Optimization Plan with a Person-Centered Approach focusing on: National Forecasting and Supply Planning Exercises; Selection and Procurement mechanims guidelines; Supply chain needs assesment for HIV testing	Monthly and quarterly report of stock levels disaggregated by ARVs and other tracer commodities, at national level and by PEPFAR prioritized site.
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Training in supply chain systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening the Monitoring and Evaluation Process of the Supply Chain Systems fosusing on: Supply Chain Performance Measurement; Competency and capacity building; Flow of logistics Information system designed promoting end-to-end visibility using global standars such as GS1	Quarterly reports of supervision visits to PEPFAR prioritized centers, findings, improvements and next steps, disaggregated at the site level.
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Monitoring and advocacy to achieve positive political changes, and monitoring the implementation of the MPRs, removing barriers to their implementation.	Draft of the updated Special HIV/AIDS Law Draft of the updated National Quality Policy Comprehensive Care Manual for children with HIV updated
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Develop HIV policies in the workplace and greater involvement of the private sector in the national response	12 new companies with HIV policies in the workplace, and two instances (CCM and other) with active participation of the private sector

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USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Scale up training to support the reduction of stigma and discrimination in public and government institutions to improve quality of services in health and outside health sector.	150 public officials sensitized and trained to reduce stigma and discrimination against PLHIV and LGBTI+ populations.
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Strengthening of the actions carried out by civil society organizations to improve the human rights environment from citizen observatories	The CSO Honduran Human Rights Observatory reporting in its Annual Report and giving follow up to the resolution of HR violations in the judiciary system on a regular basis.
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Non-Targeted Populations	FY23/C/ROP22	Community Lead Monitoring (CLM) will be implemented by the Central American Network of PLHIV (REDCA) and other TBD organization	75% of health services that require improvement plans improve the quality of care according to the perception of users
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Key Populations	FY23/C/ROP22	Development of response plans in case of emergencies or eventualities that prevent the continuation of regular HIV services.	HIV response plan during emergencies developed.
USAID	Honduras - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Assessing impact of policies and regulations on HIV	Non-Targeted Populations	FY24/C/ROP23	Support for sustainability through economic studies, measurement of the SID, and implementation of national and regional plans for the sustainability of the response to HIV.	"Final report of the SID 2023 and finalized National Gap Closure Plan Sustainability National and regional plans implemented
USAID	Honduras - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Review findings of DataFI's assessment and implement recommendations for HIV data interoperability, confidentiality and data protection (including the analysis for global goods implementation and interagency coordination)	Recommendations implemented

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USAID	Honduras - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Strengthen stakeholders' capacity for managing HIV data by creating and implementing SOPs and/or good data security practices.	SOPs for data security practices developed
USAID	Honduras - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Through situation rooms in the Metropolitan regions of Central District and San Pedro Sula, strengthen SESAL's governance and alignment of data/information sources including USAID IPs, CDC, and others. Continue to support SESAL expanding Data Use Strategy.	4 Regions implementing situation rooms utilizing data-use strategy, dashboards, and analytic solutions proposed by DataFI held at the national-level/central-level for decision-making
USAID	Honduras - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Develop a mechanism for data migration (API) including job aids and guidelines to support data migration from DHIS2 into new HIV system currently being developed by UGI (*Depends on SESAL's development and rollout of the tool)	Data migration mechanism developed and tested.
USAID	Honduras - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Update HIV dashboard to integrate other indicators identified by SESAL, e.g., PrEP. Support data use analysis and capacity development for visualization at situation rooms and UGI's statistics unit.	Updated HIV dashboard completed
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening of the Supply Chain Functions focusing on: Supply Chain SOPs; Supply Chain Integrated Plan MOH and Social Security; Supply Chain Maintenance and Investment Plan	Quarterly reports from central and site-level trained staff on supply chain policies and guidelines at all PEPFAR-supported sites with a people-centered approach perspective. Updated supply chain roles and responsibilities manual to improve HIV program governance and HIV supply management.

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USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Support the Implementation of ART Optimization Plan with a Person-Centered Approach focusing on: National Forecasting and Supply Planning Exercises; Selection and Procurement mechanims guidelines; Supply chain needs assesment for HIV testing	Quantification, forecasting and supply planning exercises for ARV, VL, CD4, RTK and test for OI developed and updated
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening the Monitoring and Evaluation Process of the Supply Chain Systems fosusing on: Supply Chain Performance Measurement; Competency and capacity building; Flow of logistics Information system designed promoting end-to-end visibility using global standars such as GS1	Plan to strengthen and interconnect available supply chain information systems with other MOH report systems. Quarterly reports of supervision visits to PEPFAR prioritized centers, findings, improvements and next steps, disaggregated at the site level.
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Monitoring and advocacy to achieve positive political changes, and monitoring the implementation of the MPRs, removing barriers to their implementation.	1. Public spending on health related to HIV, increased by 5% in relation to the public financing of MEGAS 2021. 2. Approved PrEP manual 3. Enable HIV diagnostic tests to be performed by trained personnel without the need for them to be technologists.
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Information and sensitization for public and government officials	Non-Targeted Populations	FY22/C/ROP21	Develop HIV policies in the workplace and greater involvement of the private sector in the national response	6 new companies with HIV policies in the workplace, and two instances (CCM and other) with active participation of the private sector

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USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Scale up training to support the reduction of stigma and discrimination in public and government institutions to improve quality of services in health and outside health sector.	150 public officials sensitized and trained to reduce stigma and discrimination against PLHIV and LGBTI+ populations.
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Service organization and management systems	Key Populations	FY22/C/ROP21	Strengthening of the actions carried out by civil society organizations to improve the human rights environment from citizen observatories	The CSO Panamanian Human Rights Observatory reporting in its Annual Report and giving follow up to the resolution of HR violations in the judiciary system on a regular basis.
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Non-Targeted Populations	FY23/C/ROP22	Community Lead Monitoring (CLM) will be implemented by the Central American Network of PLHIV (REDCA) and other TBD organization, made up of members of PLHIV and Key populations. conjunction with MOH.	Facilities and communities evaluated on quality performance improved in at least 20%
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Management of disease control programs	Civil society engagement	Key Populations	FY23/C/ROP22	Development of response plans in case of emergencies or eventualities that prevent the continuation of regular HIV services.	HIV response plan during emergencies developed.
USAID	Panama - Sustainable HIV Response in Central America - FANCAP	ASP: Laws, regulations & policy environment	Assessing impact of policies and regulations on HIV	Non-Targeted Populations	FY24/C/ROP23	Support for sustainability through economic studies, measurement of the SID, and implementation of national and regional plans for the sustainability of the response to HIV.	Cost minimization analysis of the use of TLD and other treatment schemes, in the Social Security Fund 2021-2022. Total Market Research in HIV services Final report of the SID 2023 and finalized gap closure plan National Sustainability plan implemented in 50%

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USAID	Panama - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Strengthen data collection and entry for data use strategy. (IP´s data)	Technical assistance for improved data quality and collection processes delivered
USAID	Panama - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Analyze and improve data collection process currently performed manually by the National Program.	Technical assistance for improved data quality and collection processes delivered
USAID	Panama - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Continue implementing IS architecture to centralize information and standardize data order.	Technical assistance for IS architecture implementation delivered
USAID	Panama - Data for Implementation - DATA FI	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY23/C/ROP22	Continue to expand situation rooms in other health regions, using local data for indicators.	5 Regions implementing situation rooms utilizing data-use strategy, dashboards, and analytic solutions proposed by DataFI held at the national-level/central-level for decision-making
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Support the Implementation of ART Optimization Plan with a Person-Centered Approach focusing on: National Forecasting and Supply Planning Exercises; Selection and Procurement mechanims guidelines; Supply chain needs assesment for HIV testing	Quarterly reports from central and site-level trained staff on supply chain policies and guidelines at all PEPFAR-supported sites with a people-centered approach perspective. Updated supply chain roles and responsibilities manual to improve HIV program governance and HIV supply management.

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USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening the Monitoring and Evaluation Process of the Supply Chain Systems fosusing on: Supply Chain Performance Measurement; Competency and capacity building; Flow of logistics Information system designed promoting end-to-end visibility using global standars such as GS1	Quantification, forecasting and supply planning exercises for ARV, VL, CD4, RTK and test for OI developed and updated
USAID	GHSC-PSM	ASP: Procurement & supply chain management	Supply chain information systems	Non-Targeted Populations	FY22/C/ROP21	Strengthening of the Supply Chain Functions focusing on: Supply Chain SOPs; Supply Chain Integrated Plan MOH and Social Security; Supply Chain Maintenance and Investment Plan	Plan to strengthen and interconnect available supply chain information systems with other MOH report systems. Quarterly reports of supervision visits to PEPFAR prioritized centers, findings, improvements and next steps, disaggregated at the site level.
USAID	PANCAP	ASP: Management of disease control programs	Oversight, technical assistance, and supervision to subnational levels	Non-Targeted Populations	Prior to C/ROP15	The PANCAP project uses its Regional platform and convening power to work with CARICOM member states to assure implementation of PEPFAR Core Standards at all applicable levels of the HIV response.	# of health care workers (HCW) capacitated and the number of sessions held for HCW
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Build on laboratory continuous quality improvement to resolve deficiencies and ensure, accurate and reliable results for patient care, and certification. (RTQI)	50% of technical staff from the new enrolled sites trained
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY20/C/ROP19	Build on laboratory continuous quality improvement to resolve deficiencies and ensure, accurate and reliable results for patient care, and certification. (RTQI)	50% of technical staff from the new enrolled sites trained

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HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Build on laboratory continuous quality improvement to resolve deficiencies and ensure, accurate and reliable results for patient care, and certification. (RTQI)	50% of technical staff from the new enrolled sites trained
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY20/C/ROP19	Build on laboratory continuous quality improvement to resolve deficiencies and ensure, accurate and reliable results for patient care, and certification. (RTQI)	50% of technical staff from the new enrolled sites trained
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Support for laboratories to enroll into external quality assurance programs for HIV serology, CD4, VL, genotyping, and build on training platforms to develop human resources through training on QMS (CQI)	The labs that are participating in an external quality evaluation program score > 90.
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Support for laboratories to enroll into external quality assurance programs for HIV serology, CD4, VL, genotyping, and build on training platforms to develop human resources through training on QMS (CQI)	The labs that are participating in an external quality evaluation program score > 90.
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Support for laboratories to enroll into external quality assurance programs for HIV serology, CD4, VL, genotyping, and build on training platforms to develop human resources through training on QMS (CQI)	The labs that are participating in an external quality evaluation program score > 90.
HHS/CDC	COMISCA	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Support for laboratories to enroll into external quality assurance programs for HIV serology, CD4, VL, genotyping, and build on training platforms to develop human resources through training on QMS (CQI)	The labs that are participating in an external quality evaluation program score > 90.

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HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY22/C/ROP21	Strengthening the country Laboratory Systems for enhanced HIV viral load testing and coverage. Improved laboratory capacity and network for providing quality services across all testing points	VL testing access at PEPFAR-supported treatment sites covers at least one VL test per year, per patient.
HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY23/C/ROP22	Strengthening the country Laboratory Systems for enhanced HIV viral load testing and coverage. Improved laboratory capacity and network for providing quality services across all testing points	VL testing access at PEPFAR-supported treatment sites covers at least one VL test per year, per patient.
HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY22/C/ROP21	Strengthening the country Laboratory Systems for enhanced HIV viral load testing and coverage. Improved laboratory capacity and network for providing quality services across all testing points	VL testing access at PEPFAR-supported treatment sites covers at least one VL test per year, per patient.
HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY22/C/ROP21	Strengthening the country Laboratory Systems for enhanced HIV viral load testing and coverage. Improved laboratory capacity and network for providing quality services across all testing points	VL testing access at PEPFAR-supported treatment sites covers at least one VL test per year, per patient.
HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY24/C/ROP23	Transfer the CADRE methodology to conduct relevant DR testing in select labs conducting VL testing to include non-TLD and DTG failing NNRTI & PI based ART.	50% of VL labs trained on the CADRE methodology
HHS/CDC	ICAP HQ	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY24/C/ROP23	Transfer the CADRE methodology to conduct relevant DR testing in select labs conducting VL testing to include non-TLD and DTG failing NNRTI & PI based ART.	50% of VL labs trained on the CADRE methodology

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HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY19/C/ROP18	Build on laboratory continuous quality improvement to resolve deficiencies and ensure, accurate and reliable results for patient care, certification, and recruitment of officers to assist in the implementation of HIV rapid testing continuous quality improvement (RTCQI).	50% of technical staff from the new enrolled sites trained
HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY23/C/ROP22	Support for laboratories to enroll into external quality assurance programs for HIV serology, CD4, VL, genotyping, and build on training platforms to develop human resources through training on QMS (CQI)	The labs that are participating in an external quality evaluation program get and score > 90
HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY23/C/ROP22	Strengthening the country Laboratory Systems for enhanced HIV viral load testing and coverage. Improved laboratory capacity and network for providing quality services across all testing points	VL testing access at PEPFAR-supported treatment sites covers at least one VL test per year, per patient.
HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY21/C/ROP20	CADRE -Conduct relevant DR testing in select labs conducting VL testing to include non-TLD and DTG failing NNRTI & PI based ART.	100% of VL labs trained on the CADRE methodology
HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY21/C/ROP20	CADRE -Conduct relevant DR testing in select labs conducting VL testing to include non-TLD and DTG failing NNRTI & PI based ART.	100% of VL labs trained on the CADRE methodology
HHS/CDC	UVG	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Non-Targeted Populations	FY21/C/ROP20	CADRE -Conduct relevant DR testing in select labs conducting VL testing to include non-TLD and DTG failing NNRTI & PI based ART.	100% of VL labs trained on the CADRE methodology

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HHS/CDC	COMISCA	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY24/C/ROP23	Field Epidemiology Training Program (FETP) Trainee	Cohort of epidemiologist finish the FETP training
HHS/CDC	COMISCA	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY24/C/ROP23	Field Epidemiology Training Program (FETP) Trainee	Cohort of epidemiologist finish the FETP training
HHS/CDC	COMISCA	ASP: Health Management Information Systems (HMIS)	Workforce training in systems or processes	Non-Targeted Populations	FY24/C/ROP23	Field Epidemiology Training Program (FETP) Trainee	Cohort of epidemiologist finish the FETP training
HHS/CDC	ICAP HQ	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveys	Key Populations	FY24/C/ROP23	Biobehavioral survey and population size estimate among MSM, TGW, and FSW	Formative assessment completed and made publicly available
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY23/C/ROP22	Sub national estimations will be elaborated with the NAP to inform at SNUs about the estimated PLHIV in each sub region (Department)	Sub-national estimates numbers are elaborated with local authorities and shared with sub-national units
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY23/C/ROP22	Sub national estimations will be elaborated with the NAP to inform at SNUs about the estimated PLHIV in each sub region (Department)	Sub-national estimates numbers are elaborated with local authorities and shared with sub-national units
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Development of the National HIV Surveillance Strategy	National Surviellance Plan elaborated with all related stakeholders
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Development of the National HIV Surveillance Strategy	National Surviellance Plan elaborated with all related stakeholders
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Development of the National HIV Surveillance Strategy	National Surviellance Plan elaborated with all related stakeholders

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HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Development of the National HIV Surveillance Strategy	National Surviellance Plan elaborated with all related stakeholders
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Data quality commitees for review of national HIV estimation models	Data Quality Committees conformed and meeting quarterly to monitor data needed to national estimates.
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Data quality commitees for review of national HIV estimation models	Data Quality Committees conformed and meeting quarterly to monitor data needed to national estimates.
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Data quality commitees for review of national HIV estimation models	Data Quality Committees conformed and meeting quarterly to monitor data needed to national estimates.
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY23/C/ROP22	Capacity building training for network of MOH epidemiologists in charge of HIV reporting	HIV Epi departments realease bulletins or other publication format at least bi-annually
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Capacity building training for network of MOH epidemiologists in charge of HIV reporting	HIV Epi departments realease bulletins or other publication format at least bi-annually
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY23/C/ROP22	Capacity building training for network of MOH epidemiologists in charge of HIV reporting	HIV Epi departments realease bulletins or other publication format at least bi-annually
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY23/C/ROP22	Data quality monitoring initiative and End-User SOP follow-up	100% of the sites accomplish the data quality SOP
HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Data quality monitoring initiative	100% of the sites accomplish the data quality SOP

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HHS/CDC	ICAP HQ	ASP: Health Management Information Systems (HMIS)	Strategic planning, policy, and governance support	Non-Targeted Populations	FY24/C/ROP23	Data quality monitoring initiative	100% of the sites accomplish the data quality SOP
HHS/CDC	ICAP HQ	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Non-Targeted Populations	FY22/C/ROP21	Implementation of Recency surveillance protocol	Recent infection surveillance dashboard will be made available to Ministry of Health
HHS/CDC	ICAP HQ	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Non-Targeted Populations	FY22/C/ROP21	Implementation of Recency surveillance protocol	Recent infection surveillance dashboard will be made available to Ministry of Health
HHS/CDC	ICAP HQ	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Non-Targeted Populations	FY22/C/ROP21	Implementation of Recency surveillance protocol	Recent infection surveillance dashboard will be made available to Ministry of Health
HHS/CDC	ICAP HQ	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY24/C/ROP23	Combination Prevention Certificate for KP leaders and NAP Prevention Leads	Over 90% of participants complete midterm deliverables of certificate
HHS/CDC	ICAP HQ	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY24/C/ROP23	Combination Prevention Certificate for KP leaders and NAP Prevention Leads	Over 90% of participants complete midterm deliverables of certificate
HHS/CDC	ICAP HQ	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY24/C/ROP23	Combination Prevention Certificate for KP leaders and NAP Prevention Leads	Over 90% of participants complete midterm deliverables of certificate
HHS/CDC	ICAP HQ	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY24/C/ROP23	Combination Prevention Certificate for KP leaders and NAP Prevention Leads	Over 90% of participants complete midterm deliverables of certificate

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HHS/CDC	UVG	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Key Populations	FY23/C/ROP22	Technical assistance to MOH to support VICITS KP surveillance system and produce bi-annual report	VICITS data will be available in the MOH VICITS WEB system
HHS/CDC	UVG	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Key Populations	FY23/C/ROP22	Technical assistance to MOH to support VICITS KP surveillance system and produce bi-annual report	VICITS data will be available in the MOH VICITS WEB system
HHS/CDC	UVG	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Key Populations	FY23/C/ROP22	Technical assistance to MOH to support VICITS KP surveillance system and produce bi-annual report	VICITS data will be available in the MOH VICITS WEB system
HHS/CDC	UVG	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Key Populations	FY23/C/ROP22	Technical assistance to MOH to support VICITS KP surveillance system and produce bi-annual report	VICITS data will be available in the MOH VICITS WEB system
HHS/CDC	UVG	ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Surveillance	Key Populations	FY23/C/ROP22	Technical assistance to MOH to support VICITS KP surveillance system and produce bi-annual report	VICITS data will be available in the MOH VICITS WEB system
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Children	FY24/C/ROP23	Assessment of ARV Pediatric Capacity and Network Building Initiative	Assessment framework for pediatric care in country
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Children	FY24/C/ROP23	Assessment of ARV Pediatric Capacity and Network Building Initiative	Assessment framework for pediatric care in country
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Children	FY24/C/ROP23	Assessment of ARV Pediatric Capacity and Network Building Initiative	Assessment framework for pediatric care in country

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HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Non-Targeted Populations	FY24/C/ROP23	Advanced HIV Disease Response Strengthening Initiative: Mapping and Action Plan	Assessment of AHD/OI policy, guidelines.
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Non-Targeted Populations	FY24/C/ROP23	Advanced HIV Disease Response Strengthening Initiative: Mapping and Action Plan	Assessment of AHD/OI policy, guidelines.
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Non-Targeted Populations	FY24/C/ROP23	Advanced HIV Disease Response Strengthening Initiative: Mapping and Action Plan	Assessment of AHD/OI policy, guidelines.
HHS/CDC	ICAP HQ	ASP: Management of disease control programs	Clinical guidelines, policies for service delivery	Non-Targeted Populations	FY24/C/ROP23	Advanced HIV Disease Response Strengthening Initiative: Mapping and Action Plan	Assessment of AHD/OI policy, guidelines.

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HHS/CDC	COMISCA	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including care/treatment	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	COMISCA	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including care/treatment	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	COMISCA	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including care/treatment	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	COMISCA	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including care/treatment	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	UVG	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including prevention, mental health, and information systems	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	UVG	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including prevention, mental health, and information systems	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO

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HHS/CDC	UVG	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including prevention, mental health, and information systems	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	UVG	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including prevention, mental health, and information systems	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
HHS/CDC	UVG	ASP: Human resources for health	Institutionalization of in-service training	Non-Targeted Populations	FY21/C/ROP20	Using the Project ECHO model, IP will continue training and building capacity among healthcare workers in several areas, including prevention, mental health, and information systems	Enrollment of nationally recognized health practicioners in HIV signed up for continuing education through Project ECHO
DOD	PSI - El Salvador	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Health Military Personnel continue training in HIV and STI counseling, HIV test, STI diagnosis and treatment, HIV surveillance	One monthly meeting in El Salvador ECHO and at least 2 in person
DOD	PSI - El Salvador	ASP: Procurement & supply chain management	Forecasting, supply chain plan, budget, and implementation	Military	FY24/C/ROP23	Continue strengthening of the Procurement and Supply Chain Program including the military units	One strengthened supply chain protocol implemeted and reporting monthly in each country in excel sheets at each military unit and reporting stocks of condoms, HIV test, STI treatment, and other supplies and alerts of needs
DOD	PSI - El Salvador	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Military	FY22/C/ROP21	Continue Laboratory strengthening to improve QA/QI and DTS evaluations	Improved QA/QI of HIV and STI and VL test
DOD	PSI - El Salvador	ASP: Human resources for health	Institutionalization of in-service training	Military	FY22/C/ROP21	Health System strengthening for HIV and STI surveillance	Monthly surveillance reports for HIV and STI of at least 90% of the military units, analysed and followed up to provide reponse

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DOD	PSI - El Salvador	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Update military norms and regulation for HIV and STI diagnosis and treatment and military clients follow up	3 Military Norms/Regulations updated
DOD	PSI - Guatemala	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Health Military Personnel continue training in HIV and STI counseling, HIV test, STI diagnosis and treatment, HIV surveillance	One monthly meeting in Guatemala ECHO and at least 2 in person
DOD	PSI - Guatemala	ASP: Procurement & supply chain management	Forecasting, supply chain plan, budget, and implementation	Military	FY23/C/ROP22	Continue strengthening of the Procurement and Supply Chain Program including the military units	One strengthened supply chain protocol implemeted and reporting monthly in each country in excel sheets at each military unit and reporting stocks of condoms, HIV test, STI treatment, and other supplies and alerts of needs
DOD	PSI - Guatemala	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Military	FY22/C/ROP21	Continue Laboratory strengthening to improve QA/QI and DTS evaluations	Improved QA/QI of HIV and STI and VL test
DOD	PSI - Guatemala	ASP: Human resources for health	Institutionalization of in-service training	Military	FY22/C/ROP21	Health System strengthening for HIV and STI surveillance	Monthly surveillance reports for HIV and STI of at least 90% of the military units, analysed and followed up to provide reponse
DOD	PSI - Guatemala	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Update military norms and regulation for HIV and STI diagnosis and treatment and military clients follow up	3 Military Norms/Regulations updated
DOD	PSI - Honduras	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Health Military Personnel continue training in HIV and STI counseling, HIV test, STI diagnosis and treatment, HIV surveillance	One monthly meeting in Honduras ECHO and at least 2 in person
DOD	PSI - Honduras	ASP: Procurement & supply chain management	Forecasting, supply chain plan, budget, and implementation	Military	FY24/C/ROP23	Continue strengthening of the Procurement and Supply Chain Program including the military units	One strengthened supply chain protocol implemeted and reporting monthly in each country in excel sheets at each military unit and reporting stocks of condoms, HIV test, STI treatment, and other supplies and alerts of needs

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DOD	PSI - Honduras	ASP: Laboratory systems strengthening	Lab quality improvement and assurance	Military	FY22/C/ROP21	Continue Laboratory strengthening to improve QA/QI and DTS evaluations	Improved QA/QI of HIV and STI and VL test
DOD	PSI - Honduras	ASP: Human resources for health	Institutionalization of in-service training	Military	FY22/C/ROP21	Health System strengthening for HIV and STI surveillance	Monthly surveillance reports for HIV and STI of at least 90% of the military units, analysed and followed up to provide reponse
DOD	PSI - Honduras	ASP: Human resources for health	Institutionalization of in-service training	Military	FY24/C/ROP23	Update military norms and regulation for HIV and STI diagnosis and treatment and military clients follow up	3 Military Norms/Regulations updated
DOD	PSI - El Salvador	ASP: Health Management Information Systems (HMIS)	Systems development, operations, and maintenance	Military	FY21/C/ROP20	Stenghten Information System through basic equipment, software, and technical assistance	Accurate monthly surveillance report
DOD	PSI - Guatemala	ASP: Health Management Information Systems (HMIS)	Systems development, operations, and maintenance	Military	FY21/C/ROP20	Stenghten Information System through basic equipment, software, and technical assistance	Accurate monthly surveillance report
DOD	PSI - Honduras	ASP: Health Management Information Systems (HMIS)	Systems development, operations, and maintenance	Military	FY21/C/ROP20	Stenghten Information System through basic equipment, software, and technical assistance	Accurate monthly surveillance report

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APPENDIX D – Core Standards

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Core Standard	Status with COP/ROP23 Priorities if not already achieved
1. Offer Safe and Ethical Index Testing to All Eligible People and Expand Access to Self-Testing. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.	This guideline was approved in 2021. The response to intimate partner violence is addressed in the guidelines, as well as the 5 Cs. All guidelines are up to date.
2. Fully Implement 'Test and Start' Policies: Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment	The Clinical Guidelines for Comprehensive Health Care establish rapid initiation of treatment no more than 7 days from diagnosis of HIV infection. The guide is being updated to introduce the initiation the same day of diagnosis if there is no medical contraindication.
3. Directly and Immediately Offer HIV Prevention Services to People at Higher Risk: People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	The Technical Guidelines for PrEP were approved in December 2021. PrEP is being implemented in public and private clinics with very good acceptance. The regulations for PEP are being updated to explicitly include care for LGBTI victims of rape.
4. Provide Orphans and Vulnerable Children (OVC) and their families with Case Management and Access to Socio-Economic interventions in support of HIV Prevention and Treatment Outcomes. Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).	The "Growing Together" Law for the Comprehensive Protection of Early Childhood, Childhood and Adolescence recently entered into force. There is a specific article (36) that refers to children and adolescents with HIV-AIDS. Article 66.- refers explicitly to protection from sexual violence.

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5. Ensure HIV Services at PEPFAR-Supported Sites Are Free to the Public: Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.	All public HIV services are free in the country All services are free of charge in the HIV clinics in the 5 countries that PEPFAR supports in Central America
6. Reduce Stigma and Discrimination and Make Consistent Progress Toward Equity: Programs must consistently advance equity, reduce stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. In doing so they should eliminate harmful laws, policies, and practices. This progress must be evidence-based, documented, and included in program evaluation reports.	There is a legal and regulatory framework that protects against stigma and discrimination under the principle that all people are equal before the law. Under secondary legislation, there is the Law on Equality, Equity and the Eradication of Discrimination against Women (LIE), the Labor Code prohibitions on employers, it is prohibited to require an examination to verify HIV testing as a recruitment requirement, as well as to make any distinction by direct or indirect means. exclusion and/or restriction among workers, due to these conditions; in the Criminal Code, discrimination at work. Art. 246. There is no specific law to prohibit discrimination against the LGBTI population. The HIV Act does prohibit discrimination against people with HIV. In the recently approved Growing Together Law, it is established in Art. 57 (2) Educational institutions shall implement positive discipline measures and prohibit all abuse, physical, verbal, psychological and any form of violence. Similarly, exclusion, expulsion and denial of enrolment on grounds of pregnancy or maternity, sexual orientation, disability or HIV/AIDS are prohibited. The Ombudsman Office has adopted within its curriculum in the School of Human Rights, the theme of Equity, Human Rights, Stigma and Discrimination towards LGBTI population and people with HIV, which it implements with public servants to reduce stigma. Through the Human Rights Observatory, the SC monitors and keeps track of situations of human rights violations related to stigma and discrimination against populations at higher risk.
7. Optimize and Standardize ART Regimens: Offer DTG-based regimens to all	The Clinical Guide for the Comprehensive Care of People with HIV includes DTG-optimized regimens for all

people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.	people with HIV on the first line and second line for adults, adolescents, women, etc. In the country, 94% of the cohort is currently in TLD-based schemes and 97% with TLD-DTG regimen.
8. Offer Differentiated Service Delivery Models: All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.	The technical guidelines for the implementation of differentiated service models including multimonth delivery of medicines are updated and implemented.
9. Integrate Tuberculosis (TB) Care: Routinely screen all eligible people living with HIV, including children, for TB disease using standardized symptom screening and evidence-based, WHO-recommended diagnostics. Ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.	The Clinical Guideline for Comprehensive HIV Care includes TB care, and there is also a Technical Guideline for TB prevention and control, updated in 2020 based on WHO recommendations, which includes ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.
10. Diagnose and Treat People with Advanced HIV Disease (AHD). People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.	The Clinical Guidelines for Comprehensive HIV Care, which includes Diagnosis and Treatment of cases of advanced HIV disease, have been updated. AHD diagnosis and treatment is a standard of care in patients starting ART . PEPFAR CA is working with the MOH and clinics to achieve the HAD diagnosis and treatment in special populations as patients with treatment interruptions and virally unsuppressed
11. Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections: In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.	The Clinical Guidelines for the management of TB/HIV Coinfection include the tools and algorithms for the diagnosis of TB in people with HIV. According to the algorithm, TB/HIV coinfection is addressed; every HIV+ person is discarded from TB, Gene Xpert test and vice versa. Everyone diagnosed with TB is tested for HIV. In this fiscal year, the Manual of Clinical Laboratories and Blood Banks for the execution of HIV and STI Tests has

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	been approved, this document contains the Standard Operating Procedures for its implementation at the national level. VL and CD4 are part of the regular protocol
12. Integrate Effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) Practices into Site and Program Management: Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and work plans should align with national policy in support of QA/CQI.	The MOH has a National Program for Quality Assurance of Health Services. PEPFAR has been working directly with the Quality Unit at MOH and they have a tool to make the measurements. It is planned to carry out in the short term a joint MOH/PEPFAR verification of the indicators (the 32 prioritized), to update them. In a complementary way, PEPFAR will support the strengthening of competencies of Quality Organizational Unit heads to guarantee the continuity of the actions and that they are institutionalized. CQI training and treatment site projects ongoing in Guatemala, El Salvador, Honduras, and Panama
13. Offer Treatment and Viral Load Literacy: HIV Programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.	VL literacy is part of the educational plan given to patients at each of their appointments. Materials on U=U have been developed and are available.
14. Localize Programs: There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including key populations-led and women-led organizations.	There has been a substantial investment in the localization process. All Care and Treatment activities are currently being procured, so that investment in localization could reach 80% of total programmatic funds.
15. Increase Partner Government Leadership: A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.	2020 compared to 2019, public spending on HIV/AIDS varied by -8.96%, in monetary terms spending decreased by -$3.13 million, possibly influenced by the COVID19 pandemic. 2021 compared to 2020, public spending on HIV/AIDS increased +5.15%, in monetary terms spending increased by +$11.39 million.

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16. **Monitor Morbidity and Mortality Outcomes:** Aligned with national policies and systems, collect and use of data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.	The country has an Online Morbidity System (SIMMOW) and also SUMEVE, through which annual reports are prepared, and data on infectious and non-infectious causes of morbidity are routinely collected. A causation study of HIV mortality is currently underway. Tracking mortality causes, analyzing AHD preventable and other non-HIV related causes Guatemala, El Salvador, Honduras, and Panama
17. **Adopt and Institutionalize Best Practices for Public Health Case Surveillance:** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.	The country established ID SUMEVE, with which it nominally identifies each person, regardless of where they are (Social Security, Ministry of Health, Teacher Security, etc.). Work is currently underway on the elimination of duplicates, to harmonize with the unique identifier.

GUATEMALA

Core Standard	Status with COP/ROP23 Priorities if not already achieved
1. **Offer Safe and Ethical Index Testing to All Eligible People and Expand Access to Self-Testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.	Access to self-testing is currently a strategy driven through services provided by NGOs and the private sector. PEPFAR offers it from 15 years old, reporting a positivity of 4% of the total tested of which just over a third is young population. A similar strategy is implemented with resources from the Global Fund through Non-Governmental Organizations. The regulations to use of self-testing in public services are n process. Assisted Contact Notification (NAC) is widely implemented in 15/17 Comprehensive Care Units and 12/29 Health Area Directorates-DAS. The regulations are in the final phase of approval, and this includes the offer of the test to biological children under 15 years of age regardless of whether the index case is father or mother, mother and biological siblings when the index case is under 15 years old and people with whom some type of needles for drug or substance use is shared. It also contemplates the risk

	assessment of intimate partner violence and aligns the 5Cs indicated by PAHO.
2. **Fully Implement 'Test and Start' Policies:** Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment	The regulations for Test and Start are approved. It indicates the start of treatment on the same day of diagnosis if there are no contraindications, or before the first seven days after diagnosis.
3. **Directly and Immediately Offer HIV Prevention Services to People at Higher Risk:** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	**Application of prevention services regulated in:** Manual for the comprehensive approach to sexually transmitted infections with emphasis on syndromic management. Protocol for victims/survivors of sexual violence is in force. Manual of Comprehensive Care Guidelines for LGBTI+ and this is in force. Manual of guidance and testing for HIV, Syphilis, Hepatitis B -HBV- and Hepatitis -VH- (2021) It is current and updated, it does not need to be updated. Comprehensive health care guidelines for trans people in Guatemala (2021). It is current does not need to be updated. It seeks to update the Guidelines for pre- and post-HIV testing guidance, to eliminate pre-counseling. **PEP is covered by:** ARV Guidance in the section "Complementary Guidelines of the Guide to the Use of Antiretrovirals". Guidelines for Comprehensive Health Care for Trans People in Guatemala, 2021 (Refers to the Protocol for Attention to Victims / Survivors of Sexual Violence for its implementation in this population). **PrEP:** Offered by other actors supporting the response following a risk assessment, with PEPFAR and Global Fund resources . At the institutional level, it has not yet been officially adopted, but the PrEP Clinical Practice Guideline is in the

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	process of being validated to initiate the approval process within the Ministry of Health.
4. **Provide Orphans and Vulnerable Children (OVC) and their families with Case Management and Access to Socio-Economic interventions in support of HIV Prevention and Treatment Outcomes.** Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).	There is an MOH/ Hospice San Jose Association Agreement (2007), for the management and interventions of socioeconomic support to orphans with HIV, without the inclusion of families. The Protocol of Care for Victims / Survivors of Sexual Violence (2019) is broad, and establishes post-exposure prophylaxis of children under 2 years of age, over 2 years of age and prophylaxis against other STIs in adolescents. As well as the clinical record of victims and survivors of sexual violence: children and adolescents and their psychological approach.
5. **Ensure HIV Services at PEPFAR-Supported Sites Are Free to the Public:** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.	All services provided at the level of public health services are free including ARV treatment, TB, cervical cancer prevention, prophylaxis for Opportunistic Infections, clinical follow-up services, diagnosis, etc.
6. **Reduce Stigma and Discrimination and Make Consistent Progress Toward Equity:** Programs must consistently advance equity, reduce stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. In doing so they should eliminate harmful laws, policies, and practices. This progress must be evidence-based, documented, and included in program evaluation reports.	There is the Manual of activities for the reduction of stigma and discrimination related to STIs, HIV and AIDS (aimed at personnel who implement training in health services), however, it has been issued for at least a decade. Its update is planned for FY24. The recent evaluation of the National Strategic Plan (concluded in 2022) reports that the country has made progress in reducing stigma and discrimination due to STIs, HIV and AIDS, mainly due to actions promoted by civil society that have increased the levels of confidence of the key population in health services (there is no quantitative data that evidences the scope of the result). PEPFAR has implemented several workshops for the promotion of the Human Rights of people with HIV and the LGBTIQ+ population to reduce stigma and discrimination aimed at public servants in coordination mainly with the PNS.

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	In addition, technical and financial assistance has been provided for the socialization of the Comprehensive Care Manual for LGBTQ+ people with health personnel at the second level of care.
7. **Optimize and Standardize ART Regimens:** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.	The ARV usage guide and supplemental guidelines include the use of TLDs in different population groups. These new schemes do not include Nevirapine. At least 90% of the adult cohort of patients in treatment has been migrated by 2022.
8. Offer Differentiated Service Delivery Models: All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.	The **Guide for the use of ARVs in people with HIV and its prophylactic application (2019)** contemplates differentiated models of care, less frequent visits to the clinic, and multi-month delivery.
9. **Integrate Tuberculosis (TB) Care:** Routinely screen all eligible people living with HIV, including children, for TB disease using standardized symptom screening and evidence-based, WHO-recommended diagnostics. Ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.	There is currently a **Manual for the intensive search for Tuberculosis in People with HIV in Guatemala (2019)** The guide includes prophylaxis for TB with isoniazid, which is provided in the Comprehensive Care Units. In practice, the Comprehensive Care Units screen for TB symptoms at each follow-up appointment; If any symptoms are found, the patient is referred for screening and treatment. Prophylaxis is offered when an active infection is ruled out. The Manual should be updated and updated for FY24.

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10. Diagnose and Treat People with Advanced HIV Disease (AHD). People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.	Treatment for people with advanced HIV is regulated in the **Guide for the use of ARVs in people with HIV and its prophylactic application,** which establishes the definition and approach to treatment failure or virological failure for adults and children.
11. **Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections:** In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.	Viral Load measurement is performed in 100% of the Comprehensive Care Units. There has been limitation in the continuous availability of reagents for Viral Load. Screening for TB in people with HIV is carried out in the Comprehensive Care Units -UAI-, in case of requiring treatment, it is referred to health services of the second level of care. The treatment of other coinfections is carried out in the IAU and for the treatment of HBV or HCV is coordinated with the National Reference Units. For the diagnosisof Opportunistic Infections, it has had the support of the Integral Health Association -ASI- for the diagnosis through FUNGIRED.
12. **Integrate Effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) Practices into Site and Program Management:** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and	The National HIV and PEPFAR Program is working to validate the Continuous Quality Improvement Manual in the coming months. At this time, the strategy is implemented in coordination with local actors supported by PEPFAR.

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work plans should align with national policy in support of QA/CQI.	
13. **Offer Treatment and Viral Load Literacy:** HIV Programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.	VL literacy is implemented in the Comprehensive Care Units with support from International Cooperation (PEPFAR and FM) and from the CSOs that work on the subject.
14. Localize Programs: There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including key populations-led and women-led organizations.	There has been a substantial investment in the localization process. All Care and Treatment (USAID) activities are currently being procured, so that investment in localization could reach 80% of total programmatic funds.
15. **Increase Partner Government Leadership:** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.	In 2020 compared to 2019, public spending on HIV / AIDS varied by -10%, in monetary terms spending decreased by -$ 5.88 million. Although there is evidence of an increase in the budget allocation to the HIV Program between 2021 and 2022 of $5.4Mpara, it was observed that execution does not exceed 85% and a percentage of the allocation is transferred to other programs as a result of budgetary modifications during the execution year. PEPFAR will be working to ensure that not only are resources allocated, but implementation is more effective and in HIV activities.
16. **Monitor Morbidity and Mortality Outcomes:** Aligned with national policies and systems, collect and use of data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.	The MSPAS through the PNS monitors HIV morbidity and mortality, primarily in pregnant women and key population, however, the update of the Guide is delayed.

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17. **Adopt and Institutionalize Best Practices for Public Health Case Surveillance:** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.	In new system with CUI registration is in the process of development.

HONDURAS

Core Standard	**Status with COP/ROP23 Priorities if not already achieved**
1. Offer Safe and Ethical Index Testing to All Eligible People and Expand Access to Self-Testing. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.	It is implemented in the country and is regulated in documents: • Guide to providing assisted notification services to contacts of people with HIV. • Guide to providing risk-based HIV counseling service. • Manual of care for adults and adolescents with HIV. It is currently in the process of updating and is expected to be completed in April 2023. • Guidelines for the implementation of self-testing in the detection of human immunodeficiency virus infection. Newly elaborated, no need of updating.
2. Fully Implement 'Test and Start' Policies: Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment	It is implemented in the country and is regulated in the Manual of care for adults and adolescents with HIV. The Manual is being updated and is expected to be finalized by the end of April.
3. Directly and Immediately Offer HIV Prevention Services to People at Higher Risk: People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	It is implemented in the country and is regulated in the documents: 1. Guidelines for providing pre-exposure prophylaxis to human immunodeficiency virus-PrEP-. The document is current and does not need updating. 2. Post-exposure prophylaxis protocol for HIV infection and other STIs, which will be reviewed

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	and updated, in June 2023 with support from PEPFAR 3. Protocol of comprehensive care for victims / survivors of sexual violence, this was revised in November 2022. It is current and does not need updating.
4. Provide Orphans and Vulnerable Children (OVC) and their families with Case Management and Access to Socio-Economic interventions in support of HIV Prevention and Treatment Outcomes. Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).	It is implemented in the country and is regulated in: 1. Manual of comprehensive care for children with HIV. It will be updated in FY24 2. Protocol of comprehensive care for victims / survivors of sexual violence, which is in force and updated. There are two homes specifically for children with HIV that are supported by NGOs with international funds in coordination with the DINAF (Directorate of Children, Adolescents and Family). Evidence-based sexual violence and HIV prevention interventions for young adolescents is reflected in the aforementioned manuals and support is provided according to cases seeking assistance in the service network.
5. Ensure HIV Services at PEPFAR-Supported Sites Are Free to the Public: Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.	The special law on HIV/AIDS stipulates that persons with HIV shall be exempt from payment of recovery fees or any other charge for the provision of health services or the provision of any type of medicines in State institutions.
6. Reduce Stigma and Discrimination and Make Consistent Progress Toward Equity: Programs must consistently advance equity, reduce stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. In doing so they should eliminate harmful laws, policies, and practices. This progress must be evidence-based, documented, and included in program evaluation reports.	The Ministry of Health has the Guide to provide health services free of stigma and discrimination to people with HIV, sex workers, lesbian, gay, trans, bisexual and intersex people is currently being reviewed and updated, it is expected to finalize the document in May 2023. A training plan is available for service providers. The United Nations National Commissioner trains public servants and CSOs as well as training oversight to ensure that stigma and discrimination are reduced.

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	PEPFAR has implemented workshops for the promotion of the Human Rights of people with HIV and the LGBTIQ+ population to reduce stigma and discrimination aimed at public servants in close collaboration with CONADEH.
7. Optimize and Standardize ART Regimens: Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.	The country has the national plan to optimize the use of the antiretroviral Tenofovir, Lamivudine, Dolutegravir (TLD) (2021). To date, the percentage of the cohort that is in TLD treatment regimens is 63% (December 2022). The Manual of Comprehensive Care for adults and adolescents with HIV, including adolescents from the age of 12, is being updated and the document will be ready in May 2023.
8. Offer Differentiated Service Delivery Models: All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.	The country has differentiated service delivery guidelines to improve care and access to antiretroviral treatment for people with HIV, including the MMD delivery, prepared in March 2022 and the Manual for the care of adults and adolescents with HIV, which is being updated and is expected to be completed in April 2023, both documents include the MMD.
9. Integrate Tuberculosis (TB) Care: Routinely screen all eligible people living with HIV, including children, for TB disease using standardized symptom screening and evidence-based, WHO-recommended diagnostics. Ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.	The SESAL's Manual of Comprehensive Care for Adults and Adolescents with HIV stipulates the clinical management of TB/HIV coinfection indicates that all persons with HIV and suspected DR-TB should be given preventive treatment with co-trimoxazole (TMP/SMX).
10. Diagnose and Treat People with Advanced HIV Disease (AHD). People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.	The AHD is stipulated in the manual of comprehensive care for children with HIV and the Manual of Comprehensive Care for Adults and Adolescents with HIV; Manual of comprehensive care for pregnant women for the, as well as in the Manual for the prevention of mother-to-child transmission of HIV. The manuals detail the approach that should be provided to each patient, according to the stage of the disease.

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11. Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections: In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.	The Ministry of Health has support on the specific issue of TB with a global fund and donors who address HIV-TB, the country has a Protocol for the management of tuberculosis in pediatrics (The update for TB has not been contemplated), the Manual of Comprehensive Care for adults and adolescents with HIV addresses the issue where it is separated from coinfections including IT but there is also a Manual for the clinical management of sexually transmitted infections. The standard states that CVs must be made at baseline and every six months. At this moment it is being updated to do so every year.
12. Integrate Effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) Practices into Site and Program Management: Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and work plans should align with national policy in support of QA/CQI.	There are training supervision guides updated in 2017, the Quality Management Unit, - UGC - considers that they should be reviewed, updated and summarized. The Care and Treatment project supports at the level of services applying instruments developed by the project and are not of official use of the SESAL, it applies them with accompaniment of central level and based on the identified gaps, improvement plans are elaborated Continue
13. Offer Treatment and Viral Load Literacy: HIV Programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.	This education is part of the educational plans that are given to patients at each medical appointment. Related materials are available.
14. Localize Programs: There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including key populations-led and women-led organizations.	There has been a substantial investment in the localization process. All Care and Treatment (USAID) activities are currently being procured, so that investment in localization could reach 80% of total programmatic funds.
15. Increase Partner Government Leadership: A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV	2019 compared to 2016, public spending on HIV/AIDS varied by +7.81%, in monetary terms spending increased by +$2.77 million.

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response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.	2021* compared to 2019, public spending on HIV/AIDS varied by +7.59%, in monetary terms spending increased by +$2.63 million.
16. Monitor Morbidity and Mortality Outcomes: Aligned with national policies and systems, collect and use of data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.	Morbidity is monitored in each of the services, as is HIV mortality. The country has a short report reported in the GAM (UNAIDS) report, and a study is in progress.
17. Adopt and Institutionalize Best Practices for Public Health Case Surveillance: Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.	The country uses a unique identification code

Panamá

Core Standard	Status with COP/ROP23 Priorities if not already achieved
1. **Offer Safe and Ethical Index Testing to All Eligible People and Expand Access to Self-Testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.	Recently, the Manual of Standard Operating Procedures for Assisted Notification of Contacts (NAC) was approved, which contemplates the offer of these services to the contacts of people diagnosed with HIV, through different modalities, such as by contract or by approach through the provider, among others. It also includes the evaluation of "intimate violence between couples". This is current and does not need updating Regarding self-testing, a study is currently being carried out on the acceptance of self-testing in the country, which is being supported by PEPFAR and there is no specific manual for its implementation in public services. It is planned to develop the guideline during FY23 with the support of PEPFAR
2. **Fully Implement 'Test and Start' Policies:** Across all age, sex, and risk	The Technical Standard for Care, Care and Treatment of People with HIV is in the final stages of approval; however,

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groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment	in Panama, immediate linkage of the person diagnosed with HIV to treatment in ART clinics is complied with.
3. **Directly and Immediately Offer HIV Prevention Services to People at Higher Risk:** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	Through the Ministry of Health's Friendly Clinics (CLAM) and clinics in the private sector, PEPFAR provides prevention and comprehensive care services in sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) to people belonging to higher risk groups. These services include pre-exposure prophylaxis (PrEP), which has been well received among the population most at risk and demand is increasing. Social Security has not yet implemented PrEP, although discussion has begun to implement it. With regard to the PEP, it is contemplated in national regulations, but it focuses mainly on cases of accidents at work and in cases of exual rape it is mainly linked to female victims. Currently, the process of updating and expanding the possible scenarios for implementation and antiretroviral schemes to user has begun.
4. **Provide Orphans and Vulnerable Children (OVC) and their families with Case Management and Access to Socio-Economic interventions in support of HIV Prevention and Treatment Outcomes.** Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).	Several institutions, in a coordinated manner, respond to the services necessary to care for orphaned and vulnerable children. These include the Ministry of Social Development (MIDES), the Ministry of Health, the Secretariat for Children and Adolescents (SENIAF). Through the Comprehensive Health Programme for Children and Adolescents (MINSA), Plan for Comprehensive Care for Early Childhood (PAIPI), actions are carried out aimed at CVBs that include socioeconomic support. With regard to violence prevention interventions, Panama has a National Multisectoral Strategy for the Prevention of Violence against Children and Adolescents, developed through the National Intersectoral Commission for the Prevention of Violence against Children and Adolescents under the coordination of the Secretariat for Children and Adolescents and the Family - SENNIAF and the Ministry of Social Development MIDES , with technical support from UNICEF in Panama and the Office of the Special

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	Representative of the UN Secretary-General on Violence against Children.
5. **Ensure HIV Services at PEPFAR-Supported Sites Are Free to the Public:** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.	In the country, HIV services are free and include prevention, comprehensive care and treatment, for HIV and other related health conditions.
6. **Reduce Stigma and Discrimination and Make Consistent Progress Toward Equity:** Programs must consistently advance equity, reduce stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. In doing so they should eliminate harmful laws, policies, and practices. This progress must be evidence-based, documented, and included in program evaluation reports.	Law 40 of 2018, establishes the legal framework for addressing STIs and HIV in the country, and its first objective is the promotion, respect and defense of the human rights of people with STIs and / or HIV and the rest of the population, reiterates the principle of equality of all people before the Law and non-discrimination, and considers violations of the law, any stigmatizing or discriminatory act towards people with HIV and the violation of the human rights of people with HIV. PEPFAR has implemented workshops for the promotion of the Human Rights of people with HIV and LGBTIQ+ population to reduce stigma and discrimination aimed at public servants in close collaboration with the Ombudsman's Office. Recently, in an alliance between the Ombudsman's Office and civil society organizations linked to key populations, the National Observatory of Human Rights of the LGBTIQ + Population was launched, with the main objective of "making visible the human rights violations of this population, including hate speech and crimes that affect the dignity of people in Panama.
7. **Optimize and Standardize ART Regimens:** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.	The Guide for the use of optimized regimes is in force in the country.
8. Offer Differentiated Service Delivery Models: All people with HIV must have access to differentiated service delivery models to simplify HIV	Differentiated models of care including multi-month delivery have been adopted in the Ministry of Health.

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care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.	
9. **Integrate Tuberculosis (TB) Care:** Routinely screen all eligible people living with HIV, including children, for TB disease using standardized symptom screening and evidence-based, WHO-recommended diagnostics. Ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.	The Standards for the Therapeutic Management of People with HIV provide for the application of tests for active TB screening in all people with HIV. It also provides for the immediate treatment and follow-up of people detected with TB, according to the respective guidelines and standards of care and treatment, and preventive treatment in case of negative results to TB. The program also looks for HIV in all patients with TB.
10. **Diagnose and Treat People with Advanced HIV Disease (AHD).** People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.	The current Standard of Care for People with HIV establishes guidelines for diagnosis, care and treatment of people with advanced HIV, following guidelines and recommendations from international organizations such as WHO, PEPFAR and others. This Technical Standard is being updated.
11. **Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections:** In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.	The Standard for Therapeutic Management of People with HIV in Panama includes the performance of diagnostic tests for different infections and / or diseases, in order to comply with the follow-up to other possible health conditions of the person diagnosed with HIV. Likewise, together with specific TB rules, the procedure in case of HIV TB preparation and the treatment to be followed is determined. Patient follow-up testing, including VL and EID, is part of the regular protocol of care and treatment.

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12. **Integrate Effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) Practices into Site and Program Management:** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and work plans should align with national policy in support of QA/CQI.	Since 2015, MINSA has implemented the Quality Performance Optimization methodology, promoted by PEPFAR. This methodology has guides, modules and differentiated instruments for the different areas of health services. It is in charge of the Department of Facilities under the General Directorate of Health, DIGESA, and in coordination with the Department of Integral Health to the Population, through committees in all Health regions.
13. **Offer Treatment and Viral Load Literacy:** HIV Programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.	Messages focused on the 95-95-95 targets, and on Undetectable = Untransmittable, are developed by health service providers, non-governmental organizations or associations of people at higher risk.
14. Localize Programs: There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including key populations-led and women-led organizations.	There has been a substantial investment in the localization process. All Care and Treatment (USAID) activities are currently being procured, so that investment in localization could reach 80% of total programmatic funds.
15. **Increase Partner Government Leadership:** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.	2021 compared to 2020, public spending on HIV/AIDS varied by +9%, in monetary terms spending increased by +$7.53 million.

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16. **Monitor Morbidity and Mortality Outcomes:** Aligned with national policies and systems, collect and use of data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.	Together with MINSA's Epidemiological Surveillance, mortality and morbidity data are recorded. The data are reported to both MINSA and the National Institute of Statistics and Census (INEC) in charge of national statistics in compliance with alignment with existing national systems. This information is used by MOH and Social Security to develop plans, programs and projects in response from a Public Health perspective.
17. **Adopt and Institutionalize Best Practices for Public Health Case Surveillance:** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.	A timeline is being defined to ensure that all the institutions involved use a single code.

BRAZIL

Core Standard	Status with COP/ROP23 Priorities if not already achieved
1. **Offer Safe and Ethical Index Testing to All Eligible People and Expand Access to Self-Testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.	Since October 2018, HIV self-testing has been a national guideline and was first implemented and distributed in municipalities with support from PEPFAR. The pilot projects in Brazil have provided valuable insights and data to inform the national self-testing and index-testing guidelines. Support national guideline update for focalized testing, including index testing and Social network strategy.
2. **Fully Implement 'Test and Start' Policies:** Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment	Test&Treat has been a National Guideline since December 2013. Test & Start has been implemented in municipalities with support from PEPFAR . There is a need for national-level support and monitor to ensure country-wide implementation

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3. **Directly and Immediately Offer HIV Prevention Services to People at Higher Risk:** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	Since January 2018, PrEP has been established as a National Guideline in the country. It is now expended to individuals engaging in high-risk practices (not limited to KP) and adolescent over 15yo. Expansion PrEP/PEP services to primary care settings, including extramural activities. DSD models such as TelePrEP, as well as prescription options by trained pharmacists and nurses.
4. **Provide Orphans and Vulnerable Children (OVC) and their families with Case Management and Access to Socio-Economic interventions in support of HIV Prevention and Treatment Outcomes.** Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).	The Statute of the Child and Adolescent (ECA) ensures health rights, including HIV prevention and treatment care, for adolescents aged 12 and older. However, despite the existence of the statute, accessing these rights faces structural and cultural barriers, particularly for children under 12. Furthermore, there is a pressing need to formalize and update protocols for the prevention of sexual violence.
5. **Ensure HIV Services at PEPFAR-Supported Sites Are Free to the Public:** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.	All public Health services are free in the country All PEPFAR supported sites are free of charge in Brazil
6. **Reduce Stigma and Discrimination and Make Consistent Progress Toward Equity:** Programs must consistently advance equity, reduce stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. In doing so they should eliminate harmful laws, policies, and practices. This progress must be evidence-based, documented, and included in program evaluation reports.	A legal and regulatory framework exists that upholds the principle of equality before the law, safeguarding against stigma and discrimination, as well as prohibitions within the Labor Code that strictly forbid employers from requiring HIV testing as a recruitment prerequisite, and from engaging in any form of direct or indirect differentiation, exclusion, or restriction amongst workers based on such conditions. Furthermore, recent amendments have mandated the obligatory use of social names in healthcare services, with the aim of ensuring the affirmation of gender identity for those seeking care. Nevertheless, despite the robust legal framework, Brazil continues to grapple with alarmingly high rates of homicide against transgender women, positioning it as one of the countries with the highest incidence of such violence. Additionally, public services must still strive to

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	provide inclusive and appropriate care for individuals living with HIV, duly respecting their rights and healthcare needs.
7. **Optimize and Standardize ART Regimens:** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.	DTG is a first and third-line treatment option, including for pregnant individuals and women of childbearing potential. NVP being phased out for adults and maintained as an alternative for newborn prophylaxis and children under 2 years old. Recent incorporation of DTG 5mg as a treatment option for children over 4 weeks of age.
8. Offer Differentiated Service Delivery Models: All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.	MMD-3 (3-month multi-month ARV dispensing) implementation is underway, with 64% of MMD-3 months already implemented at sites and 43% at the national level. Efforts are being made to expand to MMD-4 months at PEPFAR program sites and MMD-3 nationally. DSD models has been offer such as home-based delivery of HIV self-testing and antiretrovirals, as well as automated dispensers for HIV self-testing, TelePrEP services (remote appointments), and freedon to choose their prefered follow-up uniit for ongoing care.
9. **Integrate Tuberculosis (TB) Care:** Routinely screen all eligible people living with HIV, including children, for TB disease using standardized symptom screening and evidence-based, WHO-recommended diagnostics. Ensure completion of TB treatment for all PLHIV who screen positive for TB and TB preventive treatment for those who screen negative.	National guidelines recommend routine TB screening for all people living with HIV (PLHIV), as well as HIV testing for all individuals with TB. If any symptoms are detected, patients are referred for further screening and appropriate treatment. Prophylaxis is offered to individuals with suspected active TB infection only after ruling out the presence of active infection. In 2021 3HP for LTBI was incorporated in national guidelines. In clinical practice, there is often a lack of adherence to official recommendations, indicating a need for quality improvement, and use os sensitive tools for TB screening and diagnosis.
10. Diagnose and Treat People with Advanced HIV Disease (AHD). People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The	Fast-track for AHD has been implemented in 3 of 5 PEPFAR supported SNU, with diligent tracking of people who experience treatment interruption, have low CD4 cells counts, or are virally unsuppressed through health information systems. Additionally, the implementation of a package of rapid tests for Opportunistic Infections (OI) is currently underway. The online training for AHD was developed, and rapid test package for OI were purchased to support the

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WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.	implementation of a Fast-track policy for AHD at the national level in 2023.
11. **Optimize Diagnostic Networks for VL/EID, TB, and Other Coinfections:** In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.	Viral Load testing is provide and sustained by national program. Althought, there is a lack of coverage in remote areas of the country. Testing of patients, including VL/EID, is a standard practice in the routine care and treatment protocol.
12. **Integrate Effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) Practices into Site and Program Management:** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and work plans should align with national policy in support of QA/CQI.	QA/CQI practices have been implemented in all PEPFAR-supported facilities since 2021, with ongoing efforts to align CQI strategies with current national practices snd structures
13. **Offer Treatment and Viral Load Literacy:** HIV Programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.	The municipalities supported by PEPFAR receive significant communication support for messages related to Undetectable=Untransmittable (U=U) and other messaging that aims to reduce stigma and promote HIV testing, prevention, and treatment.
14. Localize Programs: There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance	The Fiocruz (Oswaldo Cruz Foundation) and Fiotec (Foundation for Scientific and Technological Development in Health) are esteemed Brazilian institutions in the health field. Fiocruz, as a research, education, and public health service provider, has the potential to contribute to local

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direct funding of local partners and increase funding of organizations led by members of affected communities, including key populations-led and women-led organizations.	capacity building. Currently, 90% of the funds is overseen by the local implementing partner FIOCRUZ/FIOTEC.
15. **Increase Partner Government Leadership:** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.	The Brazilian government has been successfully taking on increasing leadership and management responsibilities in the country's HIV response. With 99% of the resources dedicated to the response coming from the government, coordinated efforts are in place to ensure political commitment, build program capacities.
16. **Monitor Morbidity and Mortality Outcomes:** Aligned with national policies and systems, collect and use of data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.	Systematic monitoring of morbidity and mortality outcomes among people living with HIV is conducted through robust information systems. This data-driven approach informs evidence-based interventions, policies, and strategies to improve health outcomes. PEPFAR program has supported the improvement of systems, databases, and data analysis.
17. **Adopt and Institutionalize Best Practices for Public Health Case Surveillance:** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.	Brazil is already moving towards implementing a unique patient identifier and has legislation in place to protect sensitive patient data.

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