Western Hemisphere:

Central America & Brazil

Regional Operational Plan

ROP 2021

Strategic Direction Summary

May 2021

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1.0 Goal Statement

The PEPFAR Central America and Brazil program is focused on supporting countries in the Western Hemisphere region to successfully 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 strengthening systems essential for epidemic control. The aggressive scale-up strategy started in ROP19 will continue to focus primarily on El Salvador, Guatemala, and Honduras. In addition, the program will continue to support innovative, evidence-based interventions in Nicaragua and Brazil as well as intensify site level support in Panama.

As seen in Figure 1: The PEPFAR Central America and Brazil strategy is 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 national and regional levels with robust engagement and commitment of all stakeholders. The ROP21, a strategy also highlights the importance of the community and accountability mechanisms 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 ROP21, PEPFAR will continue to 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 El Salvador, Guatemala, Honduras, and Panama for high-risk KP and 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 the expansion of viral load testing and monitoring of drug resistance and transition to more effective regimens in the case of treatment failure and 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 the region in the short term. The USG recognizes the importance of many

factors associated with the prevention, linkage, and treatment adherence, these elements are related to key elements that are part of the environment in Central America, racism, poverty, stigma and discrimination, migration, inequity, femicides, gender-based violence, poverty, lack of opportunities for employment and education. To address any component of the cascade, or to reach the 95–95–95 targets, must include actions that also transform the social determinants associated with HIV. In ROP 21, the USG is shifting the actions on many of these fields as a leverage strategy to contribute to reaching the ambitious targets proposed.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

The WHR Central America and Brazil region continues 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 and Brazil 2019/2020

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	48,000	900,000	0.24	0.5	5.3	18.3	30	19	-12
El Salvador	1,000	27,000	0.20	0.5	2.2	12.0	15.3	-50	66
Guatemala	1,100	36,00036,000	0.20	0.3	1.0	9.0	22.2	-41	82
Honduras	1,100	25,0005,000	0.10	0.3	2.0	8.4	8.2	19	-36
Nicaragua	500	9,600	0.10	0.1	2.6	8.6	8.1	-31	-43
Panama	1,300	26,000	0.60	0.9	0.6	6.7	29.6	-8	-9

Sources: UNAIDS 2019/2020 & MOH Data

At the same time, a USG analysis of MOH data on active HIV patients showed that most 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: 47% of newly diagnosed individuals in 2019 had a CD4 of less than 200. For El Salvador, the percentage was 37% and for Honduras, 26% of new patients had CD4 of less than 200 in 2019 for those who reported baseline CD4 (Sources: UNAIDS 2020 report).

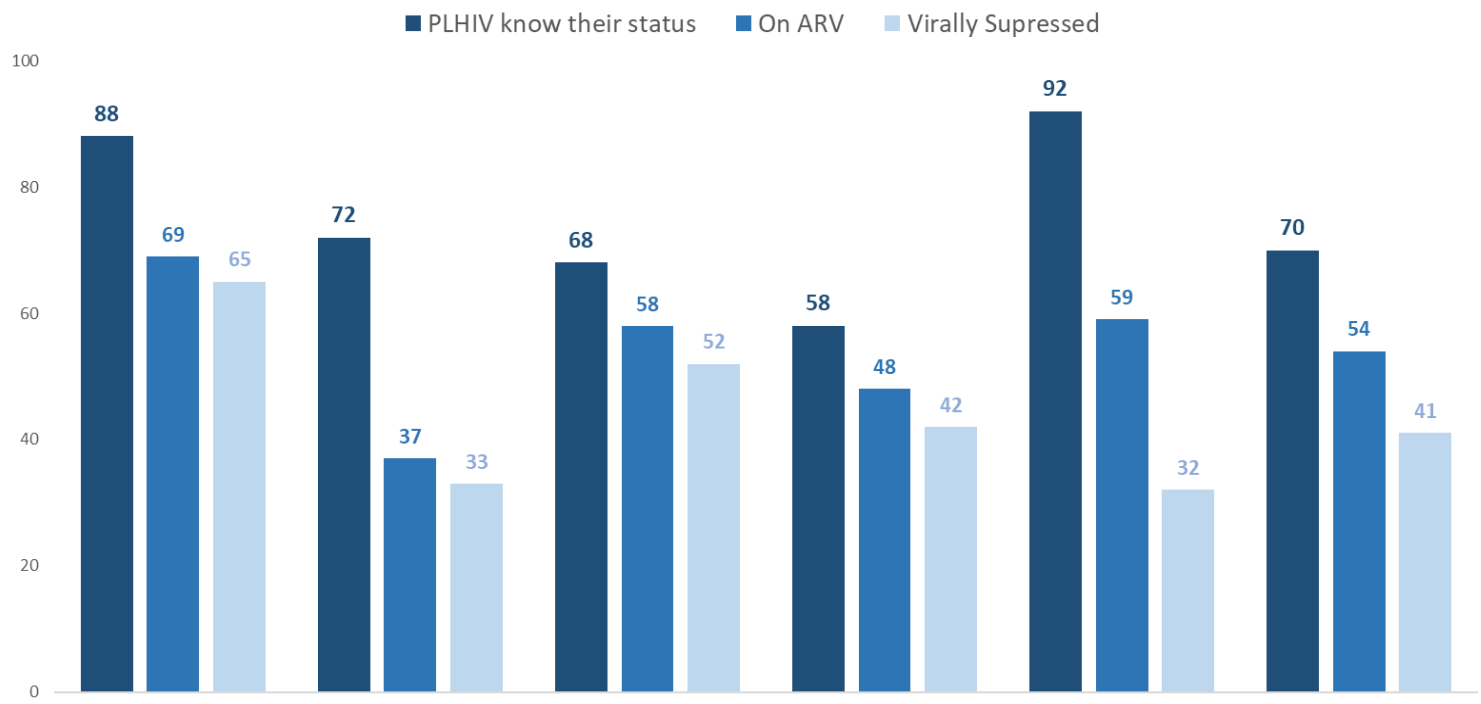
Significant gaps remain in each of the pillars of the continuum of care cascade for each country as seen in Table 2.1.2 and Figure 2.1.1. Except for Nicaragua, all countries show gaps in the estimated number of PLHIV who do not yet know their status. All six countries have significant disparities between diagnosed PLHIV and those 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	920,000	809,600 (88%)	631,386 (69%)	598,000 (65%)
El Salvador	27,000	19,270 (72%)	10,060 (37%)	8,805 (33%)
Guatemala	36,000	24,742 (68%)	20,923 (58%)	18,660 (52%)
Honduras	25,000	14,500 (58%)	11,849 (48%)	10,500 (42%)
Nicaragua	9,620	8,878 (92%)	5,696 (59%)	3,448 (36%)
Panama	26,000	18,200 ((70%)	14,040 (54%)	10,660 (41%)

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, 2019

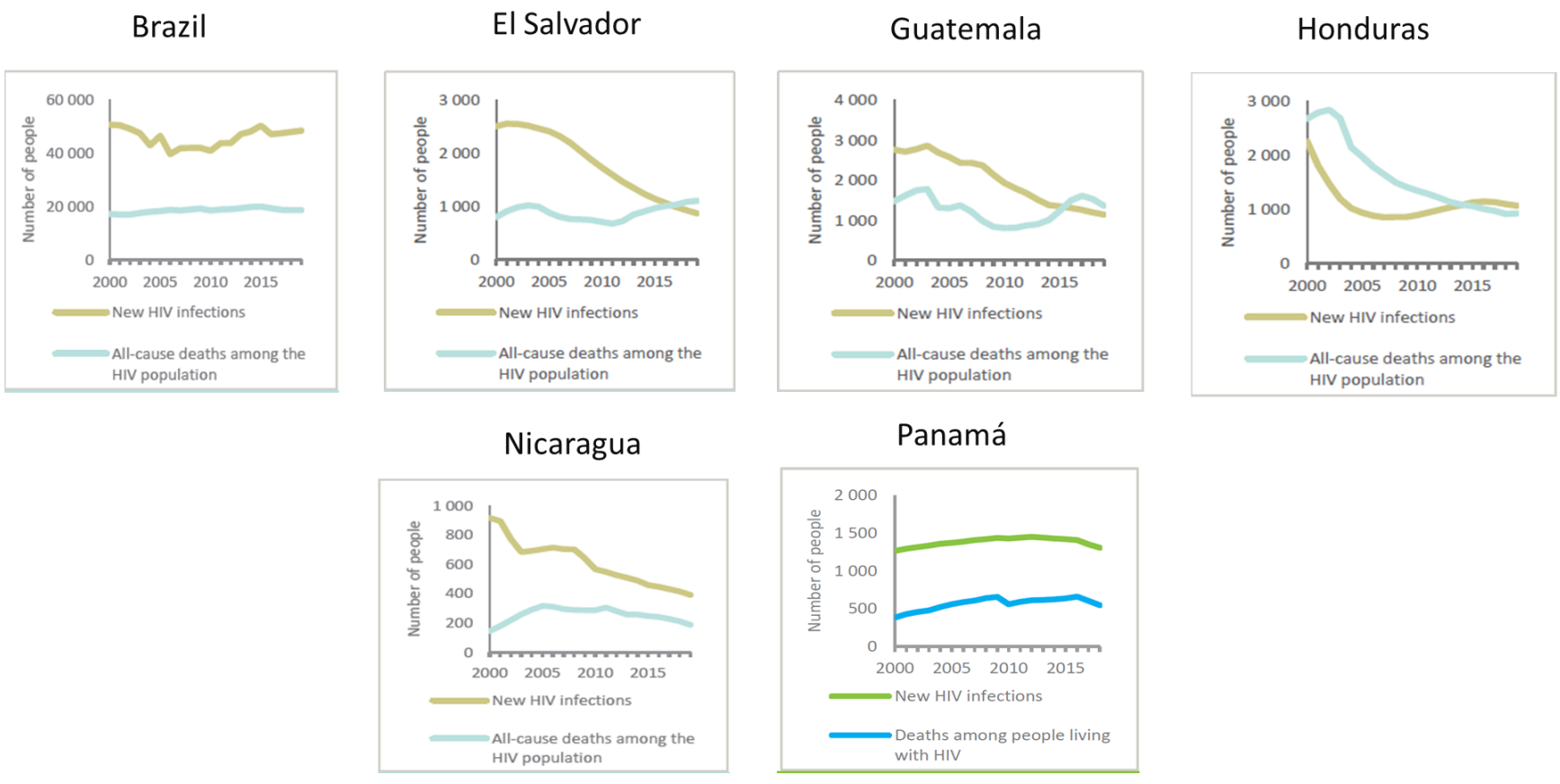


*Source: NAP M&E unit. Data from 2019.
**Viral Suppression data from 2018. Source: MoH, SIVE VIH.
^ Source: NAP M&E unit. Data from 2018.

Except for Brazil, all countries in the region are still working toward full adoption and implementation of key policies and structural conditions 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 except for Brazil, have yet to fully transition to TLD. For more details on policies and progress by country (in blue), please see Appendix D.

Per Figure 2.1.2, 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; however, all-cause mortality for Guatemala and El Salvador has increased over the same period. Honduras has seen a downward trend for both; however, it 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 2.1.2 Trend of New Infections and All-Cause Mortality Among PLHIV



Source: UNAIDS DATA 2020 Country Report www.aidsinfo.unaids.org

Key populations in the region, no doubt face challenging legal, discriminatory, and adverse environments. Basic rights such as access to ID, school registration using a name in coherence with the gender identity, or access to employment with dignity, makes implementation of isolated strategies disconnected from the social context of the region more difficult. As described by UNAIDS in the new global strategy, as a condition to reach the 95-95-95 targets, it is necessary first to get less than 10; less than 10% of people living with HIV and key populations experience stigma and discrimination; less than 10% of people living with HIV and key populations experience gender-based

inequalities and gender-based violence, and less than 10% of countries have punitive laws and policies (page 15, "End inequalities. End AIDS. Global AIDS Strategy 2021 – 2026, UNAIDS March 2021).

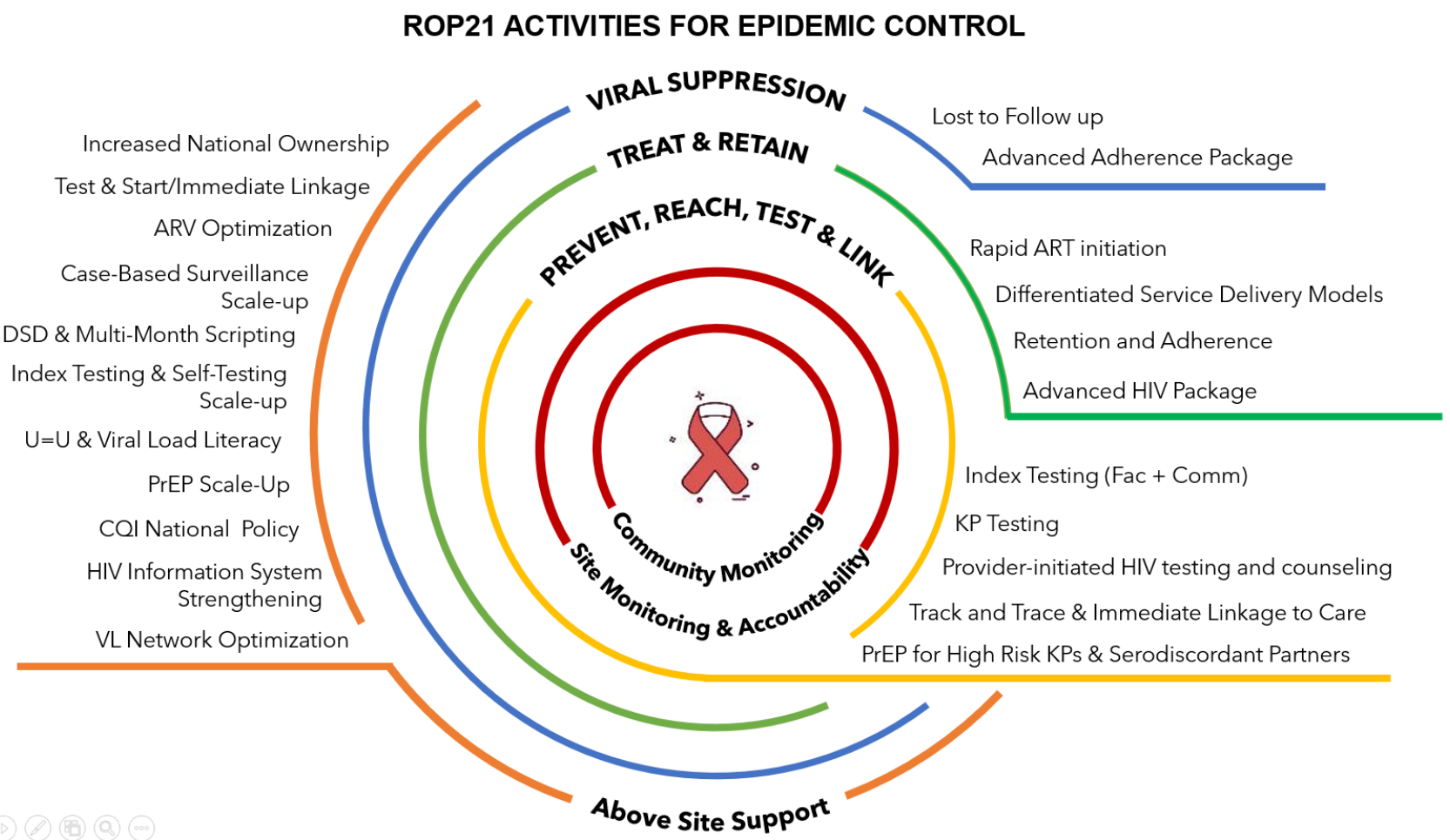
ROP21 will primarily build on the site-level strategy established in ROP19 with a few key additions to be more comprehensive. ROP21 activities include the addition in support for PrEP for individuals from the high-risk key populations and sero-discordant partners of PLHIV as identified through index 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 Track and trace pre-ART at the community level. PLHIV diagnosed in the community will be monitored and linked to treatment sites until they start ART, patients which are linked but not started on ART will be tracked until ART begins. Additional resources, such as viral load and Undetectable=Untransmittable (U=U) literacy and messaging, supporting Continuous Quality Improvement (CQI) and Quality Assurance at all levels will be utilized to back 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.

PEPFAR will support through field monitors staff, the quality of the supply chain management systems through all the PEPFAR sites in each country. With a comprehensive vision to include aspects such as storage conditions, minimum and maximum control, forecast, inventory control, etc.

PEPFAR will address more intentionally some of the intersectionality associated with living with HIV or belonging to a key population group will be addressed too, including a human-centered design process to recognize the impact of migration on behaviors related to prevention, testing, linkage, and HIV adherence; human-centered design process to recognize the role of ethnicity on prevention, testing, linkage, and HIV adherence; improving the holistic treatment approach to women living with HIV through provide prevention and treatment services for cervical cancer; assessing the role of GBV against key populations as a trigger for the adoption of risky behaviors for prevention, testing, linkage, and HIV adherence; assessing the human rights situation of people living with HIV and key population across the region, to advocate for a more inclusive and equitable environment that enables a healthy life.

Figure 2.2.1 ROP21 Activities for Epidemic Control

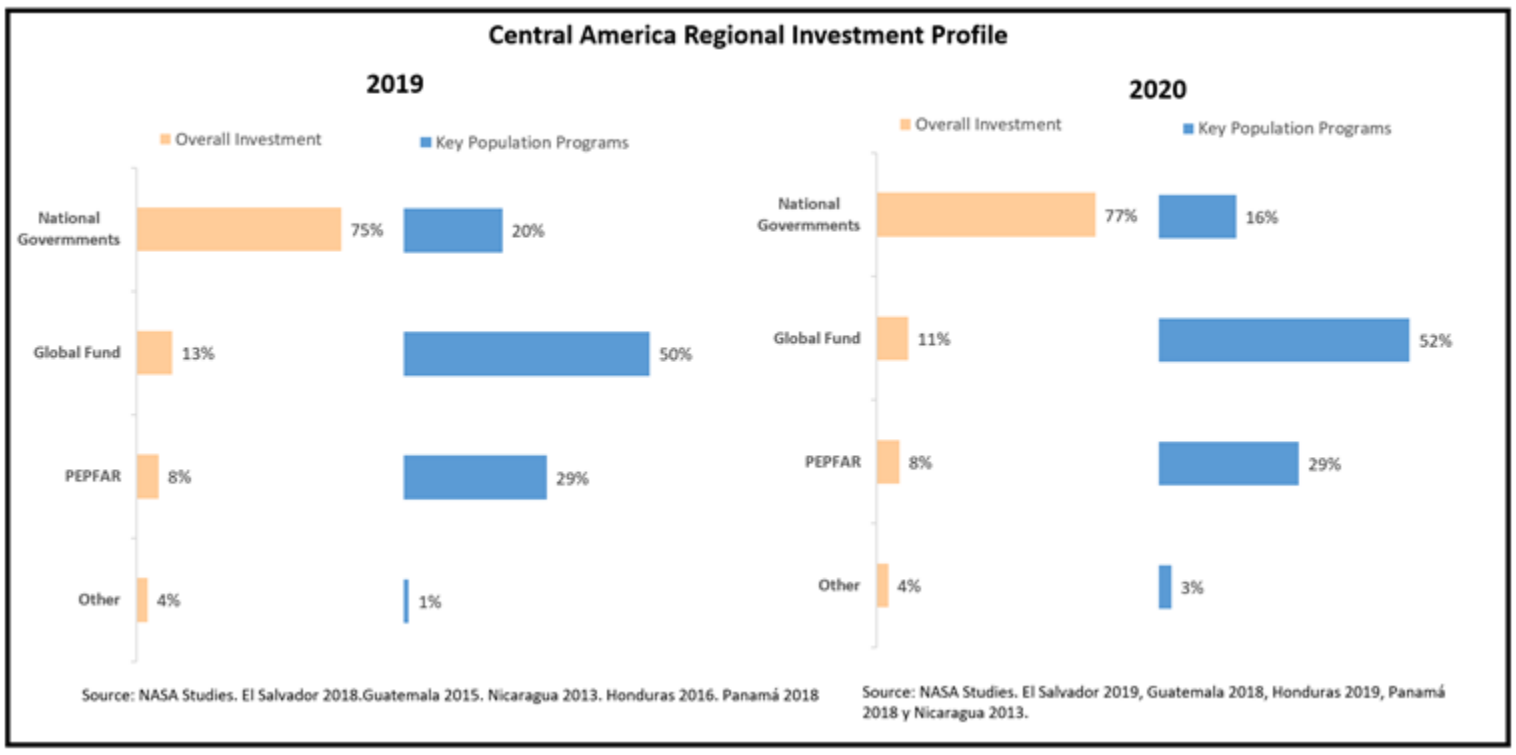


2.3 Investment Profile

Central American countries and Brazil have been leading the investment of their national responses since the beginning and have been steadily increasing that investment.

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 most of the support for key population programming. Total spending in 2019 was US$200.03 million and US$197.44 million in 2020. Proportionate spending financed by domestic and government funds increased slightly to 77% in 2020; total spending from those sources increased up to US$152 million (US$ 2 million more than 2019). It can be expected that in the future, with the implementation of high-impact and lower-cost interventions, spending could be maintained or decreased. The amount of Global Fund resources in the region is declining, but PEPFAR's contribution increased with the ROP20. The increase in PEPFAR funding from ROP20 will be identified until an upcoming NASA measurement database corresponding to 2020 will be available. Four of the five Central American countries have active Global Fund grants, Panama is closing out its final grant 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, the national systems reported in terms of commodities, that national governments continue to fund the bulk of the commodities especially in terms of anti-retroviral (ARVs). Rapid test kits and viral load reagents are covered essentially by host countries and global funds. Some PEPFAR funds are utilized for rapid test procurement but are not registered at central systems until NASA processes are completed in each country. Condom's purchase is under the responsibility of Global Fund and host countries, condoms approximately represent 6% of the total key commodities. This year an important donation from UNFPA was done in Honduras.

In 2020, PEPFAR did a one-time donation of TLD and other commodities to support Panamá, El Salvador, Guatemala, and Honduras in the accelerated adoption and implementation of key policies such as the TLD transition.

As part of the other commodities items, supplies such as Duo Test, Hepatitis B/C, CD4 test, coolers, needles, masks, or other minor lab supplies were registered.

Table 2.3.2 Annual Procurement Profile for Key Commodities

Commodity Category	*Total Expenditure*	*% PEPFAR*	*% GF*	*% Host Country*	*% Other*
ARVs (TLD)	$ 5,206,759.30	84%	7%	10%	0%
ARVs (Other)	$ 11,535,141.72	0%	0%	100%	0%
Rapid test kits	$ 1,068,050.18	0%	45%	55%	0%
Other drugs	$ 562,848.67	0%	25%	75%	0%
Lab reagents	$ 778,255.20	0%	41%	59%	0%
Condoms	$ 1,631,899.66	0%	8%	66%	27%
Viral Load commodities	$ 4,853,502.78	52%	24%	24%	0%
Other commodities	$ 757,870.18	0%	43%	57%	0%
Total	**$ 26,394,327.69**	**26%**	**11%**	**61%**	**2%**

Sources: El Salvador, Annual Plan of Acquisition GOES and Global Fund – SINAB (National Supply System); Honduras Logistic Management Unit and Financial Secretary data; Guatemala National AIDS Program, Procurement Internal Reports and Global Fund 2020 Report; Panama Health Drugs and Supplies Direction, Laboratories Direction.

2.4 National Sustainability Profile Update

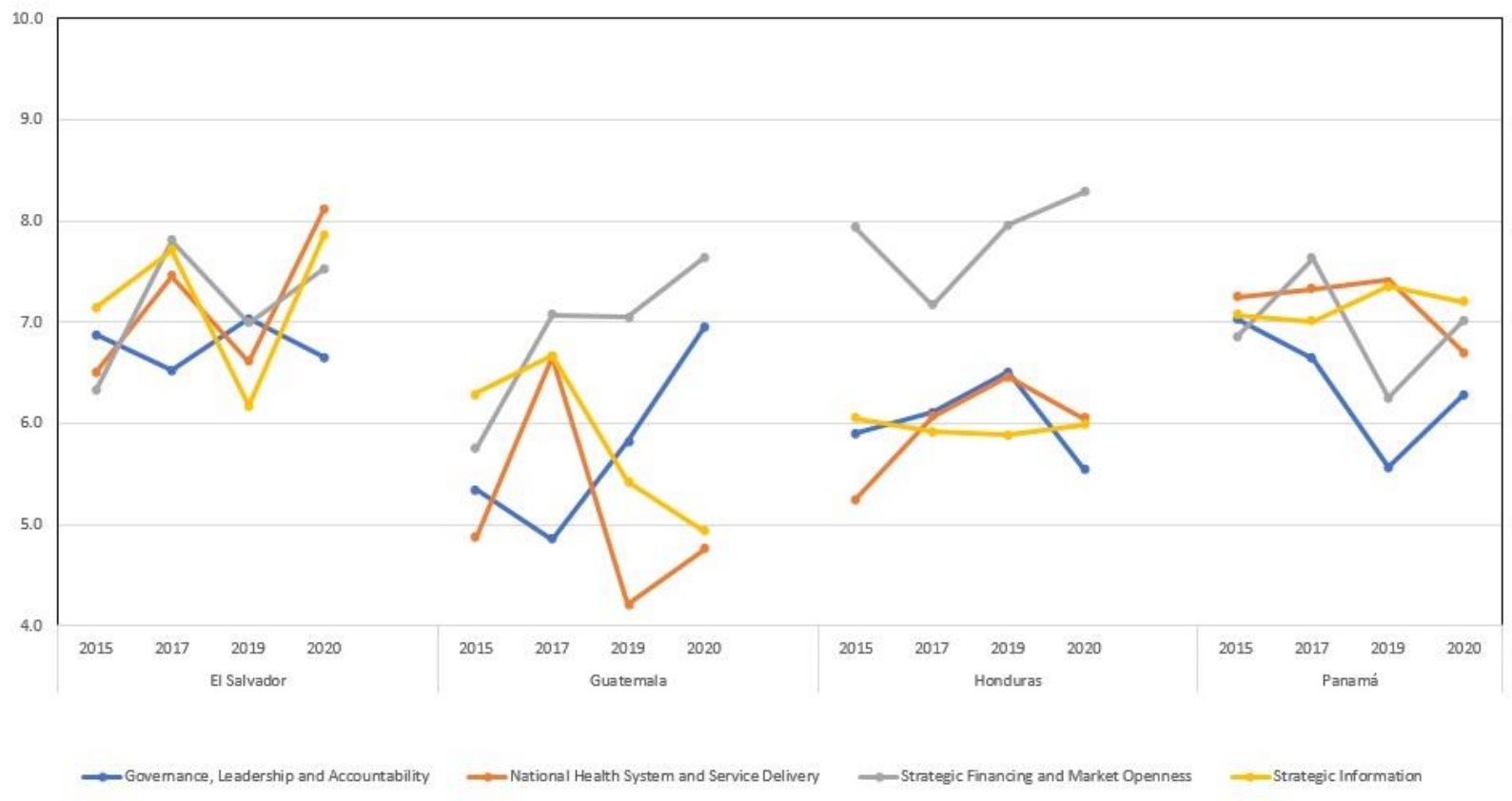
The result of the SID as shown in Table 2.4.1, the four measurements done to date, 2015, 2017, 2019, and 2020, indicate just how some elements have reached a good level of sustainability, such as planning and coordination, and policy and governance, market openness, while other elements are still far from being sustainable, including the engagement of the private sector. In some countries, whose measurement in 2017 showed great progress, such as Panama, 2019 and 2020 SID results highlight a reduction in the level of sustainability. This demonstrates that Central American countries are still vulnerable to changes in context, changes in authorities, emerging diseases, and that it is necessary to continue providing support to strengthen systems and country response. COVID-19 pandemic in 2020, also affected the advances in sustainability. Due to the pandemic, little progress was reported in all countries, and worse some sustainable elements, unfortunately, were rolled back. Trends by country and year are included in Figure 2.4.1 to illustrate the progress by main indicators across time. As stated above, progress varies significantly by country and indicator.

Table 2.4.1 Summary of SID Results for 2015, 2017, 2019 and 2020

Domains	El Salvador				Guatemala				Honduras				Nicaragua				Panamá			
	2015	2017	2019	2020	2015	2017	2019	2020	2015	2017	2019	2020	2015	2017	2019	2020	2015	2017	2019	2020
Governance, Leadership and Accountability																				
1. Planning and Coordination	9.70	8.62	8.57	10.00	6.53	7.40	7.24	7.45	10.00	9.62	9.40	9.62	10.00	10.00	N/A	N/A	9.50	8.79	7.86	8.79
2. Policies and Governance	6.67	7.07	7.67	7.55	6.61	5.81	7.44	7.67	6.37	7.15	7.69	5.85	7.50	7.36	N/A	N/A	6.92	6.46	6.42	6.86
3. Civil Society Engagement	7.00	5.63	7.50	5.83	6.12	4.50	6.00	5.83	5.76	5.08	7.50	4.13	5.93	5.63	N/A	N/A	7.50	7.79	6.63	5.67
4. Private Sector Engagement	2.01	4.28	3.44	2.86	1.46	2.53	4.43	6.79	2.36	3.72	2.94	3.15	2.57	7.08	N/A	N/A	3.26	6.14	4.01	5.89
5. Public Access to Information	9.00	7.00	8.00	7.00	6.00	4.00	4.00	7.00	5.00	5.00	5.00	5.00	8.00	6.00	N/A	N/A	8.00	4.00	2.89	4.22
National Health System and Service Delivery																				
6. Service Delivery	6.71	7.27	7.64	8.21	4.68	7.69	6.79	6.63	5.60	5.97	6.53	6.53	5.56	7.59	N/A	N/A	7.31	7.27	9.05	8.57
7. Human Resources for Health	5.92	6.83	5.34	8.08	6.33	5.83	4.27	4.31	4.58	6.64	6.53	6.65	8.08	9.17	N/A	N/A	7.31	6.20	7.92	5.58
8. Commodity Secutiry and Supply Chain	6.72	6.92	5.63	8.19	5.17	8.06	5.47	5.89	6.14	5.54	5.35	5.16	7.23	8.26	N/A	N/A	6.75	7.36	7.04	6.43
9. Quality Management	5.24	7.10	7.67	9.33	4.90	5.10	0.00	0.00	6.14	7.19	7.76	8.43	1.95	9.71	N/A	N/A	7.14	8.76	6.81	6.43
10. Laboratory	7.92	9.17	6.78	6.78	3.33	6.58	4.54	6.94	3.75	5.00	6.11	3.44	6.11	7.17	N/A	N/A	7.73	7.00	6.24	6.51
Strategic Financing and Market Openness																				
11. Domestic Resource Mobilization	4.72	6.51	5.83	5.30	5.28	7.69	8.05	8.33	7.22	5.71	8.05	7.57	5.83	6.48	N/A	N/A	5.56	8.15	4.72	6.47
12. Technical and Allocative Efficiencies	7.94	9.10	6.33	8.33	6.23	6.44	3.11	4.61	8.65	8.61	7.06	7.28	8.45	8.83	N/A	N/A	8.13	7.11	4.81	5.21
13. Market Openness	N/A	N/A	8.82	8.94	N/A	N/A	10.00	10.00	N/A	N/A	8.75	10.00	N/A	N/A	N/A	N/A	N/A	N/A	9.23	9.38
Strategic Information																				
14. Epidemiological and Health Data	5.95	5.83	6.18	8.44	5.00	6.73	5.61	5.61	6.13	6.54	5.82	6.74	6.67	7.26	N/A	N/A	7.22	7.93	7.26	7.85
15. Financial/Expenditure Data	8.75	9.17	9.17	10.00	7.50	6.67	5.83	5.00	4.58	5.83	5.00	5.00	5.83	8.33	N/A	N/A	5.83	6.67	7.50	6.67
16. Performance Data	6.76	8.14	5.33	8.67	6.38	6.60	5.28	4.11	7.43	5.39	6.04	6.21	7.66	9.09	N/A	N/A	8.13	6.41	6.63	6.62
17. Data for Decision-Making Ecosystem	N/A	N/A	4.00	4.33	N/A	N/A	5.00	5.00	N/A	N/A	6.67	6.00	N/A	N/A	N/A	N/A	N/A	N/A	8.00	7.67

Source: Sustainability Index Dashboard 2015, 2017, 2019, 2020 / El Salvador, Guatemala, Honduras, Nicaragua and Panana.

Figure 2.4.1 Sustainability Index Dashboard results by domain 2015, 2017,2019, 2020



As a part of the SID 2020 analysis, it was identified that there have been progressive advances, for example in policies for the provision of services according to many of the PEPFAR minimum requirements, however, the framework is not complete, in addition to other topics also. This mix of partial progress represents a challenge because the conditions for implementation could lose momentum or strength in facing political or staff changes; even though at this time implementation is ahead of the policy framework. The lack of timely data is a critical element affecting the ongoing decision-making process for reaching targets and data-driven reprogramming. Many elements are still or get back to an emerging sustainability stage. Barriers to sustainability, from 2019 are still present with some variants, and were highlighted across countries:

1. Lack of homogeneity and regularity in policy implementation supporting technical and financial sustainability.
2. Slow progress in long-term financial strategy based on efficiencies, budgeting linked to goals, HIV budget.
3. Incomplete policy framework on high impact interventions, the efficiency of services, and risk populations protection
4. Political/administrative/system 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, this year additionally affected by COVID-19.
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 comprehensive timely access to epidemiological, programmatic, and expenditure data.

In ROP21, the PEPFAR team will work to address these barriers through targeted and strategic above-site activities based on data and information analysis, accompanied by targeted on-site policy monitoring visits. The Global Fund is a key partner in the identification of technical assistance available to support the improvement of any element of the SID.

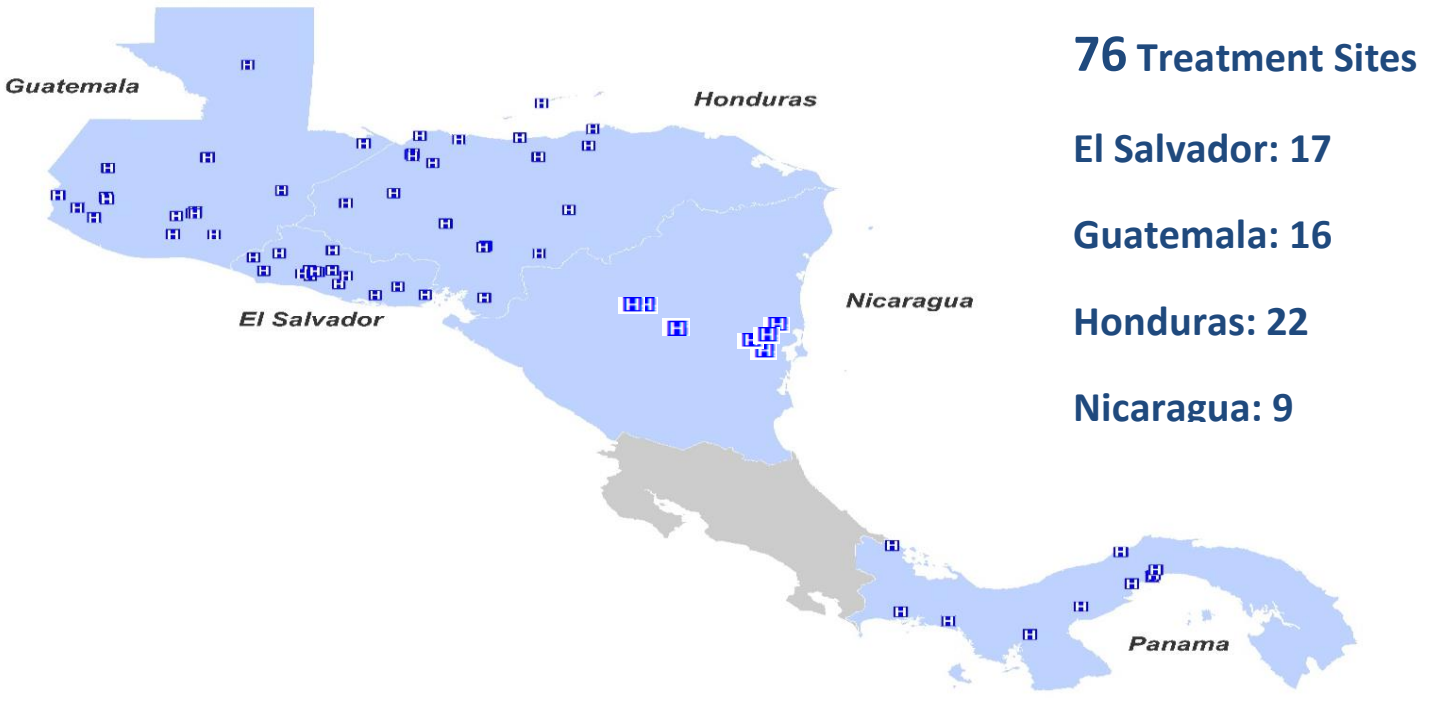
Overall, the Global Fund and PEPFAR work together to support National Sustainability Strategies and ensure that there is no duplication of efforts and improved coordination. An example of this complementarity and coordination has been related to the support for the improvement of HIV information systems, where the GF has provided financing and PEPFAR has provided the related technical expertise.

2.5 Alignment of PEPFAR investments geographically to disease burden

Before ROP19, the PEPFAR team had traditionally completed a regional SNU-based analysis and selected municipalities with the highest burden as priority SNUs for PEPFAR interventions, however, after completion of the ROP19 analysis, results revealed that treatment sites in major cities had clients from all over the country, as clients were willing to travel long distances to seek services at their preferred site. For ROP21, the USG will continue work in high burden treatment sites as the starting point for PEPFAR interventions especially in the context of an aggressive scale-up strategy. However, through the constant monitoring actions, PEPFAR will be prepared to expand the interventions to sites that reported an unexpected increase of positive cases or where the reports of prevention measurements are decreasing.

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 before the implementation of ROP20 to potentially select additional facilities to support. Brazil will continue intensive support in the three priority SNUs (Curitiban, 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.

Figure 2.5.1 PEPFAR Central America Priority Treatment Sites for Central America ROP21



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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 (COMISCA and the Regional Coordinating Mechanism), to influence policy and guidelines in all countries. As COMISCA is made up of the Ministers of 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 regularly 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 and from ROP21, it will seek to establish HIV policies in the workplace, to facilitate prevention, treatment, and promotion of human rights related to HIV and the most affected populations. PEPFAR Central America works closely with the Global Fund and other multi-lateral stakeholders such as PAHO and UNAIDS; 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 the 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 Situational Analysis and Program Activities for Epidemic control

3.1 Geographic and Population Prioritization

The aggressive scale-up strategy for El Salvador, Guatemala, Honduras, and Panama requires 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 four countries is 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's military health systems.

3.2 Key Updates for ROP21

Guatemala, El Salvador, and Honduras

- Expand strategies focused on effective case finding based on site, virtual, and community level.
- Expand optimized ART initiation ensuring treatment for all new HIV diagnosis and recovered cases.
- Scale up HIV Self-Testing.
- Expanding PreP support (El Salvador and Honduras).
- Expand private-sector HTS services in all countries.
- Establish a private sector network for care and treatment.
- Continue telemedicine and expand outreach activities.
- Expand GBV detection, services, and references.
- Establish Cervical Cancer prevention and care services for women HIV+.
- Establish a program of culturally appropriate care and prevention services for ethnic groups.

Panama

- Expand strategies focused on effective case finding based on site, virtual, and community level.
- Expand optimized ART initiation ensuring treatment for all new HIV diagnosis and recovered cases.
- Scale up HIV Self-Testing.
- Expand private-sector HTS services in all countries.
- Establish a private sector network for care and treatment.
- Continue telemedicine and expand outreach activities.
- Expand GBV detection, services, and references.
- Establish Cervical Cancer prevention and care services for women HIV+.
- Establish a program of culturally appropriate care and prevention services for ethnic groups.
- Develop a prevention and care program focused on migrant population adapted to their needs and gaps.
- Expand and strengthen a VL and suppressed VL access program at all sites.

Brazil:

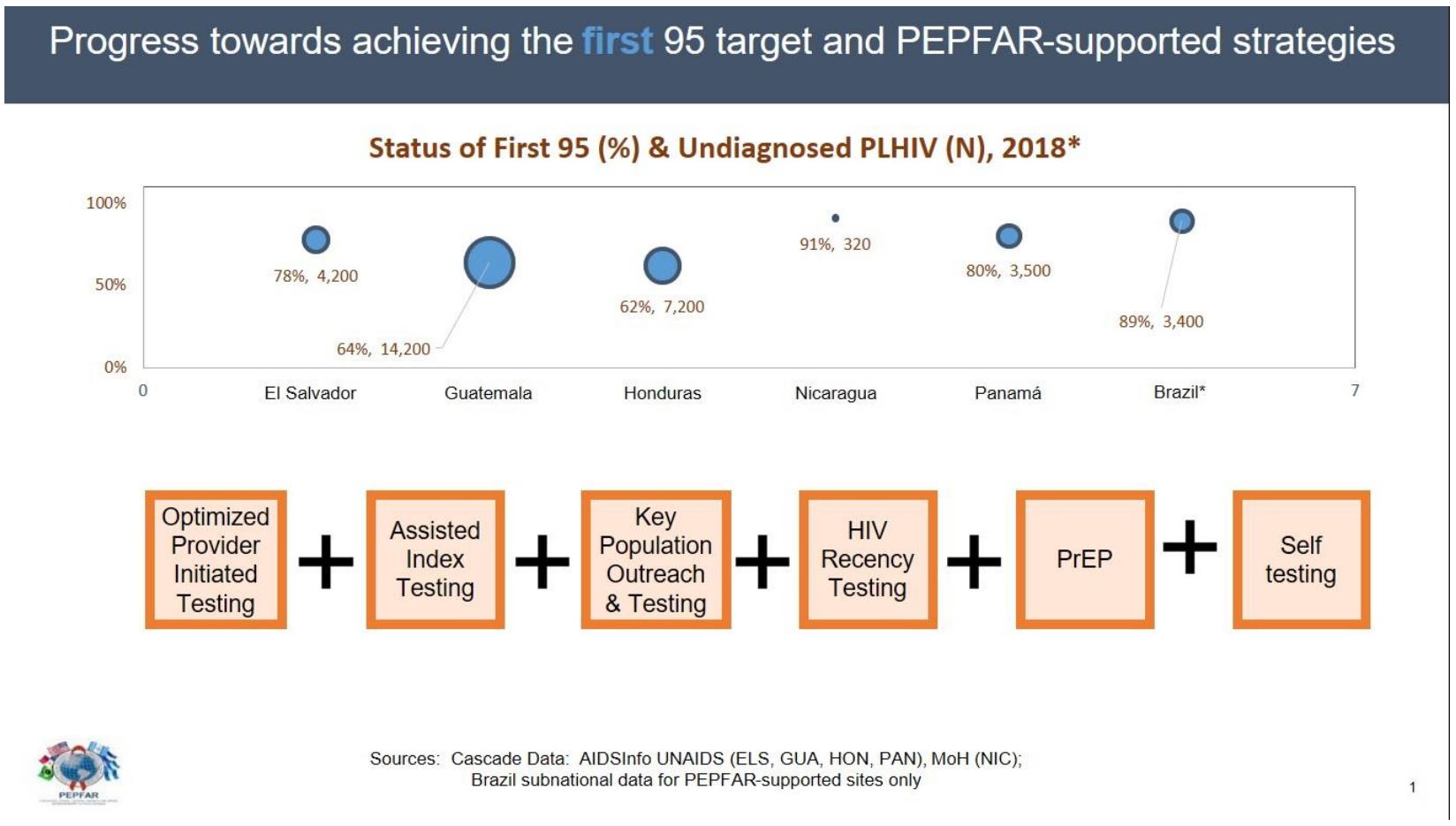
- One additional municipality (Porto Alegre/RS) with 2 additional sites
- Implementation of event-driven PrEP and virtual PrEP follow-up
- Increase offer of both testing and self-testing to populations with high vulnerability in mental health services, social services and street consultation
- Implement Social Network Strategies
- Continuity of treatment package addressing immediate, recent and late interruption of treatment
- Text warnings of consultations and ARV dispensing
- ARV dispensing with NGOs support
- Support to ARV decentralization
- Training in communication skills and stigma & discrimination
- TPT gap list approach, support in the decentralization of TB treatment
- GSM implementation

4.0 Client Centered Program Activities for Epidemic Control

4.1 Finding the missing and getting them on treatment

The proposed PEPFAR strategy 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

- 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 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. A journey map for a better understanding of the context and needs of the index client will help to define new and better interventions for this process.

KP Testing & Linkage

The USG will continue to identify new cases at the highest volume of KP STI clinics and through the online outreach program as both interventions continue to identify high numbers of PLHIV efficiently. 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. Formative research to recognize the barriers and alternatives to offer to key populations will be carried out, to diversify and maximize the potential of interventions developed.

Optimized Provider Initiated Testing & Counseling (PITC)

The USG will add PITC as a strategy for countries reporting a high percentage of late diagnosis such as Guatemala at 47%, Panama at 36%, and Honduras at 35% (UNAIDS 2018). The USG will support the 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 was initiated in Guatemala, El Salvador, Honduras, and Panama in the summer of 2020 and scale-up will be supported at the start of ROP21 implementation.

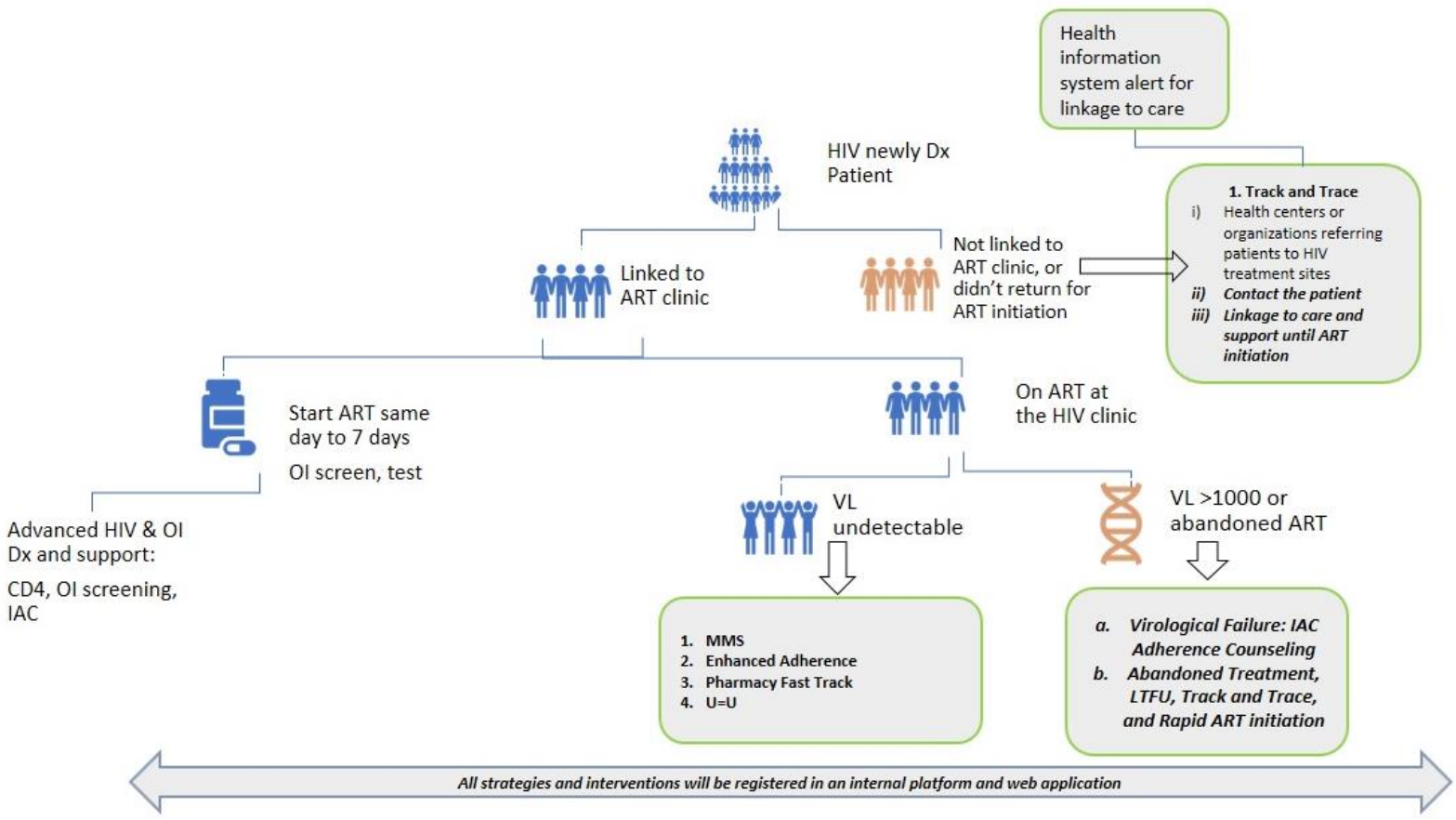
Recency Testing
Central America was the first PEPFAR OU to implement the rapid recency test and PEPFAR will continue to support rapid recency testing at reference laboratories and select sites. The USG has been working to build the capacity of National Laboratories to collect and analyze data results and with ROP21, the emphasis will be on integrating recency testing data into routine surveillance data systems, analysis, and 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 ROP21 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, community and reengage of the pre-ART that are LTFU at site level/Track and Trace Pre-ART
B. Early Antiretroviral Treatment Initiation
C. Advanced HIV Package: screen, test, treat and prevent opportunistic infections (OI), including TB
D. Service Delivery Models as Pharmacy Fast Track and Multi-month Scripting/Dispensing
E. Advanced Adherence Package and 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
J. Address structural and contextual factors associated with adherence, linkage, and viral load suppression, such as ethnicity, migratory status, sexual orientation, gender-based violence experiences.
K. A comprehensive approach for women living with HIV, including a program for cervical cancer diagnosis and treatment.

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. Also, PLHIV that had one or more visits but did not return to start ART will be tracked and returned to the clinic to begin ART immediately. 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 PEFPAR 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. A detailed list of the multiple barriers faced by PLHIV with a recent diagnosis faced for the immediate linkage to clinics will allow for the development of a more effective set of actions that contributes to an improvement of linkage to care actions.

Early Antiretroviral Treatment Initiation

PEPFAR will support rapid Antiretroviral treatment initiation the 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 infection diagnosis, and human resources where necessary to support early treatment. Clients have shown a clear preference for receiving care at their established treatment site. An understanding of consumer preferences for packaging, visit clinics frequency, as well as the social support network at initial moments, partners reactions, nutritional status, economic stability, is needed for broader effectiveness of the early treatment initiation.

Recent data suggest that among patients with late diagnosis in Central America, the probability of presenting with Advanced HIV Disease and OIs is between 30 to 50%. Therefore, the USG will ensure that all sites have the tools and protocols according to WHO guidelines in place to ensure the diagnosis of OIs, intensified counseling, and follow-up for these patients, considering their high risk of mortality. TB screening in all visits, rapid testing for TB and fungal infections, OI treatment, and TB prevention treatment (TPT) will also be provided to address these challenges in Central America. 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 the 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 in 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 or other platforms used in the countries. An understanding of consumer preferences for packaging, visit clinics frequency, as well as the social support network at initial moments, partners reactions, nutritional status, economic stability, is needed for broader effectiveness of the advanced HIV package.

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 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 re-engaging of those who are 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 at 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 at risk of abandonment or 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, or adherence clubs for indigenous populations in their languages, or the management of work permissions to attend medical appointments. The USG will prioritize the re-engaging of those who are 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 at 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 at risk of abandonment or 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, or adherence clubs for indigenous populations in their languages, or the management of work permissions to attend medical appointments. 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. 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. Understanding the barriers, threats, or fears faced by a person with a recent diagnosis and the accompaniment provided through a constant, respectful, and friendly environment will be key for the effectiveness of the track and trace strategy. In addition, a private provider network is being promoted in some countries, which, working collaboratively with the programs of the Ministry of Health, can give follow-up to those HIV+ cases that do not wish to have their follow-up in the public sector.

The USG has been incorporating U=U messaging and viral load literacy into all work at treatment sites to ensure PLHIV is aware of the importance of adherence to treatment to maintain the virus at undetectable levels. A review of the insights associated with this strategy, as well the review of the messages about this strategy will be key for the effectiveness since many translations to indigenous languages and cultural pertinency adaptation will be needed for an expansion of the U = U activities.

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 loads 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

The 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 practices. ECHO may also be used in the context of COVID19 to equip treatment sites with tools needed to adapt their services to ensure the continuation of care and treatment for their clients. 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 practices. ECHO may also be used in the context of COVID19 to equip treatment sites with tools needed to adapt their services to ensure the continuation of care and treatment for their clients.

Cervical Cancer screening

To improve cervical cancer screening and in-time access to treatment, PEPFAR will start to support activities at the site level such as competency-based training and development of supportive tools for screening and referral for treatment purposes for all women living with HIV (WLHIV) on antiretroviral therapy. The goal will be to Cervical cancer screening for WLHIV between 25 and 49 years of age will be integrated into actual routine HIV services in each facility.

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 on time.

4.3 Combination Prevention with Key Populations

The USG will continue to implement targeted combination prevention activities tailored to key populations and they will be reached with a comprehensive combined prevention package, includes the promotion of safe behaviors such the condom use, promotion and engaging in 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 enrolled into a holistic prevention program that includes HIV testing. 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 and explore ways to bring prevention services to vulnerable groups, 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 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, site interventions, 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.

The combination prevention activities include besides the biomedical and behavioral components, the structural aspects that must be addressed as part of the comprehensive prevention package. The structural aspects should have and emphasize the key issues that had

been previously identified and that are related to a constant risk engagement, such as the use of alcohol and drugs, internalized homophobia, stigma and discrimination, lack of social support network, limited options for self-realization as a member of the sexual diversity community, etc.

PrEP

In ROP20, PEPFAR Central America had the opportunity to support PrEP in the region and contribute to PEPFAR's global goal and new minimum policy requirement related to PrEP. To maximize the impact of PEPFAR funds and build on ongoing 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 cataloged in Tier 1 due to the political will and advanced progress towards the 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, condoms provision, adherence support, etc.), as well as technical assistance for optimal implementation (policy shifts, training, quality management, data monitoring, demand creation, information systems, etc.). PEPFAR will work with Tier 1 countries and coordinate with all key partners in the country to expand access and integrate PrEP into existing combination prevention packages for both key populations at the 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, El Salvador, Honduras, and Nicaragua would fall under Tier 2. In El Salvador and Honduras, for ROP21 PEPFAR will support the introduction of a comprehensive PrEP approach with the goal of beginning service provision for FY22.

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/Trans target: MSM /Trans population size estimates, HIV prevalence rates, the 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 4,704 (3,601 MSM and 1,103 SDC), divided as follows:

- Panama: 1,188 (976 MSM/Trans, 212 SDC)
- Guatemala: 1,172 (875 MSM/Trans, 297 SDC)
- Honduras: 1,172 (875 MSM/Trans, 297 SDC)
- El Salvador: 1,172 (875 MSM/Trans, 297 SDC)

PEPFAR support will include the procurement of 51,000 PrEP 30-tablet bottles (11,670 for each country).

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 most of the antiretroviral medicines and other commodities, PEPFAR provides technical assistance in strengthening the supply chain for key commodities 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 service delivery points (HIV clinics). On average, 42% of tracer antiretrovirals showed adequate stock levels (those ARVs within the established Minimum and Maximum levels), during Q4 FY2020, 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 2020, with Panama having the most severe situation.

PAHO's Strategic Fund pooled procurement mechanism represents the main procurement mechanisms for antiretrovirals in all countries. Global Fund grants, which on average procure 25% of HIV commodities (mainly lab commodities), use their procurement mechanism (the Wambo platform); 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 the reception instead of advance payment, prices set at purchasing country, not a 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, and 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	1st line for new patients (MOH) 1st & 2nd line (ISSS)	Yes	Yes	June 2020 (MOH) Started in November 2018 (Social Security)
GUA	1st line for new patients 1st & 2nd line progressive transition to TLD	Yes	Yes (The new guide was socialized in Sep 19)	Started in June 2019
HND	1st for new patients 1st line progressive transition to TLD	Yes	Yes	Began in August 2019
NIC	1st for new patients	Yes	In Process	June 2019
PAN	1st line for certain new cases 1st line progressive transition to TLD	Yes	In Process	September 2021
BRA	1st line	Yes	Yes	Started in Jan 2018

The key concerns relate to 1) Management of high stocks of certain legacy antiretrovirals, which demands a well-planned migration timetable to avoid wastage. 2) 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 Honduras, stock at the country level is 4 months. El Salvador and Guatemala have ended the use of Nevirapine. 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 number 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.

For a significant improvement on ARV coverage and distribution, PEPFAR will invest resources strategically, to strengthen the supply chain management systems. Based on the current situation of the systems in each country, the level of effort will be tailored to each country, in some cases like in Guatemala without an electronic and robust logistic system, the enrollment and efforts will be quite different in countries like El Salvador, where the electronic system it is updated and run smoothly. In addition to the TA services provided by the implementing partners, field monitors will be assigned to PEPFAR sites in each country as a site support action that will monitor the quality of the logistic chain, the storage condition, and the quality of date registered.

4.5 Collaboration, Integration and Monitoring

The USG interagency team is dedicated to a united approach to achieving epidemic control. The proposed scale-up strategy reflects 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 as monitoring, supervising, and coaching IPs to ensure they are meeting the established targets and having the expected impact. With the scale-up strategy, all selected sites 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 the implementation of this ROP. PEPFAR operates in partnership with host governments, and under the 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 on time via the HIV ECHO sessions to lower the risk of infection in PLHIV and HCW supporting them.

4.6 Targets by population

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

Table 4.6.1 a ART Targets by Prioritization for Epidemic Control

Central America

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	**100,732**	**61,505**	**21,837**	**83,342**	**18,965**	**81%**
Total	**130,400**	**61,504**	**21,837**	**83,342**	**18,965**	**81%**

Table 4.6.1 b ART Targets by Prioritization for Epidemic Control

Brazil

Prioritization Area	Total PLHIV	Expected current on ART in PEPFAR supported SNUs (APR FY21)	Additional patients required for 90% ART coverage	Target current on ART (APR FY22) *TX_CURR*	Newly initiated (APR FY22) *TX_NEW*	ART Coverage (APR 22)*
Scale-Up Saturation	**124,868**	**3,738**	**1,592**	**3,256**	**1,592**	**90%**
Scale-Up Aggressive	**31,872**	**19,439**	**661**	**17,042**	**661**	**85%**
Sustained	**66,341**	**1,745**	**926**	**1,428**	**926**	**85%**
Total	**223,081**	**24,922**	**3,179**	**21,726**	**3,179**	**86%**

[1] All SNU in Central America are classified as Scale-up Aggressive.
[2] PEPFAR in Central America will cover the main care and treatment centers which include around 60% of PLHIV in the countries supported in the region. Total PLHIV in countries supported in the region is 130,400 (2018).

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 counseling is 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.

Network optimization is essential for creating efficient and effective diagnostic networks and is best achieved using a stepwise approach. The first step in network optimization is to assess the current network structure, capacity, and efficiency to identify gaps in the current network. The diagnostic network optimization exercise will help us to identify gaps in the HIV viral load testing.

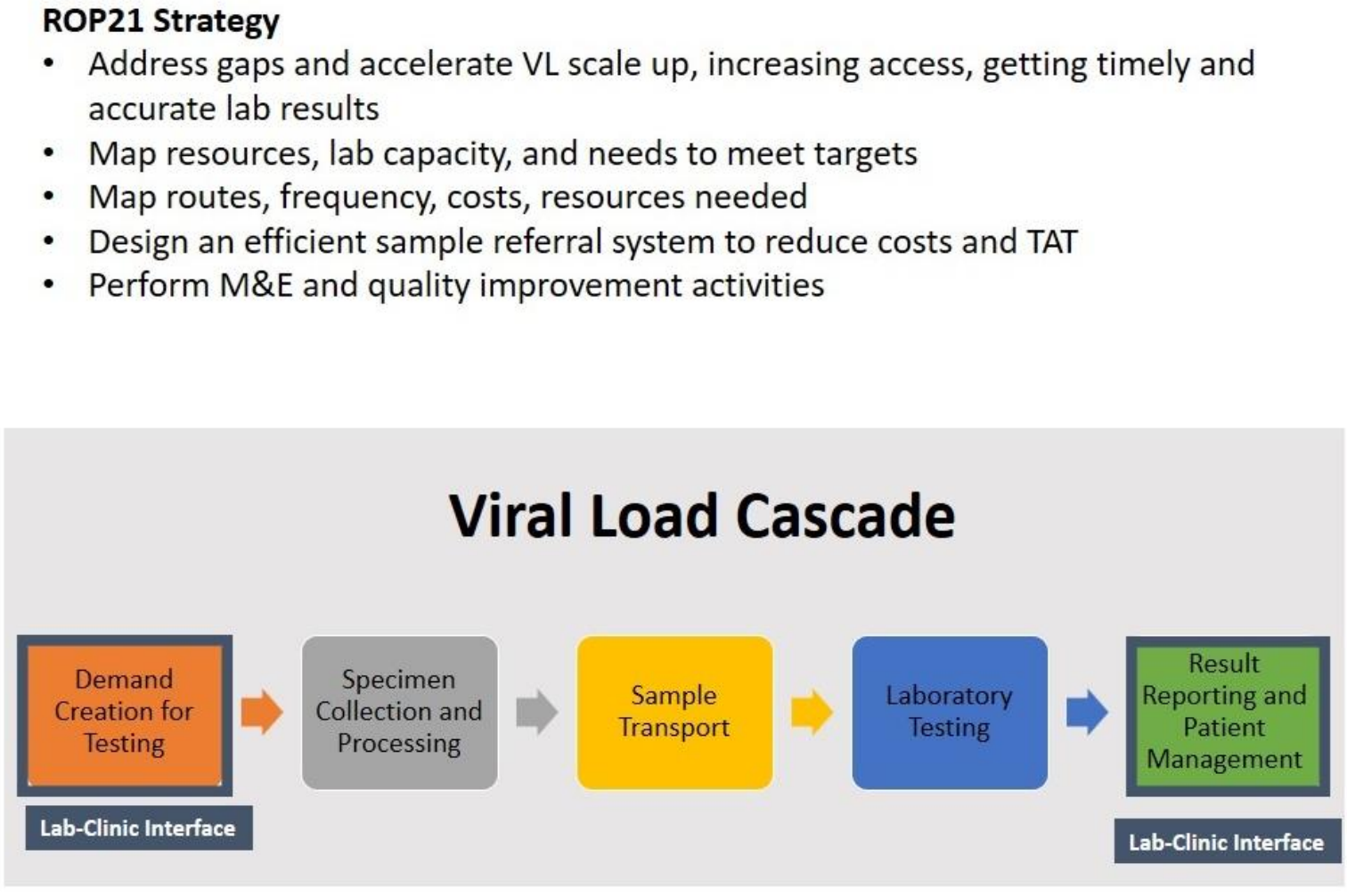
Recent data analysis reveals that HIV viral load (VL) testing coverage in the countries of CAR needs to improve. The laboratory network supporting VL testing in CAR faces significant systemic challenges that contribute to the low VL coverage in the countries. Decentralization efforts in Panama exacerbated systemic network barriers and decentralized laboratories have not been able to provide timely VL services. This has led laboratories in the network to continue referring samples to a VL Reference Lab, the original main laboratory before decentralization, hence causing further delays in the availability of VL results. To provide timely and accurate services to patients, countries must reduce their high-VL sample rejection rate, increase their skilled workforce, and modernize infrastructure at the decentralized VL laboratories.

Proposed objectives and key activities

The PEPFAR support aims to leverage existing investments in laboratories to enhance VL testing coverage in CAR countries. Through this project, we propose to identify critical barriers and challenges of the laboratory network and capacity to support VL testing and other PEPFAR diagnostics. We will review findings to guide a comprehensive and data-driven implementation approach to strengthen the HIV VL laboratory system in Panama. As a result of this effort, we expect to optimize the performance of the national VL laboratory network, scaling up this component of the chain and contributing to increased VL coverage and, ultimately, suppression as clinicians have access to timely results to guide clinical decision making. In close coordination with the Panamanian MoH and other critical stakeholders (PEPFAR agencies and partners, UNAIDS, PAHO, and others), CDC Central America and its implementing partner ICAP propose the following:

1. Conduct a comprehensive mapping exercise across the laboratory system in CAR countries to identify key barriers and challenges in the VL network. Based on the findings and recommendations of laboratory network mapping, convene a collaborative approach among all stakeholders to develop robust plans for strengthening laboratory testing and sample referral network for increased coverage of HIV VL specimens across all testing sites. Furthermore, laboratories shall track testing capacities, efficiency, turnaround around time, and specimen rejection rate for routine assessment and improvement of the network.
2. Develop a National Strategic Plan for the HIV Viral Load Laboratory Network in Panama, including associated guidance, to strengthen and scale up the implementation of the WHO guidelines for viral load testing.
3. Provide technical assistance to laboratorians in CAR countries through training and mentorship to sustain quality-assured testing through laboratories.

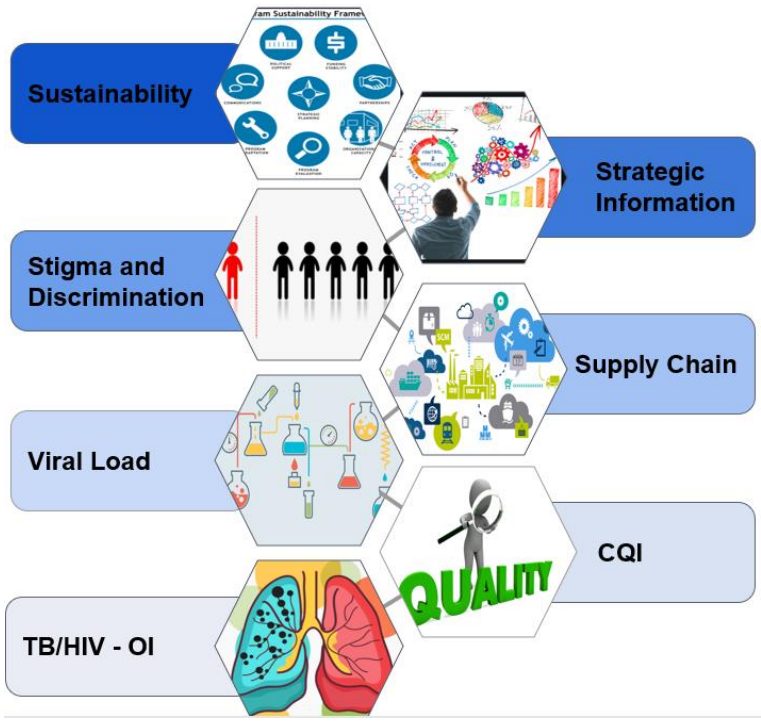
Figure 4.7.1 ROP21 Viral Load Diagnostic Optimization



5.0 Program Support Necessary to Achieve Sustained Epidemic Control

For ROP21, 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 focus on systems strengthening interventions including support to advance human rights and address stigma and discrimination. These interventions complement and enhance the site-level investments and are critical to improving access of people vulnerable to and living with HIV to prevention, testing, treatment, and laboratory services. Every year, the regional team works with in-country stakeholders to document the progress of systems investments against the sustainability index. Based on the index and ongoing dialogue with the countries, the following system's investments have been prioritized: Sustainability, Strategic Information, Addressing Stigma and Discrimination, Supply Chain, Improving Viral Load, Continuous Quality Improvement, and Treatment of Tuberculosis and Opportunistic Infections. (See Figure 5.1).

Figure 5.1 Above Site Investments in Support of Cascade



Like the SID, we implement the Monitoring and Evaluation Capacity Assessment Toolkit (MECAT) to assess our progress on Strategic Information. This tool assesses twelve M&E capacity areas in four domains: State, Quality, Technical and Financial Sustainability. It allows for the construction of a capacity index. As seen in Figure 5.2, the baseline index was developed in 2018- and a second assessment was performed in 2019 in four CAR countries. This tool allows to identify the critical areas in each capacity area and monitor progress. Based on the baseline results and led by Ministry of Health counterparts, HIV-HIS strengthening plans were implemented prioritizing training to improve human capacity, routine monitoring, database interconnectivity, and continuous use of data to inform decision-making. With civil society organizations, the prioritized areas were to review secondary and performance data and implement a research agenda to better understand and address barriers that limit the access of PLHIV and key populations to HIV services. The four countries had heterogeneous baseline capacities, but all were able to improve in the assisted areas. A third assessment is planned for 2021.

Figure 5.2 Assessment of M&E Capacities, baseline, and advances 2018-2019/20

CAPACITY AREA	GUATEMALA		HONDURAS		PANAMA		EL SALVADOR	
	2018	2019	2018	2019	2018	2019	2018	2019
1. Organizational	5.01	5.68	6.37	7.45	7.55	7.84	8.31	8.71
2. Human Capacity for M&E	2.64	2.01	2.73	3.79	1.52	4.88	7.12	7.58
3. Associations and governance	1.2	1.2	1.9	3.59	3.49	5.18	7.44	7.99
4. M&E National Plan	1.11	0	4.21	4.92	4.64	6.35	9.52	9.68
5. M&E Costed Annual Plan	0	0	0	5.56	7.86	7.38	8.75	10
6. Advocacy, communication, and culture	1.11	2.78	3.33	5	3.75	4.31	7.92	8.75
7. Routine Monitoring	2.5	5.08	2.92	6.82	3.92	5.42	8.75	8.75
8. Surveys and surveillance	2.69	4.72	5.5	5	4.07	4.07	8.75	8.75
9. National and subnational databases	1.39	5.24	0	3.13	1.67	4.69	7.34	7.34
10. Supervision and audit	0	0	0	1.11	2.78	4.44	4.44	7.22
11. Evaluation and Research	2.22	2.22	5.38	5.77	2.78	5.23	2.31	6.15
12. Demand and use of data	1.94	1.94	3.33	3.33	3.61	3.61	2.5	2.5
	1.82	2.57	2.97	4.6	3.97	5.28	**7.12**	**7.84**

Red: Weak	Yellow: Needs improvement	Green: Functional	Deep green: Strong
<3.5	3.5-7.0	7.00-<8.5	8.5-10

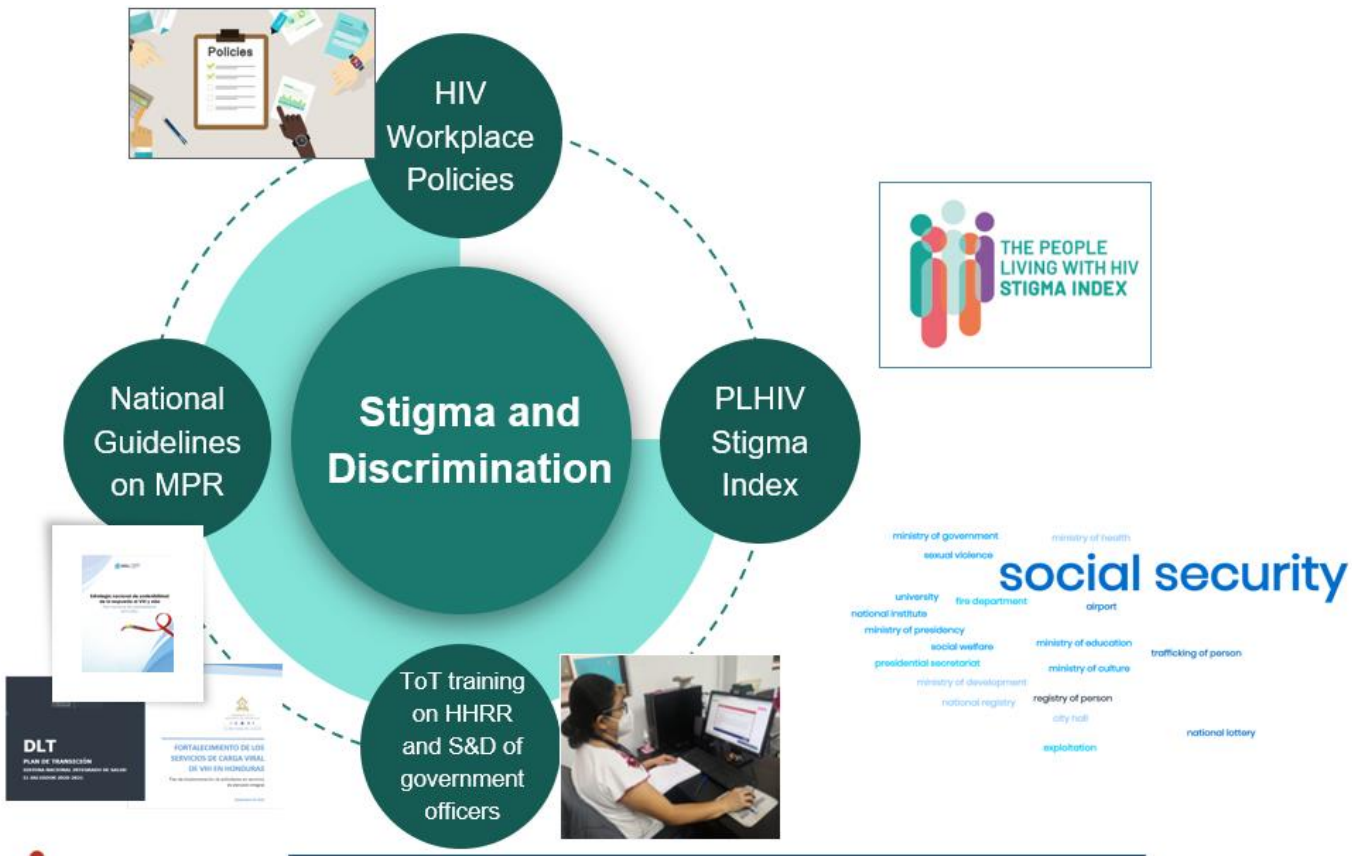
PEPFAR is working in coordination with the Global Fund to strengthen HIV HIS to effectively monitor the cascade and improvements in capacity are already being seen. It will continue working with HIV-HIS at Ministries of Health in Guatemala Honduras, El Salvador, and Panama especially in those areas related to the interconnectivity of the system, data quality, routine monitoring, and developing CoC cascades at the local level, disaggregated by key populations.

PEPFAR will continue working with CSOs in Guatemala Honduras, El Salvador, Nicaragua, and Panama to improve HIV knowledge management at the organizational level, increasing the quality of their participation in the national response. The CSOs have learned how to analyze secondary data using the social determinants of the health framework and uses it to prioritize areas for advocacy. 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 reaching viral suppression. PEPFAR will continue using the HIV Knowledge Management Platform to train CSOs leaders in its virtual campus, foster communities of practice, sharing knowledge among stakeholders, CSOs leaders, and HIV patients.

The USG will also work with military health programs to improve the availability and use of strategic information for decision-making. Furthermore, PEPFAR programs strengthen existing systems to monitor new interventions such as PrEP, Recency Surveillance, Track and Trace, and leverage existing platforms such as ECHO to build capacity.

Likewise, interventions to address stigma and discrimination are prioritized based on the Stigma Index. Based on this data training government officials from diverse Ministries like Ministries of Health, Education, and Welfare and parastatal institutions like Social Security to address stigma and discrimination in their institutions will be given. PEPFAR supports the incorporation of access challenge findings into the national guidelines and will begin engaging the private sector to address stigma and discrimination in ROP21. (See Figure 5.3).

Figure 5.3 Stigma and Discrimination activities



PEPFAR continues to strengthen the use of data to improve the availability of HIV medicines and supplies. In ROP21, Central America and Brazil program will increase its footprint at the site level to ensure timely remediation of supply chain challenges, improve storage of medicines, and provide support for multi-month dispensing and transition to new and better HIV regimens. In addition, a comprehensive approach for viral load implementation will be used to improve access to viral load testing and results reporting. In ROP21, the focus will be on optimizing the network, improving quality management, providing technical assistance to laboratorians, and improving the laboratory information system.

PEPFAR will support the implementation of continuous quality improvement (CQI) approaches in laboratories and at clinical sites to improve the quality-of-service delivery. The CQI approach will ensure a more rigorous and frequent review of data, implementation of real-time solutions, and monitoring of their impact for scale-up to additional sites.

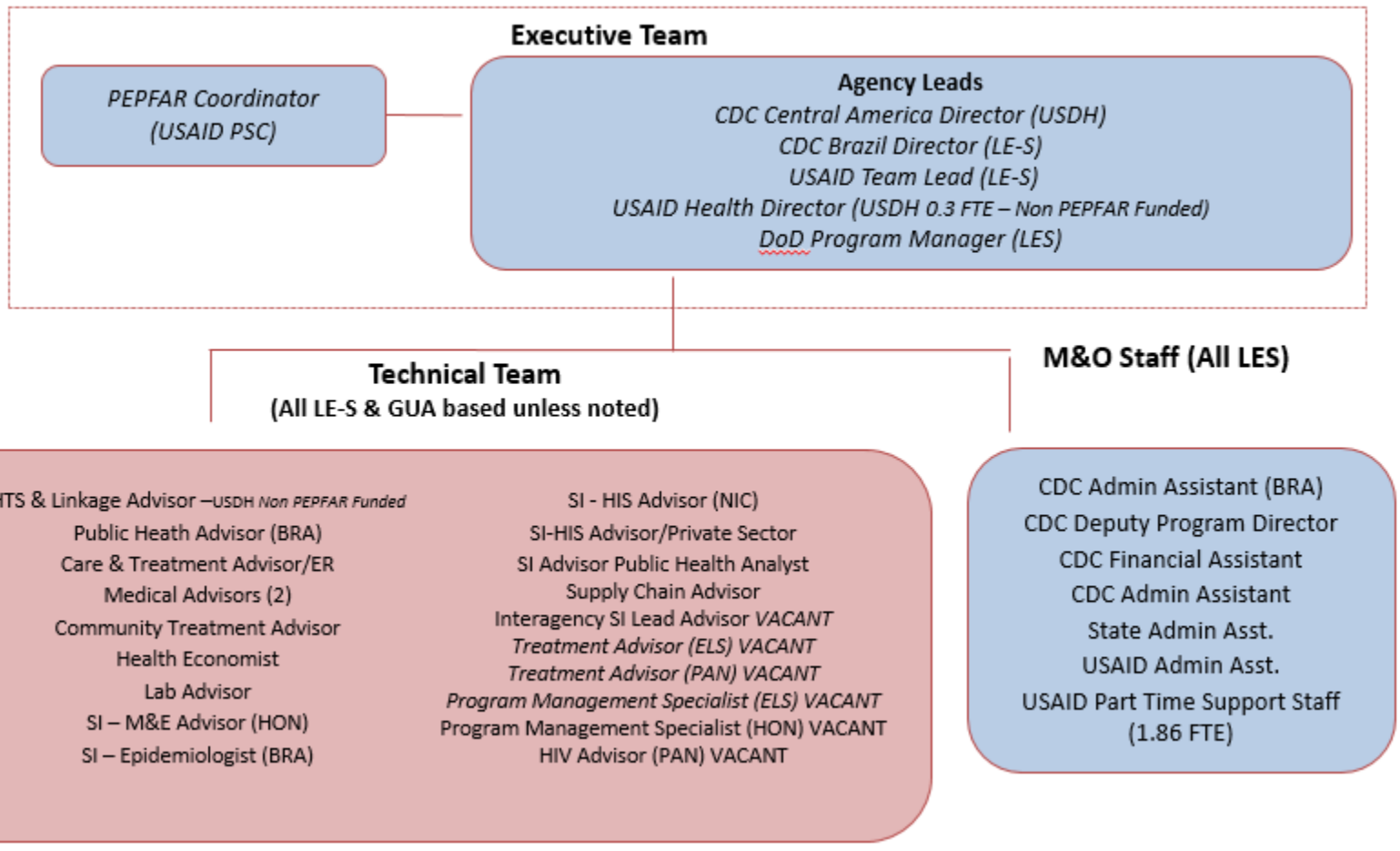
To improve advanced clinical care, PEPFAR will support Ministries of Health throughout the region to improve TB prevention and treatment, improve prevention and infection control, and improve clinical guidelines to better treat opportunistic infections and advanced clinical care. REDCA+ has been awarded a sub-grant to implement community-led monitoring throughout Central America. Findings and recommendations from the community-led monitoring will be critical as PEPFAR strives to continuously improve the quality of sites.

6.0 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 (at USAID) that were previously approved that are expected to be filled around May 2021. The program plans to hire a senior HIV specialist in Panama to strengthen monitoring and provide technical assistance.

Changes to CODB

An increase in CODB costs reflects increased regional travel for more intensive site-level monitoring. After almost one year of restrictions, coverage of the previously fully funded vacant positions including the permanent PEPFAR Coordinator, and some increased administrative costs is now possible.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

			<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Overall TX
SNU 1	SNU 2	ROP	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	Coverage
El Salvador	Ahuachapán	ROP 20	100	100	100	100	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	58	56	51
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Chalatenango	ROP 20	100	100	98	95	95	96	90	92	82	78	56	50	52	51	56	52	50	50	51	50	55	56	54	56	50
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Cuscatlán	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	48	54	57	48	49	59	50	49	54	56	56	51
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	La Libertad	ROP 20	100	100	100	100	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	58	56	51
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	La Paz	ROP 20	100	100	98	95	95	96	90	92	82	78	56	50	52	51	56	52	50	50	51	50	55	56	54	56	50
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	La Unión	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	48	54	57	48	49	59	50	49	54	60	54	51
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	San Miguel	ROP 20	100	100	100	100	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	60	55	51
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	San Salvador	ROP 20	100	100	98	95	95	96	90	92	82	76	54	50	52	52	56	52	50	50	51	50	55	56	59	58	50
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	San Vicente	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	48	54	57	48	54	59	50	49	54	56	56	54
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Santa Ana	ROP 20	100	100	100	100	95	96	90	92	82	80	56	57	51	53	56	50	50	48	51	50	55	56	58	56	51
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Sonsonate	ROP 20	100	100	98	95	95	96	90	92	82	78	56	50	52	51	56	56	50	50	51	50	55	56	54	56	50
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Usulután	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	48	54	57	48	49	59	50	49	54	56	56	49
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
Guatemala	Alta Verapaz	ROP 20	80	79	75	78	70	78	80	78	82	80	56	57	60	62	58	56	57	55	58	59	58	60	65	60	58
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Escuintla	ROP 20	82	83	80	78	74	76	81	79	56	54	58	54	62	60	64	61	58	54	60	58	56	58	61	61	59
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Guatemala	ROP 20	90	90	85	85	78	79	76	76	58	60	61	59	64	60	61	59	63	62	67	66	67	65	68	69	63
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Huehuetenango	ROP 20	80	79	75	78	73	78	80	78	82	80	56	57	60	62	58	56	57	55	58	59	58	60	65	60	58
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Izabal	ROP 20	82	83	80	78	74	76	81	79	56	54	58	54	62	60	64	61	58	54	60	58	56	58	61	61	59
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Petén	ROP 20	90	90	85	85	78	79	76	76	58	60	62	59	64	60	61	59	63	62	67	66	67	65	68	69	63
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Quetzaltenango	ROP 20	80	79	75	78	70	78	80	78	82	80	56	57	60	62	58	56	57	55	58	59	58	60	65	60	58
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Retalhuleu	ROP 20	82	83	80	78	74	76	81	79	56	54	58	54	60	65	64	61	58	54	60	58	56	58	62	61	59
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Sacatepéquez	ROP 20	90	90	85	85	78	79	76	76	58	60	61	59	64	60	61	59	63	62	67	66	67	65	67	69	63
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	San Marcos	ROP 20	80	79	75	78	70	78	80	78	82	80	56	56	60	62	58	56	57	55	58	59	58	60	65	60	58
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Santa Rosa	ROP 20	82	83	80	78	74	76	81	79	56	54	58	53	60	60	63	60	56	54	59	54	56	58	61	64	59
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	Zacapa	ROP 20	90	90	85	85	78	79	76	75	55	60	61	60	64	60	61	59	63	62	67	66	67	65	68	70	63
		ROP 21	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
Honduras	Atlántida	ROP 20	95	95	95	90	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	58	56	54
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Choluteca	ROP 20	95	95	95	95	95	96	90	92	82	78	56	50	52	51	56	52	50	50	51	50	55	56	54	56	55
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Colon	ROP 20	95	95	97	100	95	96	90	92	81	78	54	52	51	52	54	57	48	49	59	50	49	54	56	56	53
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Comayagua	ROP 20	95	95	95	100	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	58	56	54
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Copan	ROP 20	95	95	95	95	95	96	90	92	82	78	56	50	52	51	56	52	50	50	51	50	55	56	54	56	53
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Cortés	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	50	54	57	54	56	59	50	49	54	60	54	55
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	El Paraiso	ROP 20	100	100	100	100	95	96	90	92	82	80	56	57	51	51	56	52	50	49	51	50	55	56	60	55	54
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Francisco Morazán	ROP 20	100	100	98	95	95	96	90	92	82	76	54	50	52	52	56	52	50	53	51	50	55	56	59	58	54
		ROP 21	95	95	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Islas de la Bahia	ROP 20	100	95	97	100	95	96	90	92	81	78	54	52	51	51	54	57	48	54	59	50	49	54	56	56	54
		ROP 21	100	95	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Olancho	ROP 20	98	98	97	97	95	96	90	92	82	80	56	57	51	53	56	50	50	53	51	50	55	56	58	56	51
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Santa Bárbara	ROP 20	95	95	98	95	95	96	90	92	82	78	56	50	52	51	56	56	50	50	51	50	55	56	54	56	50
		ROP 21	100	100	95	95	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Yoro	ROP 20	96	96	100	100	95	96	90	92	82	80	56	57	51	53	56	50	50	52	51	50	55	56	58	56	53
		ROP 21	100	100	100	100	95	96	95	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
Panamá	Bocas del Toro	ROP 20	90	90	90	90	90	90	68	67	51	49	43	42	41	42	43	40	42	44	42	45	42	41	42	40	41
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Chiriqui	ROP 20	90	90	90	90	90	90	65	69	53	54	43	42	41	42	43	40	42	44	42	45	42	41	42	40	42
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Code	ROP 20	90	90	90	90	90	90	68	67	52	49	43	42	41	42	43	40	42	44	42	45	42	41	42	40	42
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Colón	ROP 20	90	90	90	90	90	90	68	67	51	50	43	42	45	42	43	44	42	44	42	45	42	41	42	40	40
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Herrera	ROP 20	90	90	90	90	90	90	68	67	50	49	43	42	39	42	43	43	42	44	42	45	42	41	42	40	43
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Los Santos	ROP 20	90	90	90	90	90	90	68	67	52	52	43	42	45	42	42	38	42	44	42	45	42	41	42	40	42
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Panamá	ROP 20	90	90	90	90	90	90	68	67	54	49	44	42	41	42	44	40	43	46	42	45	42	41	46	44	45
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Panamá Oeste	ROP 20	90	90	90	90	90	90	68	67	51	48	44	42	45	42	43	40	42	44	42	45	42	41	42	44	44
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	Veraguas	ROP 20	90	90	90	90	90	90	68	67	53	52	43	42	41	47	43	40	42	44	42	45	42	41	42	40	45
		ROP 21	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90

APPENDIX B – Budget Profile and Resource Projections

B1. ROP20 Planned Spending

Table B.1.1 ROP21 Budget by Program Area*

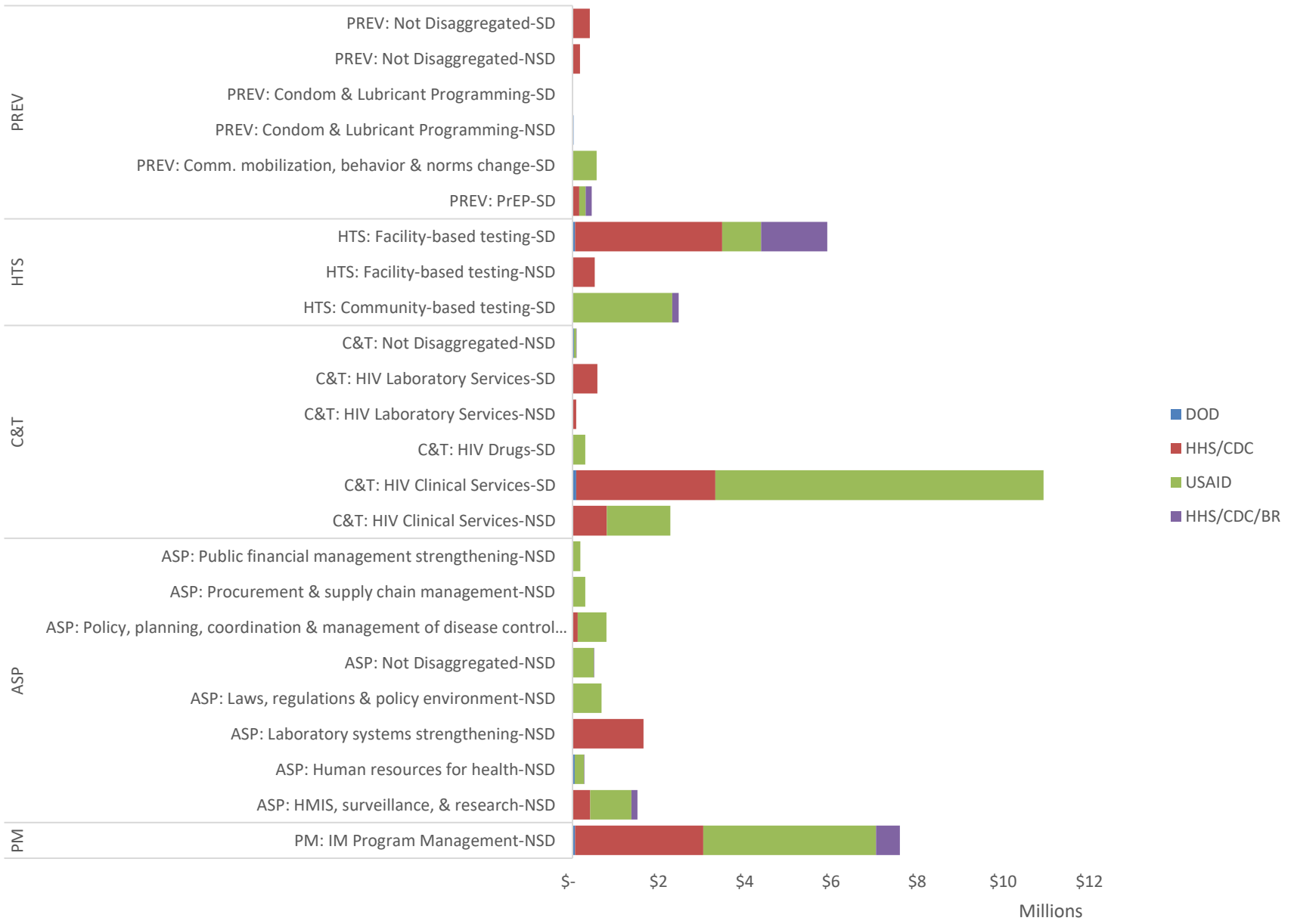


Table B.1.2 ROP21 Total Planning Level*

	Applied Pipeline	New Funding	Total Spend
Central America	**$US 983,110**	**$US 46,500,000**	**$US 46,500,000**
Brazil	**-**	**$US 2,559,721**	**$US 2,559,721**
Total	**$US 983,110**	**$US 49,059,721**	**$US 49,0,764**

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

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)

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	5,566,559
TOTAL		**44,756,654**

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 levels 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.

Minimum Program Requirements ROP20 – El Salvador

Test + Start
- On-going implementation.
- Adopting in National ARV guideline and scaling up.
- Amendment in process about early initiation.

PrEP
- Is not offered through national institutions
- Demand evaluation and calculation of the population to intervene, being carried out.

Index Testing
- Administered and implemented.
- National guideline adopted and approved.

Self-Testing
- Currently not offered, but the buy-in process is actively on-going with national government.
- Registration of the testing kits was completed by summer 2020.

Scale-Up of Case-Based Surveillance and Patient Unique Identifiers.
- Currently using unique identifiers to provide HIV follow-up and health services.
- Unique identifiers are effectively safeguarding patient privacy.

Information Systems
- Existing gaps in management and monitoring of surveillance activities.
- HIV information system does generate timely HIV cascade information.

Evidence of Host Government Commitment Towards HIV Response
- HIV National Sustainability Strategy approved.
- VAT eliminated for ARV.
- Tax exemption on ARV storage.
- Budget reinforcement to purchase DTG schemes.
- National ARV Guide approved.

Rapid Optimization of ART
- Allocated funds to purchase of TLD or DTG.
- On-going implementing TLD.
- TLD included in updated National ARV Guide.
- Nevirapine eliminated.
- Plan to migrate previous patients to TLD (in development).

DSDM + MMD
- Implementing clinical visits spacing in selected clinics.
- ARV multi-month scripting mode is a practice but working in institutionalize it.
- Service delivery models to improve identification and ARV coverage of men and adolescents is pending.

Continuous Quality Improvement
- Currently implementing effective practices for continuous improvement of quality of services.

U = U & Viral Load Literacy
- Incipient activities directed towards healthcare provides or general population.
- Being incorporated in National Strategic Plan 2021-2026.
- Strategic information disseminated among organizations of people living with HIV.

Minimum Program Requirements ROP20 - Guatemala

Test + Start
- On-going implementation.
- Early initiation in approved National ARV Guide.
- Immediate linkage after diagnosis (protocol in development).

PrEP
It is offered through NGO but not through national institutions

Index Testing
- Administered and implemented.
- National guideline developed in process of approval.

Self-Testing
- Currently not offered, but the buy-in process is actively on-going with national government.
- Registration of the testing kits was completed by summer 2020.

Scale-Up of Case-Based Surveillance and Patient Unique Identifiers.
- Currently using unique identifiers to provide HIV follow-up and health services.
- Unique identifiers not used to provide follow-up in HIV service provision.

Information Systems
- Existing gaps in management and monitoring of surveillance activities.
- The information system is fragmented (several sources)and does not generate the HIV care cascade in an opportune manner.
- There is a resistance to receive TA from PEPFAR, but we continue working at site level

Evidence of Host Government Commitment Towards HIV Response
- HIV National Sustainability Strategy approved.
- National ARV Guide approved.
- Purchase of TLD completed

Rapid Optimization of ART
- On-going implementing TLD.
- National ARV Guide = TLD regimen.
- Country purchased TLD.
- Nevirapine schemes eliminated.
- Plan to migrate previous patients to TLD (in development).

DSDM + MMD
- The National ARV Guide establishes criteria to implement DSDM: clinical visits (3-6 months) and spacing of ARV dispensation adjusted to clinical visits.
- DSDM to improve identification and ARV coverage of men and adolescents have not been adopted in protocols.

Continuous Quality Improvement
- Implementing effective practices for continuous improvement of quality of services.

U = U & Viral Load Literacy
- Initial activities directed towards healthcare provides or general population.
- Strategic information disseminated among organizations of people living with HIV.

Minimum Program Requirements ROP20 – Honduras

Test + Start
- On-going implementation.
- Adopting in National ARV guideline and scaling up.
- Adopted and implementing early ARV initiation in National ARV Guide.
- Adopted immediate linkage in National ARV Guide.

Scale-Up of Case-Based Surveillance and Patient Unique Identifiers.
- Currently using unique identifiers to provide HIV follow-up and health services.
- Unique identifiers are effectively safeguarding patient privacy.

Information Systems
- Existing gaps in management and monitoring of surveillance activities.
- The information system does not allow case follow-up, it has limitations to develop the HIV care cascade

DSDM + MMD
- The National ARV Guide establishes criteria to implement DSDM: clinical visits every 3 months.
- Clinical visits spacing with stable patients in selected clinics.
- DSDM for men and adolescents have not been adopted in protocols.

PrEP
Currently is not in national guidelines and is not offered yet..

Continuous Quality Improvement
- Currently implementing effective practices for continuous improvement of quality of services.

Index Testing
- Administered and implemented.
- National guideline approved and adopted.

Self-Testing
- Currently not offered, but the buy-in process is actively on-going with national government
- Registration of the testing kits was completed by summer 2020.

U = U & Viral Load Literacy
- Series of trainings for clinicians, counselors and laboratory personnel were done.
- Strategic information disseminated among organizations of people living with HIV.

Evidence of Host Government Commitment Towards HIV Response
- HIV National Sustainability Strategy approved
- Centralized purchase of rapid HIV tests
- Purchase of TLD
- Plan for transition of local work force to domestic financing
- National ARV Guide approved

Rapid Optimization of ART
- Plan to migrate previous patient cohorts to TLD scheme approved
- Implementing TLD in selected clinics
- National ARV Guide adopted TLD as preferent scheme
- Country purchased TLD
- Nevirapine schemes eliminated

Minimum Program Requirements ROP20 - Panama

Test + Start
- On-going implementation.
- Adopted in National ARV Guide
- Immediate linkage protocol in development.
- Updating early ARV initiation in National ARV Guide.
- Implementing early initiation in selected clinics.

Scale-Up of Case-Based Surveillance and Patient Unique Identifiers.
- Currently using unique identifiers to provide HIV follow-up and health services.
- Unique identifiers are effectively safeguarding patient privacy.

Information Systems
- Existing gaps in management and monitoring of surveillance activities.
- HIV information system does not generate timely HIV cascade information.

DSDM + MMD
- Proposal to change the current laws to allow a MMD dispensing for 3 months.
- On-going implementation of MMD but only for two months.
- Implementing clinical visits spacing with stable patients in selected clinics.

PrEP
Medication in MOH warehouse.
National guidelines on final development stages
Implementing partners with strategies developed ready for distribution.

Continuous Quality Improvement
- Currently implementing effective practices for continuous improvement of quality of services.

U = U & Viral Load Literacy
- No targeted activities directed towards healthcare provides or general population.

Index Testing
- Administered and implemented.
- National guideline developed in process of approval

Self-Testing
- Currently not offered, but the buy-in process is actively on-going with national government
- Registration of the testing kits to be completed by summer 2020.
- National validation in process

Evidence of Host Government Commitment Towards HIV Response
- National HIV Sustainability Strategy approved.
- Implemented Laws on medication that allow for negotiations for optimal ARV prices.
- Developed the transition plan from local work force to domestic financing.

Rapid Optimization of ART
- Completed national purchase of TLD.
- On-going implementing TLD at national level.
- TLD included in updated National ARV Guide.
- Nevirapine schemes eliminated.
- Plan to migrate previous patients to TLD (in development).

Minimum Program Requirements ROP20 - Brazil

ART Optimization
- Dolutegravir is first- and third-line treatment, including adolescents and women of childbearing potential
- NVP being removed for adults and newborn prophylaxis, kept as an alternative for under 2 years of age
- Fixed combination with dolutegravir (TLD) is not used in country

DSD + MMD
- *DSD* in PEPFAR supported sites (extended opening hours, men's clinic, home delivery for self-testing, automatic dispensers, peer navigators for 6 months, health facility of choice)
- *MMD* in process, starting offer of 6 months ARV dispensation in PEPFAR supported sites. National MMD for 3 months is 37%

Index Testing
- In PEPFAR supported sites
- National policy since 2020
- Test all children under 19

Self-testing
- National policy

Test + Start
- National Policy since Dec/2013
- PEPFAR supported *sites* with 90% of test & start

PrEP
- National policy since 2018
- PrEP offer for index clients that tested negative

Continuous Quality Improvement (CQI)
- Training started in Jan 26th
- Planned to be ongoing in FY21

Local Implementing Partner
- 100% local: Fiocruz + Fiotec

Viral Load and U=U Literacy
- Communication strategy at PEPFAR supported sites

Case surveillance and unique identifiers
- National information systems are used
- Linkage keys
- In transition to use unique identifier in all systems (Social security number)

Evidence of host government resources commitment
- Brazilian Government is responsible for 99% of resources used in the HIV response in Brazil

ROP 21 MINIMUM PROGRAM REQUIREMENTS

DIAGNOSIS AND PREVENTION

1. Increase the actions of "Assisted Notification of Couples" (Index Testing) and Self-test; guaranteeing consent and confidentiality procedures and counseling on domestic violence.
2. People under the age of 19 with a biological mother or father living with HIV must be offered an HIV test
3. Direct and immediate advice to offer prevention services including PrEP to HIV negative people, who have been found through testing in populations at higher risk of acquiring HIV.
4. Continue with the implementation of the HIV Rapid Testing Quality Control Improvement Initiative (RTCQII)

1. Build a real-time surveillance system for new HIV infections to detect, monitor, characterize, and intervene in recent HIV infection.

ROP 21 MINIMUM PROGRAM REQUIREMENTS

TREATMENT

1. Test and treatment (Test and Start) in all ages, sex and risk groups. Immediate link to ART clinics (95%)
   - *Track and Trace Pre-ART community PLHIV Dx community immediate linkage with an alert system and health navigators*
2. Optimization of ART transition to TLD of all patients in other first-line regimens

3. Use of Isoniazid prophylaxis in all TPT patients
   - *GSM on TPT use*

4. Diagnosis of Viral Burden and Tuberculosis and other co-infections.
   - *Provide OI's rapid testing and training , GSM Monitoring of TB and OI's diagnosis and TPT use*

ROP 21 MINIMUM PROGRAM REQUIREMENTS

VIRAL SUPPRESSION

1. Annual viral load and diagnosis back to the doctor in 4 weeks
2. Undetectable = Untransmissible [U = U], and demand creation workshops
   - *Monitoring the viral load cascade*
   - *Implementation of the national plan to strengthen viral load services, based on the gaps found in the evaluation of the network.*
   - *Education for Clinicians, Laboratory Personnel, Counselors, and Patients*

1. ARV resistance studies

ROP 21 MINIMUM PROGRAM REQUIREMENTS

ABOVE SITE ACTIVITIES

1. Continuous Quality Improvement; effective practices of continuous improvement of the quality of services.
2. Unique identifiers and expansion to the National Level of case surveillance
3. Information systems; existing gaps in management and monitoring of activities
4. Support for the estimation of ARV treatment needs, monitoring of stocks in clinics and assistance in storage in the central warehouse

1. Expansion to the National Level of case surveillance