

STRATEGIC FOCUS

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

CDC remains committed to working closely with national governments and other key partners in expanding effective HIV testing and counseling strategies, linking newly diagnosed individuals to treatment, intensifying tuberculosis (TB) case finding and preventive treatment among PLHIV, implementing early treatment initiation and differentiated service delivery models, and strengthening laboratory, health information, and surveillance systems in the region.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Prevent New Infections among Key Populations at Elevated Risk of Infection

CDC supports the implementation of the sexually transmitted infection (STI) surveillance, prevention, and control strategy, known locally as *Clinicas Amigables VICITS*, by its Spanish acronym (*Vigilancia Centinela de ITS*). 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 contributed 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 Linkage, ART Initiation, Advance HIV Disease Management among PLHIV

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

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

CDC supports retention and re-engagement of PLHIV who are not in care or not virally suppressed, evaluates specimen referral, equipment, information, quality management systems, technology, and coverage of viral load networks. CDC works closely with Ministries of Health and other stakeholders to address the viral load network strengthening.

Increase the Capacity of Health Care Systems and the Health Workforce to Serve PLHIV

CDC introduced the Extension for Community Healthcare Outcomes (ECHO) model, an innovative tele-mentoring initiative that 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 their own communities. Through ECHO, CDC has created virtual communities of practice in HIV prevention, treatment, laboratory, mental health, and strategic information. CDC launched the Continuous Quality Improvement (CQI) Training Initiative. Participants learned how to apply concepts of CQI in the clinical setting to improve service quality. CDC also established the HIV Rapid Test CQI, conducts economic evaluations, and strengthens surveillance systems to ensure optimal use of funding for programs that deliver the greatest benefits to people living with HIV, key populations, and Ministries of Health.

Key Country Leadership

President: Laurentino Cortizo

Minister of Health: Luis Francisco Sucre

U.S. Chargé d'Affaires: Stewart Tuttle

CDC/DGHT Regional Director: Janell Wright

Country Quick Facts

worldbank.org/en/where-we-work

Per Capita GNI: \$14,010 (2021)

Population (millions): 4.38 (2021)

Under 5 Mortality: 14.3/1,000 live births (2020)

Life Expectancy: 78.7 years (2020)

Global HIV/AIDS Epidemic

aidsinfo.unaids.org

Estimated HIV Prevalence (Ages 15-49): 1.0% (2020)

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

Estimated Orphans Due to AIDS: 9,900 (2020)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥ 15): 17,258 (2021)

Global Tuberculosis (TB) Epidemic

who.int/tb/country/data_profiles/en

Estimated TB Incidence: 32/100,000 population (2020)

TB Patients with Known HIV-Status who are HIV-Positive: 25% (2020)

TB Treatment Success Rate: 83% (2019)

DGHT Country Staff:

Locally Employed Staff: 0
Direct Hires: 0
Fellows & Contractors: 0



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

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