

EL SALVADOR

STRATEGIC FOCUS

Since 2003, the U.S. Centers for Disease Control and Prevention (CDC) Central American Regional Office has collaborated with Ministries of Health to respond to the HIV epidemic in the region. CDC supports countries in Central America to achieve the Joint United Nations Program on HIV/AIDS (UNAIDS) 95-95-95 targets by 2030: 95 percent of people living with HIV (PLHIV) will know their HIV status; 95 percent of people who know their status will receive sustained antiretroviral therapy (ART); and 95 percent of people receiving ART will have viral suppression.

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

KEY ACTIVITIES AND ACCOMPLISHMENTS

Prevent New Infections Among Key Populations (KP) at Elevated Risk of Infection

CDC supports 2,300 KP with implementation of the Sexually Transmitted Infection (STI) surveillance, prevention, and control strategy, known as VICITS by its Spanish acronym. VICITS is a comprehensive HIV and STI prevention program linked to surveillance data analysis in Central America. Nine CDC-supported VICITS provides a tailored HIV prevention and testing service package to men who have sex with men, transgender women, and sex workers. This package includes risk-based counseling, enhanced STI diagnosis and treatment, condom and lubricant distribution, HIV testing, peer navigation for linkage to treatment, and a surveillance information system. CDC is recently contributing to the introduction of pre-exposure prophylaxis (PrEP) for individuals at elevated risk of HIV infection.

Increase Knowledge of HIV Status through Active Case-Finding Strategies

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

Improve Linkages, ART initiation, Advance HIV Disease Management among PLHIV

CDC supports the provision of a comprehensive treatment package that includes: Track and Trace pre-ART that supports linkage from community and non-governmental organization (NGO) health centers to ART clinics, rapid ART initiation, including diagnosis and management of HIV advanced disease opportunistic infections diagnosis, intensified counseling, and follow up of HIV patients. CDC advocates for the introduction of differentiated service delivery models such as pharmacy fast track refill (FTR), multi-month prescriptions, and high viral load tracking and management.

Strengthen Retention, Sustainable Viral Load Suppression among PLHIV to Prevent Morbidity and Transmission

CDC supports retention and re-engagement of PLHIV who are not in care or not virally suppressed and evaluates the specimen referral, equipment, information, quality management systems, technology, and coverage of viral load networks. CDC works closely with Ministries of Health to address HIV drug resistance using results from nationally representative, cross-sectional surveys of transmitted and acquired drug resistance to strengthen laboratory networks for genotyping.

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

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

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

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Key Country Leadership

President:
Nayib Bukele

Minister of Health:
Francisco Alabi

U.S. Ambassador:
Jean Manes (Interim)

CDC/DGHT Regional Director:
Janell Wright

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$3,650 (2020)

Population (millions):
6.4 (2020)

Under 5 Mortality:
13/1,000 live births (2019)

Life Expectancy:
73.3 years (2019)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 0.5% (2020)

Estimated AIDS Deaths
(Age ≥15): <1,000 (2020)

Estimated Orphans Due to
AIDS: 6,300 (2020)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 13,727 (2020)

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

Estimated TB Incidence:
58/100,000 population (2019)

TB Patients with Known HIV-
Status who are HIV-positive:
6.4% (2019)

TB Treatment Success Rate:
91% (2018)

Estimated TB Mortality:
1.7/100,000 population (2019)

DGHT Country Staff: 1

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

