



*Regional Strategy for
Central America and Mexico
FY 2003-2008*



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Annex D: HIV/AIDS Program Summary

HIV/AIDS Regional Program Plan Summary



*In Support of the Regional Strategy for
Central America and Mexico
FY 2003-2008*

The HIV/AIDS Regional Program Plan was approved by the Agency on September 5, 2003. It sets forth the Agency's policy and strategic direction for regional HIV/AIDS programs and assistance in Central America and Mexico. Budget data contained in this document are estimates and do not represent a U.S. government commitment to provide a specific level of funding.

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**HIV/AIDS Regional Program Plan Summary
In Support of the Central America and Mexico Regional Strategy**

I. RATIONALE FOR ASSISTANCE AND SUMMARY ANALYSIS OF THE ASSISTANCE ENVIRONMENT

A. Proposed Plan and Relationship to Regional Strategy

This document constitutes a summary of the Central America HIV/AIDS program, and will serve as a means to approve and annex the program to the Regional Strategy for Central America and Mexico (CAM). A more detailed Central American HIV/AIDS Strategy was submitted to USAID's Office of HIV/AIDS earlier this year and was given technical approval.

The HIV/AIDS program is in compliance with the Agency's HIV/AIDS operational plan, "*Stepping Up the War against AIDS*" and conforms to the mandatory guidance in ADS 201.3.4.6 "*HIV/AIDS Strategies and Strategic Planning*". The issues raised during the technical review have been incorporated into the document and with final approval, the HIV/AIDS program will be incorporated into the CAM Strategic Plan as an annex. The HIV/AIDS program will run through FY2008.

B. Foreign Policy Interests and Goals

This HIV/AIDS program contributes to FY 2004-2009 Joint State-USAID Strategic Plan Goal to "improve health, education, environment, and other conditions for the global population." And the performance goal of: "Improved health including child, maternal, and reproductive health and the reduction of abortion and disease especially HIV/AIDS, malaria, and tuberculosis".

HIV/AIDS continues to be a high level U.S. policy concern in Central America and Mexico due to legal and illegal migration patterns and increasing two-way tourism between the region and the U.S. The release of the U.S. Department of State's 1999 Report on the International Response to HIV/AIDS was accompanied by the Secretary of State's directive to engage senior level policymakers in Latin America on the status of the disease and the importance of moving concern and actions beyond the health sector. The Secretary later reaffirmed the USG concern that emerging infectious diseases, and especially HIV/AIDS, have additional implications for national security, economic growth and political stability¹. The USAID Administrator stated that HIV/AIDS is one of his top priorities for USAID and raised his concern about the implications for social and economic development². The Agency's "*Stepping up the War against AIDS*" operational plan³ established the role of regional programs in supplementing and supporting basic country programs and increased the G-CAP program's Operating Year Budget for HIV/AIDS.

The Central America and Mexico (CAM) Strategic Plan reinforces the USG commitment to combating HIV/AIDS in the region and endorses the regional HIV/AIDS program. The regional HIV/AIDS program is a seamless fit into the CAM Strategic Plan and supports one of its three key emphasis areas — Strategic Objective (SO) 3: "Investing in People: Healthier, Better Educated People". Under this SO, the HIV/AIDS activities will support results under Intermediate Result (IR) 4 "HIV/AIDS and Other Infectious Diseases Contained and Impact

¹ STATE 58033 cable date March 28, 2001

² STATE 97109 cable dated June 4, 2001

³ USAID General Notice of April 23, 2002

Mitigated". Key results of the G-CAP HIV/AIDS program are aimed at: Increased use of prevention practices and services to combat HIV/AIDS (Sub IR 4.1); Improved policies implemented (Sub IR 4.2); and Effective and efficient delivery of comprehensive care and treatment for people living with HIV/AIDS (Sub IR 4.3).

The CAM Regional HIV/AIDS program balances a set of key approaches for reducing the incidence of HIV/AIDS which are best addressed transnationally. It maximizes efficiencies while supporting country level implementation of activities in bilateral missions that respond to specific local needs and host country priorities. The HIV/AIDS program will enable missions to draw from a pool of technical specialists, promote policy dialogue, and advocate for cooperation across countries on common yet sensitive issues. The regional program can help to mobilize and leverage international donor funding to support HIV/AIDS efforts in the region and increase USG impact.

Working together, USAID and UNAIDS have assisted participatory processes leading to the formal ratification of National Strategic Plans in all countries. For the first time, the 1999 annual regional meeting of the Ministers of Health formally recognized the importance of a coordinated regional response, particularly in regard to mobile populations. Support for an initiative for these mobile populations was included in the report of the Central America-Mexico Presidents Tuxtla IV meeting on cooperation between Mexico and Central America. The Central American Parliament (PARLACEN) Commissions on Women, the Child, and Family and Health made a joint commitment to promote model HIV legislation and regulations in the region. The Plan-Puebla-Panama discussions mention HIV/AIDS as a development issue. The November 2001 Iberoamerican Presidential Summit declared the need for "... urgent actions related to research, prevention, treatment and control of HIV/AIDS, given its distressing increase ... and to promote international cooperation in the matter". As a follow up to that statement, the presidents issued a joint declaration in May 2002 committing the countries to a regional negotiation with the pharmaceutical companies to reduce the cost of drugs and accelerate access to full antiretroviral treatment.

C. Overview of Regional Needs and Challenges

The growing HIV/AIDS problem continues to threaten the future sustainable development of the sub-region. Mesoamerica (Central America and Mexico) has a history of intra- and extra-regional migration due to past civil unrest, the demand for seasonal labor, greater economic integration, more open border policies, and improved regional transportation routes. Hurricane Mitch, the earthquake in El Salvador, and the current coffee crisis have exacerbated these migrations and added to the social contexts that make certain groups particularly vulnerable to infection. According to the Central America 2020 report, these migration patterns are expected to continue in the coming years, with Mexico being both a final destination as well as a transit route for many migrants on the way to the United States. There is also frequent travel by legal immigrants in the United States to Central American countries.

Status of the HIV/AIDS Problem in Central America: As of December 2002, more than 30,000 cases of AIDS were reported in Central America, with about 43% from Honduras (down from 57% in the mid 90s). There is considerable under-reporting of the number of cases, which varies by country.

AIDS Cases in Central America

| Country | Cases ⁴ | Month/Yr | Estimated number infected (2002) | Cumulative Incidence 100k (2001) | Per | M:F Ratio (2001) |
|--------------|--------------------|-------------|----------------------------------|----------------------------------|-----|------------------|
| El Salvador | 5,250 | July/02 | 20,000 | | 82 | 3.0:1 |
| Guatemala | 4,914 | December/02 | 45,000 | | 41 | 2.5:1 |
| Honduras | 14,181 | December/02 | 60,000 | | 213 | 1.2:1 |
| Nicaragua | 406 | August/02 | 4,800 | | 8 | 4.0:1 |
| Panama | 5,483 | December/02 | 25,000 | | 189 | 3.0:1 |
| Costa Rica | 2,263 | December/01 | 20,000 | | 55 | 7.0:1 |
| Belize | 451 | December/01 | 3,600 | | 170 | 0.8:1 |
| Total | 32,948 | | 178,400 | | | |

The overall cumulative incidence of AIDS cases per 100,000 persons for the region shows considerable variation across countries. Honduras, Belize and Panama have the highest cumulative incidence. Costa Rica, El Salvador, and Guatemala have reported fairly high cumulative incidence rates. The reported cumulative incidence for Nicaragua is significantly lower than that of its neighbors.

The data on the number of reported AIDS cases provides an indication of the current impact of the disease. However, due to the estimated 5-10 year lag between infection and disease onset, they reflect the transmission of that earlier time and not the current level and modes of HIV transmission. "Second Generation Surveillance" focuses on HIV seroprevalence levels and behavioral information to better characterize the problem. Areas of Belize and urban areas in the Northern Coast of Honduras are the only parts of the region where the situation can be classified as "generalized", i.e., seroprevalences consistently more than 1% in pregnant women. The Garifuna Afro-Central American ethnic group in Honduras, with ties to other Garifuna communities in the Caribbean coast of Belize, Guatemala and Nicaragua as well as the United States, has been particularly affected. Seroprevalence studies of several Garifuna communities on the North Coast of Honduras found an average rate of 8.4% in the adult population. The limited data on the rest of the region indicates that the other countries fall into the "concentrated" category with certain sub-groups of the population being particularly affected. Conservative estimates indicate that there are currently more than 175,000 HIV-infected Central Americans with the majority unaware of their condition, and therefore unable to take adequate measures to preserve their health status or prevent further transmission.

The HIV/AIDS problem is significant in Central America and continues to grow, with important bridge mechanisms between high-prevalence groups and the general population. Furthermore, an effective biomedical intervention, e.g., a vaccine or cure, will not be widely available to low-income countries in the foreseeable future. Therefore, the ultimate responsibility for providing effective prevention and mitigation services will rest with Central American individuals and institutions. However, there now is an opportunity to take the response to the next level, i.e. from strengthening local capacities to containing and mitigating the impact of the HIV/AIDS problem. This opportunity is provided by increased funding on the part of USAID as well as

⁴ As reported by the National AIDS Programs.

increased interest by UNAIDS, other donors and the development banks (World Bank and the Inter-American Development Bank). Future funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) provides an opportunity as well as a challenge due to the limited absorptive capacity of the countries to execute the funds. Honduras has been approved for funding and El Salvador, Nicaragua and Costa Rica should receive funding this year.

The principal challenges are to: maintain the momentum in strengthening the policy environment and local capacities; extend coverage of proven behavioral change interventions; and increase coverage of quality treatment and services to prevent secondary infections.

The current regional program, which ends in 2003, has focused on areas not normally covered by bilateral programs and worked with regional groups, e.g., PARLACEN, to facilitate a more favorable policy and regulatory environment. Technical assistance has increased the capacity of local organizations across countries to develop their capacities through shared experiences, information, skills training, and resources for their programs. Furthermore, the program has strengthened a large cadre of Central American consultants who provide services in a wide range of technical areas such as monitoring and evaluation, behavior change, counseling and strategic planning to NGOs, national programs, and international donors. The community prevention model is being implemented in ten different sites in the region through local multisectoral committees that set priorities, and manage and monitor a small grants program for local NGOs. The regional behavior change activity, which explicitly targets high-prevalence groups, is decentralizing operations to the country and district level to increase the coverage of risk reduction services to these and other vulnerable groups such as the uniformed services and mobile populations.

A number of significant regional challenges remain:

Growing Policy Development and Public Awareness: The Central American HIV/AIDS policy environment has improved significantly since 1996. The largest and most consistent changes were in the two components that the program emphasizes: the legal-regulatory and political commitment components. General awareness of the problem, as measured by national surveys, is also high. However, limited commitment from high-level policy makers outside the health sector and limited implementation capacity at the government level continues.

HIV/AIDS legislation in Nicaragua, Honduras, Guatemala, Panama, and El Salvador provide models for a policy environment that can incorporate human rights into the response while usually, but not always, avoiding often well-intended but punitive measures. Legislators have been sensitized through a number of regional forums and, with the support of PARLACEN, are exchanging experiences among countries. The regional program has a significant role in continuing these exchanges and facilitating the regional-level forums where sensitive HIV/AIDS issues can be discussed openly outside of a national context.

Growing civil society networking capabilities for effective advocacy programs: Advocacy training is resulting in effective policies and programs. In most cases, the groups that initially received the training were not yet fully convinced that efforts would be successful. The officially ratified National Strategic Plans, developed with participation of those involved in the training, have renewed interest and opportunities among NGOs and other groups for advocacy programs. Multisectoral groups working together to prepare proposals for GFATM have reinforced these collaborations in some countries.

Continued Risky Behaviors and Limited Condom Use and Availability of a Low Cost Condom: In Central America, prior to 1997, condoms were largely available through three channels: the public health system; pharmacies; and family planning programs. Coverage in pharmacies has been and remains extremely high (better than 95%). The regional program has made significant progress in increasing availability through non-traditional outlets. A 2002 regional distribution survey of high-risk urban zones found consistent growth in availability for the period 2000-2002. However, condoms are still underutilized in Central America in high-risk encounters, mostly due to inappropriate personal risk assessment, and also, to a lesser extent, because of limited availability at the time and place of need, and overpricing. Youth initiate sexual relations at an early age and more work needs to be done to increase risk perception in adolescents and young adults, particularly young women, and to empower them to abstain.

Mobile Populations and Cross-Border Issues: High prevalence populations are often concentrated in places (ports, border towns, and transit stations) that make them particularly vulnerable to HIV. The G-CAP program is cooperating in the development of a regional program to deal with this problem under the Central American and Mexican Presidents' Tuxtla I-IV agreements with the political support of the Central American Integration Secretariat. Among specific program actions underway to address this problem are: dissemination of the results of a multi-site cross-border surveillance study in capital and port cities, consistent behavior change and information campaigns among the countries, support for community-based interventions at transit points which can modify local situational factors that make mobile groups vulnerable, and targeted behavior change/social marketing efforts.

A Growing Demand for Treatment and Support: As the large pool of HIV-infected Central Americans (most of whom are unaware of their status) progress to the AIDS disease stage, there is an increasing need for effective treatment and support of AIDS patients, including improved clinical management of the disease, integration of clinical care with community-based support systems, and nutritional management of HIV/AIDS. There is a considerable need for strengthening and extension of technical capabilities for improved case management. Expansion of clinical services also provides an opportunity for stigma reduction and secondary prevention with partners and family members.

II. PROGRAM DESCRIPTION: HIV/AIDS AND OTHER INFECTIOUS DISEASES CONTAINED AND IMPACT MITIGATED

This HIV/AIDS program will concentrate on populations with high HIV prevalence and other vulnerable populations at risk of contracting HIV. In addition to HIV/AIDS prevention, there is an urgent need to strengthen regional and national surveillance systems to obtain and use epidemiological data for decision making to rationally plan for, manage and treat emerging and re-emerging threats and infectious diseases such as tuberculosis (TB), dengue, and malaria. To achieve these results, the program will focus on increased use of prevention practices and services to combat HIV/AIDS, including behavior change communication; improved policies; and effective care and treatment for people living with HIV/AIDS in the Central America region.

USAID will support the implementation of appropriate HIV/AIDS policies, strategic plans, and monitoring and evaluation strategies. The program will coordinate with the United Nations Joint Programme on AIDS (UNAIDS) on an external evaluation of the results and benefits of the strategic planning processes to date. Similarly, USAID will support the implementation of advocacy agendas. These advocacy and policy dialogue activities will be supported by targeted proactive information dissemination and support for the third Central American AIDS Congress.

This program will also continue and expand technical support and strategic alliances to develop and implement HIV/AIDS policies and strategic plans. USAID will provide legal support to reduce and rectify human rights abuses of people living with HIV/AIDS and other stigmatized groups.

The behavior change activity will result in a reduction of risky behaviors in high-prevalence and other vulnerable populations. Target behaviors include: reduced number of partners, later initiation of sexual activity, and decreased unprotected sex. USAID will help partner organizations expand both the breadth and depth of education to reach higher prevalence populations while making affordable condoms available by increasing sales outlets in high-risk zones. USAID will target these high-prevalence groups through: HIV/STI (sexually transmitted infections) vulnerability talks and public and private activities that present information on a range of HIV/STI prevention behaviors.

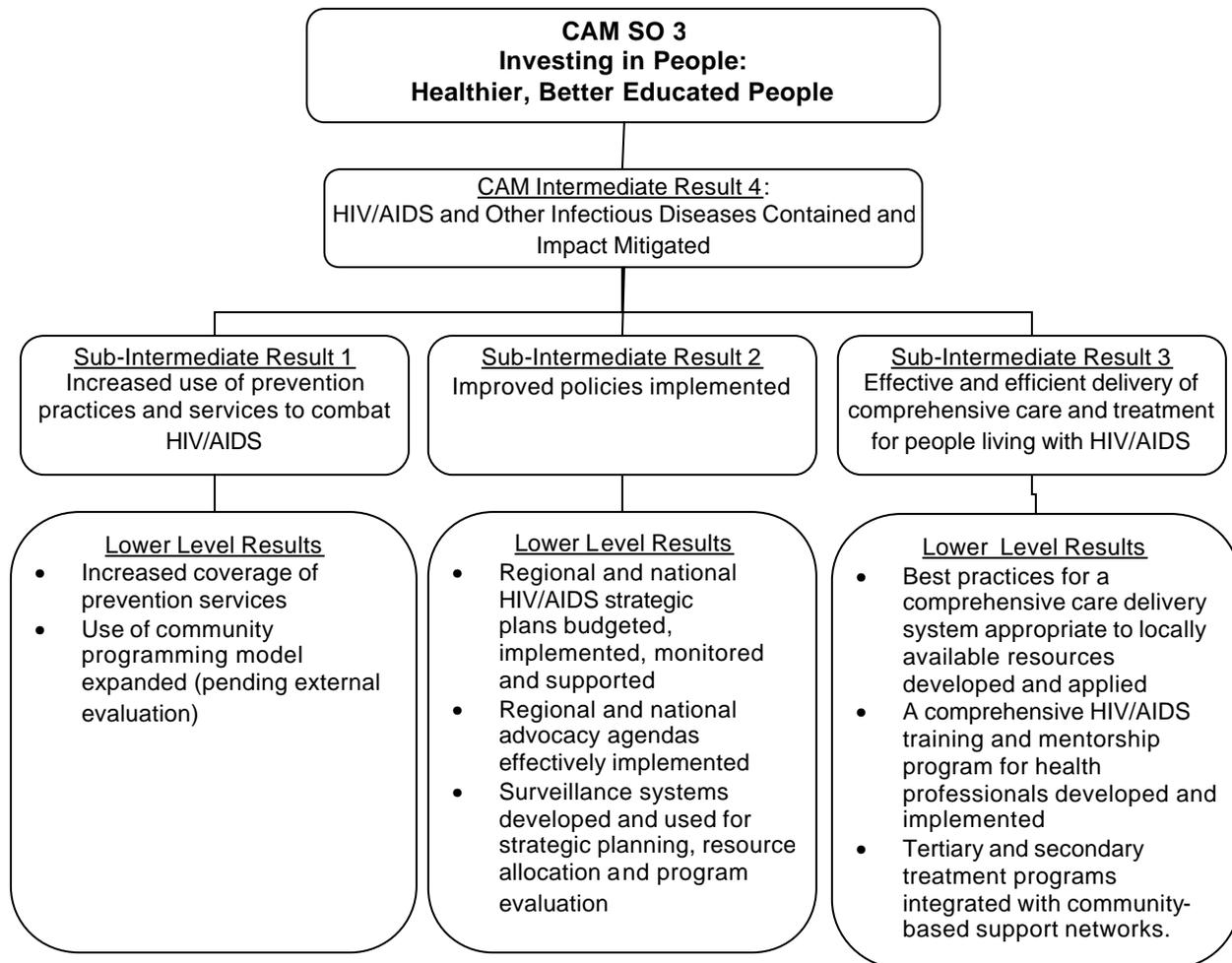
The program will also support the countries in fully costing out the National Strategic Plans and in preparing monitoring and evaluation strategies for their plans. Similarly, USAID will support the implementation of national advocacy agendas to ensure that HIV/AIDS issues are addressed by sectors other than health that can contribute significantly to the response against HIV/AIDS. USAID will help these countries improve national and regional surveillance systems in Central America to adequately track, report on and respond to the HIV/AIDS problem.

The program's comprehensive care component will integrate clinical services with community-based support networks to promote adherence to antiretroviral treatment (ART) through education, counseling, and emotional and social support. With the expected increase in availability of antiretroviral drugs in the next few years, USAID/G-CAP has a unique opportunity, in coordination with the Pan American Health Organization and other regional partners, to improve the ability and capacity of the Central American countries to provide effective ART and improve the clinical outcomes of patients initiating ART. Under the program, G-CAP will expand the number of clinicians and health teams involved in HIV care, increase the clinical expertise of those already involved, and expand education and prevention services for people living with HIV/AIDS who are initiating treatment. The major goals of a training program will be to expand the number of patients who can be provided quality care in existing HIV care centers, and eventually support the creation of new care centers, particularly beyond the capital cities, by preparing well-trained physicians and support staff.

Success by 2008 in achieving this scaled-up objective will be measured by reducing incidence of HIV among high-prevalence groups; maintaining the prevalence in the general population 15-49 (male and female) below 1%; and increasing the number and percentage of individuals with advanced HIV infection receiving antiretroviral combination therapy.

Results Framework

In accordance with Agency guidelines, the Intermediate Result "HIV/AIDS and Other Infectious Diseases Contained and Impact Mitigated" represents an ambitious step up from the previous USAID/G-CAP regional Strategic Objective of "An Enhanced Central American Capacity to Respond to the HIV/AIDS Crisis". "Containing" means reducing the incidence in high-prevalence groups and preventing dissemination of the virus to the general population. "Impact mitigated" refers to reducing the disease's impact on individuals with HIV and society at large through reduced case fatality rates, loss of production, and other costs related to treatment of AIDS illnesses and opportunistic infections. The current Results Framework reflects the lessons learned to date under the Regional HIV/AIDS Program.



III. PROGRAM RESOURCES

The HIV/AIDS Regional Program Plan funding period is FY 2003 through FY 2008. The FY 2003 budget has been split between the current HIV/AIDS SO under the G/CAP strategic plan and this new SO under the CAM Strategy. The life of program funding level for this SO is approximately \$41 million⁵.

IV. PROGRAM AND OPERATIONAL MANAGEMENT

Development of a new strategic approach for HIV/AIDS control in Central America will take into account the roles, contributions, and responsibilities of the regional and bilateral programs as identified in the table below. It will be a consultative process coordinated by G-CAP and involving the bilateral missions, LAC and Global Bureau of Health. Other stakeholders will be brought into the process where appropriate.

⁵ Levels are estimated and subject to the availability of funds.

Strengths and Value Added of Bilateral and Regional Programs

The G-CAP program interacts with eight countries in Mesoamerica in a variety of ways:

- ✘ The USAID/Honduras Intensive Country program and USAID/Mexico maintain close communication with G-CAP and pick up implementation costs for the regional program in those countries;
- ✘ The Guatemala, Nicaragua and El Salvador Basic Country Programs maintain communication and coordination. Some have, on occasion, chosen to invest in regional programs for activities in these countries which were additive to what the regional program would have been able to do with its own resources;
- ✘ USAID/Panama has no health program, however, the Mission stays informed and has facilitated regional program activities; and
- ✘ Costa Rica and Belize are non-presence countries, and the regional program keeps them involved in regional forums, but provides very minimal direct assistance.

| BILATERAL PROGRAMS | REGIONAL PROGRAM |
|---|--|
| <ul style="list-style-type: none"> • In-country presence and intimate knowledge of the various actors from the public and private sectors and their dynamics • Unique capability to monitor program implementation on the ground • Leverage for policy dialogue with host country government through existing sectoral agreements • Responsibility for overall country development strategy | <ul style="list-style-type: none"> • Dedicated technical specialists focusing exclusively on HIV/AIDS • Critical mass for developing best practices and methodologies in strategic planning, policy development and behavior change • Ability to disseminate lessons learned and best practices to avoid duplicating strategy development efforts • Ability to leverage international donor community • Ability to address cross-border issues, e.g., mobile populations and the Garifuna |

Annual implementing agency country work plans and budgets will be vetted through the missions for their concurrence. G-CAP will work with the bilateral programs to select implementation mechanisms, improve coordination, and eliminate redundancy of efforts. All of G-CAP's implementation mechanisms, whether through Global Bureau programs or a cooperative agreement managed by GCAP, are open to the bilateral missions to add on to. Monthly meetings with Mission person responsible for HIV/AIDS activities, their local partners and in-country regional implementing agency staff have proven to be effective for coordinating activities at the country level. Where they have met regularly, these meetings have proven to be highly valuable and this process will be strengthened during the strategy period.

An extended team with a similar composition and format to the transition planning meeting group including external agencies and regional partners will meet on an annual basis to review program progress and implementation issues.

ACTION MEMORANDUM

To: AA/LAC Adolfo Franco

From: Rosalie Fanale, LAC/SPO

Subject: Incorporating G-CAP's Regional HIV/AIDS Program into the Central America and Mexico Regional Strategy (2003-2008)

Action Requested: Your signature to the attached Management Letter is requested to approve the incorporation of GCAP's Regional HIV/AIDS Program into the recently approved Central America and Mexico Regional Strategy (CAM). The HIV/AIDS Regional Program is budgeted for \$41 million for FY 2003-2008 which is within the approved funding ceiling of the CAM Regional Strategy.

Background: The G-CAP Regional Program has completed and submitted its HIV/AIDS strategy for FY 2003–FY 2008. The HIV/AIDS strategy was developed with an emphasis on supporting the CAM Regional Strategy. Following its submission, the HIV/AIDS strategy was reviewed and approved by the Global Health Office of HIV/AIDS with participation of LAC and other relevant Bureaus. The HIV/AIDS strategy is consistent with and strongly supports the CAM Regional Strategy. In particular, it supports one of its three key emphasis areas—Investing in People: Healthier, Better Educated People. A summary of this strategy entitled “Central America HIV/AIDS Program Summary” is attached and will be used as an annex to the CAM Strategy, thereby incorporating this program into the strategy.

By targeting those most at-risk and clearly articulating approaches to containing and mitigating the spread of HIV/AIDS the plan's proposed set of activities and programs are also technically sound approaches toward achieving a key intermediate result of the CAM Strategy—HIV/AIDS and other Infectious Diseases Contained and Impact Mitigated. Finally, the G-CAP plan articulates sound approaches towards achieving goals contained in the Agency's broader development agenda.⁶

Authority: Approval of the CAM Regional Strategy was provided through the Management Agreement that you signed on August 1, 2003 in accordance with ADS 201.3.10.3. Your signature to the attached Management Letter will serve to approve G-CAP's HIV/AIDS program, incorporating it into the CAM Regional Strategy and allowing the Mission to proceed with funding obligations beginning in FY 2003. You have the authority to approve the HIV/AIDS program and its incorporation into the CAM Regional Strategy pursuant to ADS 103.3.8.1 in which you are delegated authority for strategic planning in accordance with ADS 201 by the AA/PPC. The authority for program implementation delegated to you by the AA/PPC in ADS 103.3.8.2 gives you the authority to allow the Mission to proceed with funding obligations beginning in FY 2003 subject to the Mission meeting all pre-obligation requirements.

Recommendation: That you sign the attached Management Letter indicating your approval to annex the G-CAP HIV/AIDS Strategic Plan to the CAM Regional Strategic Plan.

⁶ The G-CAP HIV/AIDS program strategy complies with the Agency's HIV/AIDS operational plan, “Stepping Up the War Against AIDS.” The strategy also conforms to mandatory guidance in ADS: 201.3.4.6, “HIV/AIDS Strategies and Strategic Planning.”

MANAGEMENT LETTER

Mr. Glenn Anders
G-CAP Regional Program
USAID/ Guatemala

Dear Mr. Anders:

This is to express my sincere congratulations to your Mission for its outstanding work in developing the G/CAP HIV/AIDS Program. I am pleased that the G/CAP program continues to ensure critical attention to combating HIV/AIDS in the region and strongly supports the Agency's HIV/AIDS operational plan, "Stepping Up the War Against AIDS."

This Management Letter approves the incorporation of the GCAP HIV/AIDS Program into the recently approved Central America and Mexico (CAM) Regional Strategy. The regional HIV/AIDS Program is consistent with and strongly supports the CAM Regional Strategy.

As the Mission moves forward with these activities, it should keep in mind program and staffing resource limitations so as not to overextend the program and dilute potential impact.

With this letter, subject to G-CAP meeting all preobligation requirements, you are formally authorized to obligate funds under the CAM Regional Strategy beginning in FY 2003.

Sincerely,

Adolfo A. Franco
Assistant Administrator
Bureau for Latin America
and the Caribbean