



PEPFAR

# 2017 Regional Operational Plan Approval Meeting

## CENTRAL AMERICA

OUTBRIEF  
March 15, 2017





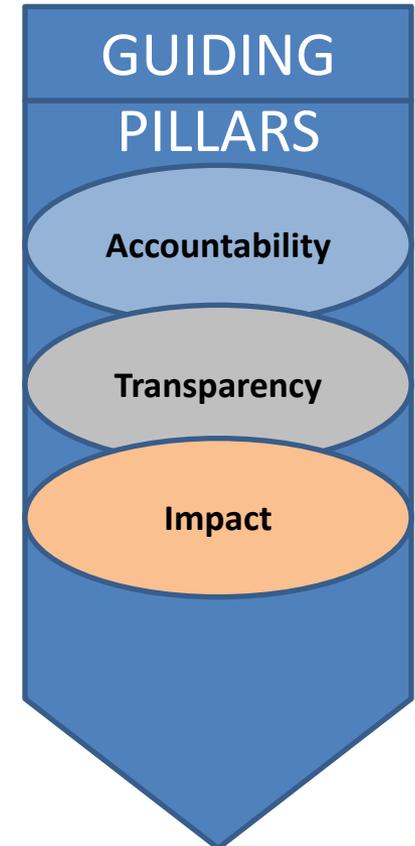
# A tale of five countries, the making of a regional program

## 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





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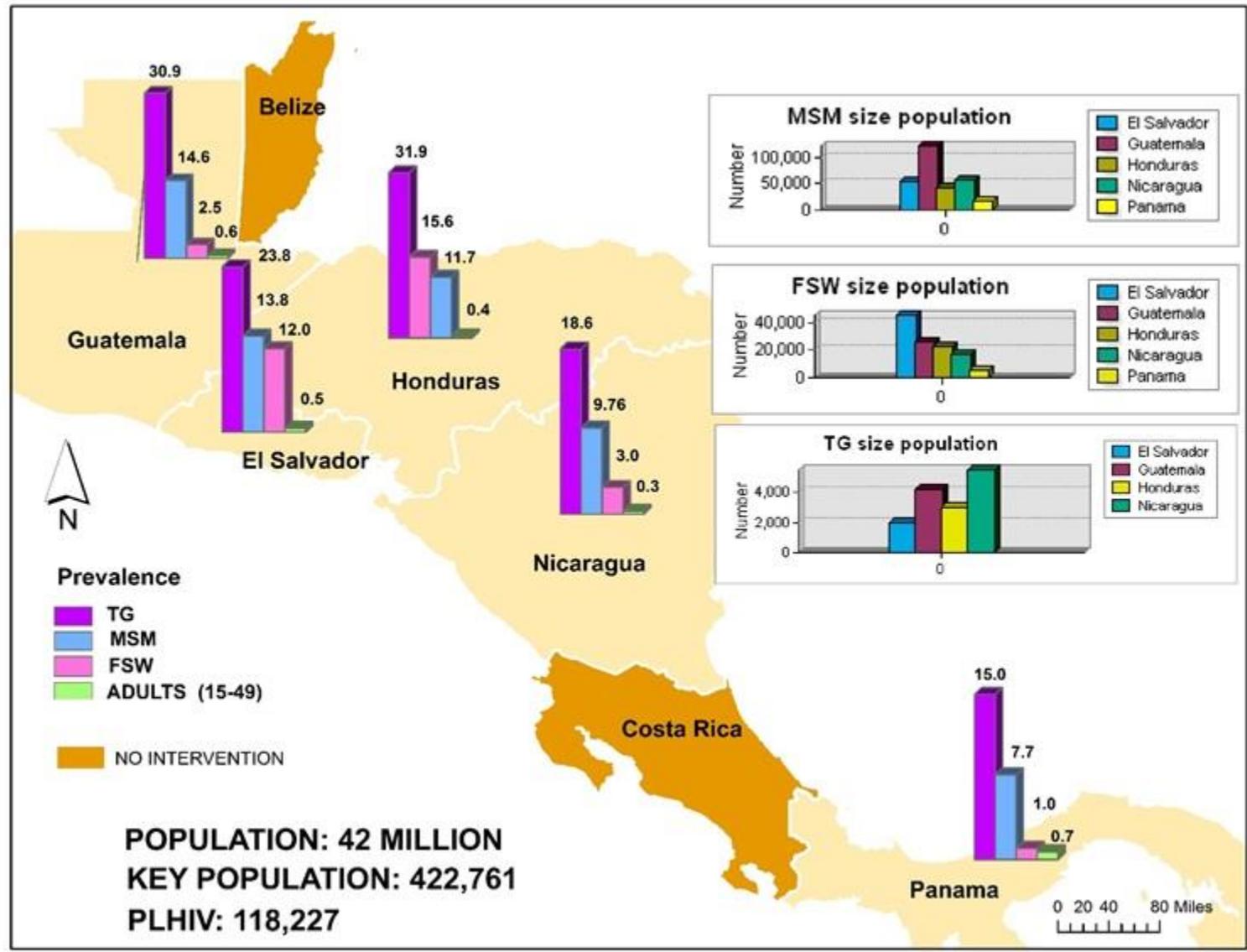
# BACKGROUND AND CONTEXT





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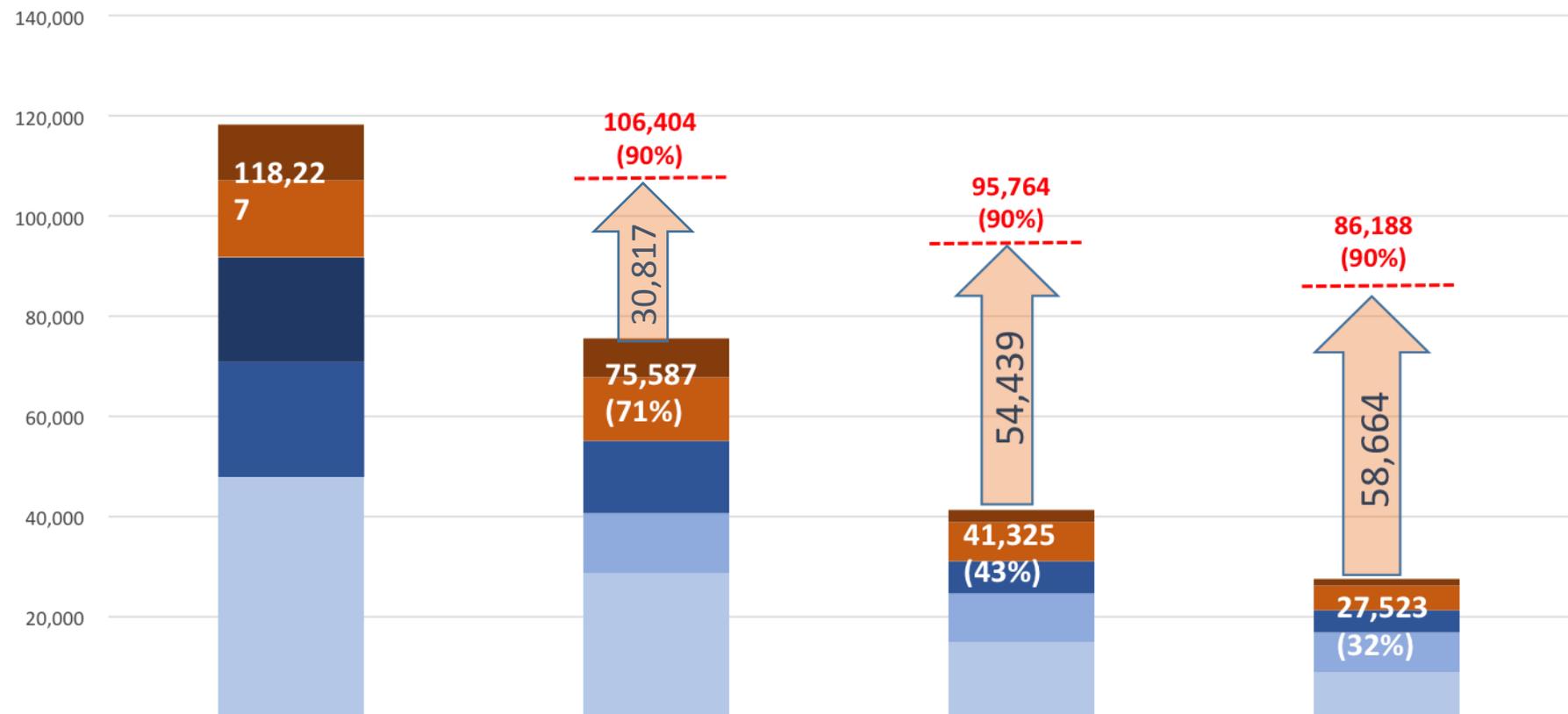
# Central America: HIV epidemiologic profile





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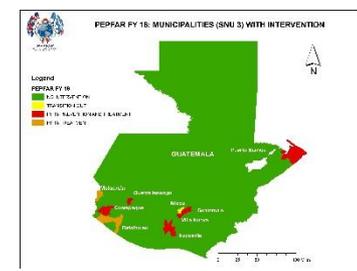
# Central America HIV Clinical Cascade, 2016



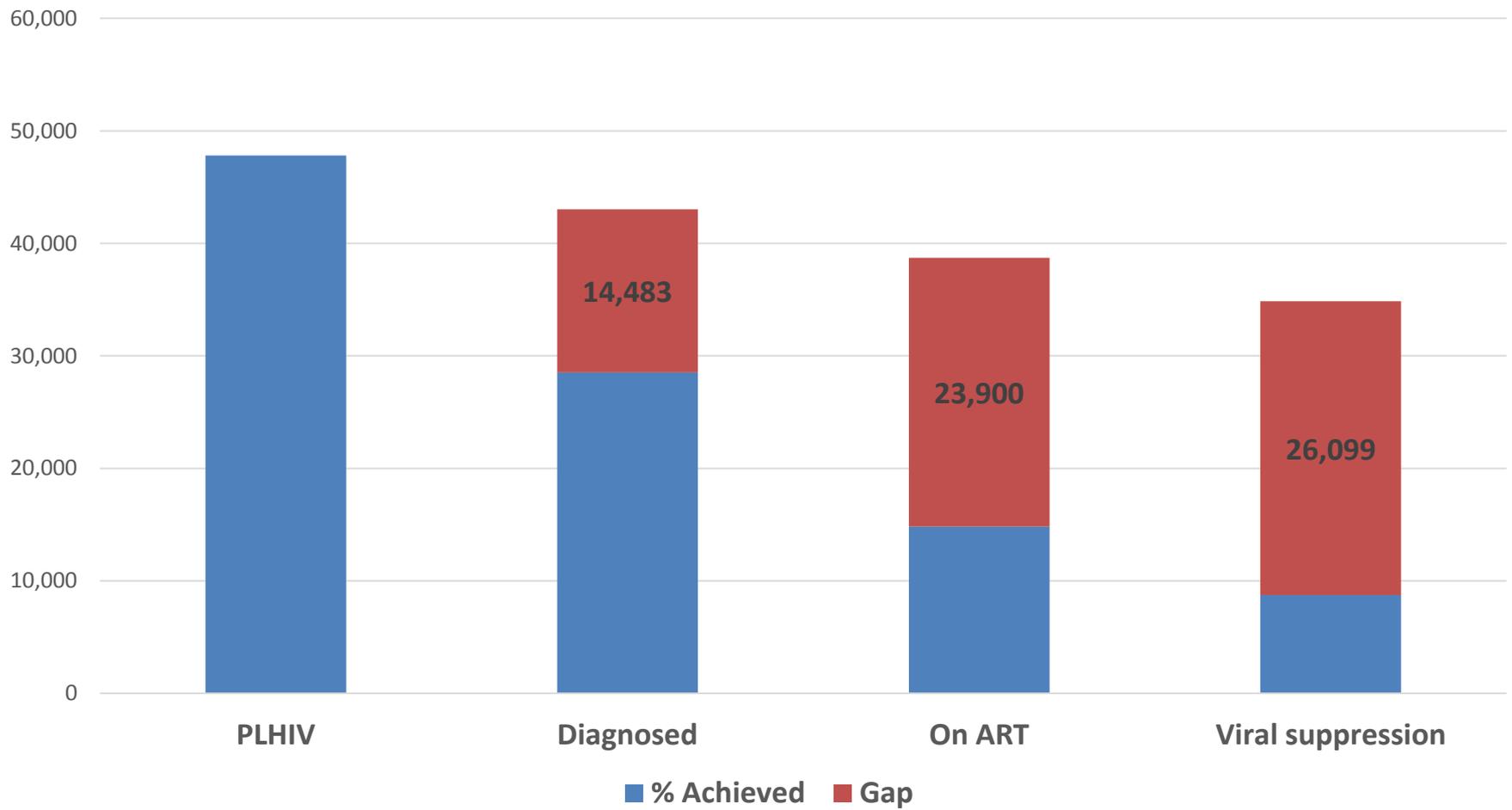
	PLHIV	Diagnosed	On ART	Viral suppression
■ Nicaragua	11,130	7,760	2,502	1,295
■ Panama	15,423	12,720	7,782	4,954
■ El Salvador	20,874	14,403	6,471	4,592
■ Honduras	23,000	12,167	9,752	7,935
■ Guatemala	47,800	28,537	14,818	8,747

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.



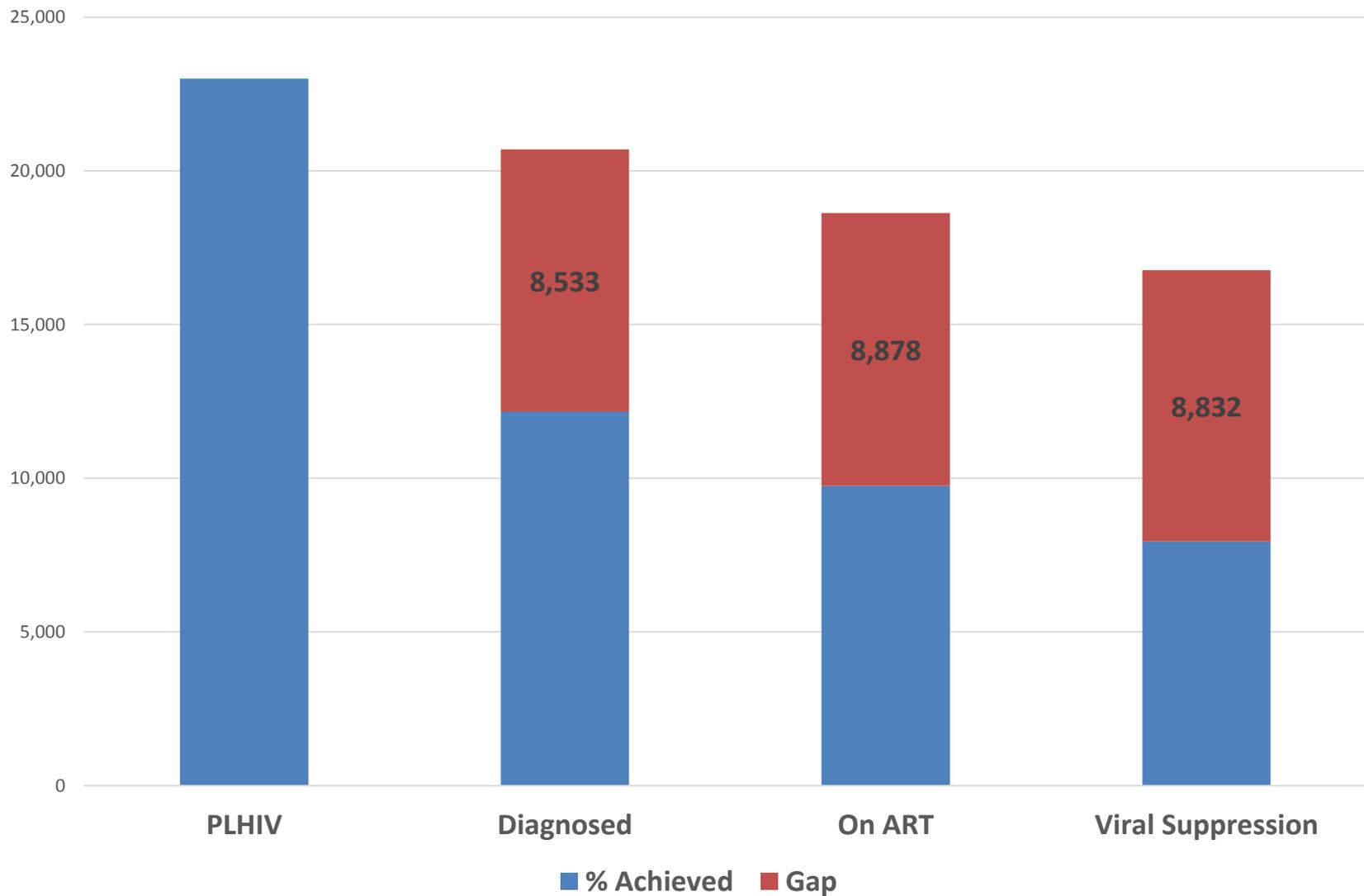
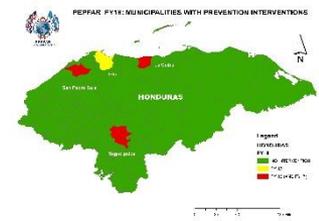


# Guatemala: Cascade, 2015





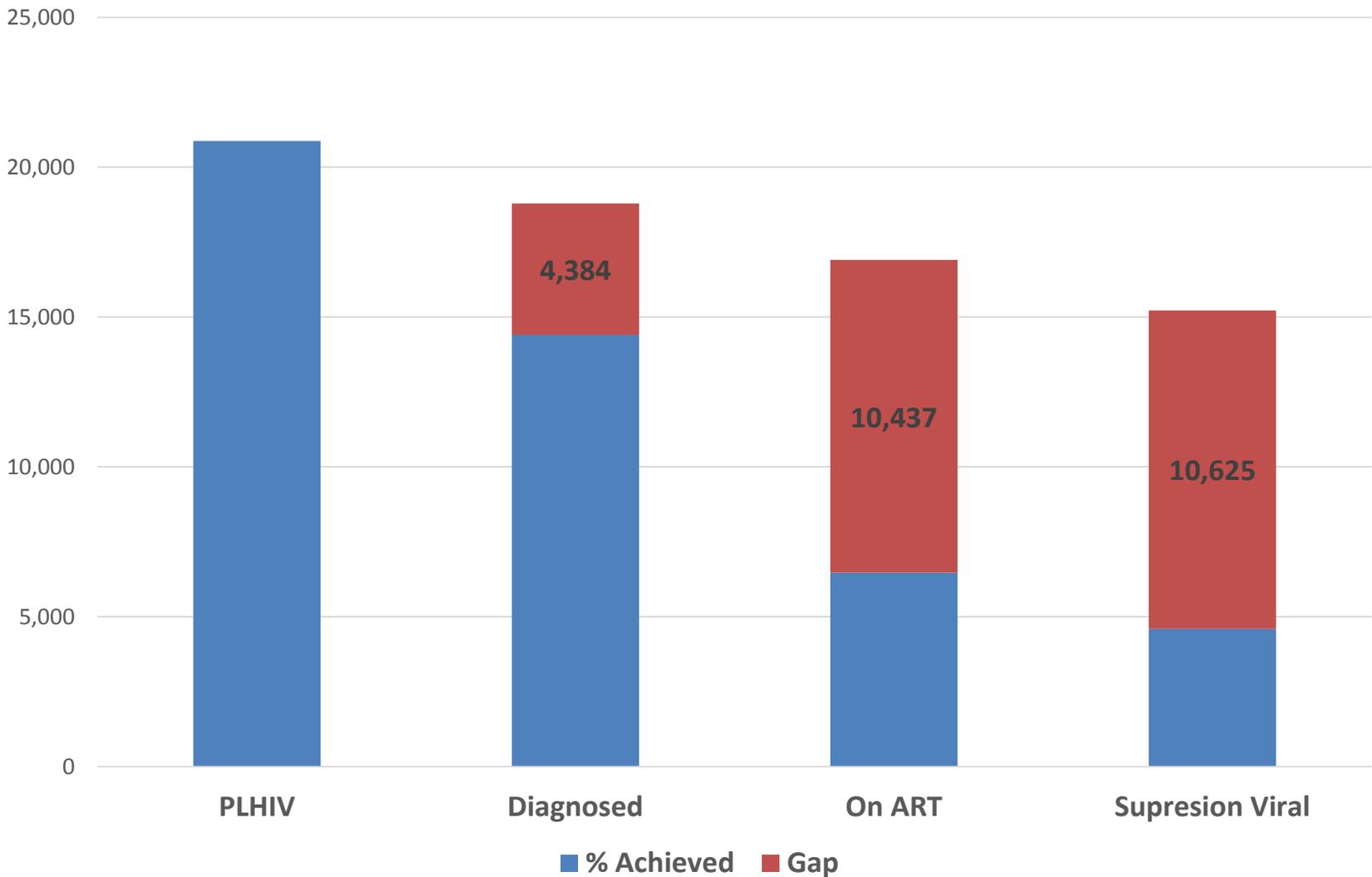
# Honduras: Cascade, 2015





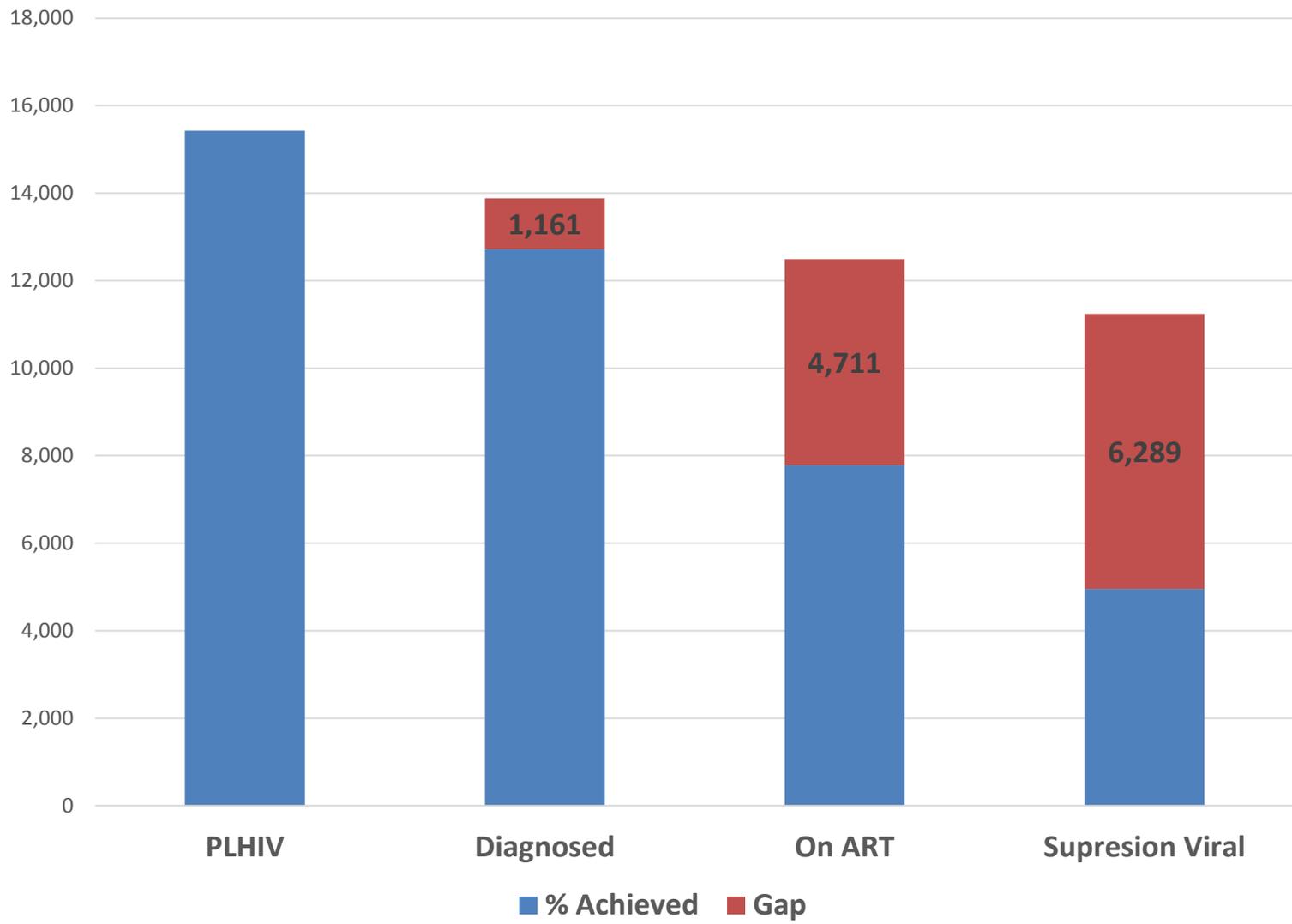
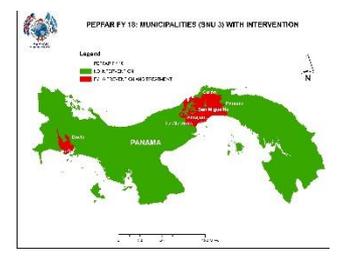
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# El Salvador: Cascade, 2015



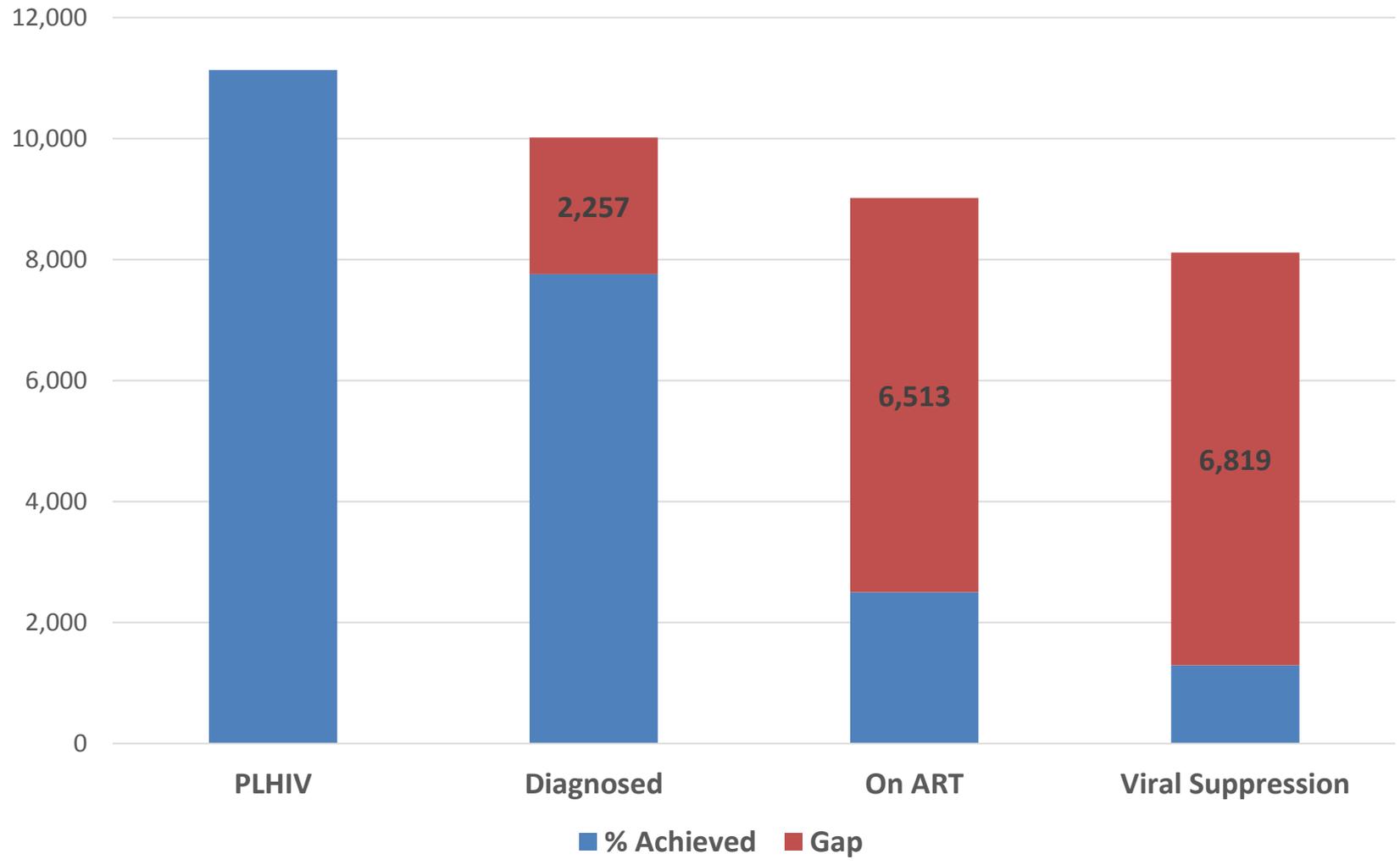
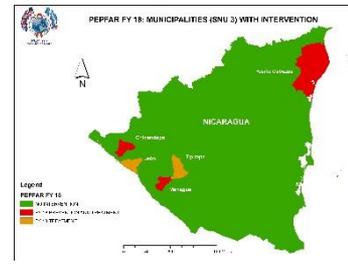


# Panama: Cascade, 2015





# Nicaragua: Cascade, 2015





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# Investment Profile – Central America Region

	TOTAL	%PEPFAR	%GF	%HostCountry	%Others
Clinical care, treatment & support	\$ 7,743,920.00	0.13%	10.75%	87.98%	1.13%
Community-based care, treatment & support	\$ 18,298.00	0.00%	7.37%	68.25%	24.37%
HTS	\$ 7,441,917.00	0.79%	5.83%	91.04%	2.34%
Priority population prevention	\$ 5,812,851.00	12.50%	18.82%	49.92%	18.76%
Key population prevention	\$ 7,430,920.00	29.26%	57.60%	10.74%	2.40%
PMTCT	\$ 4,278,528.00	0.00%	14.10%	73.61%	12.29%
OVC	\$ 2,635,224.00	0.00%	92.84%	3.63%	3.53%
Laboratory*	\$ 39,925.00	17.07%	67.74%	3.51%	11.69%
SI, Surveys and Surveillance	\$ 10,977,065.00	37.71%	35.73%	18.64%	7.92%
HSS	\$ 7,253,645.00	7.39%	19.62%	66.28%	6.71%
<b>Total</b>	<b>\$ 24,532,294.00</b>	<b>6.02%</b>	<b>17.87%</b>	<b>70.84%</b>	<b>5.27%</b>

\*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





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# 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

JOINT APPROACH FOR HIV/AIDS APPLICATIONS IN CENTRAL AMERICA AND DOMINICAN REPUBLIC BEFORE THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA  
2014-2020  
April 2014



Mecanismo de Coordinación Regional  
Grupo Técnico Asesor en VIH, Tuberculosis y Malaria  
[www.mcr-comisca.org](http://www.mcr-comisca.org)



El Fondo Mundial  
De lucha contra el SIDA, la tuberculosis y la malaria



ONUSIDA



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Panamericana  
de la Salud



Organización  
Mundial de la Salud  
ORGANIZACIÓN PANAMERICANA DE LA SALUD



PEPFAR  
THE UNITED STATES AND CENTRAL AMERICA  
AN INTERNATIONAL COOPERATION INITIATIVE



USAID  
FROM THE AMERICAN PEOPLE



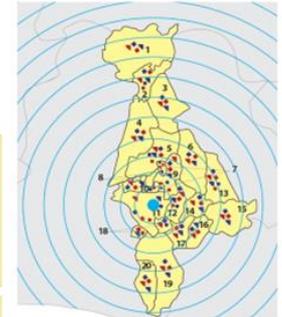


# PEPFAR-Global Fund Engagement

- 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



## Trabajo Con Poblaciones Clave Prevención Combinada – Fondo Mundial





# 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

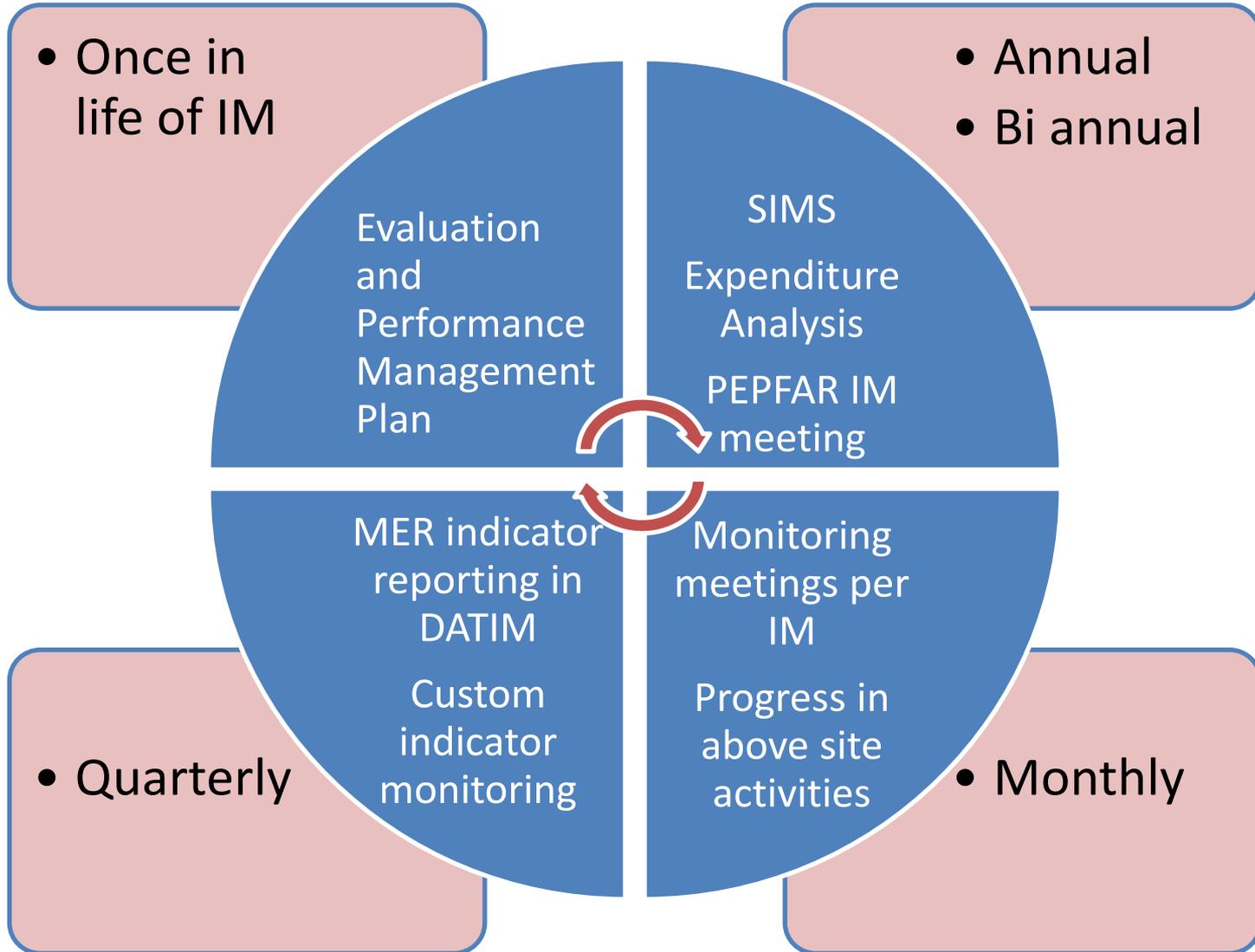
## Quality and Human Resource Capacity

- HIV knowledge not current among HRH
- GBV not inclusive of KP
- HIV OI guidelines inexistent or not current





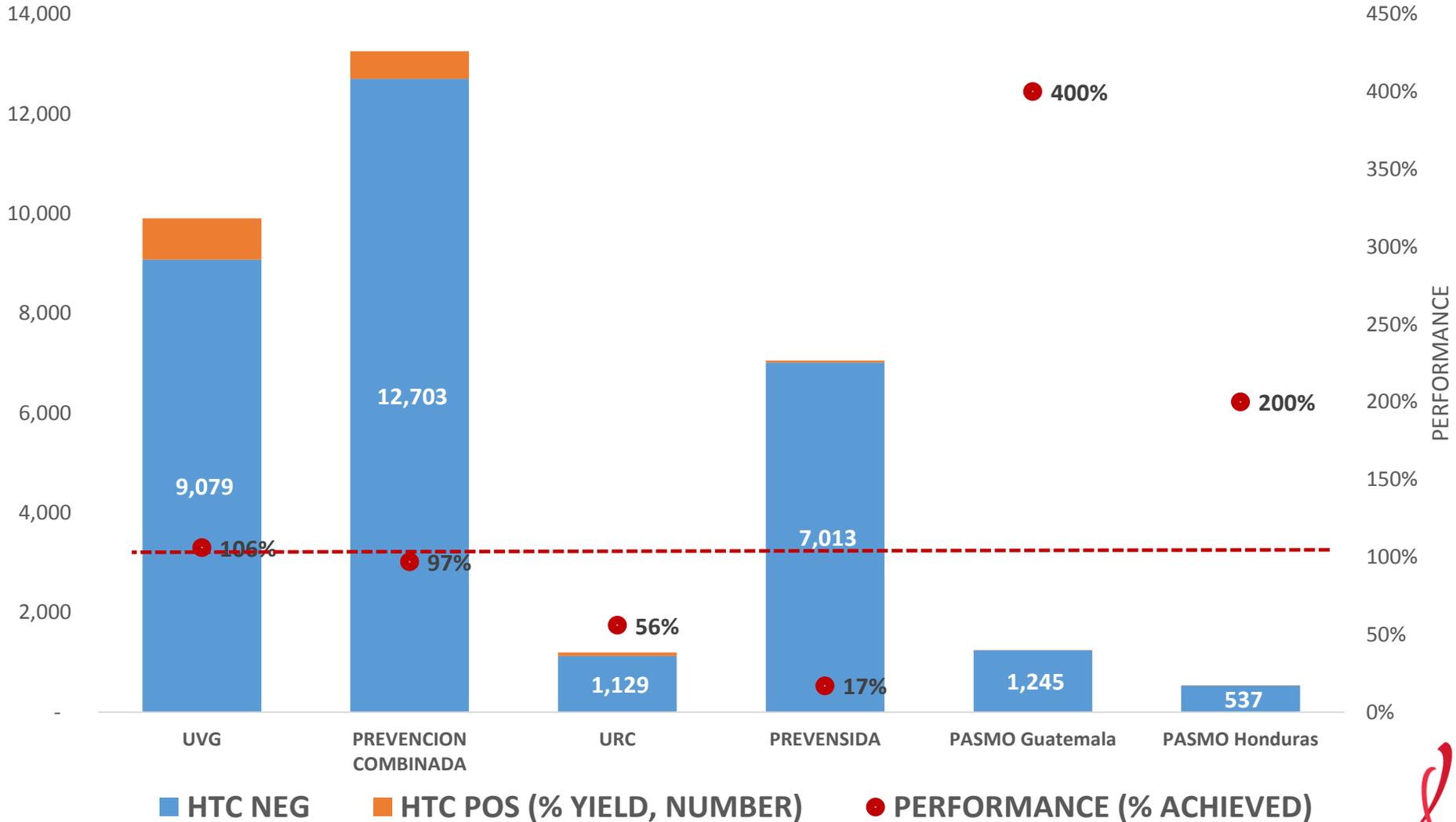
# Partner Performance Monitoring Framework





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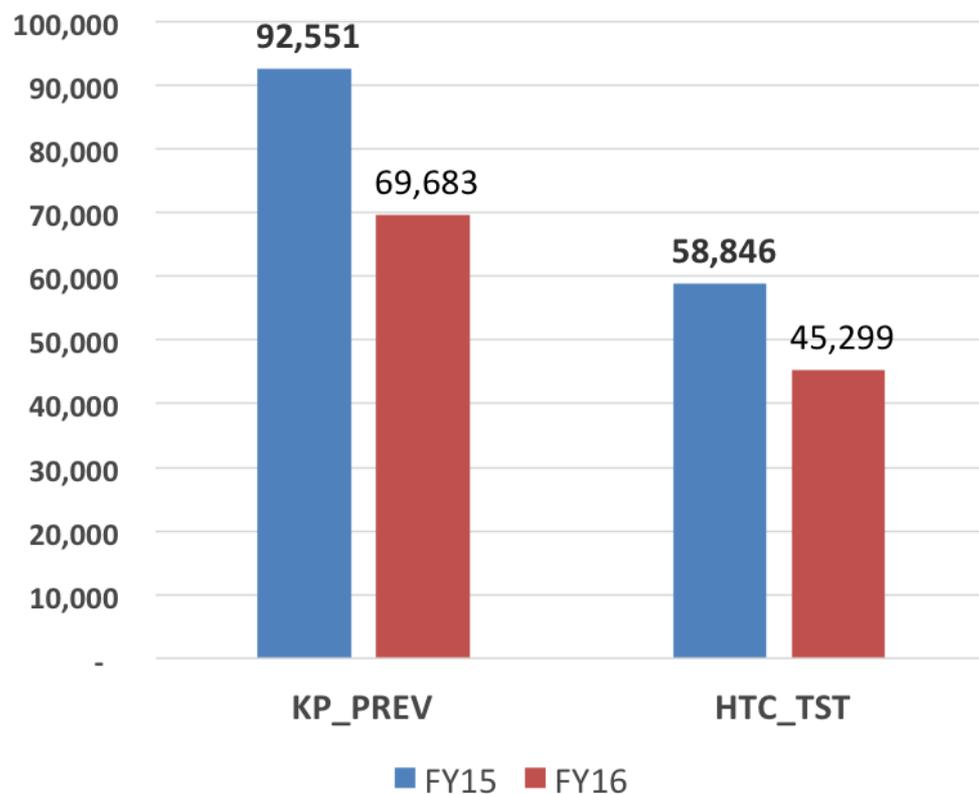
# FY16 HTC\_POS: Partner Performance and Yield



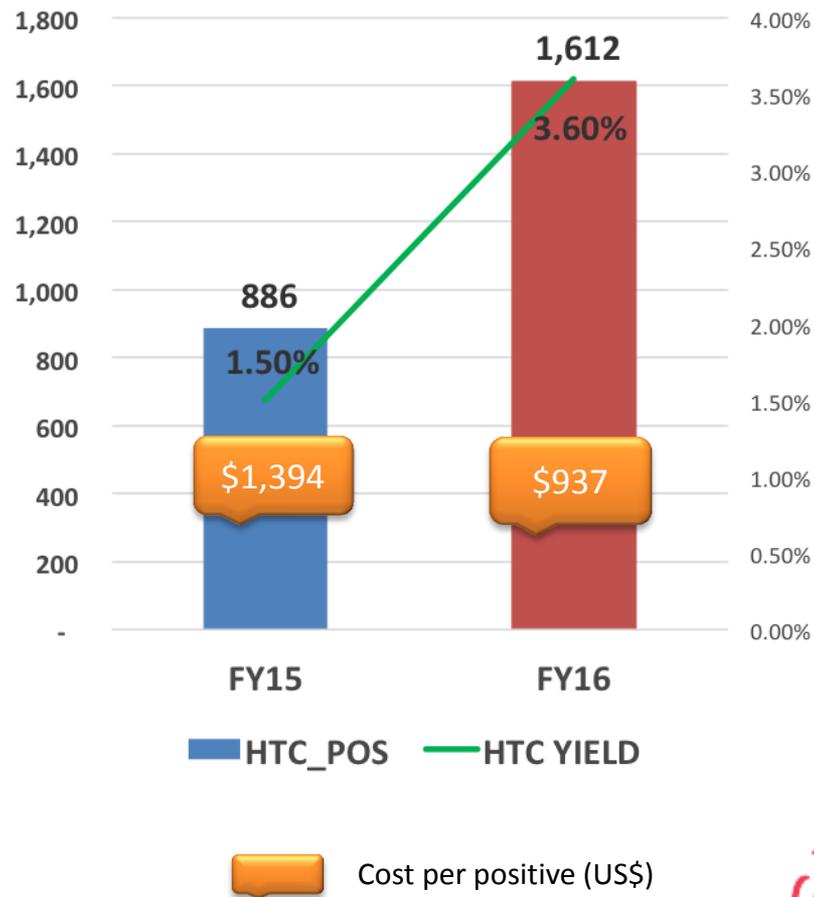


# PEPFAR: Targeting the right places

### KP\_PREV AND HTC\_TST BY FY

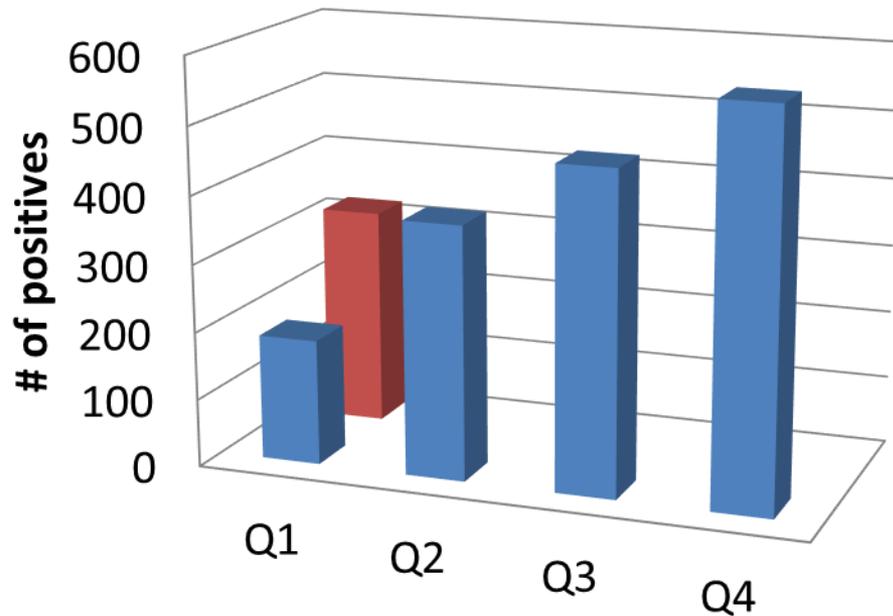


### HTC\_POS AND HTC YIELD BY FY





# HTS\_POS by quarter, FY16-17



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%**

	Q1	Q2	Q3	Q4
■ FY 16	185	374	472	575
■ FY 17	322			

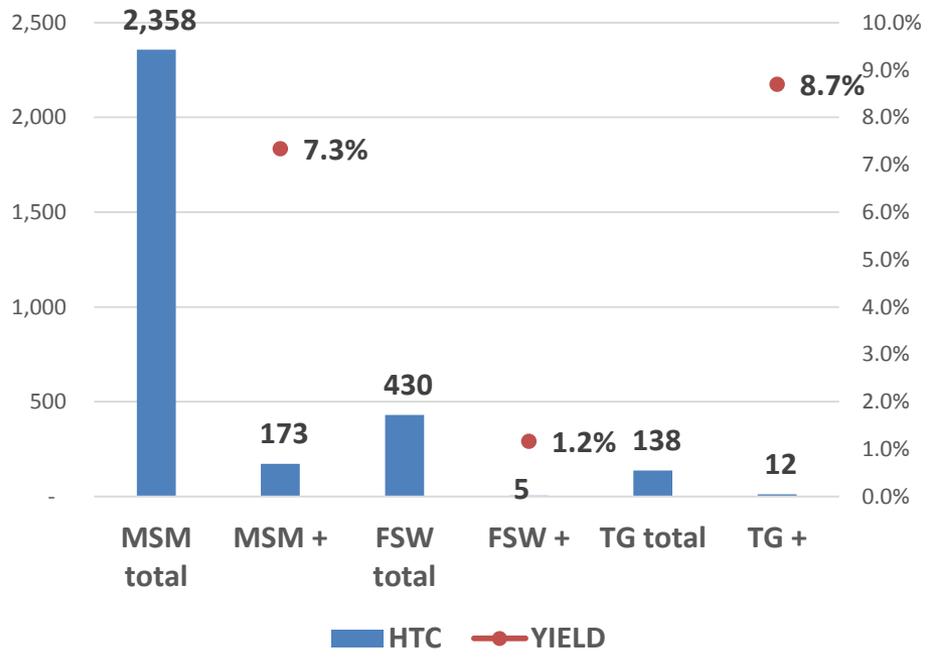




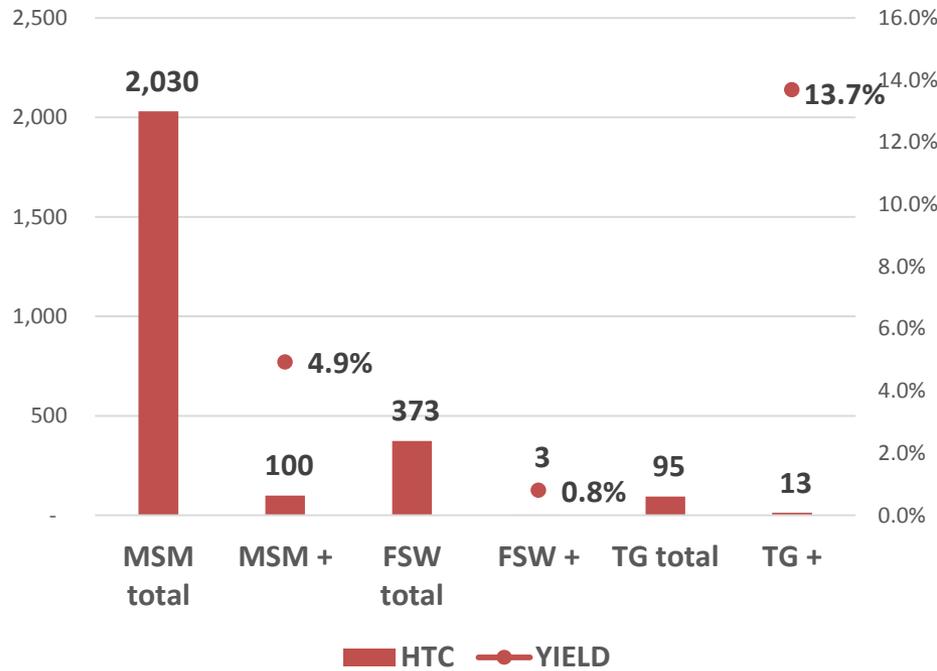
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# Q1/FY17 HTS\_TST & Yield by KP and approach

### Facility

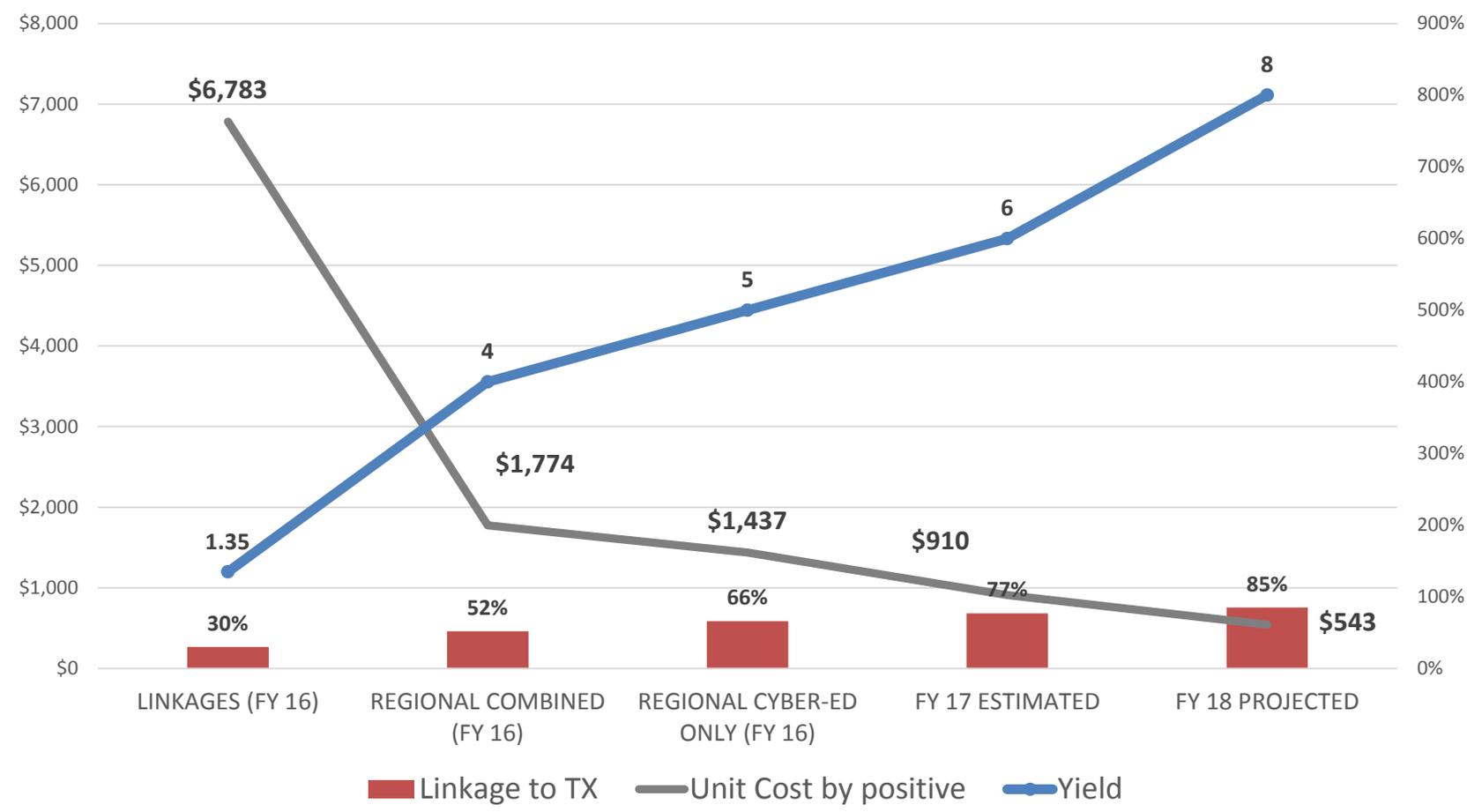


### Community





# IMPROVING COMMUNITY MODEL IN CENTRAL AMERICA



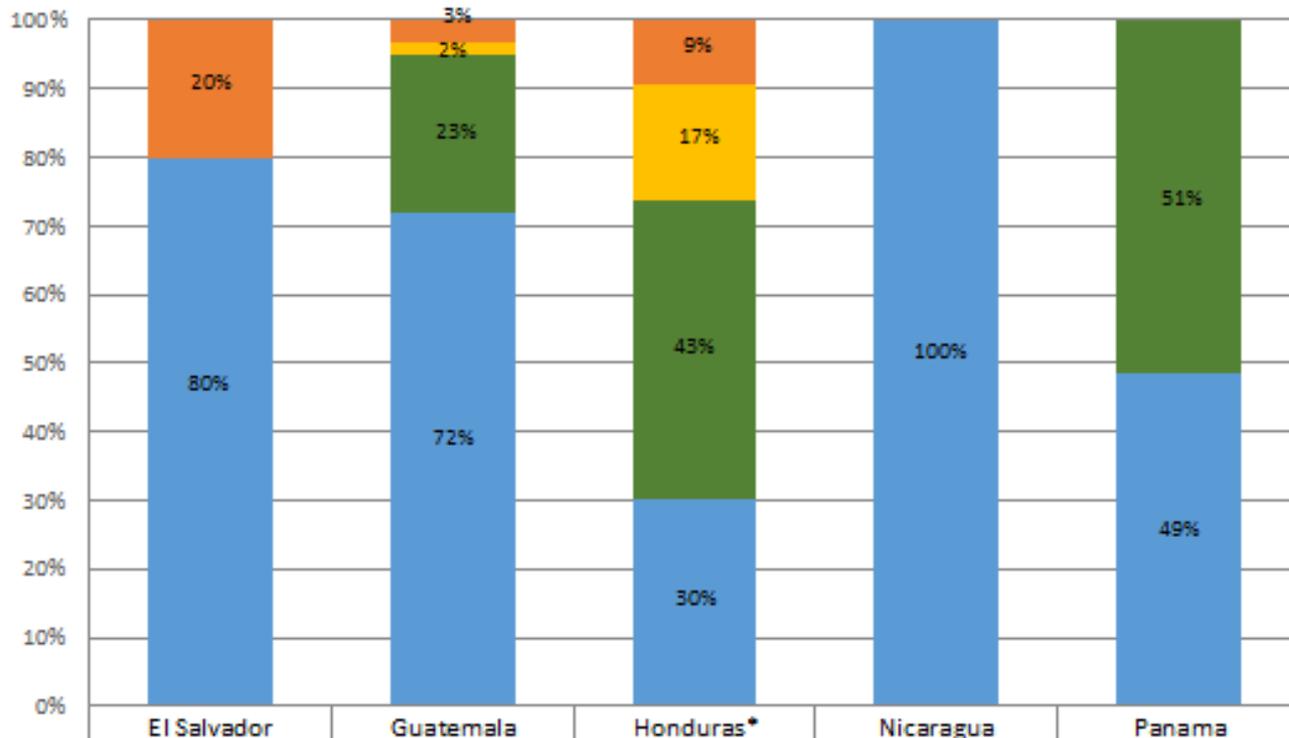
Linkages: Low performance. Closed





# New HIV cases by country and VICITS extended modality, Q1/FY17

\$: 389



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



	El Salvador	Guatemala	Honduras*	Nicaragua	Panama
Movil	3	3	5	0	0
Extramuros	0	2	9	0	0
Horario Extendido	0	22	23	0	38
Institucional	12	69	16	53	36



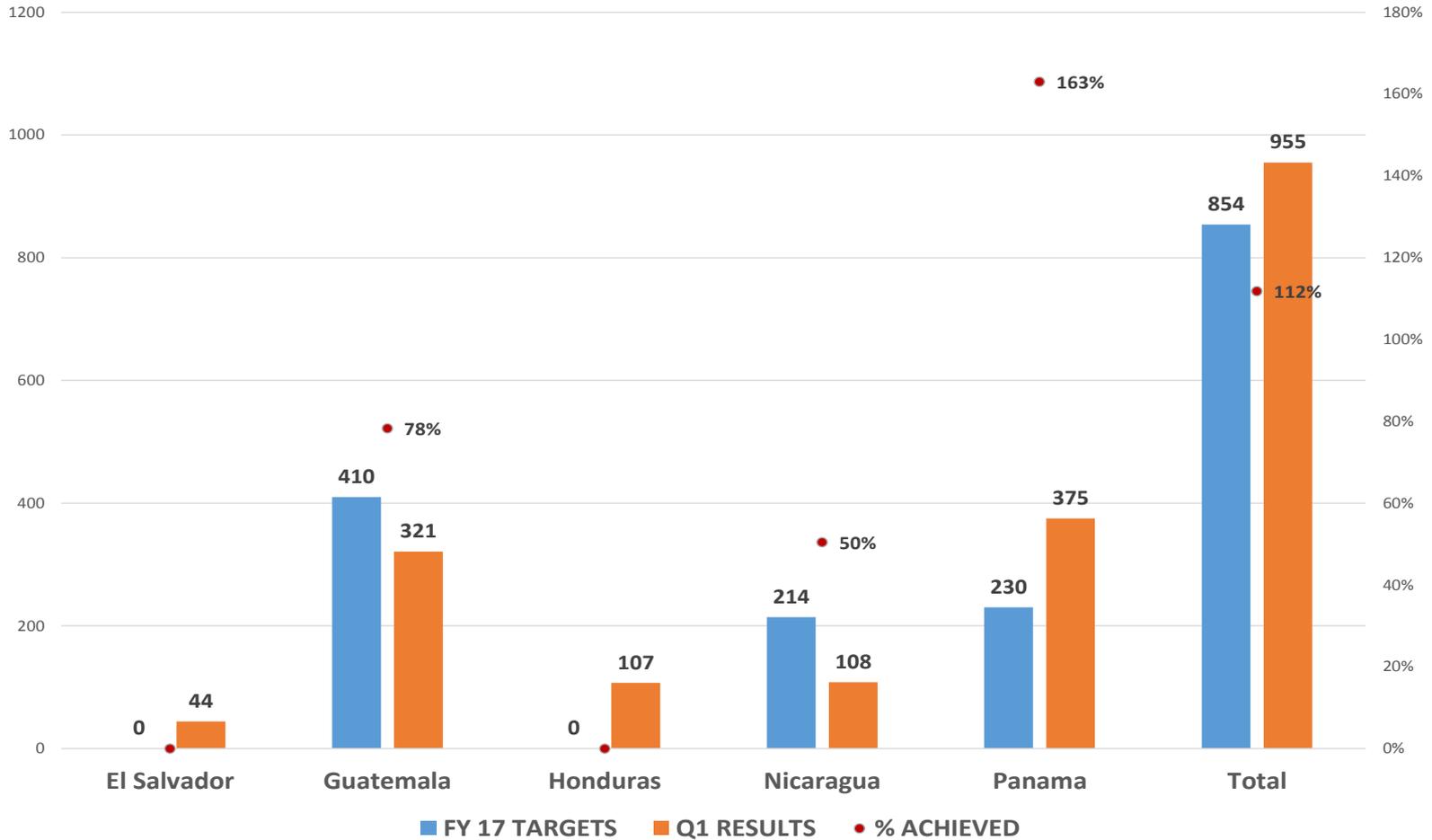
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# Q1/FY17: TX\_NEW targets and results by country



\*De duplicated. No targets in El Salvador and Honduras



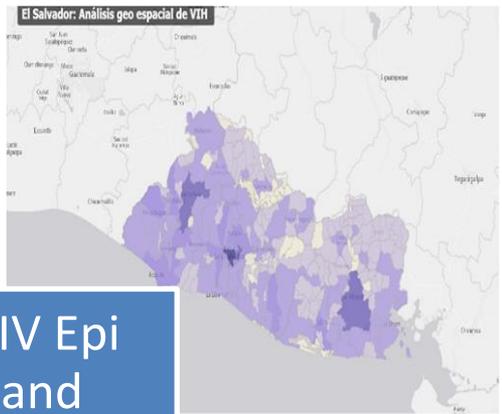
# Test & Start Status February 2017

	ELS	GUA	HON	NIC	PAN
National ART guidelines incorporate Test & Start	No	No	In process	No	Yes
Current protocol sets CD4 <=500 ml to start ART	Yes	Yes	Yes	Yes	No
Test & Start for KP	In process	No	No	No	Yes
Test & Start for Pregnant women	Yes	Yes	Yes	Yes	Yes
Test & Start for TB patients	Yes	Yes	Yes	Yes	Yes
Current guidelines publication year	2014	2013	2015	2016	2017
NAP reports clinical practice applying "Test & Start"	Yes	Yes	No	No	Yes





# Innovative strategies from FY16

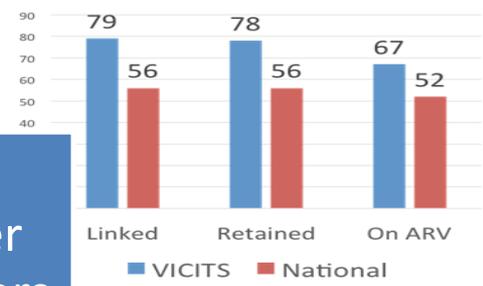


HIV Epi and Service Mapping



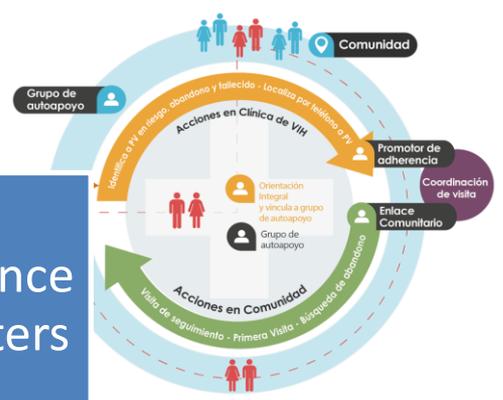
Social media KP outreach

Guatemala: Linkage, retention in care, and ARV initiation cascades at KP-friendly sites compared to national results (%)



KP peer navigators

Adherence Promoters





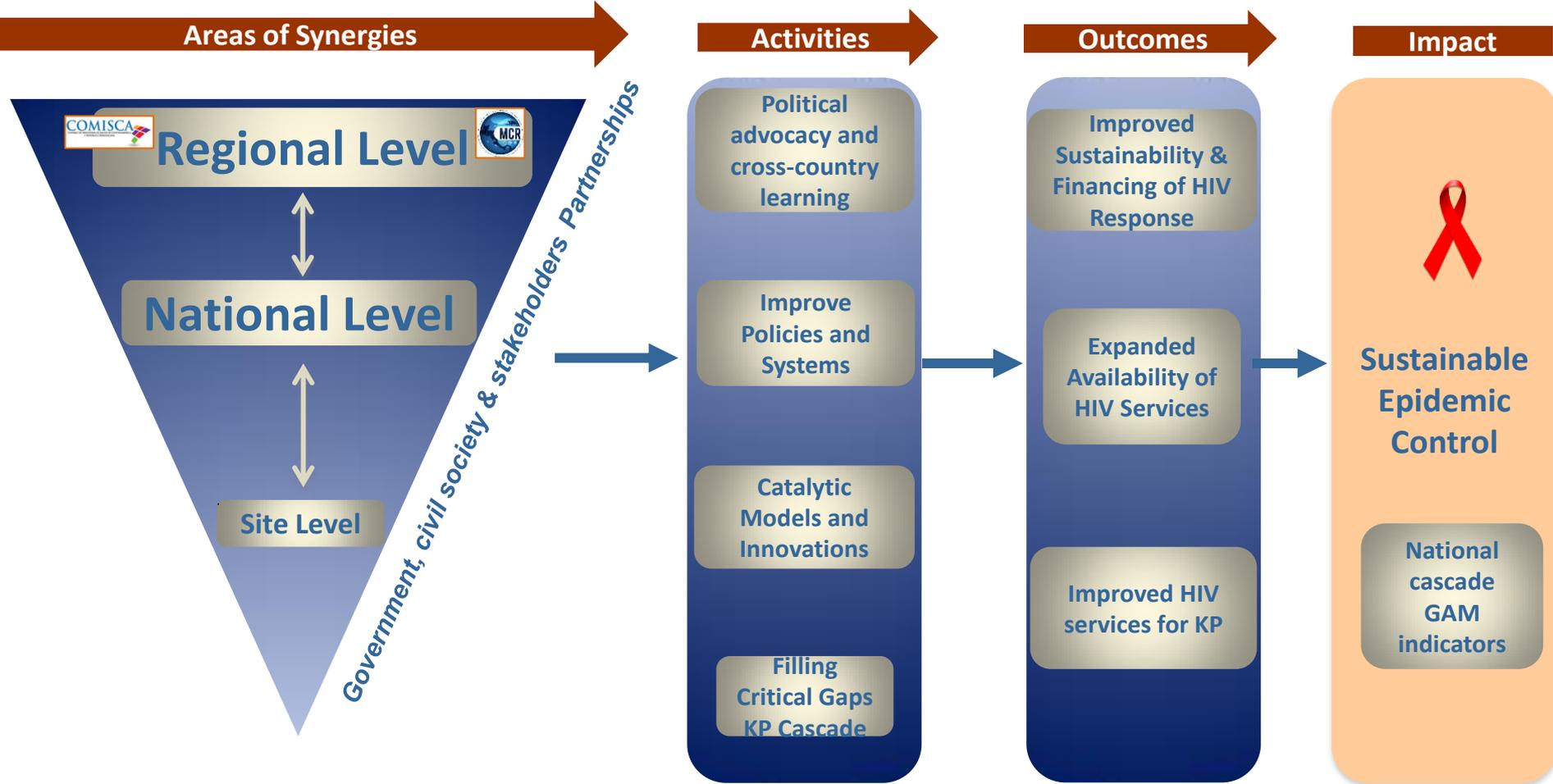
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# PEPFAR ROP 2017





# Central America Regional FY 18 Strategy



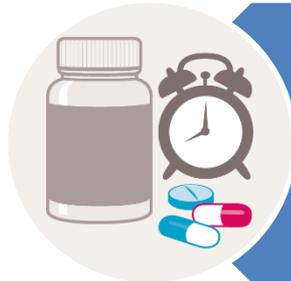
# Proposed Strategic Outcomes



Improve the sustainability of the national HIV responses across CAR



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

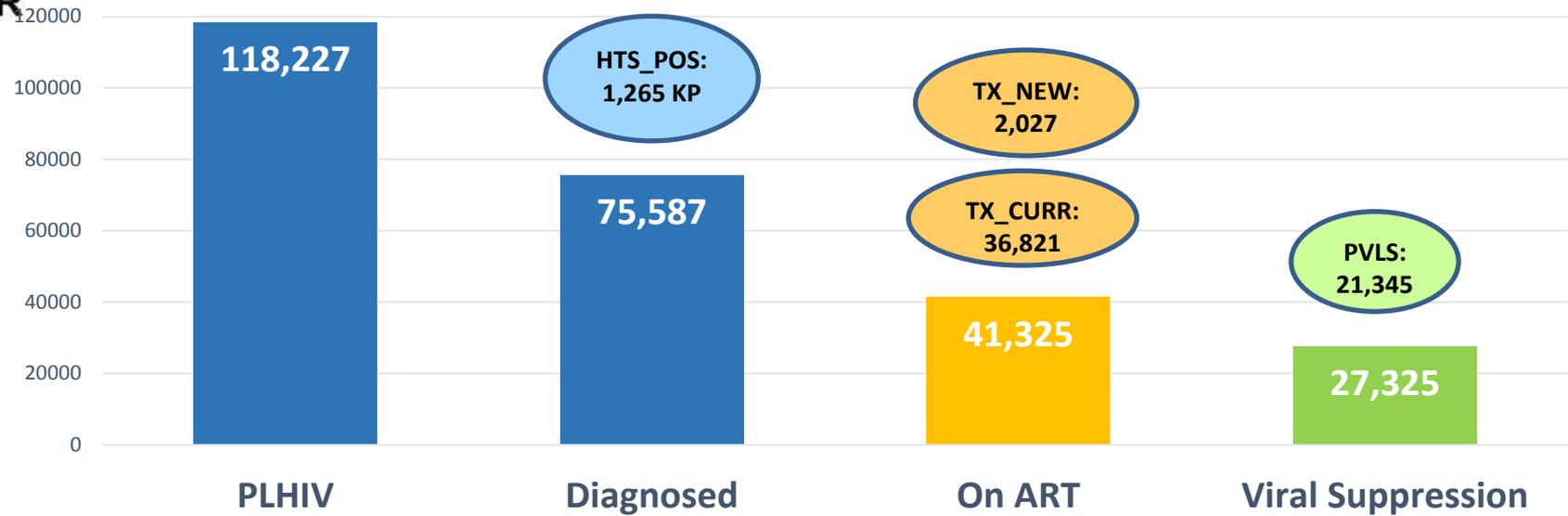


Expand the availability of HIV services by supporting systems and policies for Test and Start and Viral Load.





# Program Activities for Epidemic Control



Reach, Test & Link	Treat & Retain	Viral suppression
VICITS Extended Modalities*	RAPID ART initiation*	Viral load scale up
Social media and cyber-educators*	ART decentralization to VICITS with DSD*	
Rapid HIV incidence assay/Index test*	Reduced visits and ARV pick-ups*	
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		
<b>Above site:</b> Governance- Health Financing-Workforce-Institutional Capacity Building-Laboratory-SI-Supply Chain		

\*Pilots

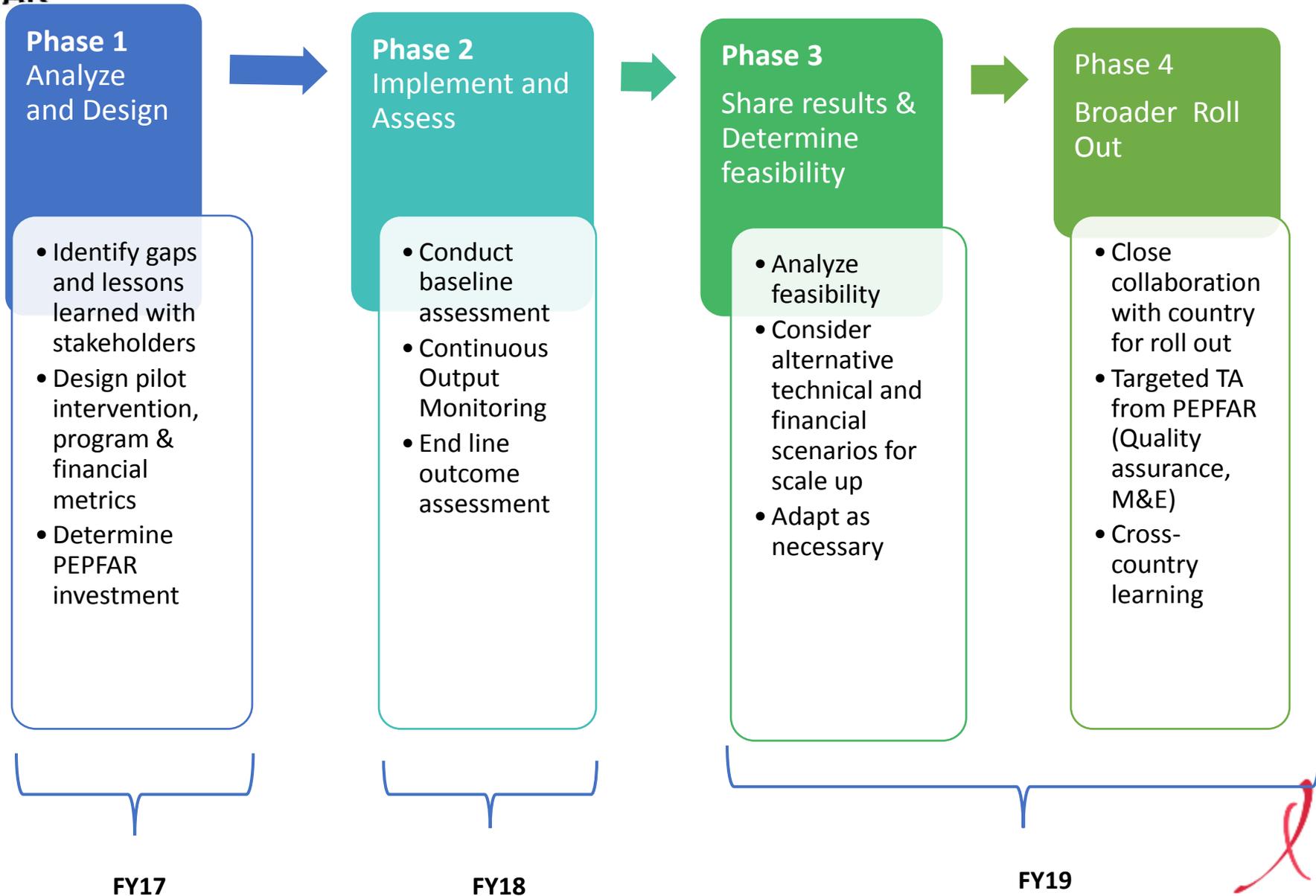
# Summary of Catalytic Models and Benchmarks

	Intervention	Targets and benchmarks
<b>Reach Test Link</b>	Extended hours & mobile modalities to increase new HIV diagnosis & linkages to C&T at KP sentinel surveillance sites	<ul style="list-style-type: none"> <li>• KP_PREV</li> <li>• HTC_POS</li> <li>• % linked to ART</li> <li>• Unit cost per each of the above</li> <li>• # of countries with local funding of catalytic models</li> </ul>
	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	<ul style="list-style-type: none"> <li>• # of recent HIV infections identified using RRA</li> <li>• # of recent HIV infection cases with contacts traced</li> <li>• # of countries adopting RRA into national HIV algorithm</li> <li>• # of countries funding at least 25% of RRA</li> </ul>
<b>Treat Retain Suppress</b>	Same-day ART initiation	<ul style="list-style-type: none"> <li>• TX_NEW</li> <li>• TX_CURR</li> <li>• TX_RET</li> <li>• TX_PVLS</li> <li>• Unit cost for each of the above</li> <li>• # of countries' guidelines incorporating DSD</li> </ul>
	Differentiated service delivery models, (reduced clinical visits, ARV pick-ups for stable patients)	
	ARV decentralization for key populations	



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# Life Cycle of Catalytic Models



# Successful Pilot Adoption in Central America

## Facility-based KP services during regular hours (VICITS)

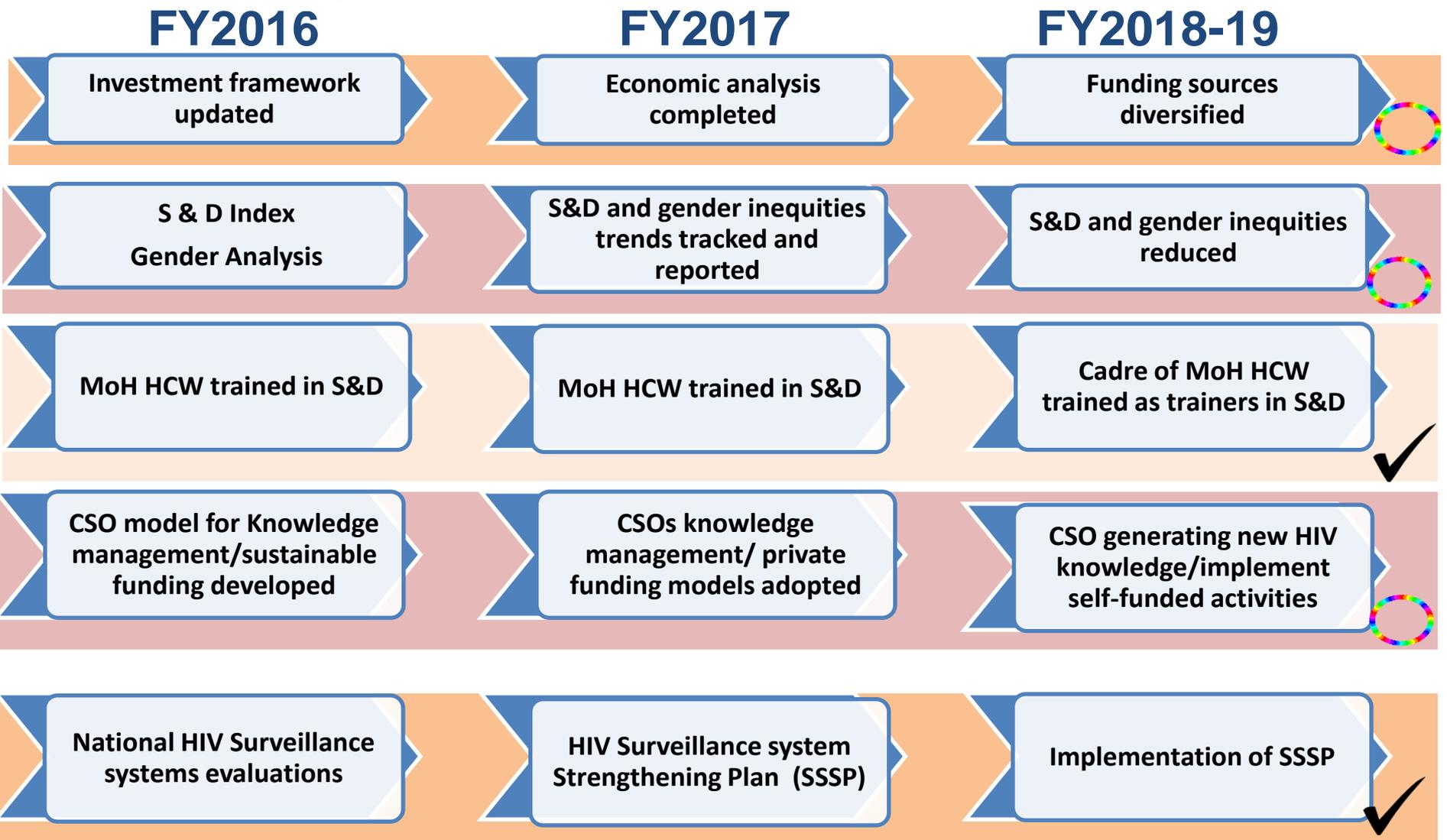
- Combination prevention package for KP at sentinel surveillance sites
- Started among FSW in Honduras in 2006
- By 2010, Guatemala, Nicaragua, Panama, El Salvador, and Costa Rica MoH adapted and adopted strategy
- Strategy currently serves FSW, MSM, and TGW
- MoH covers HCW, reagent, and treatment costs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





# SO2. Improved availability, accessibility and quality of HIV services for key populations across CAR

## FY2016

## FY2017

## FY2018-19

KP-friendly services in MoH Facilities (VICITS)

VICITS extended modalities costing study

MoH adoption of extended modalities

KP hotspots prevention

Innovative social media reach for hidden KP

CSO implement social networks model in a sustainable manner

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HIV incidence rapid recency and ARV DR surveillance studies in 3 countries

Recency results coupled partner notification, ARV regimens adjusted

Continuous Lab Quality Improvement

Rapid Test Quality Improvement Initiative (RTQII) in two countries

Five countries apply for accreditation RTQII in five countries

Active search for LFU

Differentiated service delivery models to increase retention

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**

**FY2017**

**FY2018-19**

**T&S advocacy**  
Barriers for T&S identified

**T&S Policy Framework developed**  
Barriers to T&S eliminated

**T&S pilots and scale-up in five countries**



**Patient follow up Information system databases updated**

**HIS and KP-cascade integrated**

**Strategic information used for HIV decision making in key processes**



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**ARV decentralization to VICITS**

**ARV decentralization and DSD model implemented**



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

**VL scale up, 5 country: Increase in Viral suppression**

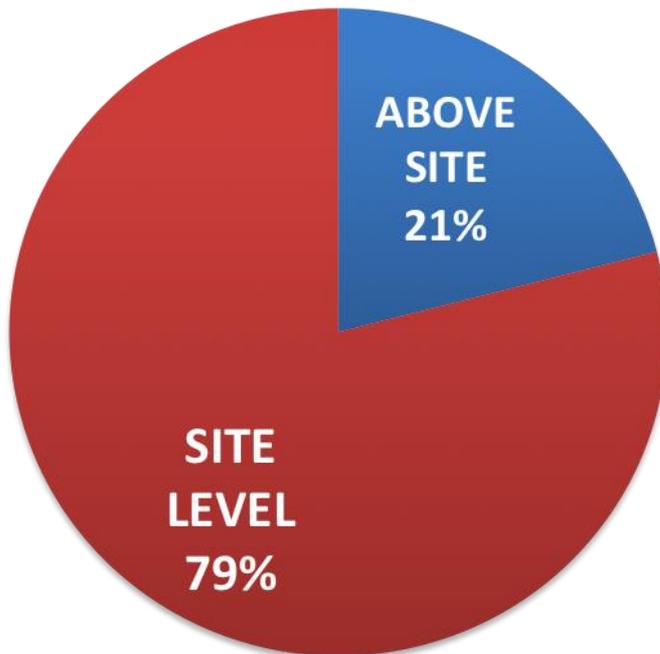




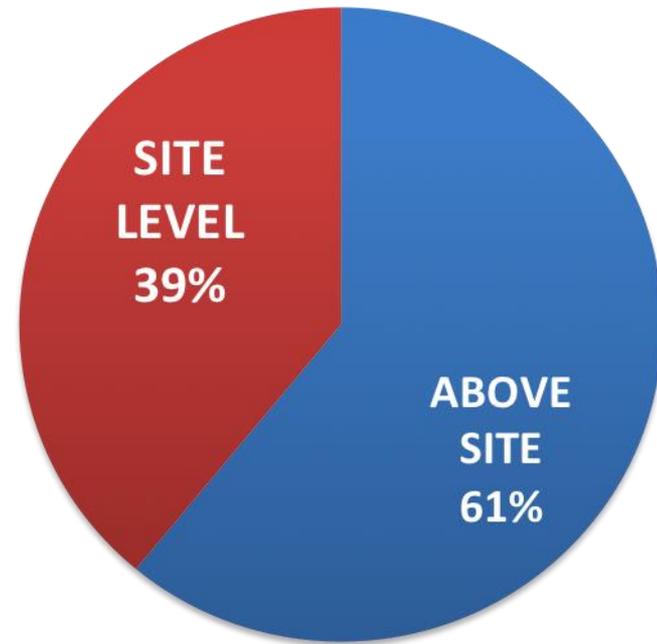
# Increased Focus on Above Site *Activity Budget Breakdown*

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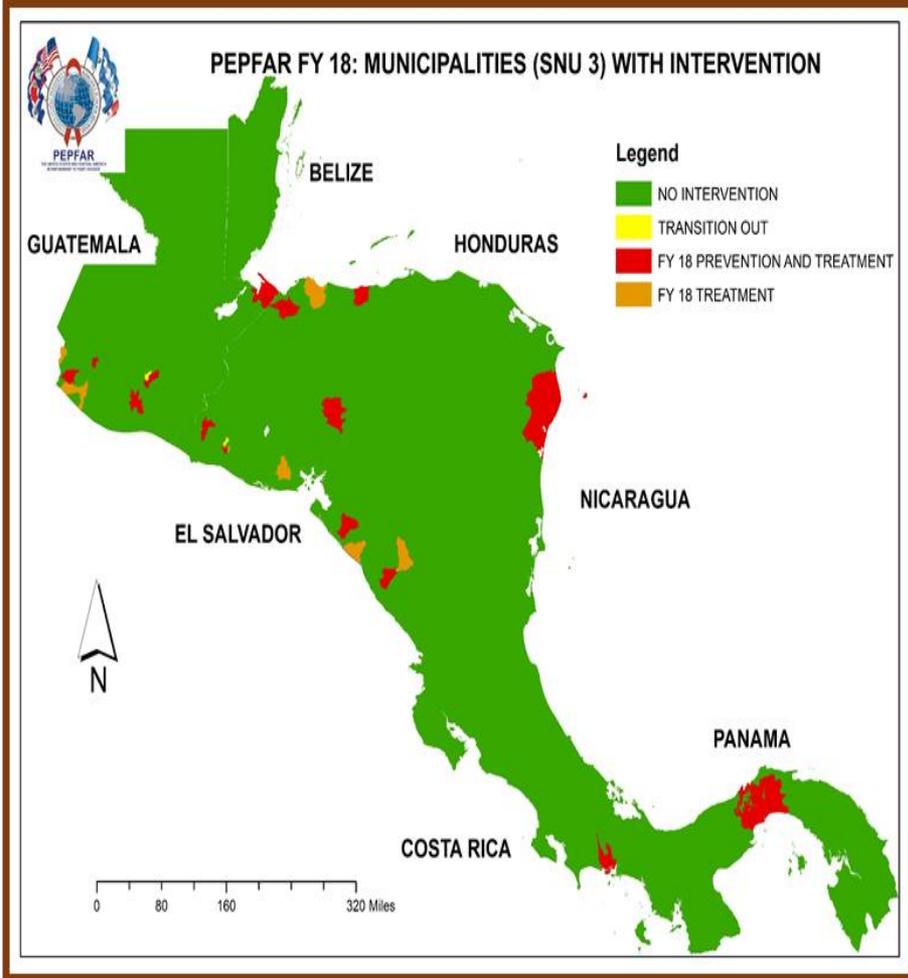
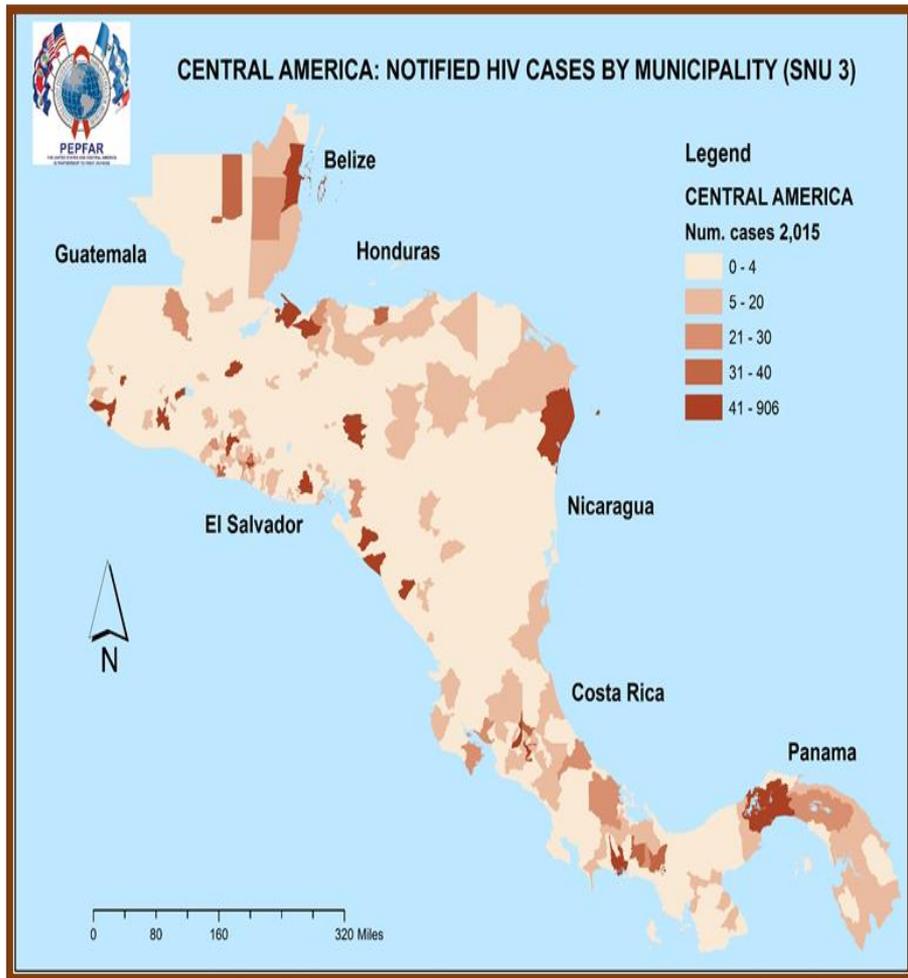
## ROP FY16



## ROP FY17

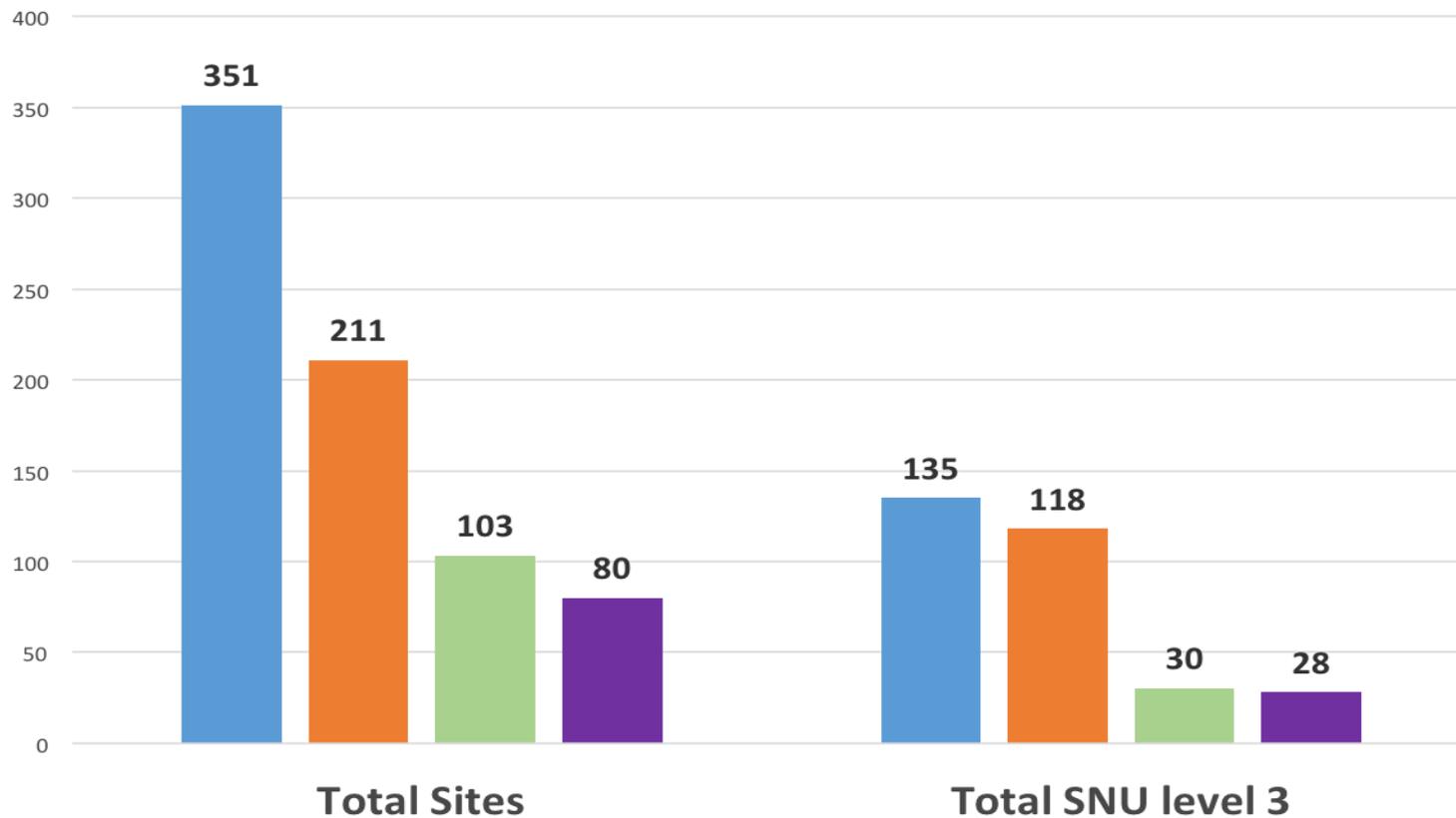


# Alignment of PEPFAR Investments Geographically to Disease Burden





# Number of PEPFAR-supported Sites and Municipalities (SNU3) by FY

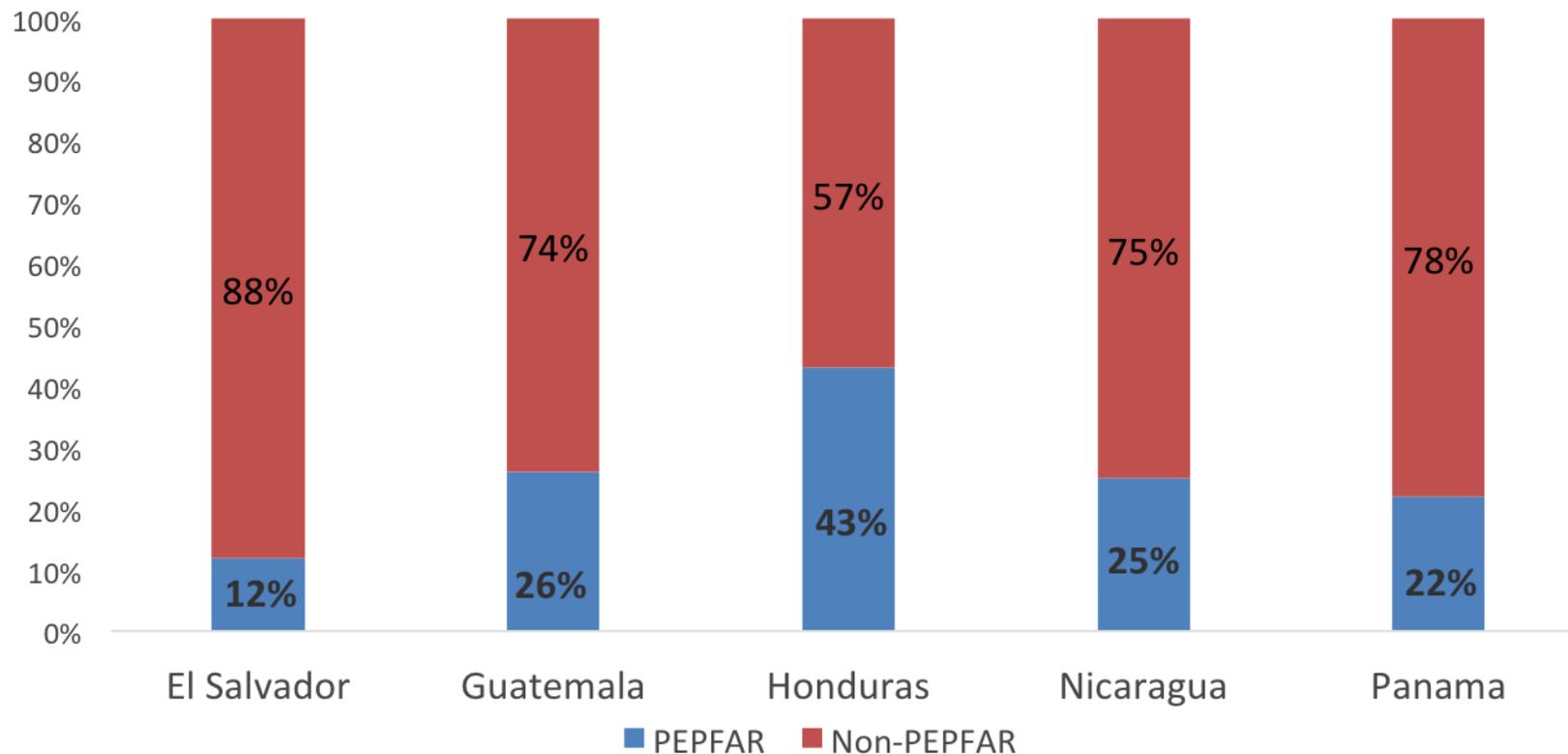


Site category	FY 15	FY 16	FY 17	FY18
HTC -Facility Sites	125	46	49	22
HTC- Community Sites	135	118	30	21
TX – Facility Sites	91	43	24	37





# PEPFAR contribution to HIV case notification in Central America



Note: FY16 APR, 2015 Honduras and El Salvador, 2014 Guatemala, Nicaragua, Panama case notification.





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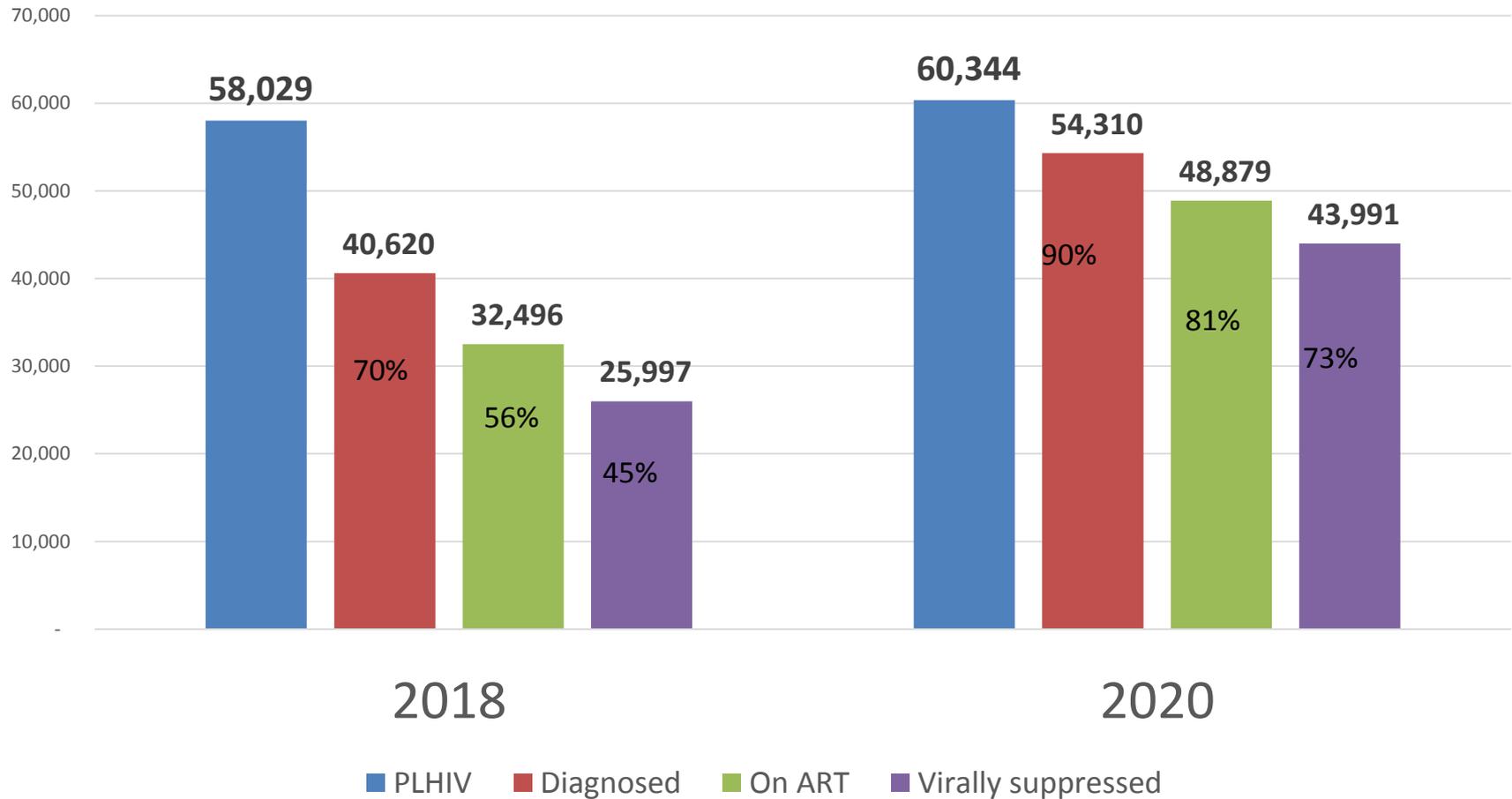
# Proposed FY18 and FY19 Targets

IndicatorT	FY 16 target	FY 16 result	FY 16 % achieved	FY 17 Target	FY 17 anticipate d result (Q1)	FY 17 % achieved	Proposed FY 18/19 target
KP_PREV	80,988	69,683	86%	64,964	N/A	N/A	↓ 33,448
PP_PREV	13,450	1,078	8%	2,615	N/A	N/A	↓ 600
HTC_TST	64,412	45,299	70%	39,774	5,840	15%	↓ 21,059
HTC_POS	1,740	1,612	93%	1,992	322	16%	↓ 1,349
TX_NEW	3,151	3,841	122%	854	955	112%	↑ 2,027
TX_CURR	26,575	37,043	139%	18,194	33,914	186%	↑ 36,281
TB_ART	37	75	203%	36	N/A	N/A	↑ 80
TB_SCREENDX	1,799	5,007	278%	2,385	N/A	N/A	N/A
TB_STAT	848	744	88%	934	N/A	N/A	N/A
TB_IPT	360	291	81%	N/A	N/A	N/A	N/A
TB_OUTCOME	56	83	148%	N/A	N/A	N/A	N/A
TX_TB	N/A	N/A	N/A	N/A	N/A	N/A	326
TB_PREV	N/A	N/A	N/A	N/A	N/A	N/A	1,348
TX_PVLS	N/A	N/A	N/A	N/A	N/A	N/A	21,345





# Guatemala: 90-90-90 Commitment



Source: Guatemala MoH/UNAIDS. National Target Proposal





# ¡Gracias!

**Accountability**



**Transparency**



**Impact**

