

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 Joint United Nations Programs 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 directly impact 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 findings, 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 the implementation of sexually transmitted infections (STI) surveillance, prevention, and control strategy, known as VICITS, by its Spanish acronym. 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 introducing 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 to treatment, ART initiation, and advance HIV disease management among PLHIV

CDC supports the provision of a comprehensive treatment package that includes Track and Trace Pre-ART to strengthen the linkage of newly diagnosed PLHIV from community and non-governmental organization (NGO) health centers to ART clinics, rapid ART initiation, diagnosis, and management of HIV advanced disease opportunistic infections, intensified adherence counseling, and follow up of HIV patients. 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, and high viral load tracking and management.

Strengthen treatment retention and sustainable viral load suppression among PLHIV

CDC supports retention and re-engagement of PLHIV who are not in care or virally suppressed and evaluates the specimen referral, equipment, information, quality management systems, technology, and coverage of viral load networks.

Increase the capacity of health care systems and the health workforce to serve people

CDC introduced the Extension for Community Healthcare Outcomes (ECHO) model. This innovative tele-mentoring initiative 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 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 learned 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.

Key Country Leadership

President:
Pedro Castillo

Minister of Health:
Jorge Antonio López

U.S. Ambassador:
Krishna Urs

CDC/DGHT Regional
Director:
Janell Wright

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

Per Capita GNI:
\$6,520 (2021)

Population (millions):
33.35 (2021)

Under 5 Mortality:
12.8/1,000 live births
(2020)

Life Expectancy:
76.9 years (2020)

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

Estimated HIV Prevalence
(Ages 15-49): 0.4% (2021)

Estimated AIDS Deaths
(Age ≥15): <1,000 (2021)

Estimated Orphans Due to
AIDS: 27,000 (2021)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
77,787 (2021)

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

Estimated TB Incidence:
116/100,000 population
(2020)

TB Patients with Known HIV
Status who are HIV Positive:
6.3% (2020)

TB Treatment Success Rate:
83% (2019)

DGHT Country Staff: 08

Locally Employed Staff: 07
Direct Hires: 01
Fellows & Contractors: 00

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

