



PEPFAR Western Hemisphere:

U.S. President's Emergency Plan for AIDS Relief

Central America & Brazil

Regional Operational Plan

ROP 2020

Strategic Direction Summary

April 2020

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1.0 Goal Statement

The PEPFAR Central America and Brazil program is focused on supporting the countries in the region to achieve epidemic control. In partnership with governments, civil society and other key stakeholders, PEPFAR will build on the strategy to prioritize site level interventions that have a direct impact on the clinical cascade for all countries. PEPFAR will continue to support an aggressive scale-up of site level support to address the gaps in each country around case finding, immediate linkage to treatment, and achievement of viral load suppression with a targeted approach to strengthen systems essential to epidemic control. The aggressive scale-up strategy started in ROP19 will continue to focus primarily on El Salvador, Guatemala, and Honduras, but will also intensify site level support in Panama and continue to support innovative, evidence-based interventions in Nicaragua and Brazil.

As seen in Figure 1, the PEPFAR Central America and Brazil strategy is a first and foremost a client-centered strategy and all interventions and activities are based on providing the best possible service for our clients based on their feedback and preferences. The strategy continues to build on synergies at the national and regional levels with the robust engagement and commitment of all stakeholders. For ROP20, the strategy also highlights the importance of the community and accountability mechanisms working with the community such as community monitoring as an essential component of reaching epidemic control.



Strengthening Quality Health Systems To Support Cascade: Reliable supply chains and functioning strategic information systems are a crucial foundation for epidemic control; intensive policy dialogue is also needed to ensure the political will to adopt the key elements necessary to support activities to reach epidemic control. PEPFAR will strategically target technical assistance to address and resolve identified systems barriers to ensure the long-term sustainability and quality of the national responses.

Preventing, Reaching, Testing & Linking: PEPFAR will continue to support an ambitious expansion of index testing at treatment sites for all new patients, all patients who have been lost to follow up, and all patients who are not virally suppressed. With index testing together with the continuation of high-yield key population-focused testing strategies, the USG plans to support countries to close the large existing gap of people with HIV who do not yet know their status. For ROP20, PEPFAR will also support optimized provider-initiated testing to address the challenges of late diagnosis in the region. For this fiscal year, the USG will focus on expanding prevention by building on existing platforms to increase access to PrEP in Guatemala and Panama for high risk KP and for sero-discordant partners.

Treating & Retaining: Early treatment initiation will be scaled up at a national level along with multi-month scripting and treatment optimization. PEPFAR will increase efforts to return those lost to follow up to treatment and increase adherence.

Reaching Viral Load Suppression: The USG will support expansion of viral load testing and monitoring of drug resistance and transition to more effective regimens in the case of treatment failure and to optimize treatment.

Countries in the region are making progress toward epidemic control but are not on track to reach the 95-95-95 goals. With the adoption of aggressive key targets to increase the numbers of PLHIV who know their status, PLHIV on treatment, PLHIV who are virally suppressed, and key policy changes to address high level barriers, the USG has a unique opportunity to significantly scale up interventions and resources to support host country governments to aggressively tackle the gaps in the cascade and in a collaborative effort with all stakeholders to reach epidemic control in each country in region in the short term.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

Central America and Brazil continue to have a concentrated epidemic with certain key populations such as men who have sex with men (MSM) and transgender women (TG) with much higher prevalence rates than the general population per Table 2.1.1

Table 2.1.1 Epidemiological Profile for Central America & Brazil

Country	New Infections 2018	PLHIV>15 years	HIV Incidence Rate/1,000 hab	HIV Prevalence (%)				Change in New Infections since 2010 (%)	Change in All Cause Deaths since 2010 (%)
				15-49 yo	SW	MSM	TG		
Brazil	53,000	866 ,000	0.24	0.5	5.3	18.3	30	21	1
El Salvador	1,000	25,000	0.20	0.6	2.2	12.0	15.3	-48	41
Guatemala	2,300	47,036	0.20	0.4	1.0	9.0	22.2	6	30
Honduras	1,000	22,105	0.10	0.3	2.0	8.4	8.2	7	-43
Nicaragua	500	9,400	0.10	0.2	2.6	8.6	8.1	-29	-31
Panama	1,300	26,000	0.60	0.9	0.6	6.7	29.6	-8	-9

Sources: UNAIDS 2018/2019 & MOH Data

At the same time, a USG analysis of MOH data on active HIV patients showed that the majority of individuals are self-identified heterosexuals: 75% in Guatemala and 89% in El Salvador. In the case of Guatemala, the data also clearly demonstrates that individuals are being diagnosed extremely late: 70% of newly diagnosed individuals in 2018 had a CD4 of less than 350 (Source: MOH Treatment Database). For El Salvador the percentage was 27% and for Honduras 37% of new patients had CD4 of less than 350 in 2018 for those who reported baseline CD4 (Sources: SUMEVE & SESAL).

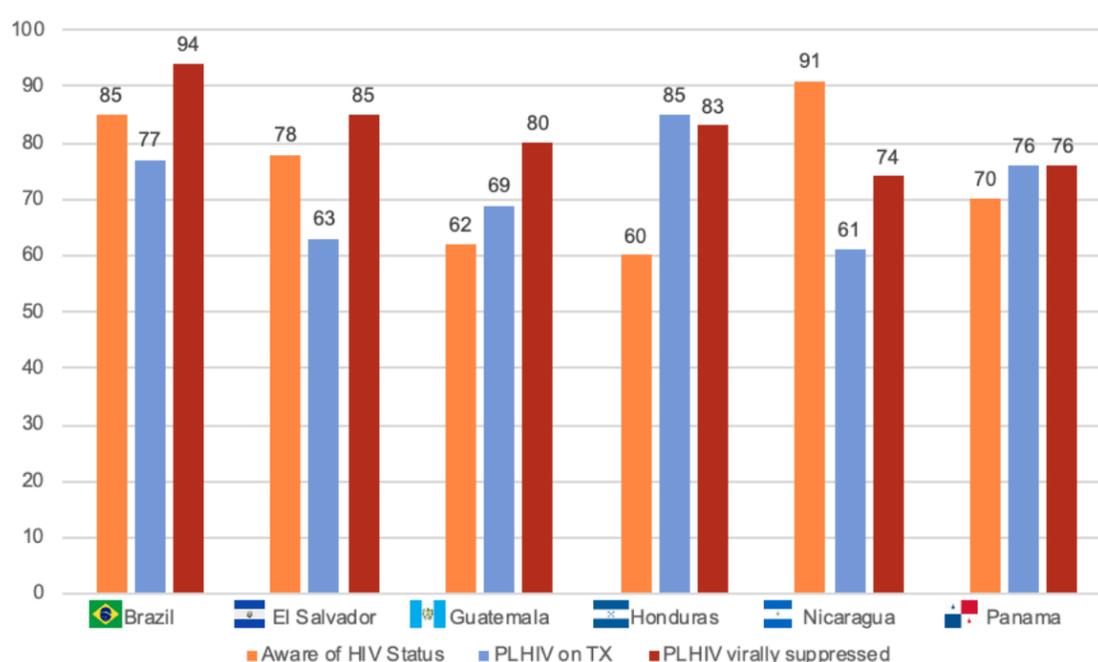
Significant gaps remain in each of the pillars of the continuum of care cascade for each country as seen in Table 2.1.2 and Figure 2.1.1. With the exception of Nicaragua, all countries show major gaps in the estimated number of PLHIV who do not yet know their status. All six countries have significant disparities between PLHIV diagnosed and on treatment, meaning they have not been linked to treatment after diagnosis, have not initiated treatment, or have been lost to follow up. While for those on treatment the percentage of PLHIV who are virally suppressed is relatively higher across the region, but gaps in diagnosis and linked and retained in treatment means all countries have a significant way to go to reach epidemic control.

Table 2.1.2 Current Progress Toward Epidemic Control

	PLHIV	PLHIV Diagnosed	PLHIV on Treatment	PLHIV Virally Suppressed
Brazil	866 ,000	731,000	548,000	503,000
El Salvador	25,000	19,878	14,655	8,214
Guatemala	47,036	29,580	20,583	15,960
Honduras	22,105	13,782	11,667	9,039
Nicaragua	9,400	8,162	4,869	3,643
Panama	26,000	18,424	13,967	9,551

Sources: Ministério da Saúde. Relatório de Monitoramento Clínico do HIV. 3rd ed. Brasília: Ministério da Saúde; 2018 (BRA), M&E Unit, National AIDS Program 2019 (GUA), MOH, SUMEVE 2019 (SAL), SESAL, 2018 (HON), MOH SIVE VIH 2018 (NIC), M&E Unit of National AIDS Program (PAN)

Figure 2.1.1 Current Progress Toward 95-95-95 Goals

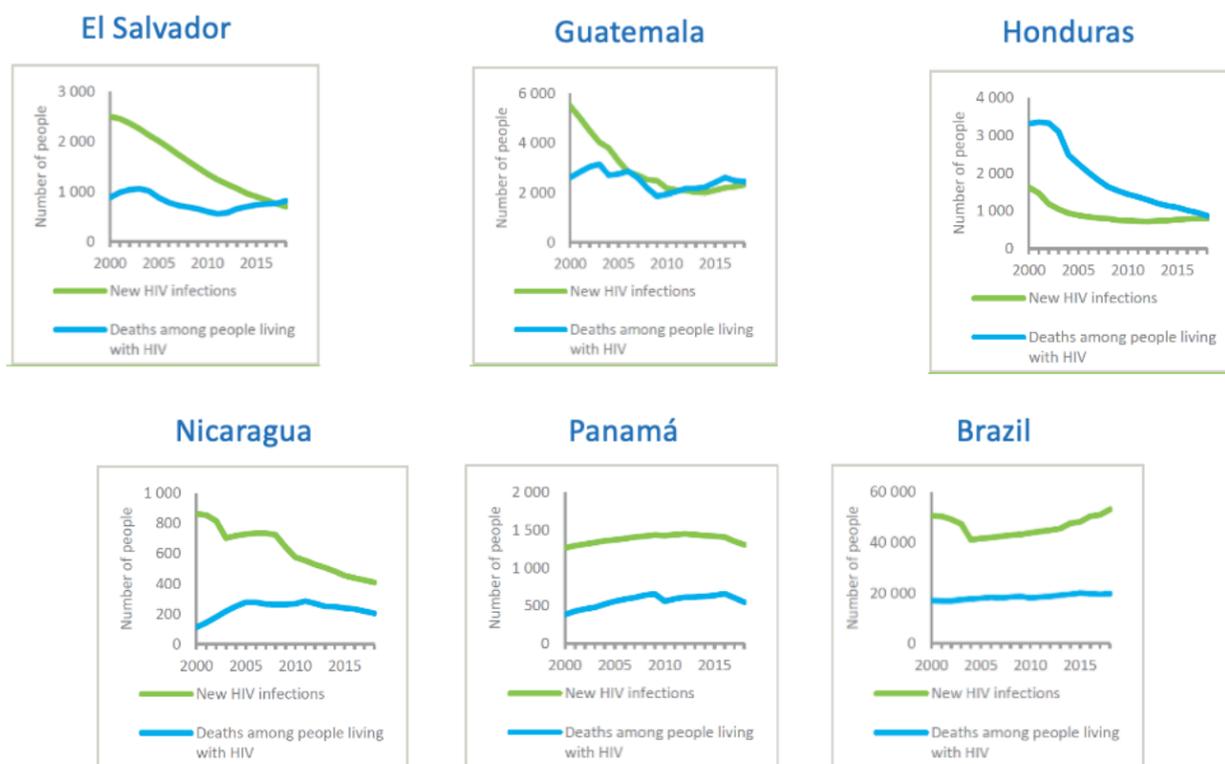


Source: UNAIDS 2018, 1st & 2nd Pillar -Nicaragua (MOH)

With the exception of Brazil, all countries in the region are still working toward full adoption and implementation of key policies that currently represent barriers to progress in the cascade. Immediate linkage to treatment and early ART initiation has been taking place in each country with USG support but not fully implemented to scale and policy barriers still exist to multi-month scripting. The region has reported high drug resistance rates, so careful monitoring of viral load and drug resistance is critical and all countries with the exception of Brazil, have yet to fully transition to TLD. For more details on policies by country, please see Appendix D.

Per Figure 2.1.3, trends in new infections and all-cause mortality vary among countries. Brazil and Panama show little or no progress in the reduction of new infections, while Guatemala, El Salvador and Nicaragua demonstrate declines since 2010, but all-cause mortality for Guatemala and El Salvador has increased over the same period. Honduras has seen a downward trend for both but has shown a recent uptick in new infections. Only Nicaragua demonstrates a more recent trend of both new infections and all-cause mortality declining but both are still relatively high as Nicaragua still has a significant gap between those diagnosed and those on treatment as seen in the cascade.

Figure 2.1.3 Trend of New Infections and All-Cause Mortality Among PLHIV



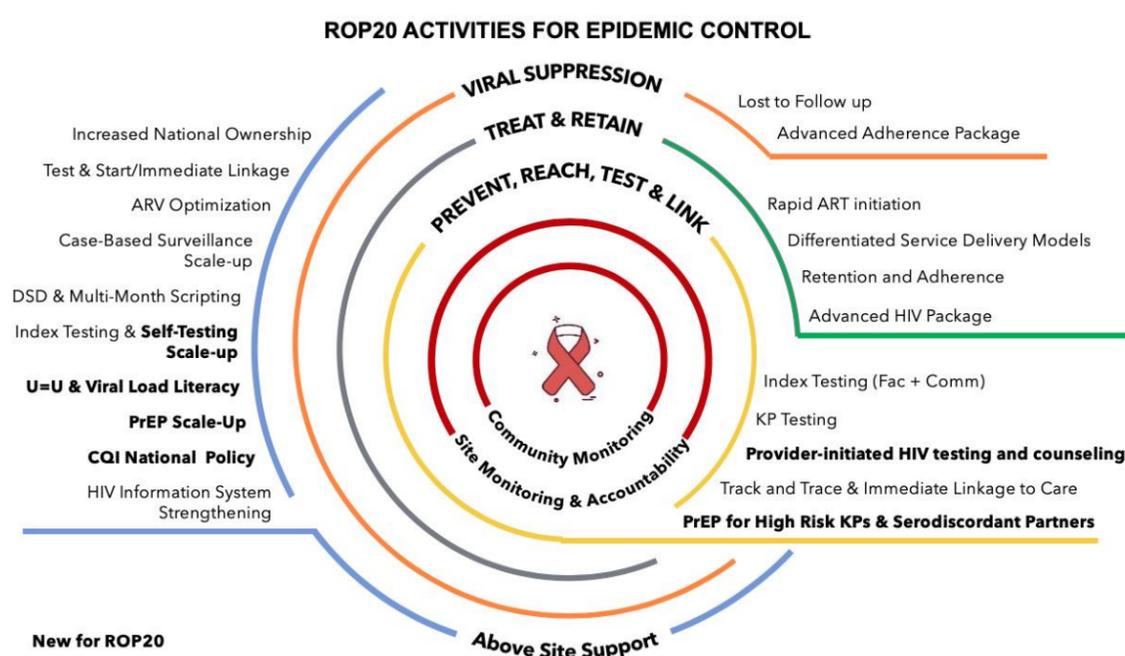
Source: UNAIDS DATA 2019 Country Report www.aidsinfo.unaids.org

2.2 New Activities and Areas of Focus for ROP20

ROP20 will primarily build on the new site level strategy established in ROP19 with a few key additions. ROP20 activities include the addition in support for PrEP for individuals from the high-risk key populations and sero-discordant partners of PLHIV as identified through index testing activities. PEPFAR will also support optimized provider-initiated HIV testing in certain facilities in response to the high numbers of late diagnoses.

PEPFAR will also support three new above-site areas with increased emphasis in line with the new minimum program requirements of supporting viral load and Undetectable=Untransmittable (U=U) literacy and messaging, supporting Continuous Quality Improvement (CQI) and Quality Assurance at all levels and finally support for PrEP supportive policies. While not new, the USG expects to significantly scale up support for self-testing in Central America where it is still not currently implemented.

Figure 2.2.1 ROP20 Activities for Epidemic Control



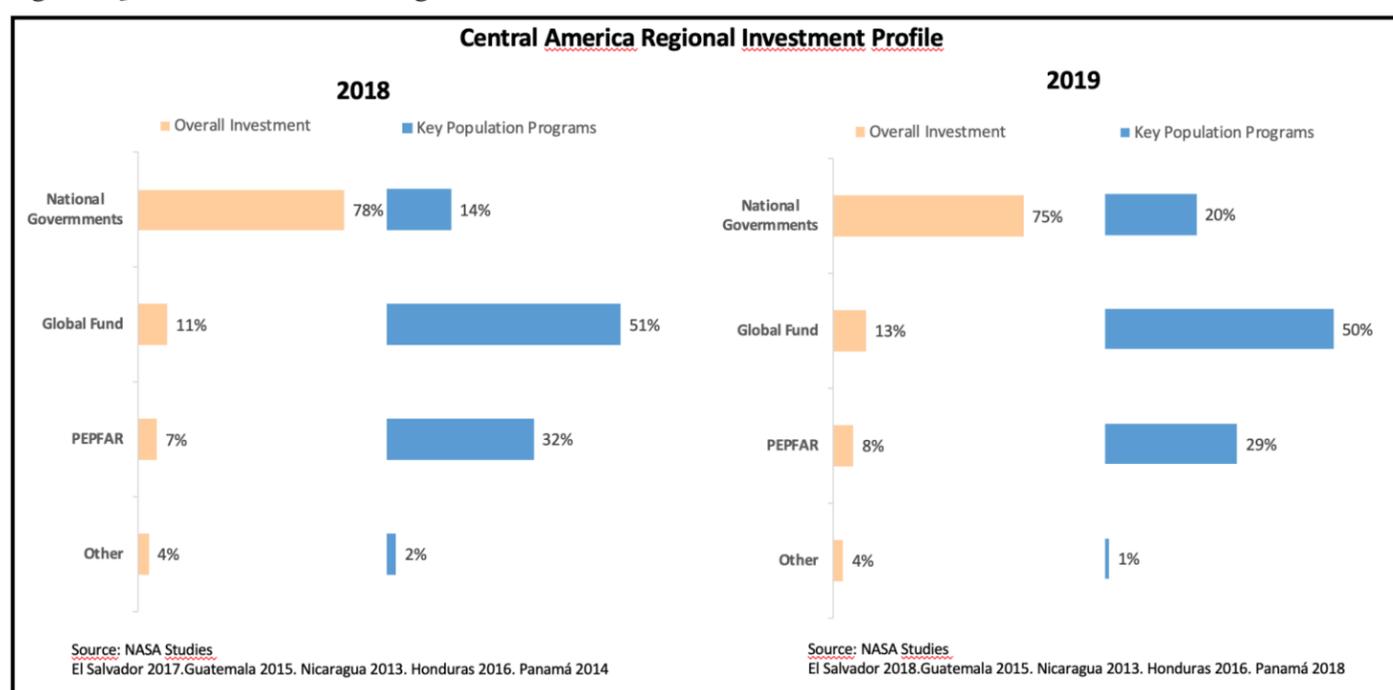
2.3 Investment Profile

The countries of Central America and Brazil have been leading the investment of their national responses since the beginning and have been steadily increasing that investment. Per UNAIDS 2019 data, Brazil funds over 99% of the response with national resources and PEPFAR only represents 0.23% of the total.

The results of the NASA studies in Figure 2.3.1 for the Central American countries show the lead role that national governments continue to play in terms of resources with the Global Fund and PEPFAR contributing smaller amounts overall but continuing to

provide the majority of support for key population programming. The amount of Global Fund resources in the region is declining, but PEPFAR's contribution is expected to increase with the ROP19 and now ROP20 investment in the region. All five Central American countries have active Global Fund grants, but Panama's is undergoing transition with its final grant being implemented and Brazil does not have a Global Fund grant.

Figure 2.3.1 Central America Regional Investment Profile -NASA Studies



Procurement Profiles for Key Commodities.

As shown in Table 2.3.2, in terms of commodities, national governments continue to fund the bulk of the commodities especially in terms of anti-retroviral (ARVs) medicine and rapid test kits and viral load reagents and related commodities, which reflect the most significant investment. Global Fund resources are used to purchase the majority of other lab reagents. PEPFAR does procure small amounts of test kits and reagents but less than 1%. In 2020, PEPFAR will procure a one-time donation of ARVs and other commodities to support El Salvador, Guatemala and Honduras in the accelerated adoption and implementation of key policies such as optimization of ART and multi-month scripting.

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	\$7,872,509.27	-	1%	99%	-
Rapid test kits	\$1,494,211.38	-	21%	79%	-
Other drugs	\$633,182.00	-	18%	82%	-
Lab reagents	\$1,681,938.36	-	42%	58%	-
Condoms	\$364,357.73	-	9%	79%	12%
Viral Load commodities	\$2,204,563.69	-	44%	56%	-
Other commodities	\$673,792.67	-	37%	62%	-
Total	\$ 14,924,555.10	-	25%	73%	2%

Sources: Procurement Internal Reports , MoH2019 Procurement Internal Reports, MoH: GUA, ELS- National HIV/AIDS Programs and HND – the Logistic Management Unit (ULMIE).

2.4 National Sustainability Profile Update

As is shown in the Table 2.4.1., the results of the SID in the three measurements done to date, 2015, 2017 and 2019, shows how some elements have reached a good level of sustainability, such as planning and coordination, and policy and governance, while other elements are still far from being sustainable, including the engagement of the private sector. In some countries, whose measurement in 2017 showed great progress, such as Panama, 2019 SID results highlight a reduction in the level of sustainability. This demonstrates that the countries in Central America are still very vulnerable to changes in context, changes in authorities, and that it is necessary to continue providing support to strengthen systems and country response.

Table 2.4.1 Summary of SID Results for 2015 and 2017 and 2019

Domains	El Salvador			Guatemala			Honduras			Nicaragua			Panamá		
	2015	2017	2019	2015	2017	2019	2015	2017	2019	2015	2017	2019	2015	2017	2019
Governance, Leadership and Accountability															
1. Planning and Coordination	9.70	8.62	8.57	6.53	7.40	7.24	10.00	9.62	9.40	10.00	10.00	N/A	9.50	8.79	7.86
2. Policies and Governance	6.67	7.07	7.67	6.61	5.81	7.44	6.37	7.15	7.69	7.50	7.36	N/A	6.92	6.46	6.42
3. Civil Society Engagement	7.00	5.63	7.50	6.12	4.50	6.00	5.76	5.08	7.50	5.93	5.63	N/A	7.50	7.79	6.63
4. Private Sector Engagement	2.01	4.28	3.44	1.46	2.53	4.43	2.36	3.72	2.94	2.57	7.08	N/A	3.26	6.14	4.01
5. Public Access to Information	9.00	7.00	8.00	6.00	4.00	4.00	5.00	5.00	5.00	8.00	6.00	N/A	8.00	4.00	2.89
National Health System and Service Delivery															
6. Service Delivery	6.71	7.27	7.64	4.68	7.69	6.79	5.60	5.97	6.53	5.56	7.59	N/A	7.31	7.27	9.05
7. Human Resources for Health	5.92	6.83	5.34	6.33	5.83	4.27	4.58	6.64	6.53	8.08	9.17	N/A	7.31	6.20	7.92
8. Commodity Security and Supply Chain	6.72	6.92	5.63	5.17	8.06	5.47	6.14	5.54	5.35	7.23	8.26	N/A	6.75	7.36	7.04
9. Quality Management	5.24	7.10	7.67	4.90	5.10	0.00	6.14	7.19	7.76	1.95	9.71	N/A	7.14	8.76	6.81
10. Laboratory	7.92	9.17	6.78	3.33	6.58	4.54	3.75	5.00	6.11	6.11	7.17	N/A	7.73	7.00	6.24
Strategic Financing and Market Openness															
11. Domestic Resource Mobilization	4.72	6.51	5.83	5.28	7.69	8.05	7.22	5.71	8.05	5.83	6.48	N/A	5.56	8.15	4.72
12. Technical and Allocative Efficiencies	7.94	9.10	6.33	6.23	6.44	3.11	8.65	8.61	7.06	8.45	8.83	N/A	8.13	7.11	4.81
13. Market Openness	N/A	N/A	8.82	N/A	N/A	10.00	N/A	N/A	8.75	N/A	N/A	N/A	N/A	N/A	9.23
Strategic Information															
14. Epidemiological and Health Data	5.95	5.83	6.18	5.00	6.73	5.61	6.13	6.54	5.82	6.67	7.26	N/A	7.22	7.93	7.26
15. Financial/Expenditure Data	8.75	9.17	9.17	7.50	6.67	5.83	4.58	5.83	5.00	5.83	8.33	N/A	5.83	6.67	7.50
16. Performance Data	6.76	8.14	5.33	6.38	6.60	5.28	7.43	5.39	6.04	7.66	9.09	N/A	8.13	6.41	6.63
17. Data for Decision-Making Ecosystem	N/A	N/A	4.00	N/A	N/A	5.00	N/A	N/A	6.67	N/A	N/A	N/A	N/A	N/A	8.00

Source: Sustainability Index Dashboard 2015, 2017, 2019 / El Salvador, Guatemala, Honduras, Nicaragua and Panama.

As a part of the SID 2019 analysis, the following barriers to sustainability were highlighted across countries:

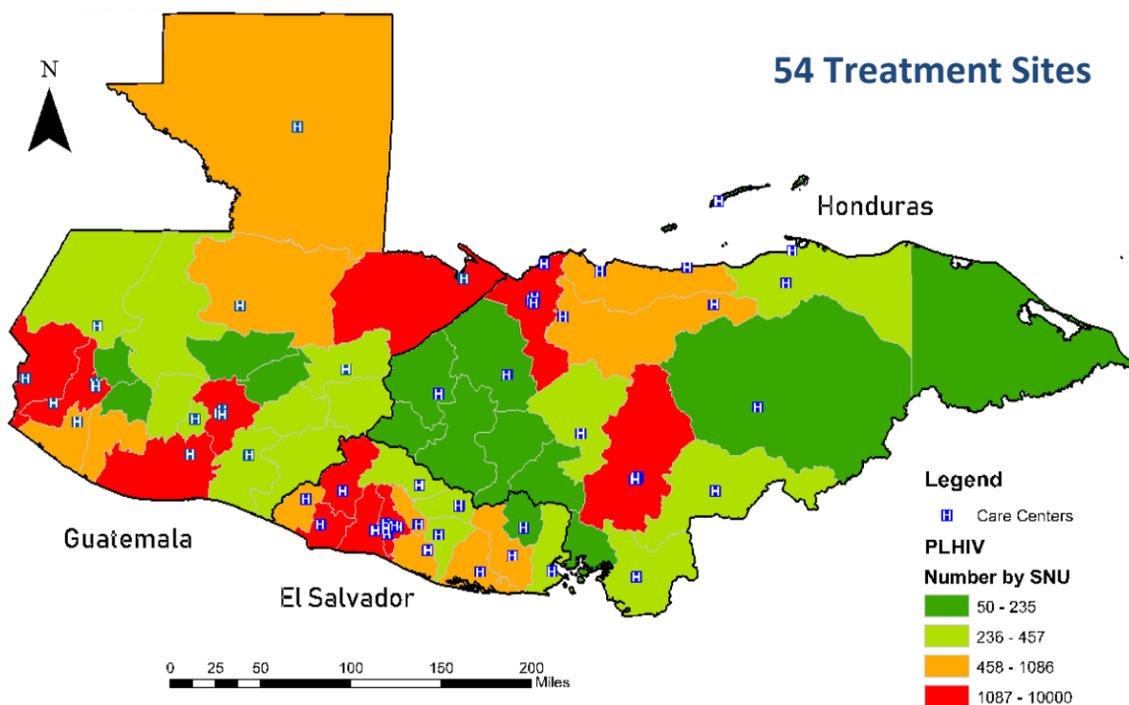
1. Delays in policy implementation supporting technical and financial sustainability;
2. Lack of long-term financial strategy, budgeting linked to goals, HIV budget, data-driven reprogramming;
3. Incomplete policy framework on efficiency of services and risk populations; protection;
4. Political/administrative barriers affecting enabling policies to achieve coverage of high impact interventions;
5. Low-level engagement of private and NGO sectors in HIV service program areas;
6. Weak management and monitoring of HIV service delivery, practice standards, quality, health outcomes;
7. Limited institutionalization of the human-resource system, and inadequate / insufficient number of workers;
8. Lack of technical and economic evaluation of supply chains, stocks and purchases of ARVs and supplies;
9. Poor quality management, supervision and regulations to monitor laboratories and diagnostic test sites;
10. Delays in timely access of comprehensive epidemiological, programmatic and expenditure data.

In ROP20, the PEPFAR team will work to address these barriers through targeted and strategic above-site activities. The Global Fund is a key partner in the identification of technical assistance available to support the improvement of any element of the SID. Overall the Global Fund and PEPFAR work together to support National Sustainability Strategies and ensure that there is no duplication of efforts and improved coordination. An example of this complementarity and coordination has been related to the support for improvement of HIV information systems, where the GF has provided financing and PEPFAR has provided the related technical expertise.

2.5 Alignment of PEPFAR investments geographically to disease burden

Prior to ROP19 PEPFAR team had traditionally done a regional SNU based analysis and selected the highest burden municipalities as priority SNUs for PEPFAR interventions, but per ROP19 analysis, the treatment sites in major cities have clients from all over the country, as clients are willing to travel long distances to seek services at their preferred site so for ROP20, the USG will plan to continue work in high burden treatment sites as the starting point for PEPFAR interventions especially in the context of an aggressive scale-up strategy. Using criteria that included coverage in terms of number of PLHIV on ART at a site, PLHIV LTFU and viral suppression rates, the USG will continue work in fifty-four priority care and treatment sites as shown in Figure 2.5.1 where site level interventions will be focused for El Salvador, Guatemala and Honduras. The USG will also support military hospital treatment sites in El Salvador, Guatemala and Honduras.

Figure 2.5.1 PEPFAR Central America Priority Treatment Sites for ROP20 for El Salvador, Guatemala & Honduras



Efforts in Nicaragua and Panama will also focus on high burden sites in the existing priority SNUs. The USG will undertake a more detailed analysis of support in Panama prior to the implementation of ROP20 to potentially select additional facilities to support. Brazil will

continue intensive support in the three priority SNUs Curitiba Florianópolis, and Campo Grande based on higher incidence trend slopes but will also scale up recency in 7 state capitals with steep trends in HIV incidence and provide support to scale-up index testing in 24 state capitals and 25 municipalities.

2.6 Stakeholder Engagement

PEPFAR Central America/Brazil continuously engages with key stakeholders at the regional, national and local levels to ensure USG activities are constantly being improved and refined to maximize support towards sustainable epidemic control. In Central America the PEPFAR team leverages the influence of the regional bodies, in particular COMISCA and the Regional Coordinating Mechanism, to influence policy and guidelines in all countries. As COMISCA is made up of the Ministers of the Health for all countries from the Central American region, resolutions and commitments made by COMISCA at the regional level can then be leveraged to affect national policy and implementation.

At the national level, PEPFAR Central America engages with both host governments and civil society organizations on a regular basis through above-site activities. The USG has also historically partnered with national chambers of commerce equivalents and is currently exploring new ways to engage with the private sector, especially private sector laboratories as options for clients to seek testing. PEPFAR Central America works closely with the Global Fund and other multi-lateral stakeholders such as PAHO and UNAIDS; and together they have developed a formal plan for program implementation which represents a framework for defining the use of resources to avoid duplication and ensure coordination and monitoring of key indicators.

Brazil also coordinates closely with the National AIDS program to engage stakeholders, which include UNAIDS and local civil society as recommended by the Ministry of Health, in such a way as to leverage sector-based expertise and buy-in by these stakeholders. In addition, local civil society organizations fully endorsed introduction of index and recency testing in PEPFAR priority SNUs to subsidize future incorporation into national policies. With additional one-time funding for scale up of recency and index testing in Brazil, the USG team will increase and deepen these coordination efforts for expanded impact.

3.0 Geographic and Population Prioritization

The aggressive scale up strategy for El Salvador, Guatemala and Honduras require a national approach and as noted previously, due to the relatively small size of the countries and preference of clients to seek quality services in SNUs that are not necessarily where they reside. Therefore, the focus for geographic prioritization in those three countries are treatment sites per Figure 2.5.1 in the previous section. All PEPFAR SNUs are classified as scale-up aggressive.

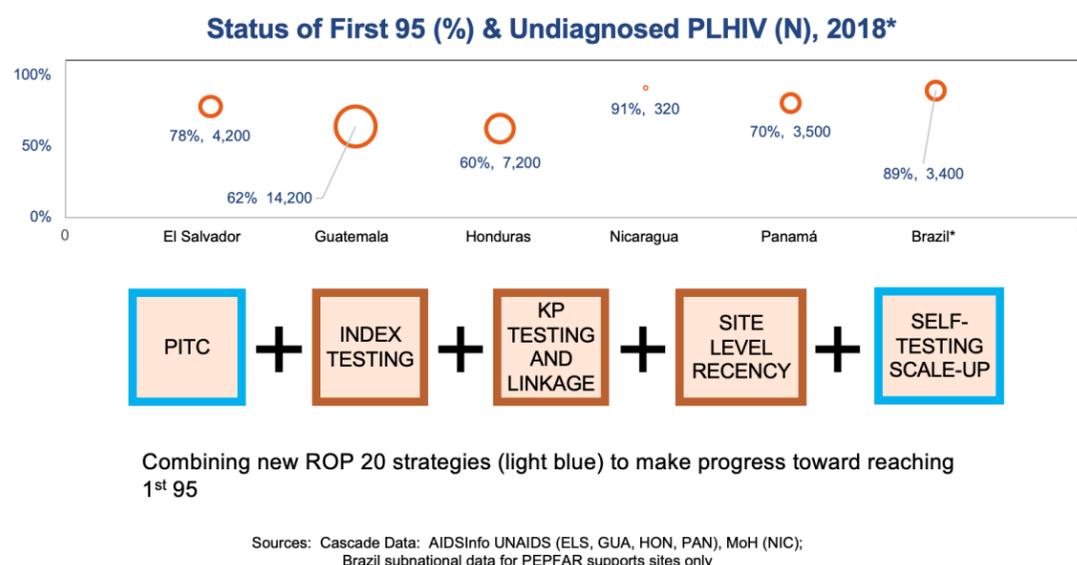
Overall, the PEPFAR program will prioritize all PLHIV and will continue to also focus support on the most affected key populations in the region, men who have sex with men and transgender women. The USG will also support the military populations in El Salvador, Guatemala and Honduras in close collaboration with the host country military health systems.

4.0 Client Centered Program Activities for Epidemic Control

4.1 Finding the missing and getting them on treatment

The PEPFAR strategy proposed to address the gaps in the cascade requires a systematic evidence-based approach at every site that PEPFAR is supporting.

Figure 4.1.1 Gaps & Case Finding Strategies



The PEPFAR team has identified key strategies for case finding and strategic prevention interventions as seen in Figure 4.1.1, which includes the following:

Case Finding & Linkage & Prevention

- Index Testing for Newly Diagnosed & Non-Virally Suppressed PLHIV
- Key Population Testing & Peer Linkage at Highest Volume Facilities & Online Outreach Programs
- Optimized Provider Initiated Testing & Counseling (PITC)
- Self-testing Scale-Up
- HIV Recency Testing

Index Testing The centerpiece to the site level testing package is a massive scale up of index testing for all newly diagnosed individuals and for all non-virally suppressed PLHIV including all those who have been lost to follow up and re-engaged in treatment. To increase uptake of index testing, partners of index cases will be given various options to seek testing such as the treatment site, other public clinics that offer testing, private labs, via cyber-educators, self-tests etc. The USG team will support linkages to the different testing options and then treatment for all those who test positive, who will then be considered a new index case. The USG will work to ensure appropriate monitoring of index case partners who are tested no matter where they decide to seek testing services.

KP Testing & Linkage The USG will continue to identify new cases at the highest volume KP STI clinics and through the online outreach program as both interventions continue to identify high numbers of PLHIV in an efficient manner. All individuals identified through these interventions will be immediately linked to treatment and offered index testing for their partners. A unique partnership with private laboratories provides more access to testing for KPs and PEPFAR partners support accompaniment to public treatment sites for all who test positive.

Optimized Provider Initiated Testing & Counseling (PITC) The USG will add PITC as a strategy for countries reporting high percentage late diagnosis such as Guatemala at 47%, Panama at 36% and Honduras at 35% (UNAIDS 2018). The USG will support implementation of PITC in select facilities for optimized impact.

Self-testing Scale-Up PEPFAR has been laying the groundwork to introduce self-testing to the region in Central America building on the lessons learned in Brazil where the USG has been leading the way in supporting innovative self-testing strategies. Self-testing roll-out is expected in Guatemala, El Salvador, Honduras, and Panama in the summer of 2020 and scale-up will be supported at the start of ROP20 implementation.

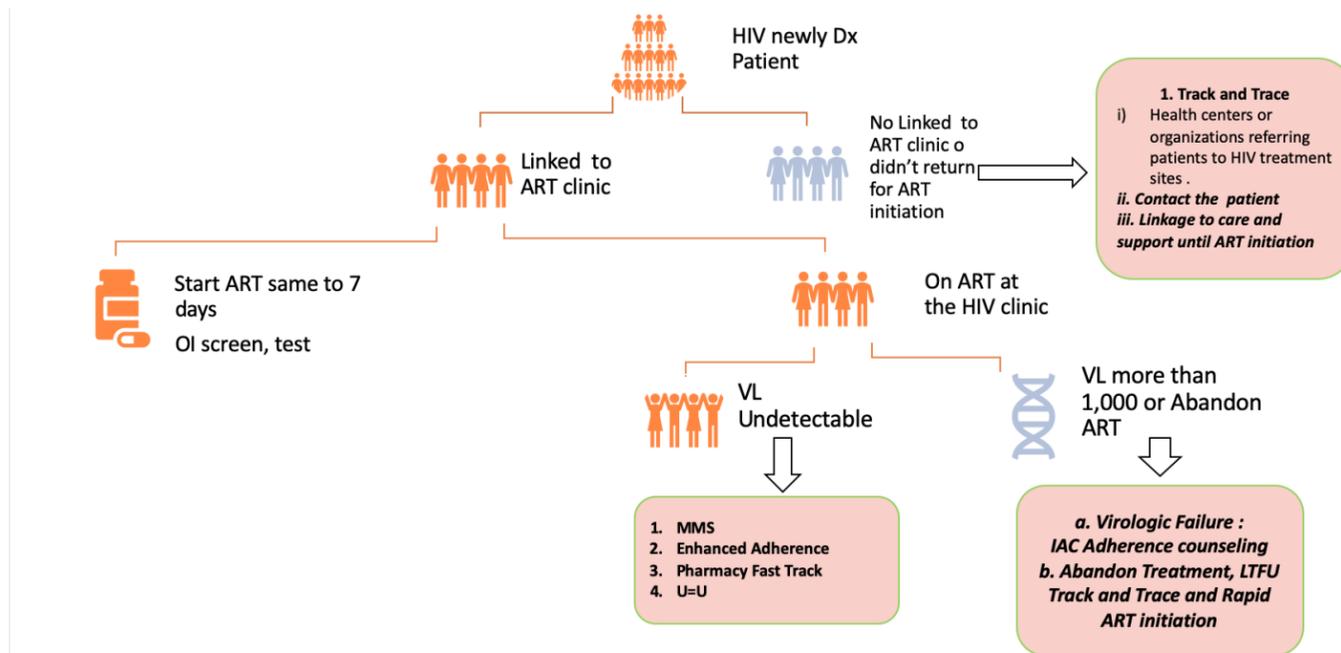
Recency Testing Central America was the first PEPFAR OU to implement the rapid recency test and PEPFAR will continue to support rapid recency testing at reference laboratories and at select sites. The USG has been working to build capacity of National Laboratories to collect and analyze data results and with ROP20, the emphasis will be on integrating recency testing data into routine surveillance data systems, analysis, and to use recency results for public health action, including targeted prevention and testing interventions.

The USG will also support these case finding strategies with military populations, including index testing and optimized PITC for military personnel with STIs.

4.2 Retaining clients on treatment and ensuring viral suppression

In ROP20 the PEPFAR Central America and Brazil will continue to implement the new strategy shift from ROP19 in support of intensive direct service delivery at treatment sites across the region to ensure clients are retained on treatment and viral suppression is reached as seen in Figure 4.2.1.

Figure 4.2.1 PEPFAR Treatment Site Strategy for Retaining & Ensuring Viral Suppression



The components of this treatment strategy include the following:

- A. Linkage to Care & Registry to Verify Referrals of Newly Diagnosed /Track and Trace pre-ART
- B. Early Antiretroviral Treatment Initiation
- C. Advanced HIV Package: screen, test, treat and prevent opportunistic infections (OI)
- D. Service Delivery Models as Pharmacy Fast Track and Multi-month Scripting/Dispensing
- E. Advanced Adherence Package & Reengagement of PLHIV Lost to Follow Up
- F. Track and Trace (PLHIV Diagnosed but never linked or initiated on ART)
- G. U=U
- H. High Viral Load Tracking & Management
- I. Tele-mentoring ECHO program

Linkage to Care & Registry to Verify Referrals of Newly Diagnosed PLHIV / Track and Trace pre-ART

PEPFAR plans to support efforts to ensure all newly diagnosed PLHIV are immediately linked to treatment no matter where the client decides to seek both testing and treatment services. As in Central America, clients have expressed preferences for treatment at sites that are not necessarily close to where they reside or where they were tested, PEPFAR is proposing to support a comprehensive registry to ensure that no matter where a client prefers to seek care, they are immediately linked to treatment and that can be verified. Linkage to care is implemented through health navigators, linkage liaisons or similar figures, both funded by PEPFAR and Global Fund projects. With such support, more than 90% accept this service and are linked in a median of 3 days. For sites that are not receiving this support, PEPFAR has implemented track and trace activities, prospective to improve linkage to care and retrospectively to detect people aware of their HIV positive status but never linked.

Early Antiretroviral Treatment Initiation

PEPFAR will support rapid Antiretroviral treatment initiation same day to 7 days from diagnosis, for patients without severe Opportunistic Infections and are otherwise considered stable. The USG will provide support for site level protocols, opportunistic infections diagnosis and human resources where necessary to support early treatment. Clients have shown a clear preference for receiving care at their established treatment site.

Advanced HIV Package: screen, test, treat and prevent opportunistic infections (OI)

As the data has shown that patients are being diagnosed very late, the probability of those newly diagnosed presenting with OIs or being susceptible to OIs is high. Therefore, the USG will ensure that all sites have the tools and protocols according to WHO guidelines in place to ensure TB screening in all visits; rapid testing for TB and fungal infections; OI treatment and TB prevention treatment (TPT). PEPFAR is training clinicians to ensure appropriation and implementation of TPT, as all countries TB/HIV co-infection guidelines include this practice. Based on 2018 WHO country reports, only El Salvador's TPT coverage is relatively high, whereas in Guatemala, Nicaragua and Panama major gaps persist to assure standard of care. Local follow-up in the implementation of infection control plans (TBIC) is also carried out, assuring that risk for patient infection at ART clinics and hospitals remains low. Gaps have been identified on screening for TB in patients with advanced HIV disease, OI rapid testing and completion of TPT. Through close monitoring, training and on-site competencies evaluations, we are aiming to close these gaps, including tele-mentoring case-based sessions via the TB ECHO Regional program.

Service Delivery Models including Multi- Month Scripting/Dispensing and Pharmacy Fast Track

For stable patients, the USG will continue to support the implementation of multi-month scripting and dispensing or Pharmacy fast track to enable clients to visit the clinic less and free up existing human resources to attend more patients as we expect the numbers of newly diagnosed to greatly increase with the proposed scale-up strategy.

The PEPFAR program has seen how MMD can improve the quality of life of selected people with HIV receiving antiretrovirals, and reduce the level of work for health providers, who gain more time to focus on those non-adherent, non-virologically suppressed patients. Nevertheless, MMD has not been officially endorsed by health authorities in most countries in the region and current policies, regulations, treatment guidelines and standard operational procedures do not support MMD. Consequently, in the clinical practice, health providers apply MMD but do not report it, considering potential sanctions. Such practices contribute to prevalent stock-outs and risk of stock outs due to lack of coherence between inventories and replenishment timetables, based on registered dispensing processes compared to real requirements. The USG will work to implement MMD at the site level at PEPFAR supported sites while continuing to push for policy change at the above-site level.

Advanced Adherence Package & Reengagement of PLHIV Lost to Follow Up

The USG will prioritize the reengaging those lost to follow up back into treatment and will provide support for personnel at treatment sites and in communities to locate and bring back those positives. PLHIV who are risk of abandoning treatment as shown by missed appointments, will be identified and clinic promoters will reach out to at-risk PLHIV via phone (voice or SMS) to provide reminders of appointments and, where necessary, to help these clients reschedule missed appointments or mitigate barriers to attendance. The use of SMS such as the AlerTAR platform developed by PEPFAR Central America has been shown to improve adherence to ART. When reminded of appointments, medications, or both, clients had a higher percentage of viral suppression than their peers who did not receive the messages. For patients in risk of abandonment or in abandonment, the use of community liaison and clinical health promoters will be used as a strategy. PEPFAR is also implementing other models to reengage PLHIV such as providing access to patients in extended hours or ART delivery close to home. Other models specific to certain populations or country contexts will also be supported, for example adherence clubs for Venezuelan migrants in Panama. In the case of the military, the USG will support an adherence program geared toward active duty personnel adapted to their unique situation and using military health navigators.

Track and Trace

For clients who were diagnosed but never linked or initiated on ART, the USG will use the Track and Trace strategy which includes procedures for identifying and following up with unlinked individuals through phone and home contacts and ensure their linkage to treatment and in cases where their treatment has been confirmed in another setting, it will be documented. The USG will actively carry out track and trace and at the same time work to support the institutionalization of processes and procedures for tracking all those who are diagnosed.

U=U

The USG will continue to incorporate U=U messaging and viral load literacy into all work at treatment sites to ensure PLHIV are aware of the importance of adherence to treatment to maintain the virus at undetectable levels.

High Viral Load Tracking & Management

To ensure continued viral suppression, regular viral load monitoring is essential. The USG will support treatment sites to have a system to monitor and manage viral load for all PLHIV receiving treatment. Central America has high rates of drug resistance. The USG will implement the Cyclical Acquired HIV Drug Resistance (CADRE) patient monitoring to systematically conduct genotype testing to generate representative HIV drug resistance estimates.

Tele-Mentoring ECHO Program

USG will continue training health care providers on care & treatment guidelines through the tele-mentoring case-based HIV ECHO programs in the region, creating a virtual community of practice where a local pool of experts will be created to share best practices and improve the quality of care for PLHIV. The ECHO platform will be used to ensure health care providers at PEPFAR supported treatment sites have the latest technical information to implement all key strategies and global best practice. ECHO may also be used in the context of COVID19 to equip treatment sites with tools needed to adapt their services to ensure continuation of care and treatment for their clients.

The USG will also prioritize cross-cutting site level support for supply chain technical assistance to ensure that all commodities needed at treatment sites are available in a timely manner.

4.3 Prevention with Key Populations & PrEP

Prevention with Key Populations

The USG will continue to implement targeted prevention activities tailored to key populations and they will be reached with a comprehensive combined prevention package, with a focus on testing and subsequent linkage to HIV care and treatment services for diagnosed PLHIV as described above. The goal for prevention programming is to ensure at-risk KP are tested. PEPFAR aims to reach PLHIV who are experiencing no adverse health effects and are not currently seeking services. Social media use and cyber-educators to reach and link KPs, particularly hidden populations to HIV services explores ways to bring prevention services to vulnerable groups, and to ensure early diagnosis of HIV and a link to treatment services. PEPFAR covers the costs of all technological equipment to implement the activity, cyber-educators, training, materials, monitoring of virtual interactions, site mentoring, the development and financing of a private lab network for testing accessibility, counseling, and follow-up with HIV-positive individuals in order to link them to care services. PEPFAR also continues to support KP friendly STI clinics (known as VICITS), which are public sector sites, tailored for KP. All Central American countries have VICITS clinics, which are solely operated by the Ministries of Health. PEPFAR will continue to support high volume sites, which are continuing to find new cases and have consistently shown high yields. Clients at VICITS sites are offered a comprehensive prevention package.

Interventions must be tailored to each country and for each group of KP as appropriate. PEPFAR develops specific interventions to reach 'hidden MSM' that may not be found at traditional hot spots. The USG uses partnerships with the public sector, civil society, and the private sector to explore new evidence-based models for reaching specific KP groups (e.g., the use of new technologies, building on previous successful experiences with social media, and other biomedical interventions such as self-testing). PEPFAR also works to strengthen the immediate linkage to public sector care and treatment for any individual diagnosed through non-public sector service providers. Individuals from the key and priority populations are engaged throughout every step of the activity to provide ongoing feedback on interventions and to offer suggestions for improvement. Their insight and perspective can be invaluable especially when trying to address site-level barriers to accessing services. PEPFAR also integrates addressing stigma and discrimination in all activities.

PrEP

For ROP20, PEPFAR Central America has the new opportunity to support PrEP in the region and contribute to PEPFAR's global goal and new minimum policy requirement related to PrEP. To maximize impact of PEPFAR funds and build on on-going efforts in the region, the USG team proposes to divide the region into two Tiers for PrEP support. Tier 1 countries are defined as countries with ongoing PrEP provision and/or PrEP provision already included in national guidelines, even if in certain circumstances or specific groups. Based on a situational analysis of the status of PrEP provision, Guatemala and Panama would be the only Central American countries catalogued in Tier 1 due to the political will and advanced progress towards implementation of PrEP. In these countries, for ROP20 PEPFAR will support direct service delivery to expand access to PrEP (communication and outreach, medications, laboratory and clinical supplies, capacity building of human resources, adherence support, etc.), as well as technical assistance for optimal implementation (policy shifts, trainings, quality management, data monitoring, demand creation, information systems, etc.). PEPFAR will work with Tier 1 countries and coordinate with all key partners in country to expand access and integrate PrEP into existing combination prevention packages for both key populations at highest risk of infection and sero-discordant couples identified through index testing.

Tier 2 countries are defined as countries with no ongoing PrEP provision nor PrEP provision mention in national guidelines. Based on the situational analysis of the status of PrEP provision described earlier, El Salvador, Honduras, and Nicaragua would fall under Tier 2. In these countries, for ROP20 PEPFAR will support advocacy efforts at the policy and community level to address the barriers that prevent the adoption of PrEP with the goal of beginning service provision for the following ROP.

The ROP20 PrEP targets were based on UNAIDS framework for estimating populations at risk. Two municipalities were selected in the capital cities of Guatemala and Panama, and two populations, men who have sex with men (MSM) and sero-discordant couples (SDC). The following variables were analyzed to define targets: **1) MSM target:** MSM population size estimates, HIV prevalence rates, prevalence of a high-risk proxy behavior (casual sex without a condom, in this case), PrEP uptake proportion described in the literature, expected reach of PEPFAR prevention programs, and community consultations. **2) SDC target:** 2% of PEPFAR's TX_CURR target in each municipality.

With this model, the PEPFAR PREP_CURR target is 2,360 (1,851 MSM and 509 SDC), divided as follows:

- Panama City: 1,188 (976 MSM, 212 SDC)
- Guatemala City: 1,172 (875 MSM, 297 SDC)

PEPFAR support will include the procurement of 28,320 PrEP 30-tablet bottles (14,064 for Guatemala and 14,256 for Panama).

Brazil adopted PrEP as part of the national HIV/AIDS policy in late 2017 for populations at increased risk of exposure to HIV, e.g., discordant couples, MSM and sex workers. PEPFAR/Brazil provides PrEP screening to determine eligibility, blood tests including creatinine, PrEP dispensation and follow up visits and exams. Differentiated service models providing PrEP include extended hours, walk-in assistance, and PrEP counseling for gay men and MSM.

4.4 Commodities

While the national governments in Central America procure the majority of the antiretroviral medicines and other commodities, PEPFAR provides technical assistance in strengthening the supply chain for key commodities in order to help countries to achieve the 95-95-95 targets. PEPFAR has strengthened countries' response capacity (policies, master plans, tools, SOPs, trained human resources) to generate and track ARV stock levels at the central warehouse and at service delivery points (HIV clinics). On average, 42% of tracers antiretrovirals showed adequate stock levels (those ARVs within the established Minimum and Maximum levels), during Q4 FY2019, in El Salvador, Guatemala, and Honduras. Delayed purchase processes, due to funding limitations as well as delayed deliveries, are common causes of this. Most countries in the region experienced stock-outs during 2019, with Panama having the most severe situation.

PAHO's Strategic Fund pooled procurement mechanism represents the main procurement mechanisms for antiretrovirals in all countries, except Panama. Global Fund grants, which on average procure 25% of HIV commodities, mainly lab commodities, uses its own procurement mechanism the Wambo platform, and, in specific cases, it procures through PAHO's Strategic Fund. Ministries of Health in El Salvador, Guatemala and Honduras use local providers as an "emergency" procurement option, in cases of imminent risk of stock-out, or during stock-outs. Due to legal limitations, Panama's procurement mechanism has traditionally been through local providers, however, with PEPFAR support, the law was modified, reducing a key barrier to use international procurement options as an alternative such as the Strategic Fund. COMISCA's joint procurement process, was created in 2009 to provide countries with an alternative procurement option, considering scale economies and sustainability of national health interventions. It presents several benefits compared to other options, including payment at reception instead of advance payment, prices set at purchasing country not at manufacturing country, scale economy benefits related to better prices and fixed prices for three-year periods. Health Ministries and Social Security Institutes in different countries in Central America use COMISCA's mechanisms for diverse health commodities. However, only Costa Rica has purchased one ARV with this mechanism. PEPFAR's support to strengthen COMISCA's joint price negotiation and procurement, as a feasible option for HIV tracer commodities, includes developing cost analysis of available procurement options, facilitating the update and alignment of HIV commodities national lists, disseminating this mechanism, developing a collaborative approach between COMISCA and the Ministries of Health and National AIDS Programs, simplifying processes to register potential providers through the development of automated modules and increasing the list of available commodities and their technical specifications. Currently, there are ongoing country efforts, particularly in Guatemala and Honduras, to diversify the procurement for HIV tracer commodities, through COMISCA.

Health authorities in Guatemala, El Salvador, Honduras, Panama and Nicaragua, have agreed to introduce TLD for first-line treatment, in newly diagnosed naïve patients. However, except for Guatemala, countries are still in the process of defining the criteria and timetable of the TLD migration process, in compliance with OMS guidelines as seen in Table 4.4.1.

Table 4.4.1 TLD migration status in Guatemala, El Salvador, Honduras & Panama

Country	TLD or Dolutegravir Current 1st or 2nd Line Regimen	TLD or Dolutegravir 3rd Line Regimen	Guidelines Include TLD/Dolutegravir	Expected Start Date
ELS	1 st line for new patients (MOH) 1 st & 2 nd Line (ISSS)	Yes	In Process	June 2020 (MOH) Started in November 2018 (Social Security)
GUA	1 st for new patients 1 st & 2 nd line progressive transition to TLD.	Yes	Yes (The new guide was socialized in Sep19)	Started in June 2019
HND	1 st for new patients	Yes	In Process	Began in August 2019
NIC	1 st for new patients	Yes	In Process	June 2019
PAN	1 st line for certain new cases	Yes	In Process	May 2019
BRA	1 st line	Yes	Yes	Started in Jan 2018

The key concerns relate to 1) financial constraints to ensure adequate TLD stocks in a sustainable way; 2) Management of high stocks of certain legacy antiretrovirals, which demands a well-planned migration timetable to avoid wastage. The increase in the total estimated consumption of TLD includes the increase in the number of annual new patients, new patients from the index testing strategy and scaled migration from the main first and second-line regimens. Planned shipments should arrive in the months in which available stocks descend below the minimum stock level established by national inventory controls. To define the TLD migration process, each country models a gradual transition considering the existence of ARVs in inventory and the availability of TLD in the country.

PEPFAR will also continue to support the phase out of Nevirapine in El Salvador, Guatemala and Honduras. As of December 2019, adult Nevirapine (200 mg) stocks at country level were: 4 months in El Salvador, 9 months in Guatemala and 16 in Honduras. As a result of PEPFAR coordination with PAHO for treatment optimization, although countries had purchase requests presented to PAHO's Strategic Fund, PAHO will no longer proceed to procure these orders. Additionally, since this topic was flagged by PEPFAR and PAHO, there has been increased awareness and support from health authorities to implement the recommended adult Nevirapine phase-out.

The Government of Brazil is responsible for acquiring commodities for HIV prevention and treatment. PEPFAR will provide a limited amount of new commodities such as recency, oral fluid, and TB LAM tests. All commodities will be distributed by the National AIDS Department according to their guidelines.

4.5 Collaboration, Integration and Monitoring

The USG interagency team is dedicated to a united approach to achieve epidemic control. The proposed scale-up strategy is a reflection of what all IPs (regardless of agency) will offer at the PEPFAR site level package as described previously. Close coordination with all stakeholders will also be essential for this scale-up strategy to be successfully realized.

PEPFAR has a long history of working closely with all key stakeholders. The USG works in close coordination with national governments to achieve a sustainable HIV response, through increased domestic funding, strategic alliances and effective use of available resources. PEPFAR works to support government commitments to reaching epidemic control. The development of the annual cascade reports is an example of multi-sectoral collaboration, led by Ministries of Health and supported by WHO, GF, UNAIDS, PEPFAR and NGOs involved in the national HIV response. Support for major policy changes such as the transition to TLD is established by including leading clinicians with the engagement of health authorities and promoted by experts such as WHO, UNAIDS, and USG agencies who provide technical support to update norms and protocols and guidelines.

PEPFAR agencies make detailed agreements and provide clear guidance to each implementing partner (IP) to avoid duplication and ensure targets are met. PEPFAR agencies work with their IPs to leverage synergies, share best practices from other countries, establish clear targets, and provide technical guidelines, as well, they monitor, supervise and coach IPs to ensure they are meeting the established targets and having the expected impact. With the scale up strategy all selected sites, with the exception of Hospital Santo Tomas in Panama, will each be supported by one USG agency to ensure no duplication of efforts. PEPFAR agencies are also strengthening their partner oversight strategies. This includes the use of the Accountability, Connectivity, and Transparency (ACT) strategy, Granular Site Management (GSM), and High Frequency Reporting and Data Quality Assessments methodologies to

monitor progress toward target achievement and to verify compliance with national guidelines and PEPFAR minimum program requirements. These initiatives will complement additional quality assurance and clinical mentoring initiatives at PEPFAR-supported sites, such as the Site Improvement Management System (SIMS), continuous quality improvement (CQI), and national supervision processes.

The PEPFAR team recognizes the potential impact of the COVID-19 pandemic in implementation of this ROP. PEPFAR operates in partnership with host governments, and under Chief of Mission authority. The team is diligently working with Ministries of Health and implementing partners to allow uninterrupted essential HIV services to clients while carefully observing national and PEPFAR recommendations for COVID-19 prevention, management, and control. In addition, WHO recommendations on COVID-19 infection prevention and control (IPC) for healthcare workers (HCW) are being shared in a timely manner via the HIV ECHO sessions to lower the risk of infection in PLHIV and in HCW supporting them.

4.6 Targets by population

The ambitious scale-up strategy for Guatemala, El Salvador and Honduras are also reflected in ambitious targets for those countries as seen in Tables 4.6.1 a and b.

Prioritization Area ¹	Total PLHIV ²	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage	Target current on ART (APR FY21) TX_CURR	Newly initiated (APR FY21) TX_NEW	ART Coverage (APR 21)*
Scale-Up Aggressive	130,400	57,743	32,3245	76,892	18,993	60%
Total	130,400	57,743	32,245	76,892	18,993	60%

Prioritization Area	Total PLHIV	Expected current on ART in PEPFAR supported SNU ^s (APR FY20)	Additional patients required for 90% ART coverage	Target current on ART (APR FY21) TX_CURR	Newly initiated (APR FY21) TX_NEW	ART Coverage (APR 21)*
Scale-Up Saturation	28,046	14,180	2,153	16,024	818	90%
Scale-Up Aggressive (one-time additional funds)	147,855	0	19,659	7,376	7,376	82%
Sustained (one-time additional funds)	223,179	0	24,720	12,204	12,204	84%
Total	399,080	14,180	46,532	35,604	20,398	84%

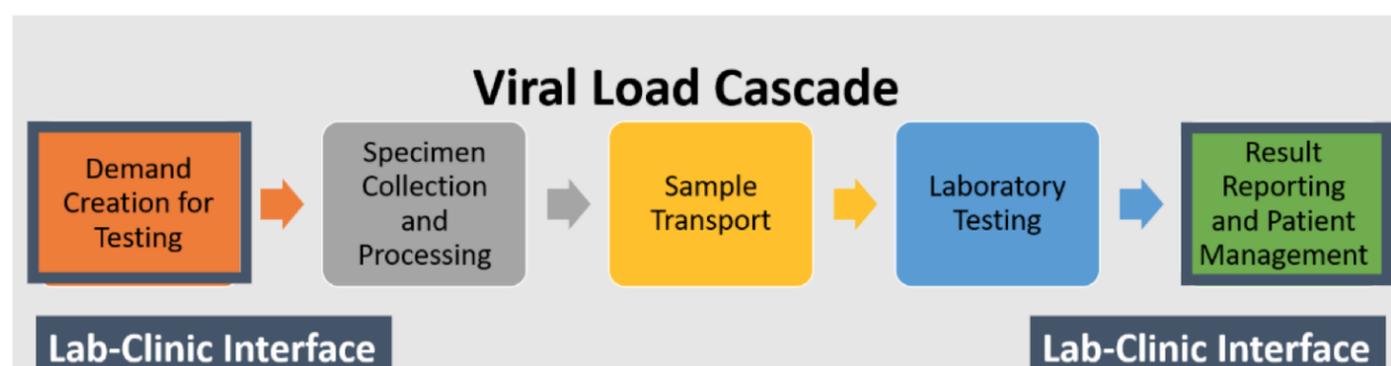
4.7 Viral Load

ART programs have improved in Central American countries by providing universal access to HIV treatment. Access to viral load testing and utilization of results for patient management with adherence counselling are key for Central American countries to achieve the UNAIDS target of 95% viral suppression of patients on ART. In ROP20, PEPFAR will continue to work to improve access and equity of viral load testing for HIV treatment monitoring in Central America. As seen in Figure 4.7.1, PEPFAR will work to support all components of the viral load cascade.

Figure 4.7.1 ROP20 Viral Load Diagnostic Optimization

In ROP 20 strategy:

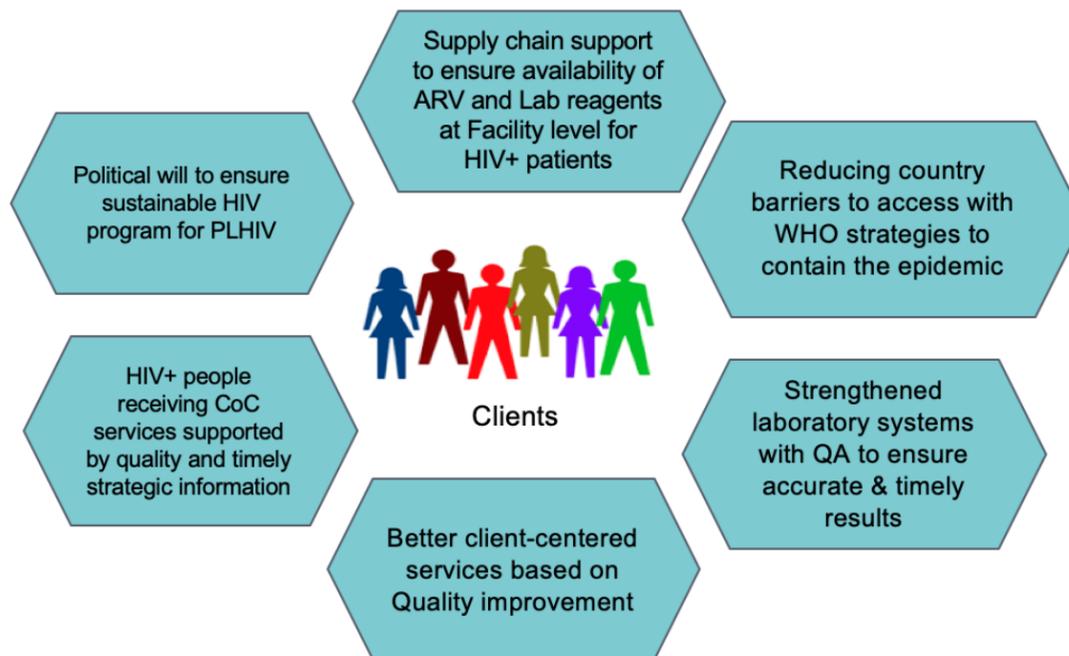
- Address gaps and accelerate VL scale up, increasing access, getting timely and accurate lab results
- Map resources, lab capacity, and needs to meet targets
- Map routes, frequency, costs, resources needed
- Design an efficient sample referral system to reduce costs and TAT
- Perform M&E and quality improvement activities



5.0 Program Support Necessary to Achieve Sustained Epidemic Control

For ROP20, PEPFAR will continue to prioritize above-site investments that contribute directly to the Minimum Program Requirements and to the barriers highlighted by the SID exercise (see Section 2.4). The USG will provide above site support that strategically targets gaps that directly affect the cascade (see Figure 5.1)

Figure 5.1 Above Site Investments in Support of Cascade



In addition to the Minimum Program Requirements, weak HIV information systems represent a key cross-cutting systems gap that is found across Central America and is shown in more detail in Figure 5.2.

Figure 5.2 Assessment of M&E Capacities

Assesment of the M&E capacities. Baseline 2018/19 in five countries of Central America.

Capacity Area	Dimensions																			
	STATE					QUALITY					TECHNICAL					FINANCIAL				
	Guatemala	Honduras	Panamá	El Salvador	Nicaragua	Guatemala	Honduras	Panamá	El Salvador	Nicaragua	Guatemala	Honduras	Panamá	El Salvador	Nicaragua	Guatemala	Honduras	Panamá	El Salvador	Nicaragua
1.0 Organizational	7.50	8.00	9.00	10.00	8.00	4.90	5.66	6.70	7.89	5.64	5.00	5.00	7.50	10.00	6.25	0.00	5.00	5.00	10.00	5.00
2.0 Human Capacity for M&E	7.00	2.00	1.00	8.00	7.00	0.21	2.14	1.42	6.67	8.49	2.50	2.50	2.50	5.00	5.00	0.00	2.50	2.50	2.50	5.00
3.0 Partnerships and Governance	3.21	2.38	4.52	7.86	7.62	0.42	1.76	2.85	6.41	7.01	2.00	3.00	4.00	7.00	6.00	2.00	1.00	2.00	4.00	5.00
4.0 Organization M&E Plan	4.00	6.67	6.67	10.00	8.33	1.58	3.25	3.91	9.10	9.39	5.00	0.00	0.00	10.00	5.00	5.00	0.00	0.00	10.00	5.00
5.0 Annual Costed M&E Work plan	0.00	0.00	10.00	10.00	10.00	0.00	0.00	8.57	8.57	10.00	0.00	0.00	0.00	10.00	5.00	0.00	0.00	0.00	10.00	5.00
6.0 Advocacy, Communication, and Cultural Behavior	5.00	3.33	5.00	8.33	10.00	2.22	5.00	6.25	8.33	8.75	5.00	0.00	0.00	5.00	10.00	5.00	0.00	0.00	5.00	5.00
7.0 Routine Monitoring	2.50	2.50	5.00	10.00	5.00	2.50	3.00	4.25	8.50	4.00	2.50	2.50	2.50	10.00	5.00	2.50	2.50	10.00	10.00	5.00
8.0 Surveys and Surveillance	5.00	5.00	6.67	8.33	6.67	0.56	5.83	4.72	8.75	8.75	2.50	5.00	7.50	5.00	7.50	5.00	2.50	5.00	7.50	5.00
9.0 National and Subnational Databases	2.50	0.00	0.00	10.00	10.00	2.08	0.00	0.00	7.03	7.60	0.00	0.00	0.00	10.00	10.00	0.00	0.00	0.00	10.00	5.00
10.0 Supervision and Auditing	0.00	0.00	5.00	5.00	7.50	0.00	0.00	2.50	5.00	5.63	0.00	0.00	2.50	2.50	5.00	0.00	0.00	2.50	2.50	5.00
11.0 Evaluation and Research	3.33	5.00	5.00	3.33	6.67	3.33	5.00	3.33	2.22	5.69	0.00	2.50	0.00	0.00	5.00	0.00	2.50	0.00	0.00	2.50
12.0 Data Demand and Use	1.67	3.33	5.00	3.33	6.67	1.67	3.33	6.25	3.33	9.03	2.50	2.50	2.50	2.50	5.00	2.50	2.50	5.00	2.50	5.00

PEPFAR is working in coordination with the Global Fund to strengthen HIV health information systems in order to effectively monitor the cascade and improvements in capacity are already being seen.

PEPFAR will continue working with HIV-HIS in Honduras, El Salvador and Panama especially in those areas related to the interconnectivity of the system, data quality and routine monitoring.

In Guatemala, it will take advantage of the Global Fund Grant design to coordinate the technical assistance to strengthen the HIV-HIS.

The USG will work with civil society to improve HIV knowledge management at organizational level, increasing the quality of their participation in the national response. The CSOs that are implementing HIV applied research using the community intervention model, will contribute directly to increase the linkage of HIV patients to treatment, reengage those lost to follow and increase adherence to reach viral suppression.

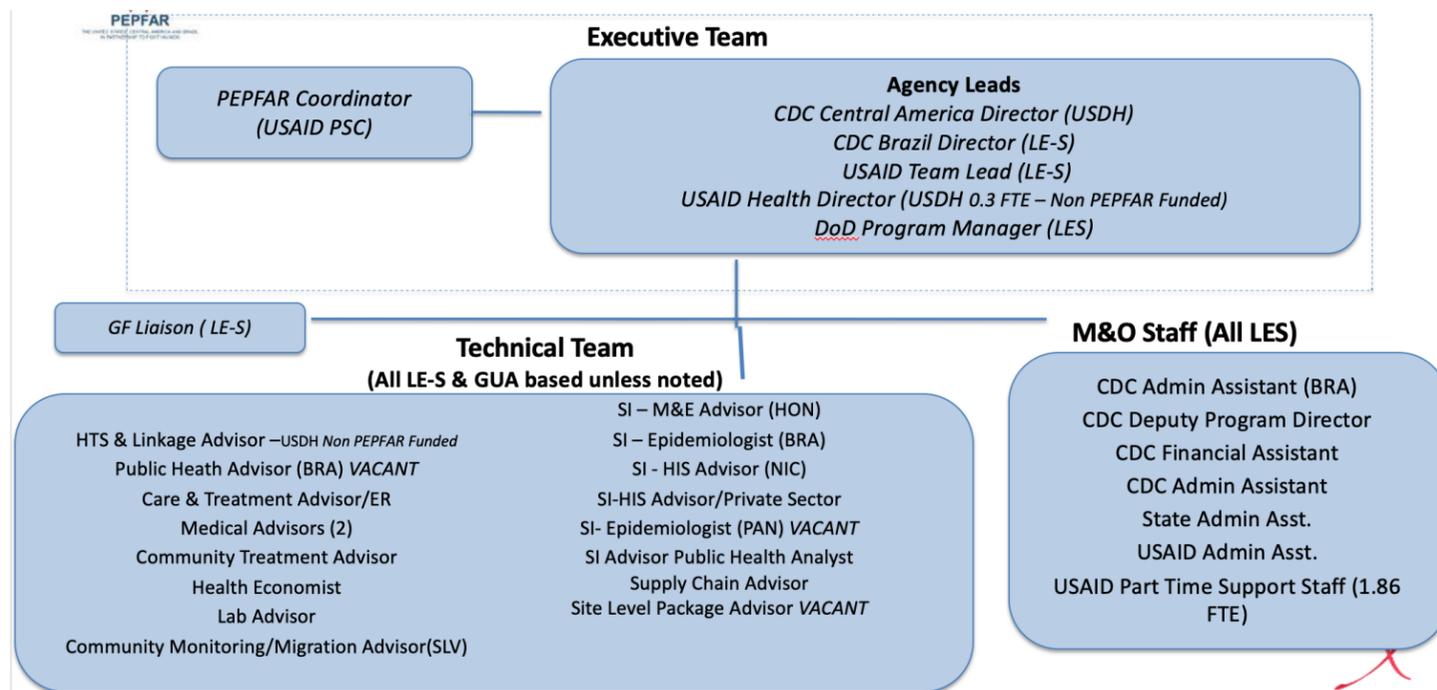
The USG will also work with military health programs to improve the availability and use of strategic information for decision making.

6.o USG Operations and Staffing Plan to Achieve Stated Goals

Central America/Brazil Footprint

The proposed footprint continues to reflect a lean and efficient approach to the USG management and staffing that has categorized the regional program. The Staffing Chart in Figure 6.1 illustrates the proposed footprint.

Figure 6.1 PEPFAR Central America Brazil Operational Staffing Chart



Vacant Positions

There are three vacant positions that were previously approved that are expected to be filled prior to the start of ROP20 implementation.

Changes to CODB

A slight increase in CODB costs reflect increased regional travel for more intensive site level monitoring, having previously vacant positions fully funded and some increased administrative costs.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

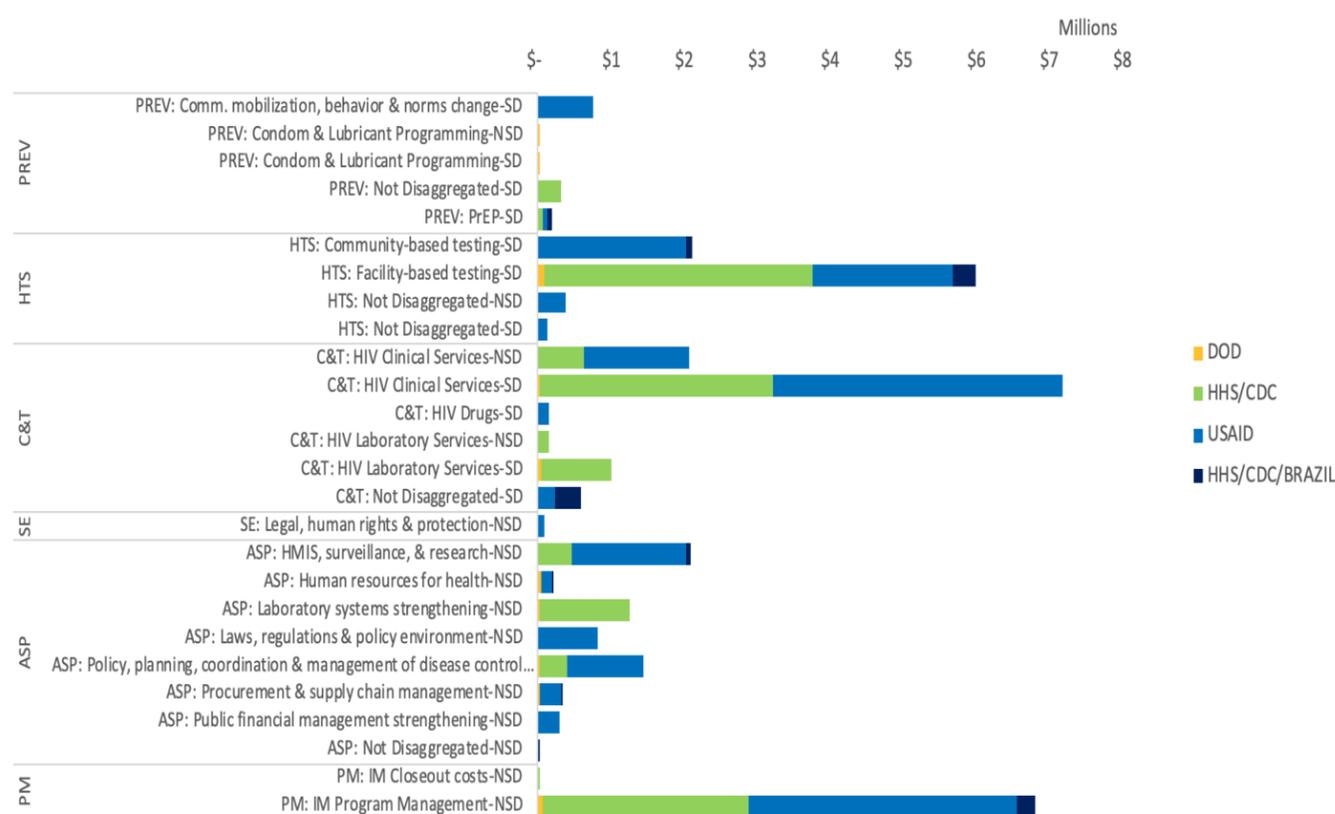
Table A.1

		Treatment coverage at APR by Age and Sex																								Overall Tx Coverage	
SNU 1 (Country)	SNU 2	COP	<01		01-04		05-09		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		
			F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M
El Salvador	La Libertad	ROP 19	95%	95%	95%	95%	0%	0%	0%	0%	43%	44%	38%	38%	38%	38%	38%	39%	39%	38%	39%	38%	40%	38%	39%	38%	42%
		ROP20	95%	95%	95%	95%	0%	0%	0%	0%	56%	57%	51%	51%	51%	51%	52%	52%	51%	52%	51%	52%	51%	53%	51%	52%	51%
	San Miguel	ROP 19	0%	0%	0%	0%	0%	0%	67%	67%	42%	38%	39%	39%	38%	38%	38%	37%	37%	37%	37%	37%	38%	38%	38%	37%	31%
		ROP20	0%	0%	0%	0%	0%	0%	78%	78%	53%	49%	50%	50%	50%	49%	49%	49%	48%	48%	48%	48%	49%	49%	49%	48%	39%
	San Salvador	ROP 19	67%	67%	43%	43%	45%	45%	38%	38%	38%	38%	38%	38%	38%	38%	37%	37%	37%	38%	37%	37%	37%	37%	37%	37%	41%
		ROP20	79%	79%	55%	55%	57%	57%	50%	50%	50%	50%	50%	50%	50%	49%	49%	49%	49%	50%	49%	49%	49%	49%	49%	49%	53%
	Santa Ana	ROP 19	100%	100%	67%	67%	40%	40%	67%	50%	42%	41%	39%	38%	38%	39%	38%	37%	38%	38%	37%	38%	37%	38%	37%	38%	48%
		ROP20	100%	100%	79%	79%	52%	52%	79%	62%	54%	53%	51%	50%	50%	51%	50%	49%	50%	50%	49%	50%	49%	50%	49%	50%	59%
	Sonsonate	ROP 19	100%	100%	100%	100%	50%	50%	100%	100%	50%	40%	44%	38%	38%	40%	40%	38%	41%	39%	40%	37%	45%	41%	40%	38%	56%
		ROP20	100%	100%	100%	100%	60%	60%	100%	100%	60%	50%	54%	48%	48%	50%	50%	48%	51%	49%	50%	47%	55%	51%	50%	48%	64%
Guatemala	Alta Verapaz	ROP 19	40%	50%	50%	50%	67%	50%	38%	50%	41%	41%	39%	39%	40%	38%	38%	38%	38%	38%	38%	44%	38%	40%	38%	50%	43%
		ROP20	52%	62%	62%	62%	79%	62%	50%	62%	53%	53%	51%	51%	52%	50%	50%	50%	50%	50%	56%	50%	52%	50%	62%	50%	55%
	Escuintla	ROP 19	0%	0%	0%	0%	0%	0%	50%	50%	44%	44%	41%	38%	38%	38%	41%	39%	40%	38%	40%	39%	50%	39%	50%	39%	32%
		ROP20	0%	0%	0%	0%	0%	0%	63%	63%	57%	57%	54%	51%	51%	51%	54%	52%	53%	51%	53%	52%	63%	52%	63%	52%	41%
	Guatemala	ROP 19	43%	50%	45%	45%	44%	42%	38%	44%	38%	38%	38%	38%	39%	38%	38%	38%	39%	38%	40%	38%	40%	38%	41%	38%	40%
		ROP20	56%	63%	58%	58%	57%	55%	51%	57%	51%	51%	51%	51%	52%	51%	51%	51%	52%	51%	53%	51%	53%	51%	54%	51%	53%
	Izabal	ROP 19	25%	200%	33%	67%	67%	67%	22%	133%	10%	42%	31%	20%	61%	16%	112%	9%	228%	7%	333%	6%	443%	5%	550%	3%	104%
		ROP20	40%	215%	48%	82%	82%	82%	37%	148%	25%	57%	46%	35%	76%	31%	127%	24%	243%	22%	348%	21%	458%	20%	565%	18%	119%
	Peten	ROP 19	100%	100%	100%	100%	100%	100%	67%	100%	50%	50%	50%	40%	44%	41%	50%	39%	50%	39%	50%	39%	50%	44%	50%	38%	62%
		ROP20	100%	100%	100%	100%	100%	100%	81%	114%	64%	64%	64%	54%	58%	55%	64%	53%	64%	53%	64%	53%	64%	58%	64%	52%	73%
	Quetzaltenango	ROP 19	40%	50%	50%	50%	67%	50%	38%	50%	41%	41%	39%	39%	40%	38%	38%	38%	38%	38%	44%	38%	40%	38%	50%	38%	43%
		ROP20	53%	63%	63%	63%	80%	63%	51%	63%	54%	54%	52%	52%	53%	51%	51%	51%	51%	51%	57%	51%	53%	51%	63%	51%	56%
	Retalhuleu	ROP 19	50%	100%	100%	100%	100%	100%	50%	100%	43%	43%	40%	39%	45%	41%	40%	39%	43%	39%	40%	38%	67%	40%	50%	38%	58%
		ROP20	64%	100%	100%	100%	100%	100%	64%	100%	57%	57%	54%	53%	59%	55%	54%	53%	57%	53%	54%	52%	81%	54%	64%	52%	68%
	Sacatepequez	ROP 19	0%	0%	0%	0%	0%	0%	0%	0%	63%	63%	63%	63%	80%	63%	63%	63%	63%	63%	113%	63%	113%	63%	113%	53%	49%
		ROP20	0%	0%	0%	0%	0%	0%	0%	0%	63%	63%	63%	63%	80%	63%	63%	63%	63%	63%	113%	63%	113%	63%	113%	53%	49%
	San Marcos	ROP 19	67%	100%	50%	50%	50%	50%	50%	50%	38%	38%	41%	39%	40%	38%	41%	39%	42%	39%	50%	38%	40%	39%	67%	38%	47%
		ROP20	80%	113%	63%	63%	63%	63%	63%	63%	51%	51%	54%	52%	53%	51%	54%	52%	55%	52%	63%	51%	53%	52%	80%	51%	60%
Zacapa	ROP 19	100%	100%	100%	100%	100%	100%	67%	100%	50%	50%	50%	43%	44%	38%	50%	40%	40%	38%	50%	41%	50%	44%	50%	40%	62%	
	ROP20	114%	114%	114%	114%	114%	114%	81%	114%	64%	64%	64%	57%	58%	52%	64%	54%	54%	52%	64%	55%	64%	58%	64%	54%	76%	
Honduras	Atlantida	ROP 19	50%	50%	40%	40%	43%	43%	42%	40%	41%	39%	38%	38%	39%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	40%
		ROP20	62%	62%	52%	52%	55%	55%	54%	52%	53%	51%	50%	50%	51%	50%	51%	50%	50%	50%	50%	50%	50%	50%	50%	50%	52%
	Choluteca	ROP 19	100%	100%	67%	67%	67%	67%	40%	40%	50%	50%	38%	46%	42%	47%	38%	46%	39%	42%	40%	40%	39%	47%	40%	54%	52%
		ROP20	100%	100%	79%	79%	79%	79%	52%	52%	62%	62%	50%	58%	54%	59%	50%	58%	51%	54%	52%	52%	51%	59%	52%	66%	63%
	Colon	ROP 19	67%	67%	43%	43%	44%	44%	38%	38%	38%	41%	38%	40%	39%	39%	38%	38%	38%	38%	38%	38%	38%	39%	38%	38%	42%
		ROP20	79%	79%	55%	55%	56%	56%	50%	50%	50%	53%	50%	52%	51%	51%	50%	50%	50%	50%	50%	50%	50%	51%	50%	50%	54%
Francisco Morazan	ROP 19	67%	67%	43%	43%	44%	44%	38%	38%	38%	41%	38%	40%	39%	39%	38%	38%	38%	38%	38%	38%	38%	39%	38%	38%	42%	
	ROP20	79%	79%	55%	55%	56%	56%	50%	50%	50%	53%	50%	52%	51%	51%	50%	50%	50%	50%	50%	50%	50%	51%	50%	50%	54%	
Managua	Chinandega	ROP 19	0%	0%	100%	50%	0%	100%	100%	50%	22%	30%	32%	31%	32%	31%	32%	30%	29%	19%	33%	29%	29%	33%	33%	29%	36%
		ROP20	0%	0%	100%	50%	0%	100%	100%	50%	22%	40%	33%	41%	33%	41%	33%	40%	30%	29%	34%	39%	30%	43%	34%	36%	40%
Managua	ROP 19	0%	0%	29%	35%	33%	38%	43%	40%	37%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	37%	38%	38%	38%	34%	
	ROP20	0%	0%	29%	35%	33%	38%	43%	40%	37%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	38%	37%	38%	38%	38%	36%	
Panamá	Chiriqui	ROP 19	100%	100%	100%	100%	67%	67%	100%	100%	64%	60%	60%	56%	56%	55%	55%	55%	55%	56%	55%	54%	55%	57%	55%	68%	
		ROP20	100%	100%	100%	100%	67%	67%	100%	100%	64%	70%	61%	66%	57%	66%	56%	65%	56%	65%	57%	65%	55%	65%	58%	62%	72%
	Colon	ROP 19	100%	100%	67%	67%	75%	75%	100%	100%	56%	55%	53%	53%	54%	53%	53%	54%	53%	52%	53%	53%	52%	53%	53%	64%	
		ROP20	100%	100%	67%	67%	75%	75%	100%	100%	57%	65%	53%	63%	55%	63%	54%	63%	55%	63%	53%	63%	54%	62%	54%	60%	68%
	Panama	ROP 19	60%	60%	53%	53%	56%	56%	58%	58%	53%	52%	52%	53%	53%	52%	52%	52%	52%	52%	53%	52%	52%	52%	52%	52%	54%
		ROP20	60%	60%	53%	53%	56%	56%	58%	58%	54%	62%	53%	63%	54%	62%	53%	62%	53%	62%	53%	62%	53%	62%	53%	59%	57%
Panama Oeste	ROP 19	100%	100%	60%	60%	67%	67%	75%	75%	54%	53%	53%	53%	53%	52%	53%	53%	53%	53%	53%	53%	53%	52%	52%	60%		
	ROP20	100%	100%	60%	60%	67%	67%	75%	75%	54%	63%	54%	63%	54%	62%	54%	63%	54%	63%	54%	63%	54%	62%	53%	59%	64%	

APPENDIX B – Budget Profile and Resource Projections

B1. ROP20 Planned Spending

Table B.1.1 ROP20 Budget by Program Area*



*Does not include One-Time Conditional Funding for Brazil and Panama

	Applied Pipeline	New Funding	Total Spend
Central America	\$US 983,110	\$US 39,221,878	\$US 40,204,988
Brazil	-	\$US 5,293,276	\$US 5,293,276
Total	\$US 983,110	\$US 44,515,154	\$US 45,498,264

*Includes One-Time Conditional Funding in addition to Core Program Funds

PEPFAR Budget Code	Budget Code Description	Amount Allocated
HVOP	Other Sexual Prevention	1,737,274
HVCT	Counseling and Testing	13,752,960
HTXS	Adult Treatment	16,434,327
HTXD	ARV Drugs	706,942
HVTB	TB/HIV Care	47,802
HLAB	Lab	1,693,868
HVSI	Strategic Information	2,596,247
OHSS	Health Systems Strengthening	2,220,675
HVMS	Management and Operations	5,325,059
TOTAL		44,515,154

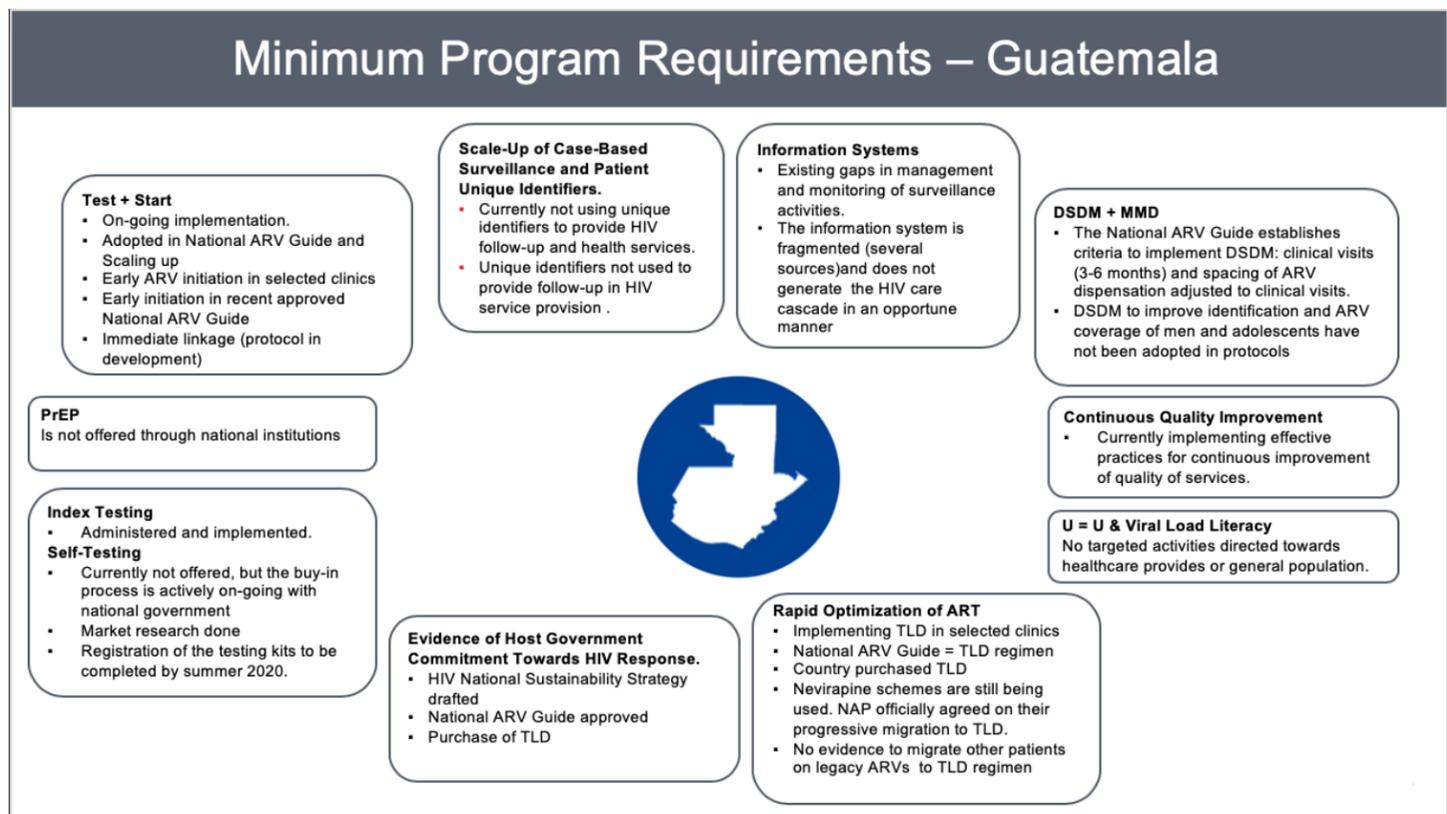
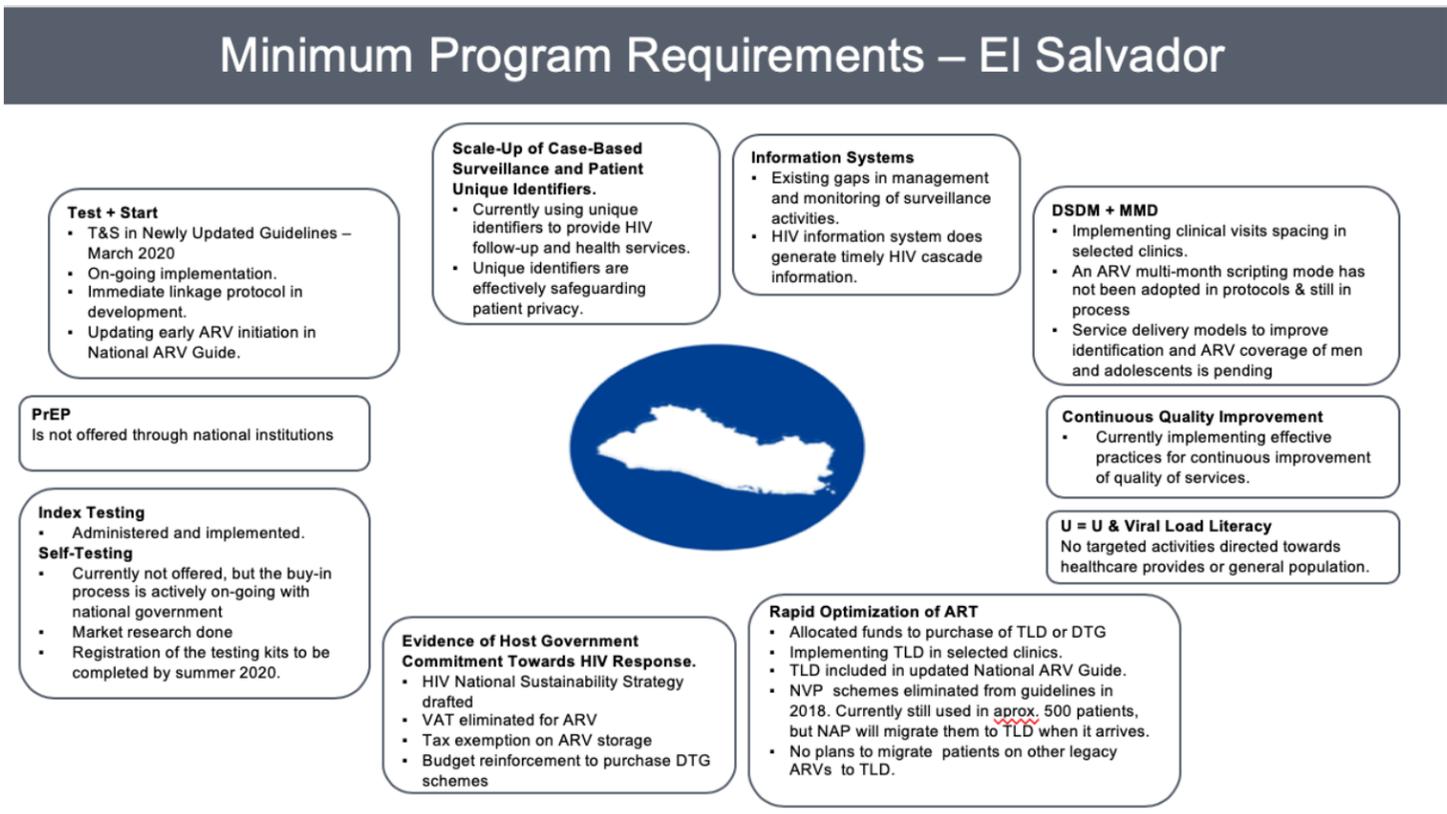
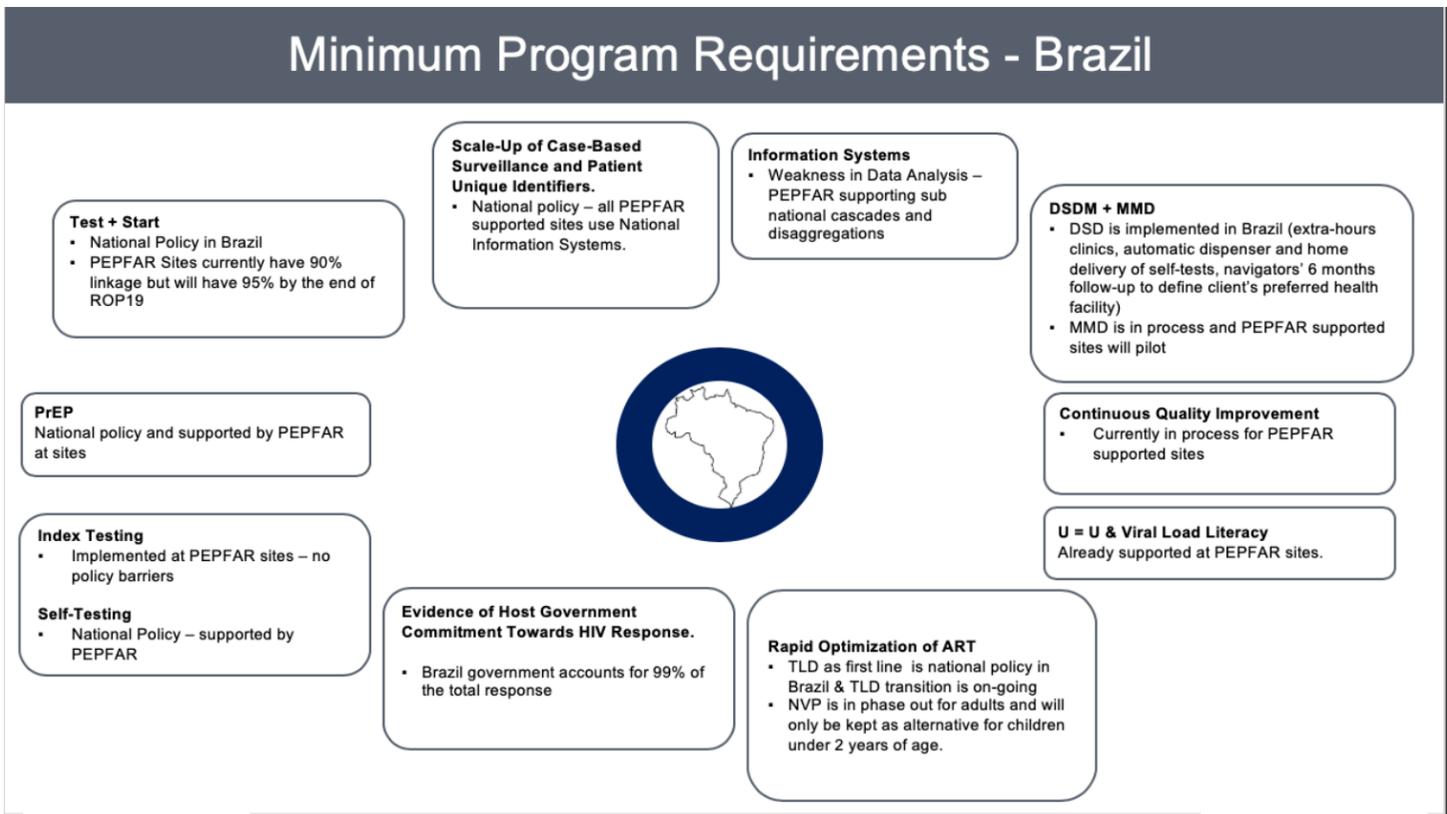
B.2 Resource Projections

The USG team undertook a detailed costing exercise to develop the budget for the integrated site level package by analyzing the costs for each component based on previous related expenditures and level of effort. The team then considered the size of each proposed site and adjusted the cost estimate accordingly to come up with an estimated budget per country. Above-site activities were first analyzed to ensure only activities critical to epidemic control continue and budgets were developed based on expenditure reports from the previous year.

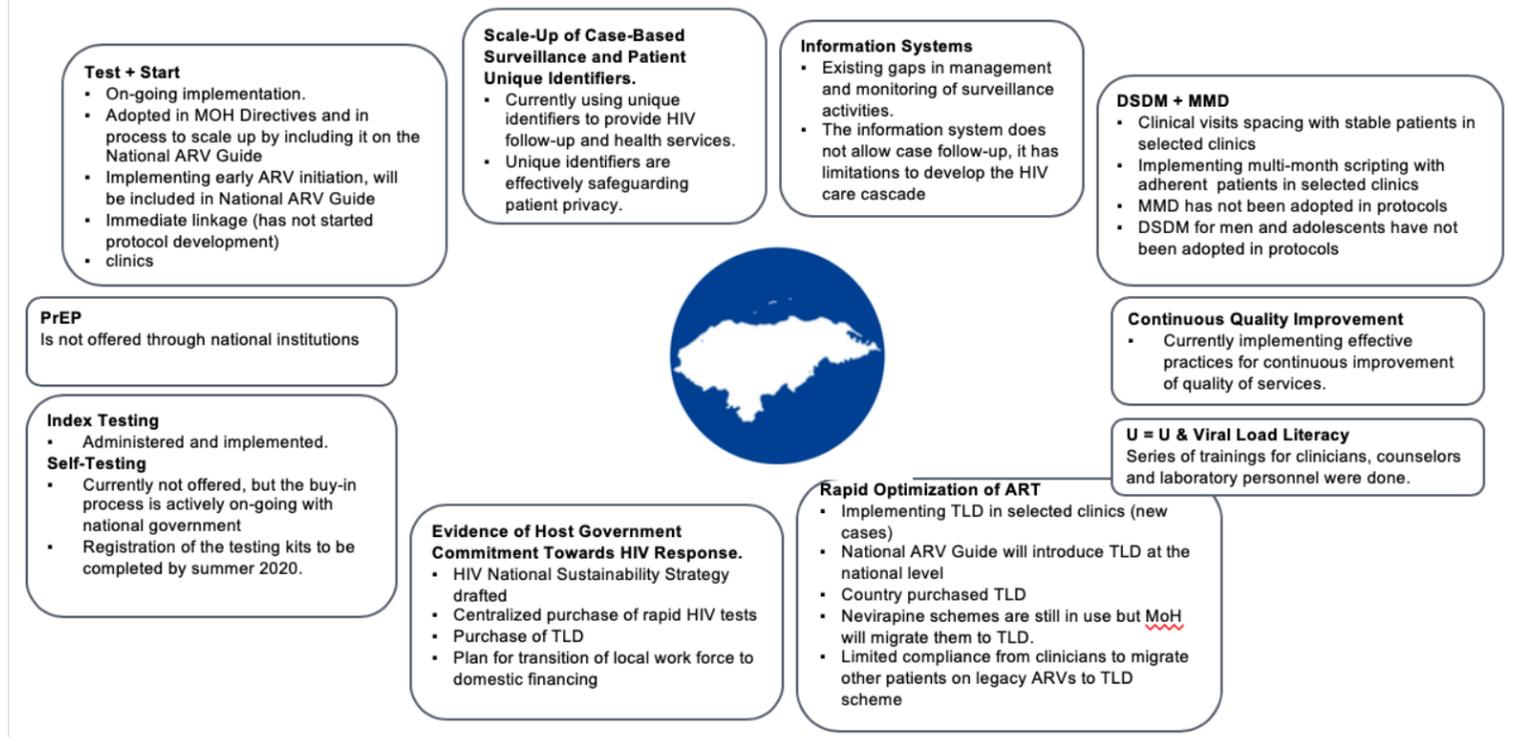
APPENDIX C – Tables and Systems Investments for Section 6.o

See Table 6 and SRE Excel Workbooks for each country

APPENDIX D- Minimum Program Requirements



Minimum Program Requirements – Honduras



Minimum Program Requirements - Panama

