2017 Regional Operational Plan Approval Meeting

CENTRAL AMERICA

OUTBRIEF
March 15, 2017
A tale of five countries, the making of a regional program

BACKGROUND AND CONTEXT
- HIV epidemiologic profile
- HIV investment profile
- Regional Joint Approach
- Gap analysis from country retreat
- Partner performance framework
- PEPFAR FY16 and Q1 results

PROPOSED PEPFAR PROGRAM FOR ROP17 & ROP18
- Strategy
- Strategic outcomes
- Geographic focus and targets

GUIDING PILLARS
- Accountability
- Transparency
- Impact
BACKGROUND AND CONTEXT
Central America: HIV epidemiologic profile

Prevalence
- TG
- MSM
- FSW
- ADULTS (15-49)
- NO INTERVENTION

POPULATION: 42 MILLION
KEY POPULATION: 422,761
PLHIV: 118,227

MSM size population
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Panama

FSW size population
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Panama

TG size population
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Panama
Central America HIV Clinical Cascade, 2016

Source: Primary data source are Cascade Studies of the five countries (Guatemala, Honduras, El Salvador, Panama, Nicaragua); Coverage of 90-90-90 goals from USAID/PASCA LMG study; August 2016.
Guatemala: Cascade, 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>% Achieved</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLHIV</td>
<td>14,483</td>
<td></td>
</tr>
<tr>
<td>Diagnosed</td>
<td>23,900</td>
<td>26,099</td>
</tr>
<tr>
<td>On ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral suppression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Honduras: Cascade, 2015

- PLHIV: 8,533
- Diagnosed: 20,000
- On ART: 8,878
- Viral Suppression: 8,832

% Achieved vs Gap
El Salvador: Cascade, 2015

- **PLHIV**: 20,000
- **Diagnosed**: 15,000 (4,384 achieved, 10,616 gap)
- **On ART**: 10,437
- **Supresion Viral**: 10,625

Legend:
- Blue: % Achieved
- Red: Gap
Panama: Cascade, 2015

- PLHIV: 14,000
- Diagnosed: 1,161
- On ART: 4,711
- Supresion Viral: 6,289

% Achieved | Gap
---|---

PEPFAR
Nicaragua: Cascade, 2015

- PLHIV: 11,819
- Diagnosed: 8,086
- On ART: 6,513
- Viral Suppression: 6,819

% Achieved vs Gap
### Investment Profile – Central America Region

<table>
<thead>
<tr>
<th>Service</th>
<th>TOTAL</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% Host Country</th>
<th>% Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment &amp; support</td>
<td>$ 97,743,920.00</td>
<td>0.13%</td>
<td>10.75%</td>
<td>87.98%</td>
<td>1.13%</td>
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<tr>
<td>Community-based care, treatment &amp; support</td>
<td>$ 518,298.00</td>
<td>0.00%</td>
<td>7.37%</td>
<td>68.25%</td>
<td>24.37%</td>
</tr>
<tr>
<td>HTS</td>
<td>$ 7,441,917.00</td>
<td>0.79%</td>
<td>5.83%</td>
<td>91.04%</td>
<td>2.34%</td>
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<tr>
<td>Priority population prevention</td>
<td>$ 15,812,851.00</td>
<td>12.50%</td>
<td>18.82%</td>
<td>49.92%</td>
<td>18.76%</td>
</tr>
<tr>
<td>Key population prevention</td>
<td>$ 7,430,920.00</td>
<td>29.26%</td>
<td>57.60%</td>
<td>10.74%</td>
<td>2.40%</td>
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<tr>
<td>PMTCT</td>
<td>$ 14,278,528.00</td>
<td>0.00%</td>
<td>14.10%</td>
<td>73.61%</td>
<td>12.29%</td>
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<tr>
<td>OVC</td>
<td>$ 2,635,224.00</td>
<td>0.00%</td>
<td>92.84%</td>
<td>3.63%</td>
<td>3.53%</td>
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<tr>
<td>Laboratory*</td>
<td>$ 439,925.00</td>
<td>17.07%</td>
<td>67.74%</td>
<td>3.51%</td>
<td>11.69%</td>
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<tr>
<td>SI, Surveys and Surveillance</td>
<td>$ 10,977,065.00</td>
<td>37.71%</td>
<td>35.73%</td>
<td>18.64%</td>
<td>7.92%</td>
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<tr>
<td>HSS</td>
<td>$ 67,253,645.00</td>
<td>7.39%</td>
<td>19.62%</td>
<td>66.28%</td>
<td>6.71%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 224,532,294.00</strong></td>
<td><strong>6.02%</strong></td>
<td><strong>17.87%</strong></td>
<td><strong>70.84%</strong></td>
<td><strong>5.27%</strong></td>
</tr>
</tbody>
</table>

*Note: This table includes laboratory expenditure data for all countries with the exception of El Salvador and Guatemala, which did not have laboratory costs broken out from other categories.*

*Source: National AIDS Spending Accounts (NASA) Studies for El Salvador, Guatemala, Honduras, Nicaragua & Panama*
Regional Joint Approach - Coordination with Global Fund, UNAIDS and PAHO

• Updating framework based on different global and regional strategic plans (i.e. CAR Health Plan, CAR HIV Strategic plan, 90-90-90 UNAIDS, T&S).

• Framework defining use of resources and monitoring of key indicators.
PEPFAR-Global Fund Engagement

- New PEPFAR Global Fund Liaison
- Updating Joint Approach framework
- PEPFAR membership in CCMs and RCM and TA in all stages of GF subvention management
- Coordination workshops to optimize HIV resources at above site and site level
- Sharing of best practices and cross pollination between GF and PEPFAR
- Engagement with GF Sustainability POC
- Continuous GF feedback to ROP development
  - Stakeholder consultations
  - Panama PSE example in FOIT
Gap Analysis from Country Retreat

**Policies/Advocacy**
- Financial sustainability of 90-90-90 and KP services
- Lack of private sector involvement
- Intermittent economic crises affect procurement of ART and key commodities

**90-90-90 Gaps**
- Limited HTC among KP
- Inefficient linkage and retention strategies
- Reengaging patients lost to follow up
- Supply chain management challenges

**Strategic Information**
- Weak HIV information systems
- Lack of HIV incidence data
- Insufficient data quality assurance
- Optimization of data use with civil society

**Quality and Human Resource Capacity**
- HIV knowledge not current among HRH
- GBV not inclusive of KP
- HIV OI guidelines nonexistent or not current
Partner Performance Monitoring Framework

- Once in life of IM
  - Evaluation and Performance Management Plan
  - SIMS Expenditure Analysis
  - MER indicator reporting in DATIM
  - Custom indicator monitoring

- Annual
  - PEPFAR IM meeting
  - Monitoring meetings per IM
  - Progress in above site activities

- Bi annual
- Quarterly
  - Progress in above site activities
- Monthly
FY16 HTC_POS: Partner Performance and Yield

- UVG: 9,079, 106%
- PREVENCION COMBINADA: 12,703, 97%
- URC: 1,129, 56%
- PREVENSIDA: 7,013, 17%
- PASMO Guatemala: 1,245
- PASMO Honduras: 537

Legend:
- HTC NEG
- HTC POS (% YIELD, NUMBER)
- PERFORMANCE (% ACHIEVED)
PEPFAR: Targeting the right places

KP_PREV AND HTC_TST BY FY

FY15 FY16
KP_PREVIEW 92,551 69,683
HTC_TST 58,846 45,299

HTC_POS AND HTC YIELD BY FY

FY15 FY16
HTC_POS 886 1,612
HTC_YIELD 1.50% 3.60%

Cost per positive (US$)

$1,394 $937
74% increase in HTC_POS between Q1/FY16 and Q1/FY17

**Increased yield:**
- FY 15 Q1-Q4: 1.5%
- FY16 Q1-Q4: 3.6 %
- FY17-Q1: 5.5%

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>FY 16</td>
<td>185</td>
<td>374</td>
<td>472</td>
<td>575</td>
</tr>
<tr>
<td>FY 17</td>
<td>322</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q1/FY17 HTS_TST & Yield by KP and approach

Facility
- MSM total: 2,358
- MSM + total: 173
- FSW total: 430
- FSW + total: 5
- TG total: 138
- TG + total: 12

Yield: 7.3%

Community
- MSM total: 2,030
- MSM + total: 100
- FSW total: 373
- FSW + total: 3

Yield: 13.7%
Linkages: Low performance. Closed
New HIV cases by country and VICITS extended modality, Q1/FY17

Costing study currently underway

Unit cost of output indicators (# of positives, linked, etc)

Costs projection for each modality or combination of modalities under different scale-up scenarios

Sensitivity analyses to examine the change in unit cost and how cost projections would change under different assumptions

|$: 389$
Redacted
Q1/FY17: TX_NEW targets and results by country

*De duplicated. No targets in El Salvador and Honduras
# Test & Start Status February 2017

<table>
<thead>
<tr>
<th>National ART guidelines incorporate Test &amp; Start</th>
<th>ELS</th>
<th>GUA</th>
<th>HON</th>
<th>NIC</th>
<th>PAN</th>
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</thead>
<tbody>
<tr>
<td><a href="#">National ART guidelines incorporate Test &amp; Start</a></td>
<td>No</td>
<td>No</td>
<td>In process</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Current protocol sets CD4 &lt;=500 ml to start ART</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Test &amp; Start for KP</td>
<td>In process</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Test &amp; Start for Pregnant women</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Test &amp; Start for TB patients</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Current guidelines publication year</td>
<td>2014</td>
<td>2013</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>NAP reports clinical practice applying “Test &amp; Start”</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Innovative strategies from FY16

- HIV Epi and Service Mapping
- KP peer navigators
- Social media KP outreach
- Adherence Promoters
Central America Regional FY 18 Strategy

**Areas of Synergies**

- **Regional Level**
- **National Level**
- **Site Level**

**Activities**

- Political advocacy and cross-country learning
- Improve Policies and Systems
- Catalytic Models and Innovations
- Filling Critical Gaps "KP Cascade"

**Outcomes**

- Improved Sustainability & Financing of HIV Response
- Expanded Availability of HIV Services
- Improved HIV services for KP

**Impact**

- Sustainable Epidemic Control
  - National cascade GAM indicators
Proposed Strategic Outcomes

1. Improve the sustainability of the national HIV responses across CAR

2. Improved availability, accessibility and quality of HIV services for key populations across CAR

3. Expand the availability of HIV services by supporting systems and policies for Test and Start and Viral Load.
Program Activities for Epidemic Control

### Key Statistics

- **PLHIV**: 118,227
- **Diagnosed**: 75,587
- **On ART**: 41,325
- **Viral Suppression**: 27,325

### Activities

#### Reach, Test & Link
- VICITS Extended Modalities*
- Social media and cyber-educators*
- Rapid HIV incidence assay/Index test*

#### Treat & Retain
- RAPID ART initiation*
- ART decentralization to VICITS with DSD*
- Reduced visits and ARV pick-ups*

#### Viral Suppression
- Viral load scale up

**Detection, linkage, and Tx of HIV/TB co-infected patients**

**Increase re-engagement of LTFU, retention and improve adherence**

**GBV integration at KP services**

**Quality service delivery model for KP**

**Above site**: Governance- Health Financing-Workforce-Institutional Capacity Building-Laboratory-SI-Supply Chain

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*Pilots*
# Summary of Catalytic Models and Benchmarks

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Targets and benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reach</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Extended hours & mobile modalities to increase new HIV diagnosis & linkages to C&T at KP sentinel surveillance sites | • KP_PREV  
• HTC_POS  
• % linked to ART  
• Unit cost per each of the above  
• # of countries with local funding of catalytic models |
| Social media use and cyber-educators to reach and link KP                     |                                                                                       |
| HIV Rapid recency assay (RRA) for targeted index testing and partner notification at VICITS sites | • # of recent HIV infections identified using RRA  
• # of recent HIV infection cases with contacts traced  
• # of countries adopting RRA into national HIV algorithm  
• # of countries funding at least 25% of RRA |
| **Test**                                                                     |                                                                                       |
| Same-day ART initiation                                                      | • TX_NEW  
• TX_CURR  
• TX_RET  
• TX_PVLS  
• Unit cost for each of the above  
• # of countries’ guidelines incorporating DSD |
| Differentiated service delivery models, (reduced clinical visits, ARV pick-ups for stable patients) |                                                                                       |
| ARV decentralization for key populations                                     |                                                                                       |
Phase 1
Analyze and Design
- Identify gaps and lessons learned with stakeholders
- Design pilot intervention, program & financial metrics
- Determine PEPFAR investment

Phase 2
Implement and Assess
- Conduct baseline assessment
- Continuous Output Monitoring
- End line outcome assessment

Phase 3
Share results & Determine feasibility
- Analyze feasibility
- Consider alternative technical and financial scenarios for scale up
- Adapt as necessary

Phase 4
Broader Roll Out
- Close collaboration with country for roll out
- Targeted TA from PEPFAR (Quality assurance, M&E)
- Cross-country learning

Life Cycle of Catalytic Models

FY17
FY18
FY19
Successful Pilot Adoption in Central America

Facility-based KP services during regular hours (VICITS)

- Combination prevention package for KP at sentinel surveillance sites
- Started among FSW in Honduras in 2006
- By 2010, Guatemala, Nicaragua, Panama, El Salvador, and Costa Rica MoH adapted and adopted strategy
- Strategy currently serves FSW, MSM, and TGW
- MoH covers HCW, reagent, and treatment costs throughout region
- Scale up supported by GF

Community-based outreach model

- Combination prevention package for KP and PP at country level by GF and MOH
- Started with KP in Nicaragua in 2011
- Sharing the Unique Register System, CP model definition, unit cost model, KP size estimation and CSO’s capacity building.
- In 2014 joint evaluation demonstrated 90% of preventive services coverage.
- Currently serves MSM, TGW, FSW for prevention services.
- MOH covers HCW and 98% HIV tests.
- Scale up supported by GF
SO1. Improve the sustainability of the national HIV responses across CAR

**FY2016**
- Investment framework updated

**FY2017**
- Economic analysis completed
- S&D and gender inequities trends tracked and reported
- MoH HCW trained in S&D
- CSO model for Knowledge management/sustainable funding developed
- National HIV Surveillance systems evaluations

**FY2018-19**
- Funding sources diversified
- S&D and gender inequities reduced
- Cadre of MoH HCW trained as trainers in S&D
- CSOs knowledge management/private funding models adopted
- HIV Surveillance system Strengthening Plan (SSSP)
- CSO generating new HIV knowledge/implement self-funded activities
- Implementation of SSSP
SO2. Improved availability, accessibility and quality of HIV services for key populations across CAR

FY2016
- KP-friendly services in MoH Facilities (VICITS)
- KP hotspots prevention
- Continuous Lab Quality Improvement
- Active search for LFU

FY2017
- VICITS extended modalities costing study
- Innovative social media reach for hidden KP
- HIV incidence rapid recency and ARV DR surveillance studies in 3 countries
- Rapid Test Quality Improvement Initiative (RTQII) in two countries
- Differentiated service delivery models to increase retention

FY2018-19
- MoH adoption of extended modalities
- CSO implement social networks model in a sustainable manner
- Recency results coupled partner notification, ARV regimens adjusted
- Five countries apply for accreditation RTQII in five countries
- MOH tracks LFU & active system to reach and reinsert
SO3. Expand the availability of HIV services by supporting systems and policies for Test and Start and Viral Load

FY2016
- T&S advocacy
- Barriers for T&S identified

FY2017
- T&S Policy Framework developed
- Barriers to T&S eliminated

FY2018-19
- T&S pilots and scale-up in five countries

- Strategic information used for HIV decision making in key processes

- ARV decentralization to VICITS

- VL scale up, 1 country: assessments, algorithms, mapping, quality management

- VL scale up, 5 country: Increase in Viral suppression
Increased Focus on Above Site

Activity Budget Breakdown

ROP FY16

- Site Level: 79%
- Above Site: 21%

ROP FY17

- Site Level: 39%
- Above Site: 61%
Alignment of PEPFAR Investments Geographically to Disease Burden

Map 1: CENTRAL AMERICA: NOTIFIED HIV CASES BY MUNICIPALITY (SNU 3)
- Legend:
  - 0 - 4
  - 5 - 20
  - 21 - 30
  - 31 - 40
  - 41 - 906
- Countries: Guatemala, Belize, Honduras, Nicaragua, Costa Rica, Panama

Map 2: PEPFAR FY 18: MUNICIPALITIES (SNU 3) WITH INTERVENTION
- Legend:
  - NO INTERVENTION
  - TRANSITION OUT
  - FY 18 PREVENTION AND TREATMENT
  - FY 18 TREATMENT
- Countries: Guatemala, Belize, Honduras, Nicaragua, Costa Rica, Panama
Number of PEPFAR-supported Sites and Municipalities (SNU3) by FY

<table>
<thead>
<tr>
<th>Site category</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTC - Facility Sites</td>
<td>125</td>
<td>46</td>
<td>49</td>
<td>22</td>
</tr>
<tr>
<td>HTC - Community Sites</td>
<td>135</td>
<td>118</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>TX – Facility Sites</td>
<td>91</td>
<td>43</td>
<td>24</td>
<td>37</td>
</tr>
</tbody>
</table>
PEPFAR contribution to HIV case notification in Central America

Note: FY16 APR, 2015 Honduras and El Salvador, 2014 Guatemala, Nicaragua, Panama case notification.
## Proposed FY18 and FY19 Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY 16 target</th>
<th>FY 16 result</th>
<th>FY 16 % achieved</th>
<th>FY 17 Target</th>
<th>FY 17 anticipated result (Q1)</th>
<th>FY 17 % achieved</th>
<th>Proposed FY 18/19 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP_PREV</td>
<td>80,988</td>
<td>69,683</td>
<td>86%</td>
<td>64,964</td>
<td>N/A</td>
<td>N/A</td>
<td>33,448</td>
</tr>
<tr>
<td>PP_PREV</td>
<td>13,450</td>
<td>1,078</td>
<td>8%</td>
<td>2,615</td>
<td>N/A</td>
<td>N/A</td>
<td>600</td>
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<tr>
<td>HTC_TST</td>
<td>64,412</td>
<td>45,299</td>
<td>70%</td>
<td>39,774</td>
<td>5,840</td>
<td>15%</td>
<td>21,059</td>
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<tr>
<td>HTC_POS</td>
<td>1,740</td>
<td>1,612</td>
<td>93%</td>
<td>1,992</td>
<td>322</td>
<td>16%</td>
<td>1,349</td>
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<tr>
<td>TX_NEW</td>
<td>3,151</td>
<td>3,841</td>
<td>122%</td>
<td>854</td>
<td>955</td>
<td>112%</td>
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<tr>
<td>TX_CURR</td>
<td>26,575</td>
<td>37,043</td>
<td>139%</td>
<td>18,194</td>
<td>33,914</td>
<td>186%</td>
<td>36,281</td>
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<tr>
<td>TB_ART</td>
<td>37</td>
<td>75</td>
<td>203%</td>
<td>36</td>
<td>N/A</td>
<td>N/A</td>
<td>80</td>
</tr>
<tr>
<td>TB_SCREENDX</td>
<td>1,799</td>
<td>5,007</td>
<td>278%</td>
<td>2,385</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>TB_STAT</td>
<td>848</td>
<td>744</td>
<td>88%</td>
<td>934</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>TB_IPT</td>
<td>360</td>
<td>291</td>
<td>81%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>TB_OUTCOME</td>
<td>56</td>
<td>83</td>
<td>148%</td>
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<td>N/A</td>
<td>N/A</td>
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<td>TX_TB</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>326</td>
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<tr>
<td>TX_PREV</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1,348</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>21,345</td>
</tr>
</tbody>
</table>
Guatemala: 90-90-90 Commitment

Source: Guatemala MoH/UNAIDS. National Target Proposal
¡Gracias!

Accountability

Transparency

Impact