

**STRATEGIC FOCUS**

Since 2003, the U.S. Centers for Disease Control and Prevention (CDC)-Central American Regional Office partners with the Ministries of Health (MOHs) and the Council of Health Ministers of Central America to respond to the HIV epidemic in the region by: (1) strengthening strategic information and prevention strategies targeting key populations (KP); and (2) improving the quality of HIV and tuberculosis (TB) treatment services to people living with HIV (PLHIV). CDC supports the countries to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) fast track 90-90-90 targets. CDC also supports these countries to achieve the World Health Organization (WHO) End TB Strategy in the context of the United Nations Sustainable Development Goals Agenda. CDC remains committed to working closely with the MOHs, the Global Fund to Fight AIDS, Tuberculosis and Malaria Global Fund, the Pan American Health Organization (PAHO), UNAIDS, the U.S. Agency for International Development (USAID), civil society, and other key partners in expanding effective HIV testing and counseling strategies, linking newly diagnosed individuals to treatment, intensifying TB case finding and preventive treatment among PLHIV, conducting TB infection control assessments in HIV clinics and hospitals, implementing Test and Start differentiated service delivery models, and strengthening laboratory, health information, and surveillance systems in the region.

**KEY ACTIVITIES AND ACCOMPLISHMENTS**

**Increase access to HIV prevention, testing, and linkage services among KPs through the HIV and Sexually Transmitted Infection Sentinel Surveillance and Control Strategy (VICITS):** VICITS is a country-led strategy that provides prevention services to men who have sex with men (MSM) and transgender women. It includes tailored counseling, enhanced STI diagnosis and treatment, condom and lubricant distribution, HIV testing, peer navigation for linkages to treatment and other referrals, and an HIV surveillance information system. In Fiscal Year (FY) 2018, CDC will: (1) expand access through peer promoters, social media, partner referrals, expanded service hours, and off-site service provision; (2) link newly diagnosed individuals to treatment via peer navigators; (3) enhance services through quality improvement plans and trainings; and (4) improve the availability and use of strategic information from VICITS including programmatic, epidemiological, and cost effectiveness results.

**Rapid Antiretroviral Treatment (ART) for people diagnosed with HIV:** CDC Central America supports MOH’s initiative to provide rapid ART to people newly diagnosed with HIV. This strategy provides counseling, HIV-ART information, complete medical evaluation, and a laboratory package that includes CD4, viral load (VL), genotyping, diagnosis of rapid opportunistic infections (TB, Histoplasma, and Cryptococcus), and provision of ART. This strategy will reduce from six clinic visits to two in number, and the time of initiating ART from two months to within seven days of HIV diagnosis. With this intervention we are contributing to the new UNAIDS goals: zero new HIV infections deaths and zero stigma and discrimination by 2030.

**Expand ART access by decentralizing treatment services to VICITS clinics:** CDC supports the decentralization of ART from national reference hospitals to VICITS clinics. Based on results of ART readiness assessments, CDC supports the decentralization of a selected

**CDC-Central America Region Office Staff: 11**

Locally Employed Staff: 9  
Direct Hires: 2

**Central America Region Includes:**

El Salvador, Guatemala, Honduras, Nicaragua and Panamá

		COUNTRIES				
		El Salvador	Guatemala	Honduras	Nicaragua	Panama
Country Quick Facts	GNI Per Capita (2017)	\$3,560	\$ 4,060	\$ 2,250	\$ 2,130	\$ 13,100
	Population (2017)	6.377 Million	16.913 Million	9.265 Million	6.217 Million	4.098 Million
	Under 5 Mortality (Per 1,000 Live Births) (2016)	15	29	19	20	16
	Life Expectancy (2016)	74	73	74	75	78

Source: <http://www.worldbank.org/en/country>

Global HIV/AIDS Epidemic (2017)	Estimated HIV Prevalence (Age 15–49)	0.6%	0.4%	0.3%	0.2%	1.0%
	Estimated AIDS Deaths (Age ≥15)	<1,000	1,800	<1000	<500	<1,000
	Estimated Orphans due to AIDS	4,600	17,000	20,000	4,800	5,400
	Reported Number of Adults Receiving Antiretroviral Therapy (ART) (Age ≥15)	11,601	17,153	10,973	4,200	12,947

Source: <http://aidsinfo.unaids.org/>

Global Tuberculosis Epidemic	Estimated TB Incidence (Per 100,000 Population) (2016)	60	24	40	48	55
	TB patients with known HIV-status who are HIV-positive (2016)	7%	8%	8%	5%	16%
	Treatment Success Rate (2015)	92%	87%	86%	87%	82%

Source: <http://www.who.int/tb/country/data/profiles/en/>



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ART provision model, and developing or strengthening site systems for integration with national health information and drug management systems, build necessary on-site human resource and laboratory capacity, and monitor progress in program implementation and treatment outcomes.

**Improve ART Adherence and Treatment Outcomes among PLHIV:** CDC will offer an HIV medicine program to strengthen HIV clinical knowledge and practice among health practitioners, including management of treatment outcomes, opportunistic infection diagnosis, and strategies to improve adherence among PLHIV. This includes an in-person workshop, and an online course and case based studies. CDC will also conduct site assessments, develop a quality improvement plan, and work with MOH to implement recommendations.

**Increase detection of HIV diagnoses through rapid HIV Incidence Testing:** CDC will support the integration of rapid HIV incidence testing into routine HIV testing services, HIV case finding and linkage to services through assisted partner notification services, and rapid response interventions for effective epidemic control. All individuals with a confirmed HIV-positive diagnosis will be offered to refer or bring their partner, or have a health provider anonymously contact their partner, for HIV testing.

**Strengthen TB/HIV coinfection management:** CDC will continue to partner with National TB and HIV programs to support: (1) TB screening and TB preventive therapy among PLHIV; (2) TB infection control (TBIC) trainings, risk assessments, and development of local TPIC plans in HIV clinics and hospitals; and (3) linkages to treatment across TB and HIV clinics. CDC will continue to support laboratory capacity in rapid TB tests and support proficiency tests to ensure quality of TB diagnosis throughout the region.

**Increase knowledge in TB and improve TB case management:** CDC will continue to support in Guatemala the bi monthly ECHO (Extension for Community Healthcare Outcomes) tele-mentoring project to train healthcare workers, the virtual TB certificate program developed by the National TB Program (NTP), and the virtual TB MDR Committee monthly clinic in Guatemala. The ECHO model uses a combination of videoconferencing, case-based learning, sharing of best practices, and monitoring outcomes. Participants from NTP, national reference hospitals, TB clinics, HIV clinics, and different health sectors (e.g. social security, private sector) will build a virtual community linked to international experts for enhanced sharing of TB knowledge and experience. TB ECHO project will also be launched in Panama, Honduras, and Nicaragua.

**Support development and approval of TB law initiatives:** Guatemala, El Salvador, and Panama are in the process of developing TB laws which will ensure that all health care providers from different health sectors diagnose and treat TB patients according to TB national guidelines; and will regulate the appropriate use of TB medications to avoid development of drug resistance, patients lost to follow up, and inadequate surveillance and management of adverse events. TB laws may also include service delivery free of stigma and discrimination, as well as case management regulations for special populations (i.e. HIV, children, prisoners, diabetics, and others).

**Strengthen Fungal Opportunistic Infection Diagnosis:** CDC will continue to support clinical and laboratory training in diagnosis of Histoplasmosis and Cryptococcosis among PLHIV with rapid tests in hospitals from Panama, Honduras, and Nicaragua.

**Strengthen sustainable VL network:** CDC Central America will conduct a rapid assessment that will include specimen referral, equipment, information management systems, quality management systems, monitoring and evaluation, technology evaluation, and policy and strategic planning and coverage. CDC will also work closely with the National Reference Laboratory to develop/strengthen an algorithm for monitoring VL based on current guidelines. Results from the assessment will be used to develop/strengthen a sustainable VL network to improve patient outcomes, treatment adherence, and VL suppression.

**Update Monitoring of Treatment Outcomes for PLHIV Initiating and/or Failing First and Second Line Regimens:** CDC will support nationally representative cross-sectional surveys to estimate the prevalence of pre-treatment and acquired drug resistance among PLHIV on ART. Findings will guide targeted efforts to improve current strategies.

**Enhance Local Capacity for Continuous Laboratory Quality Assurance and Rapid Test Continuous Quality Improvement Initiative (RTCQII):** CDC will continue to strengthen laboratory management and accelerate the process toward accreditation. Through RTCQII, CDC will support national efforts to improve the quality of HIV rapid testing by using innovative strategies and tools. RTCQII will strengthen ongoing quality assurance activities and the implementation of new initiatives.

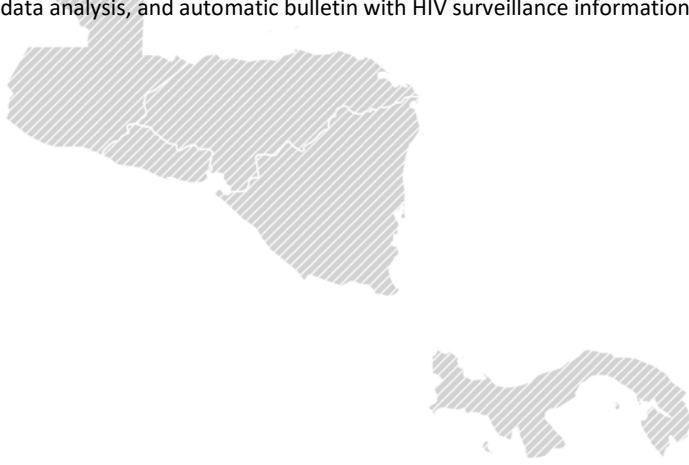
**Conduct Economic Evaluations:** CDC will perform costing analysis of PEPFAR-supported catalytic models, including VICITS extended modalities to increase reach and yield among KPs, RAPID ART initiation, rapid HIV Incidence testing, and assisted partner notification services.

**Strengthen HIV Surveillance Systems:** Based on the recommendations from national HIV surveillance system evaluations, CDC will continue to support National HIV case notification and treatment monitoring systems. CDC will support active surveillance of new

# CENTRAL AMERICA REGION

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HIV cases and clinical information systems to monitor health outcomes among people living with HIV and patients on ARV therapy, data analysis, and automatic bulletin with HIV surveillance information.



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