

HIV Policy Assessment in Central America

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to Social Inclusion

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
COMISCA	Executive Secretariat for the Council of Ministers of Central America and the Dominican Republic
DDU	Data Demand and Use
FSW	Female Sex Worker
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDB	Inter-American Development Bank
KP	Key Populations
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and Evaluation
MEGAS	Spanish Acronym for NASA (National Aids Spending Assessment)
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NGO	Non-governmental Organization
NSP	National Strategic Plan
OAS	Organization of American States
PAHO	Pan American Health Organization
PASMO	Asociación PASMO, Central American social marketing association
PASCA	Program to strengthen the Centro American response to HIV
PEPFAR	Presidential Emergency Funds for AIDS Relief
PF	Partnership Framework
PLWH	Persons Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
SW	Sex Worker
UNAIDS	United Nations
US	United States
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

EXECUTIVE SUMMARY

USAID's Regional HIV/AIDS Program in Central America is undertaking a situation analysis of the current political landscape for HIV in the region. This process involves reviewing current activities and identifying gaps, obstacles and constraints affecting the outcome of HIV policy work during the last five years. Results of the analysis will help shape the next U.S. government strategy for assistance in the region on HIV policy.

In order to better understand the current situation with respect to HIV policy in Central America, USAID commissioned an assessment covering all seven countries in the region, and based on information gathered from more than 100 experts and stakeholders, including representatives of the public sector, civil society, international cooperation agencies and private enterprise.

USAID has supported HIV/AIDS prevention, health systems strengthening, strategic information, and policy in Central America through regional and bilateral programs. USAID's policy support in the region over the past 15 years was recognized by country stakeholders as having made a significant contribution to the development of laws, policies and plans for HIV, and to progress made on stigma and discrimination and gender equity.

Most countries in the region have supportive legal frameworks and national strategic plans in place to respond to the epidemic, and many have anti-discrimination laws that support PLWH as well as other key populations (UNAIDS, 2010). Belize is an outlier, with a sodomy law which was cited by many key informants as one of the principal sources for discrimination in that country.

When asked to rate the effectiveness of current policy in guiding the response to HIV, most interviewees scored the policy environment for HIV in Central America at 3 on a scale of 0-5; all shared the opinion that laws, norms, strategic plans, and international agreements exist, but implementation -and to some extent, knowledge, dissemination and monitoring - of them is limited in most cases. They also commented that many of the laws, plans and norms are outdated and in need of revision, adding new provisions explicitly dealing with sexual diversity, human rights and vulnerable populations. Recognition of the "identidad de género" for transgender women was mentioned specifically by many.

There was general agreement that the region has achieved substantial advances with regard to: (1) access to treatment; (2) reduction of stigma among health service providers; and (3) existence of comprehensive national strategic plans.

However, most informants saw stigma and discrimination against key populations as a major and intractable issue in the region and many cited it as the principal barrier to implementation of HIV/AIDS programs in their respective countries. Conservative cultural norms about sexuality – and a strong normative preference for heterosexuality – were reflected in a lack of political leadership to implement human rights laws guaranteeing protection and equality for key populations. Reflecting the widespread public rejection of sexual diversity, policies do not adequately address gender-based violence against transgender women and men who have sex with men. In fact, gender-based violence is perceived as a "women's issue", with little recognition of its impact on other vulnerable populations.

Many participants asserted that the human rights issues of vulnerable populations are beyond the scope of health ministries or National AIDS Programs and require engagement of legislators, social sector leaders, ombudsmen and decision makers through effective advocacy by civil society.

Civil society efforts were seen as fragmented. Even though they may be working toward the same goals, organizations do not work together. Competition for funds and mutual suspicion among groups were the reasons most cited for this lack of collaboration. Many informants mentioned the need to strengthen the capacity of civil society organizations in advocacy and leadership, with emphasis on strengthening a new generation of leaders, skilled in strategic planning and influencing policy.

Many informants underlined the importance of taking into account the complex social context surrounding HIV, and stressed the need for increasing the involvement of other sectors outside of health, not only in human rights, but also in the financing of the response.

Key informants expressed concern about the rising rates of HIV among youth, as well as adolescent pregnancy, and noted that little work in the policy arena is being done to address the needs of youth. Many lamented the lack of adequate sex education in schools, and the general reluctance of the education sector to address the issue of HIV. Several informants also mentioned the need to reach out to previously neglected populations, such as handicapped persons, certain indigenous groups, and older adults.

Overall, the lack of a sufficiently strong country authority on HIV/AIDS—one that can coordinate donors' efforts and obtain the participation of the full range of non-health sector actors needed to implement a comprehensive approach to HIV/AIDS—was identified across the region as the principal gap related to participation.

In addition, a recurrent concern expressed by representatives of international cooperation agencies was the perceived lack of awareness and planning for donor phase-out over the next three to five years. They noted that approximately 60% of the cost of prevention in the region is currently covered by donors, but governments have been slow to assume country ownership in financing and designing evidence-based prevention strategies, even though this is a necessary step for sustainability of the response to HIV in the region.

I. BACKGROUND

In Central America, the HIV epidemic is relatively stable and concentrated among key populations—except in Belize, where, to date, it is considered generalized based on international standards¹ (UNAIDS, 2010). HIV prevalence rates in the region range from 2.5% in Belize, to 0.2% in Nicaragua (Table 1). Country-level prevalence rates, however, mask the disproportionate impact that HIV and AIDS have on sub-populations- those persons more vulnerable to infection because of sexual behavior or other factors. Key populations in Central America include men who have sex with men (MSM), transgender women, sex workers (SWs) and prisoners.

Table 1: HIV Prevalence Rates by Key Population

Country	HIV Prevalence Rate % (Ages 15-49) ²	MSM	FSW ³	Trans-gender Women ⁴	Prison Inmates
Belize	2.5%	10% ³	n/a		4% ⁵
Costa Rica	0.3%	11% ⁶	0.2% ⁴		
El Salvador	0.8%	7.9% ⁷	4.1% ⁶	25.8% ⁸	
Guatemala	0.8%	18.3% ⁹	1.1% ⁶	14.9% ¹⁰	12.9% ⁵
Honduras	0.8%	13.1% ¹¹	2.3% ⁶		6.8% ⁶
Nicaragua	0.2%	7.5% ³	3.2% ³		
Panama	0.9%	10.6% ¹²	2% ⁷		

According to UNAIDS (2010), the Central American epidemic is most highly concentrated among MSM—with the majority of countries in the region reporting a prevalence of over 10% in that sub-population. UNAIDS and others have noted that stigma and discrimination play a large role in keeping this part of the epidemic hidden: MSM may be reluctant to go to centers for testing, thus many go undetected, which underestimates the epidemic in this population (UNAIDS, 2010). A related concern is that MSM may be reported as heterosexual men in prevalence estimates, if they have had sex with a woman, which also may lead to underestimates of the true prevalence of HIV among MSM (Hernandez et

¹ The Belize National Program for TB, HIV and other STIs reports that new epidemiological data from 2012 is expected to show a concentrated epidemic. (Dr. Manzanero, personal communication, October 1, 2012).

² UNAIDS - HIV and AIDS Estimates. (2009). Retrieved from: <http://www.unaids.org/en/regionscountries/regions/latinamerica/>

³ Reporting categories listed are established by countries

⁴ Many of these studies are small, not population-based samples.

⁵ Hembling, J. (2011). Analysis of the Situation and Response to HIV in Belize. *Advances, Challenges and Opportunities*. USAID.

⁶ UNAIDS – Costa Rica: Country Situation (2009).

⁷ Baral S, Sifakis F, Cleghorn F, Beyrer C (2007) Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review. *PLoS Med* 4(12): e339. doi:10.1371/journal.pmed.0040339

⁸ Hernández, F., Guardado M., & Paz-Bailey G. (2010). Encuesta centroamericana de vigilancia de comportamiento sexual y prevalencia de VIH/ITS en poblaciones vulnerables (ECVC), subpoblación transgénero, transexual y travesti - El Salvador. Publicación UVG/Tephinet Inc., No. 12.

⁹ La epidemia del VIH/sida en Guatemala – Avances, desafíos y prioridades. (August 2011). USAID/PASCA.

¹⁰ Mazariegos, L. (2010). Estudio exploratorio 2010 sobre conocimientos, actitudes, percepciones, prácticas sexuales y prevalencia ante el VIH de la comunidad trans trabajadora sexual de Ciudad de Guatemala. Organización Trans Reinas de la Noche.

¹¹ HIV and Human Rights in Latin America and the Caribbean: A Briefing to the European Union. (2010). International HIV/AIDS Alliance. Retrieved from <http://www.aidsalliance.org/includes/document/PolicyBriefLACHumanRights.pdf>

¹² World Bank Global HIV/AIDS Discussion Paper (2006). Reducing HIV/AIDS Vulnerability in Central America - Panama: *HIV/AIDS Situation and Response to the Epidemic*. Retrieved from <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/CAADSPanamaFINAL.pdf>

al., 2010). The fear of stigma and discrimination, and strong, cultural heteronormative pressure, may lead these same men also to have sex with women, leading to even wider transmission (Soto, 2007).

Recent studies in the region suggest that HIV prevalence is even higher for the female transgender population than for MSM, possibly as high as 40%, with accompanying high levels of stigma, discrimination and violence targeted at this population (Hernandez, Guardado, Paz-Bailey, 2010). Because transgender women are often counted in other categories, such as MSM, the evidence base relating to their HIV prevalence is weak, with only small-scale studies available throughout Central America (Mazariegos, 2010; Ocaña et al., 2008; PAHO, 2012). The lack of national data makes it easier to discount the impact that HIV and gender-based violence are having on transgender women in the region. In 2012 USAID conducted studies of transgender women in four Central American countries (El Salvador, Guatemala, Panama and Nicaragua), and the results of those studies, when available, should add new understanding of the female transgender population.

The last several years have seen progress addressing HIV with female sex workers in Central America, with declining incidence rates in this group reflecting the programmatic and financial focus on prevention among female sex workers and their partners (UNAIDS 2010; Partnership Framework, 2010). Country-level reports by the PASMO project show increased condom use by FSW with clients and partners in Central American countries from 2004 to 2007, and small studies confirm a corresponding, and significant, decline in HIV incidence (Sabido, 2009).

Little data are available about HIV rates among prison inmates in the region, but small-scale studies suggest rates in the range of 4% in Belize to 12.9% in Guatemala (Hembling, 2011; Baral, 2007). Advocates point to this sub-population as being at particularly high risk of HIV, a situation commonly exacerbated by policies prohibiting condom distribution in prisons.

Resource Allocation Trends

In 2008, the USG led an assessment to look at gaps in the HIV response in the region. It found that many of the gaps in service delivery, information and policy are related to key populations (Partnership Framework, 2010). Nevertheless, host country governments' financial commitments continue to be relatively small for activities focused on these populations (Ibarra & Sosa, 2002). Most countries in the region have focused their HIV/AIDS response on antiretroviral treatment for people living with HIV (PLWH), in response to advocacy by PLWH organizations over the last twenty years. They also have invested in prevention-of-mother-to-child-transmission (PMTCT) programs, successfully reducing the rate of new infections among children (UNAIDS, 2010). As noted in the USG Partnership Framework, Central American host country governments have had "notably limited coverage" of key populations (2010, p.7), a trend often attributed to prevailing conservative social norms that influence political decisions about allocation of funds (PAHO, 2009).

In Central America, all governments are bearing at least part of the burden of financing HIV programs — ranging from a 79% public sector contribution in El Salvador to a 23% contribution in Honduras, with the other countries falling somewhere in between. Panama and Costa Rica, which receive almost no donor funds, rely on the private sector to make up the difference; whereas Belize, Honduras and Nicaragua receive over half of their funding from donors (COMISCA, 2011; UNAIDS, 2010). The distribution of funds across program elements varies by country as well: Costa Rica spends three-quarters of its HIV

budget on prevention (driven by their spending on condoms), whereas Belize, Panama and Nicaragua spend closer to one-half. El Salvador and Guatemala bring up the rear, spending a third and a quarter, respectively, on prevention programs (COMISCA, 2011).

Legal framework

Most countries in the region have supportive legal frameworks and national strategic plans in place to respond to the epidemic (Annex A), and many have anti-discrimination laws supporting PLWH as well as other key populations (UNAIDS, 2010). However, the level of implementation of HIV laws and national policies, the lack of sanctions for non-compliance, and the relative impunity for violating anti-discrimination laws tells a very different story. Despite generally favorable legal and policy frameworks, there are high levels of violence and discrimination among many key populations in the region, which further contribute to the concentration of the epidemic among these populations (Asociación PASMO, 2011). Belize remains an outlier, with an anti-sodomy law still in place that impedes the government's ability to address HIV among MSM.

USAID assistance in the region

In Central America, USAID has supported HIV/AIDS prevention, health systems strengthening, strategic information and policy through regional and bilateral programs. USAID's policy support in the region over the past 15 years is widely recognized by country stakeholders as having made a significant contribution to the development of laws, policies and plans for HIV and to progress made on stigma and discrimination and gender equity. These policy programs have worked directly with national and regional policymakers, and strengthened the capacity of key civil society groups, including PLWH and other vulnerable populations, to serve as advocates and citizen monitors. They have also worked to involve the private sector in the Central American HIV response.

References for Background Section

- Baral S, Sifakis F, Cleghorn F, Beyrer C (2007). Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review. *PLoS Med* 4, 12: e339. doi:10.1371/journal.pmed.0040339
- COMISCA. (2011). Contrastes regionales en el financiamiento de la respuesta al VIH y sida: Desafíos y Oportunidades.
- Hembling, J. (2011). Analysis of the Situation and Response to HIV in Belize. *Advances, Challenges and Opportunities*. USAID.
- Hernández, F., Guardado M., & Paz-Bailey G. (2010). Encuesta centroamericana de vigilancia de comportamiento sexual y prevalencia de VIH/ITS en poblaciones vulnerables (ECVC), subpoblación transgénero, transexual y travesti - El Salvador. Publicación UVG/Tephinet Inc., No. 12.
- Ibarra, A. & Sosa, R. (2002). La sostenibilidad del desarrollo en América Latina y el Caribe: desafíos y oportunidades. *Programa de las Naciones Unidas para el Medio Ambiente Oficina Regional para América Latina y el Caribe (PNUMA/ORPALC)*.

- Mazariegos, L. (2010). Estudio exploratorio 2010 sobre conocimientos, actitudes, percepciones, prácticas sexuales y prevalencia ante el VIH de la comunidad trans trabajadora sexual de Ciudad de Guatemala. Organización Trans Reinas de la Noche.
- Ocaña, G., Nadalich, J., Marconetto, A., Jure, H. Bloch, C. (2008). Salud, VIH-sida y sexualidad trans: Atención de la salud de personas travestis y transexuales – Estudio de seroprevalencia de VIH en personas trans. Retrieved from http://pasca.org/sites/default/files/salud_vih_sida_trans_hormonizacion_libro.pdf
- PAHO. (2012, January 4). Salud para personas trans: debaten recomendaciones para servicios de salud. Retrieved from <http://new.paho.org/blogs/esp/?p=2379>
- PAHO Biennial Report 2008-2009. Retrieved from http://new.paho.org/hq/index.php?option=com_docman&task=doc_details&gid=12278&Itemid=99999999
- Partnership Framework Document to Support the Implementation of the Central American Regional HIV/AIDS Response between the Governments of the United States and the Governments of the Central American Region (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama). (2010). *A five-year strategy to jointly implement regional goals to reduce the transmission of HIV and to Minimize Negative Impacts on the People of the Central American Region.*
- Sabidó, M.(2009). The UALE Project: decline in the incidence of HIV and sexually transmitted infections and increase in the use of condoms among sex workers in Guatemala. *Journal of Acquired Immune Deficiency Syndromes*, 51(1), S35–S41.
- Soto, R. (2007). Sentinel surveillance of sexually transmitted infections/HIV and risk behaviors in vulnerable populations in 5 Central American countries. *Journal of Acquired Immune Deficiency Syndromes*, 46, 101–111.
- UNAIDS Report on the Global Epidemic. (2010). Joint United Nations Programme on HIV/AIDS.

II. HIV POLICY ASSESSMENT

In preparation for the next five-year cycle of USAID’s assistance on policy and HIV in the region, USAID commissioned an HIV policy assessment in Central America. The assessment collected information from 101 stakeholders in seven countries (Table 2), representing the public sector, international cooperation (donors and their implementing partners), civil society, and the private business sector. During interviews averaging 45 minutes, informants were asked for their views on the current policy environment for HIV in their country, gaps in the policy framework and response, and recommendations for how the US Government can most effectively invest its resources on HIV-related policy during the period 2013-2018. The results of the assessment and recommendations to USAID are presented in this report. *The methodology is presented separately in an annex, along with summary data tables, the key informant questionnaires, the list of persons interviewed, and print/online resources consulted.*

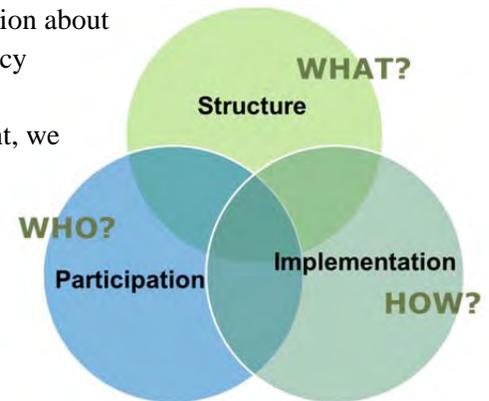
TABLE 2: Distribution of Key Informants by Sector

	Public Sector	Donors/ Socios	Civil Society	Private Sector	TOTAL
Belize	4	5	3	1	13
Costa Rica	5	4	3	1	13
El Salvador	5	4	4	2	15
Guatemala	4	5	2	1	12
Honduras	4	5	2	1	12
Nicaragua	3	3	6	1	13
Panama	4	3	5	1	13
Regional	0	10	0	0	10
TOTAL	29	39	25	8	101

To ensure the anonymity of the respondents, as per the informed consent forms they signed, the discussion of the findings is presented in summary format, reflecting the general trends across the interviews and across countries. Where appropriate, countries that did not fit the general trend are noted as outliers or having special concerns not shared by the majority. Additionally, Annex E contains summary tables of the findings, with illustrative quotes under each topic that provide greater detail and insight. The quotes are identified by sector of the respondent only (i.e., “public sector respondent”), without identifying the person’s country, in order to protect the confidentiality of the respondents.

III. CURRENT POLICY ENVIRONMENT

The first part of the interview guide was designed to capture information about the main components of the policy environment: the structure or policy framework, the manner in which policy is implemented, and who is participating in the policy process. For the purposes of the assessment, we assumed that the three components overlap – who is participating influences what is included in the policy framework, as well as how and to what extent policies get implemented. Likewise, what is contained in the laws and policies will determine who participates in their implementation.



The findings of the assessment, as related to the current policy environment, are presented below according to these three main categories. Subsequent sections summarize comments from stakeholders on the following topics: the factors they considered to be the most important determinants of the implementation of HIV policy in their country, both facilitators (factors that aided implementation) and constraints (barriers to implementation); the links between HIV policy and health systems strengthening and strategic information; the sustainability of current HIV programs; the use of a regional platform for USAID’s assistance in HIV policy; and the PEPFAR Partnership Framework.

What? Structure

When asked to rate the effectiveness of current policy in guiding the response to HIV, most interviewees gave a rating of 3 out of 5 (5 being the highest possible rating), pointing out that there is a **strong policy framework in place** throughout the region. There was general agreement that there have been real advances in the region with respect to: (1) access to treatment; (2) reduction of stigma among health service providers (although not necessarily among any other group); and (3) the existence of comprehensive national strategic plans (NSPs). Respondents frequently remarked that, while many of the NSPs have been costed, the **NSPs are overambitious** given economic recession and reduced donor funding and the lack of adequate national financial backing from both the health sector and non-health sectors. [See Annex E: Summary Data Tables]

Although recognizing that HIV-related laws, norms, strategic plans, indicators and international agreements are in place and often comprehensive in nature, respondents considered **implementation -and to some extent, knowledge, dissemination and monitoring- of the policy framework to be limited** in most cases. They also commented that many of the **laws and policies are outdated** and in need of revision with new provisions explicitly dealing with sexual diversity, human rights and vulnerable populations. Proposals for revisions to the national HIV law in Nicaragua are under review in the legislature, for example, while a lawsuit has been filed in Belize to overturn that country’s anti-sodomy law. Many called for national policies to be updated to reflect new evidence about where the epidemic is now. In the case of Belize, emerging data suggests that the epidemic is concentrated in key populations rather than generalized in the population as a whole, but national policies and services are premised on a generalized HIV epidemic in that country. The need for a **gender identity law**, allowing transgender

women and men to legally identify themselves by their chosen gender identity rather than their DNA-determined sex, was mentioned specifically by many respondents across the region. Respondents felt that this legal recognition would help address stigma and discrimination against transgender people, and facilitate their access to HIV and other health services. Additionally, respondents noted that **HIV policies often are not well linked to other larger, national policies**, such as a country's national development strategy or poverty reduction strategy, which reduces their impact, isolating them as stand-alone policies, with siloed financing. Another frequently mentioned concern was the **lack of alignment** of policies and plans with national laws, norms and regulations. [See Annex E: Summary Data Tables]

How? Implementation

Of the three components of the policy environment, respondents consistently identified **implementation as the weakest** and most in need of attention. They noted that the public sector is short on resources to implement the NSPs in their entirety, so public sector **funds tend to be spent on the least controversial programs**, such as PMTCT and ARVs, instead of on programming for key populations like sex workers and transgender women. A common theme across countries was that stigma and discrimination explains much about why public officials don't speak out: action on HIV issues will not win votes, and the public in general disapproves of the behaviors of key populations like LGBT and sex workers. "Policies are made with the head, implementation is done with the heart" as one respondent said, meaning that commitment to implementing HIV policies frequently stems from the personal experience of a decisionmaker – i.e., if they have a friend or family member living with HIV—and not from the policies themselves.

Conservative cultural norms about sexuality – and a strong normative preference for heterosexuality – were reflected in the **lack of political leadership to implement human rights laws** that cover LGBT in cases of crimes and abuse against them, which can in turn place them at increased risk for HIV¹³. While legislators in the region are proud of the laws that have been passed, they "do not notice" when the laws are not implemented. The violent deaths of transgender women in all countries in the region except Panama and Costa Rica, reflects the impunity with which the laws are disregarded, particularly in cases of violence or human rights abuses against LGBT: police are slow to investigate and are known to be abusive to the victims; the judicial systems rarely convict in such cases; and victims themselves only rarely denounce such crimes and report them, citing the uselessness of pursuing justice and a fear of exposing themselves to additional stigma, that of "being a victim."

Respondents raised concerns that prevention programs were not being funded by country governments, in spite of attention to the issue in national strategic plans. Donor key informants variously estimated between 70-90% of prevention program costs in the region are covered by international donors. Many people reported **concerns about access to testing**, commenting that government programs are oriented

¹³ Several studies point out the link between violence and increased HIV risk. For example, psychological trauma can increase risky behavior in the future. Fear of violence can impair the ability to negotiate safer sex. Impunity supports a social environment in which victims are shamed and stigmatized, discouraging people who have experienced violence from seeking HIV health and social services (Chiu., J., Blankenship., K., Burris., S., (2011), Gender-Based Violence, Criminal Law Enforcement and HIV: Overview of the Evidence and Case Studies of Positive Practices. Working paper prepared for the Third Meeting of the Technical Advisory Group of the Global Commission on HIV and the Law, 7-9 July 2011.)

toward testing of pregnant women while greater access to testing is needed for key populations. Others reported that while governments purchase tests, key populations do not go to clinics for testing because of real or perceived stigma and discrimination. In Panama, for example, a key informant reported that people generally seek medical attention when HIV has already progressed to AIDS. There is not a “culture of testing” or a “culture of prevention,” and he recommended investing in campaigns to promote testing and early treatment. In Belize, where the epidemic has been classified as generalized, similar concerns were raised about the need to focus more efforts on key populations, including increased access to testing and treatment services.

Respondents cited a lack of political will in their countries to implement **comprehensive sexual education in schools, particularly with reference to sexual diversity**, even when supportive policies were in place and curricula available. Some noted that little or no action had been taken to implement the agreement signed at the 2008 International AIDS Conference in Mexico City by health and education ministers from the region to collaborate in HIV education and prevention. In Panama, for example, respondents reported that the current education minister is completely opposed to sex education, and that the Ministry of Education’s recent anti-bullying program may even promote homophobia. Others mentioned that Costa Rica was experiencing similar difficulties implementing comprehensive sexual education programs, and El Salvador reported constraints addressing LGBT rights in school sexual education programs.

Some informants considered the relative lack of progress outside of the health sector to be a reflection of the **low prioritization of HIV in other ministries/sectors**. In Panama, for example, several informants stated that companies require a negative HIV test as a condition for employment and employees testing positive for HIV are fired or pressured to resign. One person mentioned she had seen a complaint that an HIV test was required for a driver’s license. These situations reflect a **lack of enforcement of laws prohibiting discrimination on the basis of HIV status**, and point to the need to engage non-health sectors, including employers, in efforts to implement current policy.

When probed about why implementation was so problematic in their country, a majority of respondents identified the lack of advocacy and lack of *vigilancia* (monitoring by citizens) to push governments to implement their own laws, policies and plans. In countries where the Global Fund had projects, a common response from respondents across sectors was that **civil society organizations were too busy implementing Global Fund projects to do policy advocacy**. They noted that advocacy and citizen monitoring does not generate operating revenue for these organizations, while implementing donor-funded projects on service delivery does. Respondents in a majority of countries noted that the Global Fund is having an unexpected effect, distracting civil society from its necessary function of holding governments accountable for the promises they have made (i.e., laws they have passed and policies they have issued). As a result, civil society is losing its skills in advocacy, or not gaining these skills in the first place. The Global Fund was recognized by respondents in general, however, for providing much-needed money for HIV programs and bringing resources to civil society. [See Annex E: Summary Data Tables]

Across the region, a common theme emerged: implementation of existing policy is not a given, and the existence of a law, policy or national plan does not guarantee its implementation or the allocation of

resources to do so. Instead, the **policy framework is vulnerable to changes in political leadership, socioeconomic conditions, and sociocultural norms**. HIV-related policy in the region is not insulated from the effects of changes in these external factors, and as such, its implementation is weak and inconsistent. Further, the health sector has implemented the bulk of the response to date, and has already addressed the “low-hanging fruit” through health interventions like ARVs and testing. Now, the challenge is to **implement a more holistic response with other sectors, which may help address the structural inequalities that drive the epidemic**.

Who? Participation

The involvement in the policy process of stakeholders from a wide range of sectors and at various levels of power can bring more consistent implementation of policies across time and during periods of political transition, economic recession and even in the face of changing social attitudes. There was broad consensus among respondents about the need to strengthen national leadership and authority in HIV for more effective implementation and impact – and to do so in order to coordinate a true multisectoral response. The **lack of real engagement from non-health sectors** influences the “what” (structure) since policies do not fully reflect all potential aspects of response or all the human and financial resources that could be applied. For example, the human rights issues related to key populations are beyond the scope of health ministries or National AIDS Programs and require engagement of legislators, ministries of justice and social protection, human rights commissions, ombudsmen, and other decisionmakers, through effective advocacy by civil society. While there are advocates within health or other government ministries who are convinced of the impact of human rights on HIV, informants frequently stated that they did not have the authority or power to move human rights issues related to HIV to the forefront. Informants remarked that while **multisectoral collaboration was happening “on paper” and in high-level committees**, little substantive collaboration was taking place in practice. [See Annex E: Summary Data Tables]

A general theme across countries was that the **private business sector was underutilized** in the response to HIV. Informants from the business sector itself as well as those outside reported that businesses often want to and could do more to help the response to HIV, but they want to do it on their own terms. Some noted a strong preference in the business sector for working on internal corporate policies instead of co-funding public programs or mass media campaigns (“they already pay taxes to cover public health services”). Other informants discussed the tensions between the business sector and the health sector: some business sector informants expressed reservations about promoting condoms, for example, and preferred a more conservative approach with emphasis on the family and fidelity. They suggested that the issue of HIV could be addressed in the context of the Millennium Development Goals. This suggestion was mirrored by other comments about how to better engage the business sector: that civil society and public sector advocates should frame their messages in such a way that it **speaks to the interests of business sector leaders, including their “compromiso social,” and not simply repeat a public health argument for addressing HIV**.

The **less-than-optimal involvement of civil society** was mentioned routinely by respondents in all countries, noting that in the HIV arena, civil society still is weak and divided, with no common goal or

unified voice, and unwilling to form the powerful networks that have worked so well in reproductive health policy, for instance. With the exception of Belize, where civil society is still nascent in the HIV field, informants noted that many of the original leaders have moved from civil society to government or international posts. Early efforts by civil society centered on making ARVs available. Now that governments in the region are providing treatment, HIV is no longer a “life or death” issue and advocacy based on activism has decreased. The need now is for new leadership/approaches coming from a **professionalization of civil society** based on strategic and long-term planning.

The new generation of advocates was described as less professional, less educated and less skilled, some representing highly marginalized key populations like transgender women and sex workers. A common critique in the interviews was that these **new leaders lack the leadership and other skills to make a real impact in the policy arena**. While many have received basic advocacy training, for example, they need more advanced skills building that will allow them to work effectively with high-level policymakers. Affected groups need to know how to advocate for their rights (and in some cases be educated as to what their rights are). Many do not know how to approach decision makers, what arguments to use, or how to dress or speak appropriately at meetings. During the interviews, informants often described civil society as complacent relative to their predecessors, in need of leadership skills, and distracted by the effort to sustain or expand their NGOs.

Factors Positively Influencing the Implementation of Current Policy

Several factors were identified by informants as having positively influenced policy implementation during the last five years in the region. The **presence of high-ranking policy champions** in recent years, such as the former president and current minister of health in El Salvador, had raised the profile of HIV and helped to frame it as a development problem, not just a disease to be managed. The important, positive role that PASCA and USAID have played in bringing together different actors was noted frequently during the interviews, with particular reference to **USAID/PASCA’s contributions** in convening, consensus-building and keeping the dialogue going on HIV policy. One particularly grateful informant said, “*Gracias a Dios por USAID.*” Other informants pointed to the positive role that the **Partnership Framework** played, by increasing the focus on strategic approaches and accountability. Many respondents pointed to the important contribution the **MEGAS (NASAs)**¹⁴ exercise had in the region, as it had provided critical evidence on how funds were being spent currently, compared to where they would likely have the biggest impact on the epidemic.

Constraints to the Implementation of Current Policy

Most informants saw **stigma and discrimination** as a huge issue in the region and described it as the # 1 problem and/or barrier to implementation of HIV policy in their countries. Some were even more specific, stating: “If you don’t work with them [stigmatized populations], you are wasting your money,”

¹⁴ According to WHO, “The National AIDS Spending Assessment (NASA) resource tracking methodology is designed to describe the financial flows and expenditures using the same categories as the globally estimated resource needs. This alignment was conducted in order to provide necessary information on the financial gap between resources available and resources needed, and in order to promote the harmonization of different policy tools frequently used in the AIDS field.” From http://www.who.int/nha/developments/nasa_classifications/en/index.html, accessed October 18, 2012

and “Addressing stigma and discrimination and the human rights of affected groups is a necessary condition to advance in all the other areas.” Stigma and discrimination was reported to be affecting the response to HIV in different arenas.

- **Discriminatory health services** (outside of specialized HIV clinics) reduce the demand for services. In Belize, one informant reported that HIV-positive parents fear discriminatory behavior from clinic personnel, so they wait until their baby is very sick before coming to the clinic to have the baby tested for HIV and treated.
- Many **key populations are invisible** and want to stay that way --a finding that was consistently reported throughout the countries. **Internal (or felt) stigma** reduces their advocacy and activism, including about violence they may experience that increases their risk of HIV.
- Reflecting widespread animosity toward sexual diversity, HIV and other **policies do not adequately address LGBT, human rights violations, and GBV** against transgender women and MSM.

Several informants mentioned that more **work with mass media** was needed in order to address stigma and discrimination in the region, and pointed to this as an opportunity for a public-private partnership. They stressed that machismo, homophobia, and transphobia are strongly held attitudes in the general population, making stigma a formidable barrier to dealing effectively with HIV/AIDS. In Panama, a key informant said that the media manipulates MARPS and makes them look ridiculous (“los ridiculiza”), proposing that more work needs to be done to sensitize journalists and educate key populations about how to use the media more effectively.

Other constraints identified by respondents included a **shortage of persons with monitoring and evaluation** skills in most countries. Similarly, there is very little monitoring of HIV policy implementation by civil society, which is divided among itself and competing for project funds from donors and governments. The **lack of political will** to address HIV in a comprehensive manner was explained as a reflection of cultural attitudes in the general population. Informants pointed out that there are deeply held cultural attitudes in the general population against homosexuality as well as a persistent popular belief that HIV is punishment for a “deviant” life style. Public figures are reluctant to go against public opinion on the issue and fear being perceived as gay themselves if they speak out. In Guatemala, respondents reported that although technical staff from the Ministry of Finance and Congress are supportive of efforts to address HIV, the top-level leaders in these organizations are not openly advocating for progress on HIV. A related constraint was identified as not enough public sector funding for HIV programs, and the inefficient allocation of funds. Financing of programs does not generally follow the evidence on the epidemic, but rather is swayed by political imperatives. As a result, all countries reported **inadequate funding for work with key populations**.

Respondents also talked about the **dual nature of acceptance of sexual diversity** in the region as a constraint to implementation. They reported that people tend to publicly reject the idea of sexual diversity, bowing to what they perceive is the norm or expected attitude, but in private, they often are very accepting of loved ones who are gay or MSM. Informants noted that this private acceptance, however, does not generally extend to transgender people. For their part, and quite publicly in many cases, **socially conservative Ministers of Education** in the region constrain advances on implementing comprehensive sexual education that discusses sexual diversity.

Concerns about the validity of the evidence on HIV prevalence among different populations were raised by a variety of informants in multiple countries. MSM advocates and others pointed to the **widespread testing of pregnant woman** in Central American countries. They raised the possibility that the “feminization of the epidemic” is not as pronounced as women’s advocates would have everyone believe. Instead, the decreases in the male-female ratio for new infections may reflect the skewed application of testing toward woman, while key populations including transgender women, sex workers and MSM go largely untested. As a result, respondents said, the **data may be overstating the degree to which HIV affects women relative to MSM** and others. Until this question is answered systematically, the debate will continue to divide women’s advocates and MSM and transgender advocates, pitting them against each other and diluting their ability to be part of an effective response to HIV in their countries.

Two final constraints were identified in the interviews. **Access to services is available in most countries for those who know their HIV status**; but many people living with HIV do not know their status and are unlikely to go for testing or other services. **Complacency** was noted as a major concern for the successful implementation of HIV policy. Old civil society activists are tired from years of advocacy; they achieved universal access to medications, and now they are more interested in resting than in tackling the complex issues that continue to drive the epidemic’s spread. Governments are providing universal access, consider that to be sufficient, and are not eager to obligate more resources to HIV when they have more pressing issues, like chronic disease, to address. Lastly, the younger generation of leaders representing key populations lacks the sense of urgency that drove their predecessors to learn how to excel at policy dialogue and policy advocacy.

Links with Health System Strengthening(HSS) and Strategic Information

Health sector reform in the region was identified as an important opportunity to advance HIV policy, to ensure its operationalization at the decentralized level. Key informants in Honduras, in particular, raised the issue of health sector reform. In other countries, respondent comments related to HSS focused more on the limited access to HIV-related services outside of the capitol city, low awareness at the subnational level of national laws and policies, and the **lack of implementation guidance for subnational** authorities charged with implementing national policy. Others mentioned the need for *vigilancia* (citizen monitoring) and sharing of successful approaches at national and subnational levels.

Respondents rarely commented directly on the topic of strategic information, but many pointed out that national and subnational level **decisionmaking often is driven by political imperatives rather than epidemiological data**. They pointed to the need for increased local capacity to use and analyze data. A common theme across countries was the burden of multiple indicator data collection exercises, some of which are required for donors and others for national purposes. Respondents noted that such indicator exercises need to be streamlined and more strategic, to reduce the reporting burden on poorly resourced public sector and civil society organizations. A regional expert noted that data from studies conducted by CDC in the region are not available to local decisionmakers in a timely way because they first must go through a lengthy review process in Atlanta. It would be beneficial for the region for this data to get to the to end users more quickly, with results disseminated back to the populations that were studied, along with suggestions of how to use the information appropriately.

Sustainability and Collaboration

A common theme from key informants across the region was the “**culture of dependency**” on donor funding, especially for prevention programs. Some respondents noted that governments seem comfortable with donor’s help on prevention programs but they are slow to bring their own funds to this work, even seeming disinterested in the topic. Many reported a **lack of awareness and planning for expected Global Fund phase-out** or funding prevention activities in future, and no recognition that **prevention is needed now to keep treatment costs down in the future**. Respondents reported that country governments do not seem to be assuming ownership of the full range of programming (prevention, BCC, non-routine data collection), even though this is a necessary step for sustainability of the response to HIV. Instead, they have focused on providing universal access to treatment (and on testing for pregnant women), but without what many informants consider a sustainable plan to continue providing it in the future.

Stock-outs of ARVs and supplies for CD-4 were identified as a problem in most countries –most prominently in Panama —attributable to **poor systems management, planning and procurement processes and a lack of budget**. Medical personnel talked about the detrimental effects on adherence, resistance, and viral load and the implications for a spike in new infections. Implicit in the concern about resistance is the potential high cost of needing to go to second or even third line drugs which cost considerably more than first-line ones, and particularly in Panama where several informants mentioned the already high cost the government is paying for medications. Activists criticized governments for touting ‘universal access’ and not providing it, and blamed a lack of political will. One informant in Panama saw the stock-out as a result of stigma and discrimination against the most-affected populations, citing a lack of commitment on the part of officials who “don’t care whether they (KPs) get their medications or not.” Other factors mentioned included long bureaucratic processes, corruption, and pharmaceutical special interests. Respondents pointed to the **inflated prices often paid for medicines**, blamed on last minute ordering, such that less money was available for other public sector HIV services and programs. Others indicated corruption and less-than-transparent procurement processes. While Central American countries are negotiating prices for ARVs as a block, they often order separately, increasing the final price paid. These problems were identified as causes for concern about whether country governments can truly provide universal access over the long-term, particularly when they have to pay for other programs currently covered by donor funds.

With the exception of El Salvador, where collaboration between the public sector and civil society was reported as a model for the region, most countries reported the need to improve collaboration between these two sectors. Respondents identified **weak public-civil society collaboration** as a barrier to more effective implementation of policies: while the public sector and civil society each have reasonably good levels of collaboration with donors and their implementing partners, they do not work with each other as well. They suggested that donors, including USAID, are in a position to help build this bridge: to strengthen the working relationship between the public sector and civil society organizations.

Recognizing that USAID funds will not be around forever, several informants stressed the **need to transfer the technical expertise of PASCA country teams to local actors/institutions** (e.g., universities, NGOs, public sector technical staff) as part of sustainability planning. PASCA is given a lot of credit for

driving policy change, and informants want to see country counterparts assume the PASCA role now, in advance of any phase-out of assistance.

Regional Model for USAID's Assistance on HIV Policy

About half of respondents commented on the use of a regional platform for USAID's assistance on HIV policy in Central America (i.e., PASCA). They discussed the **value-added of the regional model**, especially for working with the business sector as businesses like to exchange ideas and best practices with others in the region ("strength in numbers" and a healthy sense of competition). They also highlighted the value of the MEGAS (National AIDS Spending Assessment) exercise at the regional level, which allowed countries to measure themselves relative to their neighbors. Several respondents acknowledged the **economies of scale** that a regional platform offered to USAID, freeing up more resources for programs in the field. Some noted their country was open to horizontal cooperation and sharing and adopting successful experiences across countries (Panama for example), while others mentioned El Salvador as a model in the region for social inclusion, respect for sexual diversity and attention to transgender women and HIV. The regional platform was recognized as providing opportunities for such **cross-country sharing of best practices**.

Informants often remarked, however, that they **want to be able to pick and choose from a "menu"** rather than implementing a full set of results in a regional platform. They expressed a preference to focus on one or two key areas, going deeper in those areas and really making a difference. They noted that the program cannot be the same for all countries, that the response and needs vary according to the country context. As one respondent said, "**One size does not fit all.**" Informants did not seem to know that the current project has flexibility to tailor its technical assistance to country needs. Rather, as some informants said, they accept what is proposed by PASCA, even if they do not think it is the priority, because they perceive it as a prerequisite for receiving any support. A commonly heard remark was that PASCA is "**spread too thin,**" or "doing too much with limited resources." Key informants want to see the project continue as long as possible, but with a more **streamlined focus and concentrating** its efforts on what will have the most impact.

In both Belize and Costa Rica, several key informants commented that PASCA's approach, and donor aid in the region in general, does not fit the needs of the country, that they have other needs. For example, respondents in Belize pointed out that, in contrast to other Central American countries, Belize has very basic needs, like obtaining viral load tests, creating a culture of an engaged, independent civil society and addressing levels of homophobia comparable to those seen in the Caribbean. As one respondent noted, "Central America is ahead of Belize! We lack the data for models, so we can't do the same modeling exercises. We need a different program of activities."¹⁵ In Costa Rica, respondents felt that because they receive so little donor support, that they have different needs than other countries, particularly with regards to technical support and capacity building. In particular, several respondents mentioned building capacity for monitoring, evaluation and information systems, noting that "no vamos a poder avanzar en la toma de decisiones o en planificación estratégica sin tener información buena". These comments were

¹⁵ A dissenting voice in Belize saw the differences as a good thing: "Being part of the regional program is very helpful on LGBT issues, because Central America is so far ahead that it gives support to LGBT advocates here in Belize."

not universally stated by all informants in the two countries, but they were repeated enough that they warrant reporting here.

PEPFAR Partnership Model

There were divided opinions regarding the Partnership Framework (PF). While some said that it imposed another layer of reporting and bureaucracy and did not recognize the strength of national strategic plans already in place, others commented that the PF **provided space for dialogue** among donors on gaps and contributed to **better integration of effort, particularly across USG agencies**. Some informants said that the PF served to make each country more aware of its responsibilities in HIV and to increase the clarity and focus of efforts and the use of strategic information. Respondents gave credit to the PF for being systematic and logical but did not think it has had much impact at the operational level.

Although only about one-fourth of all respondents commented on the PF at all, several discussed the “**Sign and Forget Syndrome**,” where a government minister or official signed the PF in order to access USG funds, but then promptly forgot about it. Similarly, the PF often is considered “someone else’s commitment,” having been signed by a previous minister or official who has since left office. Key informants believed that both of these problems reflected what they perceived as a **lack of investment by PEPFAR in building a sustained relationship** with the PF counterparts. More than one person remarked that PEPFAR officials made a big “show” at the signing of the framework, and then appeared again only once a year to ask for the indicators they need to report to Washington. The final set of generally observed comments on the PF related to indicators. Key informants considered the PF indicator exercise to be extra work, duplicative of the country’s own indicator exercises, and reflecting a **lack of respect** by PEPFAR for the country’s own strategic plans. Respondents did not believe the PF had increased countries’ sense of ownership of the programs funded by PEPFAR in the region.

IV. GAPS IN POLICY FRAMEWORK AND RESPONSE

Respondents identified several areas where the current policy framework and response is inadequately addressing the epidemic. These gaps are categorized according to the three components of the policy environment: Structure, Implementation and Participation.

What? Structure

Human rights: Current laws and policies in many countries in the region are not clear or explicit about the basic human rights that apply to key populations, like LGBT and sex workers. The population in general in these countries often is not sensitized to the fact that LGBT and sex workers should enjoy basic human rights that must be respected. Key populations themselves may be unaware of their rights or not empowered to demand them. The situation is exacerbated for transgender women, for whom the lack of gender identity laws makes them vulnerable to abuse and severely limits their access to employment and education.

Youth: There are high rates of risky sex behaviors and pregnancy in adolescents, many of whom also have HIV and/or other STIs, and are victims of abuse. Key informants noted that little work, in the policy

arena or anywhere else, is being done to address HIV among youth. Yet, they pointed out that the rate of HIV infection in this group is trending upward in the region: “We see more and more young people getting HIV.” Rates of HIV are estimated to be highest among transgender youth, who are the most vulnerable to physical and sexual violence and other forms of abuse. Respondents across the region highlighted the dismal situation of transgender youth, who routinely are thrown out of school & their family home at an early age, have few opportunities for employment other than sex work, and typically live in poverty. Although legally they are minors (children), government programs do not afford them protected status, at least in practice, and they are not able to access government support that might be available to other homeless children. Informants also pointed to a gap in programs aimed at changing attitudes among youth about acceptance/inclusion, stigma and discrimination, gender norms and risk reduction in sexual behavior.

Gender-based Violence: Low levels of awareness and scarce data about the link between GBV and HIV mean that current policy frameworks pay little or no attention to this issue. Informants across the region reported a general lack of recognition of GBV against MSM and transgender women, in spite of high-level attention to violence against women. GBV is largely seen as a women’s issue in the region, where violence against women was described as “frequent.” Women are at risk of violence from their husbands or partners; the risk is particularly high for HIV+ women and for female sex workers. Female sex workers and transgender women are at high risk of abuse from police as well. Gender-based violence among transgender women in the region is a daily experience, rarely reported and even more rarely prosecuted. It is considered to be a significant factor driving the high rates of HIV among transgender women, with perhaps 1 in 4 infected in the region. Transgender women in prisons face horrendous abuse, no access to condoms to protect themselves, and little recourse to justice. Protocols for post-exposure prophylaxis are not well-disseminated, and there frequently is poor or no access to PEP for LGBT and prison inmates who are victims of sexual violence. Informants pointed out that an effective response to GBV and HIV must include the police and military, as first-line responders and often perpetrators, in addition to the judiciary and prison systems.

Underserved Minorities: New cases of HIV are being diagnosed in populations which have been traditionally considered of low risk, such as the handicapped, senior citizens, and certain indigenous groups with limited access to services (in the words of one expert: “Tardó 20 años, pero la epidemia ya está llegando a ellos.” Informants noted that it is important to find mechanisms to reach out to these groups with HIV information and prevention messages. Additionally, prison inmates were identified across the region as being at special risk for HIV and having few or no protections under the law or in practice.

How? Implementation

Creating political will: Considering the lack of political will to implement HIV policy in the region, many informants mentioned the need to work on sensitizing or raising the consciousness (*sensibilización*) of public officials. In general, health ministers and officials are sensitized, but leaders in other sectors are not and tend to dismiss HIV as a “health problem.” Even among health leaders, however, advocates for HIV need to make more effective arguments about why HIV should get attention and resources when other health priorities are pressing in the region (e.g., high rates of diabetes and blood pressure in Belize and elsewhere). While policymakers may express their support for HIV, it does not always translate into

funding (“*la voluntad es superficial*”). Efforts to foster political will on HIV have to be constant since public officials and governments change regularly. Respondents regarded sensitization of key decisionmakers, particularly outside of the health sector, as a necessary step to obtain funding to implement the multisectoral national strategic plans on HIV.

Citizen monitoring (*vigilancia de implementación*): Policy implementation is influenced to a great degree by how effective the champions for that policy are at holding the government accountable for what it has promised in the policy. Informants across the region pointed to the lack of citizen monitoring – a lack of holding governments to their promises – and identified it as a problem for implementation of current policy. Some attributed this to poor levels of knowledge and dissemination of HIV-related policy, outside of the key actors in the field of HIV.

Who? Participation

Multisectoral engagement and collaboration: The lack of a sufficiently strong country authority on HIV/AIDS -one that can coordinate donors’ efforts and obtain the participation of the full range of non-health sector actors needed to implement the national strategic plan- was identified across the region as the principal gap related to participation. Informants pointed out that while national AIDS commissions exist and have multisectoral representation, in practice, these bodies are health-focused and the other sectors do not feel responsible for HIV. Strengthening the skills and authority of the national AIDS commissions (NAC, CONASIDA) remains a large gap in the response.

V. RECOMMENDATIONS

The assessment yielded a clear set of recommendations to USAID as it designs the next stage of HIV policy assistance in the region. The recommendations are grouped according to areas in need of continued support, new priorities for support and possible new partners to consider in the next phase of USAID’s assistance in HIV policy in the region. The recommendations flow from the discussion of the current policy environment and gaps presented in Sections III and IV and, as such, are presented in bullet form. The supporting arguments for each can be found in the previous sections.

Areas in Need of Continued Support

1. Updating and alignment of laws and policies to address PLWH, LGBT, GBV and human rights, in HIV-specific as well as national policies
2. Advanced training and *acompañamiento* on advocacy and policy dialogue for civil society and public sector organizations, including efforts to foster a bottom-up (community-based) response
3. Sensitizing public officials in non-health sectors, reframing HIV as a development issue and highlighting its relevance to each sector. These efforts should include taking advantage of international conferences of the PAHO/WHO, OAS, IDB and others, that offer opportunities for discussion and agreements on HIV policy with leaders outside of the health sector.
4. Skills building on M&E for the public sector, recognizing that a small number of M&E experts in each country are stretched very thin across all sectors.

5. Data Demand & Use (DDU) capacity building and related issues, including (a) matching data to decisionmakers - linking data and decisions and understanding why data-based decisions are important, (b) skills building on how to present data well, so decisionmakers can easily digest it and see its relevance to their particular area of concern, and (c) faster approval and dissemination of CDC-funded studies in the region, such that the data gets to end users more quickly and the results disseminated back to the populations that were studied with suggestions of how to use the information appropriately.

New Priorities for Policy Work

1. Leadership building, including strengthening the national authority in countries to coordinate a multisectoral response (CONASIDA, NAC) and the leadership skills of the next generation of civil society actors
2. Citizen monitoring/*vigilancia* of policy implementation and human rights violations, including sustained training on human rights for MARPs and working more closely with ombudsmen and other existing institutions (like the reproductive health observatories in some countries)
3. Helping countries prepare for donor phase-out, including how to fund prevention programs for key populations; sustaining funding of HIV programs even while chronic diseases like diabetes and high blood pressure gain more attention and compete for funds; and strengthening host country skills and commitment to strengthening the policy environment
4. Systems management and procurement processes for ARVs, tests and other medical supplies

Potential New Partners

1. Youth organizations and ministries
2. Police and prison management organizations, Ministry of Governance
3. Human Rights Commissions (*Procuraduria de DDHH*), Ministries of Justice
4. Congressional leaders, especially to address human rights
5. Business executives, owners and corporate boards, to go beyond human resource directors to those leaders who decide the direction companies will take on issues like HIV
6. Organizations working with underserved populations like specific minorities and senior citizens – including indigenous populations, where, as one donor noted, “*Tardó 20 años, pero la epidemia ya está llegando a ellos.*”

VI. INNOVATIVE APPROACHES TO CONSIDER

Workplace wellness movement: A proven way of involving the private business sector is to engage them on issues that impact their bottom line: the productivity of their labor force and work days lost to illness or poor health. The global “workplace wellness” movement has taken root in Latin America in recent years and has proven a less controversial way of addressing reproductive health and HIV prevention and treatment in the workplace than standalone efforts on HIV workplace programs. For one example, see the write-up on the Mexico Workplace Wellness Council, at <http://alliance.weforum.org/Case-Studies/case-study-council.htm>. Also see the article, “Empresas Saludablemente Responsables,” published in *Expansión*, 9-22 de Julio, 2012 (www.cnnexpansion.com.mx).

Contraceptive security in LAC: The LAC contraceptive security regional initiative, funded by USAID for the last decade, supported an array of promising practices that can help to guide the secure procurement of HIV medicines and gender-aware services in LAC. As country partners confront the reality of the end of Global Fund money for HIV work in the region and the likely scenario that several governments will not pick up the gap in funding for HIV prevention programs with MARPs, a transitional strategy is needed. Several countries are already experiencing stock-outs of antiretrovirals (ARVs) and have much to learn from how family planning transitioned from donor funds to being self-sufficient. Because HIV prevention in the LAC is focused on MARPs, it is laden with gender norms and gender-based stigma and discrimination, and as such, is subject to political winds and decisions based on something other than the evidence. Promising practices to look at in contraceptive security in the region include a USAID-supported pilot intervention in the Dominican Republic to engage civil society in advocacy for women’s health, including gender equity as a principal goal, while in Guatemala, USAID co-funded efforts to create civil society-academia-congressional partnerships in the form of “observatories” (the OSARs, <http://www.osarguatemala.org/>) to monitor implementation of laws, policies and budget allocations related to family planning and secure supplies of contraception in the face of stiff opposition to family planning from conservative political and religious leaders. [Excerpted from: Giannoni, Tonya, N. Diamond, M. Kincaid and D. Lallement. 2012. USAID Regional LAC Regional Sustainable Development Office Gender Assessment. Washington: DevTech Systems]

Private sector expertise: During the interviews for this assessment, a respondent suggested that governments and their partners involve the private business sector in two activities where the business sector has significant expertise: negotiating ARV prices and identifying ways to improve procurement systems. While the team did not find any examples of this kind of collaboration, it warrants further investigation, as a very promising approach. It also would respond directly to comments from private sector key informants who stressed that the private sector is not being fully utilized in the response to HIV in the region, and that they would like to do more.

National sustainability or “graduation” plans: As USAID phased out family planning programs in the LAC region during the 1990s and 2000s, including social marketing of contraceptives, it used a “graduation plan” approach to help countries prepare during the transition. An important lesson from the family planning experience is that all parties must be fully engaged in the design of the plan, and take ownership of the plan including benchmarks for progress, or the plan will be quickly forgotten and not useful to those intended to benefit from it.

Citizen monitoring approaches: USAID supported the development and testing of an approach to engage citizens in monitoring the quality of health services for HIV in Mali and Vietnam. The approach built on earlier models such as the Multisectoral Citizens Groups (MCGs) in Mexico (multisectoral coordination bodies at the decentralized (state) level that advocated for HIV budgets at the state level); reproductive health and rights monitoring programs in Peru; and Guatemala's engagement of citizen groups in monitoring the implementation of the peace accords and then of family planning laws (the OSARs). For more details, see: http://futuresgroup.com/newsroom/news/futures_group_world_aids_day_2010_special_publication and http://pdf.usaid.gov/pdf_docs/PDACS820.pdf

Involvement of public figures: Political, business and religious leaders as well as celebrities and sports figures in various countries have been involved in national testing days for HIV and other public campaigns to raise awareness of HIV and to reduce HIV-related stigma (South Africa, Swaziland, Botswana). Similar approaches have been used to raise awareness about gender-based violence and violence against women (e.g., the subway photo campaign showing models and celebrities with bruised faces in Mexico and the USA). Such high-profile campaigns are useful to give short-term boosts to complement sustained education and awareness raising programs (e.g., the huge spike in calls to the National AIDS Hotline in the USA when basketball player Magic Johnson publicly announced he was HIV positive). See for example: <http://www.aidshealth.org/archives/news/partners-hope-to-make-hiv> and http://opim.wharton.upenn.edu/risk/library/WP2012-02_RiskCtr_YouthAIDS-PSI.pdf

Data use and demand (DDU) approaches: The many lessons learned from the USAID Measure Evaluation Project, among other USAID-funded interventions, point to the value of DDU approaches to influence policymakers and promote evidence-based decisionmaking. For details on these approaches, see <http://www.cpc.unc.edu/measure/tools/data-demand-use>.

Regional events provide an opportunity for stakeholders to share best practices within and across sectors and allow for South-to South exchanges on country ownership and sustainability. Key informants in the assessment frequently pointed the valuable exchanges and positive outcomes stemming from the private business sector forums that PASCA has organized in recent years.

Country	Law	National Policy ¹⁶	Strategic and Operational Plans
Belize	none	National HIV/AIDS Policy. Belize 2006	Getting to Zero. Belize HIV Strategic Plan 2012 - 2016. and Getting to Zero. Belize HIV Operational Plan 2012 - 2014.
Costa Rica	Ley General Sobre el VIH/SIDA (29 de abril de 1998)	Política Nacional de VIH y Sida. Costa Rica, 2007	Plan Estratégico Nacional de VIH. 2011-2015
El Salvador	Ley y Reglamento de Prevención y Control de la Infección Provocada por le Virus de Inmunodeficiencia Humana (23 Noviembre 2001)	Política de Atención Integral a la epidemia de VIH/Sida. El Salvador, 2007	Plan Estratégico Nacional Multisectorial de la respuesta al VIH-Sida e ITS (2011-2015)
Guatemala	Ley General para el combate del VIH y SIDA y la Promoción, Protección y Defensa de los Derechos (26 junio 2000)	Política pública 638-2005. Respeto de la Prevención a las infecciones de transmisión sexual –ITS- y a la respuesta a la epidemia del síndrome de inmunodeficiencia adquirida –sida-. Guatemala 2005	Plan Estratégico Nacional 2011 - 2015 para la prevención, atención y control de ITS, VIH y Sida. Guatemala, junio 2011.
Honduras	Ley Especial Sobre VIH/SIDA (30 septiembre 1999)	none	Plan Estratégico Nacional: Honduras (2008-2012)
Nicaragua	Ley de Promoción, Protección y Defensa de los Derechos Humanos ante el SIDA (14 octubre 1996)	Política Nacional de Prevención y Control de ITS, VIH y Sida. Nicaragua, 2006	Planes Estratégicos Nacionales: Nicaragua (2006 - 2010)
Panama	Ley SIDA Panama Ley Promocion, Protection y Defensa de los Derechos Humanos ante el SIDA (5 enero 2000)	Política Pública Nacional sobre VIH y Sida. Panamá 2008	Plan Estratégico Multisectorial (2006-2010) (approved in 2007)

¹⁶ <http://www.pasca.org/content/pol%C3%ADC2%ADticas-nacionales-y-sectoriales>

In order to gather the information required to meet the objectives of the assessment, Iris Group used a combination of document review and key informant interviews with stakeholders throughout the region.

Document Review: The team reviewed publicly available documents related to the PASCA project, including work plans, annual reports and results reporting. Country-level government strategies on HIV, documents related to the Global Fund, the USG Partnership Framework for Central America, and donor and foundation publications and reports related to HIV and policy were also reviewed. The document review informed the interview process in each country, as well as the analysis stage and identification of recommendations. See Annex H for a full list of documents consulted during the assessment.

Key Informant Interviews: The team conducted a total of 101 interviews in seven countries (40 men, 61 women; averaging 12 interviews per country) with representation from four key sectors: public, civil society, private/business and donors. Non-health sector key informants in the public sector included Ministries of Labor, Family, Education, Social Development, Social Inclusion, Gender, and Human Rights Defender's Offices. Civil society key informants were drawn from advocacy and service delivery organizations, organizations representing key populations and organizations of persons living with HIV. Private sector representatives were identified from among those firms currently collaborating with PASCA on HIV business councils, workplace initiatives or similar expressions of interest in HIV and businesses. Donors included UNAIDS, other multilateral and bilateral donor agencies and large foundations active in the region on HIV issues. Iris Group reviewed lists of key stakeholders that USAID compiled, as well as received suggestions from the PASCA team, and vetted the proposed list of key informants with USAID before commencing the interviews. Iris Group sent out requests for interviews by email, attaching a letter of introduction from USAID/Guatemala in order to improve the odds of obtaining a positive response to the request for an interview.

The team followed interview guides to ensure consistency in the type of information gathered across countries, allowing for cross-country comparisons and aggregation if warranted and appropriate. The wording of the interview guides was tailored to each sector, but all sought to answer the three main research questions of the assessment:

1. What is the current policy environment and current response to HIV/AIDS in Central America?
2. What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?
3. In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where should the USG program on HIV in the region invest its resources on HIV policy during the 2013-2018 period?

The interview guides relied on open-ended questions to facilitate thoughtful dialogue during the interviews. The guide used with public sector and international cooperation agencies (donors and implementing partners) was tailored for use with civil society organizations and again for use with private sector informants. For the full versions of each interview guide, see Annex C .

Interviewers took notes throughout the interviews and, if the informant signed a consent form agreeing to it, their interview was recorded in order to be able to cross-check information and identify illustrative quotes during the analysis phase. In-person interviews were conducted in Guatemala (#), Panama (#), Honduras (#) and El Salvador (#), while phone or Skype call interviews were conducted with key informants in Belize (12), Costa Rica (#), Nicaragua (#) and the US (#). All of the interview tapes and notes were kept confidential, as outlined in the research protocol. The consent form is attached as Annex D.

Data analysis – Upon completion of the interviews, the team used manual qualitative coding methods to code the interview notes vis-à-vis the key research questions, and review the results to identify and categorize common themes. As part of the analysis, the team identified and prioritized the factors that facilitated improvements in the HIV policy arena in the region during the last five years, as well as any gaps in the policy response. In addition, the team identified barriers to implementing policy activities in the region and in individual countries. The analysis of findings guided the formation of recommendations for future work. Summary tables of the findings, with supporting illustrative quotes (identified only by category of respondent), are contained in Annex E.

Presentation of findings – The assessment team prepared a PowerPoint presentation detailing the findings of the assessment and recommendations in order to facilitate a discussion to validate the findings and recommendations prior to submitting the draft assessment. The team leader and senior consultant delivered the presentation in-person at a briefing for the USAID/Central America Region health team in Guatemala City on October 4, 2012.

Final Report – The report of the assessment, in English, was submitted in draft to USAID for review during October 2012, revised and then submitted in final. An executive summary of the report was prepared in Spanish for distribution by USAID to country stakeholders.

Annex B: Methodology

Week	Dates	Tasks
1	July 30-Aug 3	-Prepare and submit workplan, timeline and team composition
2	Aug 6-10	-USAID review of deliverables -Prepare list of key informants -Gather documents for review -Country clearance requests
3	Aug 13-17	-Document collection -Preparation of key informant interview guides and stakeholder meeting discussion guides -Logistical arrangements for country visits (request meetings, travel arrangements)
4	Aug 20-24	-Document review -Preparation of key informant interview guides and stakeholder meeting discussion guides -Logistical arrangements for country visits (request meetings, travel arrangements)
5	Aug 27-31	-Document review -Logistical arrangements for country visits (request meetings, travel arrangements)
6	Sep 3-7	-TDY to Guatemala (Kincaid, Fortune-Greeley, Alvey) for in-briefing with Mission and key informant/stakeholder meetings
7	Sep 10-14	-TDYs to Panama (Alvey), Honduras (Fortune-Greeley) and El Salvador (Kincaid) for key informant/stakeholder meetings
8	Sep 17-21	-Skype interviews (Kincaid and Fortune-Greeley) with stakeholders in Belize, Nicaragua and Costa Rica -Systemization and analysis of interview data -Submit outline of final report to USAID, with table of contents, initial findings and challenges and opportunities
9	Sep 24-28	-Analysis and report writing -Preparation of presentation
10	Oct 1-5	-TDY to Guatemala (Kincaid) to present and validate findings with USG PEPFAR team and other stakeholders as requested by USAID -Submit draft report to USAID on October 5
11	Oct 8-12	-USAID review of draft report
12	Oct 15-31	-Receive USAID comments and revise draft accordingly -Submit final report to USAID on October 31

INTERVIEW GUIDE - PUBLIC SECTOR AND DONORS/CAs

Policy Assessment of HIV/AIDS in Central America

Informant's Name: _____

Title: _____

Organization/Country: _____

Date: _____

Consent granted to tape record the interview? ___yes ___ no

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*Briefly summarize the objectives of the assessment as follows:*

*USAID's Regional Program for Central America has contracted us to conduct an assessment of the policy environment and response to HIV/AIDS in the region. The results of the assessment will help shape the next USG strategy for assistance in the region on HIV policy. Specifically, we are interested in the following three questions (which are laid out in the email request for the interview):*

- 1. What is the current policy environment and policy response to HIV/AIDS in Central America?*
- 2. What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?*
- 3. In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where can the USG program on HIV in the region most effectively invest its resources on HIV policy during the 2013-2018 period?*

*Explain that this is not an evaluation of current programming, but rather an exercise to collect information about the current situation and identify recommendations for future interventions.*

*Note that they have been selected for the interview because they are recognized as a thought leader and stakeholder in the field of HIV in the region. Emphasize that we very much appreciate their participation in the assessment, and we ask that they speak frankly about their observations and opinions.*

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Part A: What is the current policy environment and policy response to HIV/AIDS in Central America?

1. (a) Has current policy -laws, national policies/plans, institutional policies- been effective in guiding the response to the HIV epidemic in the region? In your country? In other words, has it been implemented and with the intended consequences? How so?
- (b) Has it adequately addressed key HIV-related issues such as stigma and discrimination, gender inequality, LGBT rights, GBV, key populations and prevention? To what extent and how? *Use the table below to prompt/guide the discussion across categories of policy/associated factors, and the key issues*

To what extent are the issues addressed in each category: rank as **High/Med/Low, none**

Key Issue / Category	S&D	Gender	LGBT	GBV	Key pops	Prevention	HSS, Cap Bldg
Laws, constitution							
Nat'l policy or plans							
Norms, instit. policies							
Indicators, M&E							
Budget line, \$ allocated							
Political will							
Internal champions (govt)							
External champions (NGO, private sector, donors)							

2. To what extent were the objectives of existing HIV-related policies achieved over the last 5 years? Are these advances sustainable? *Prompt for details.*
3. What were the main factors affecting the implementation of the policies? These might include something specific to an official policy/law (e.g., language, enforcement mechanism, specificity of the policy) and/or politically significant factors (change in leadership, skills of leadership, policy champions, internal or external advocates, changing socioeconomic or other conditions).
4. Are there any particular obstacles or constraints (barriers to implementation of policy) affecting the outcome of HIV policy work in the region/country? Would it be appropriate/effective for USG assistance to help remove these obstacles or constraints (barriers to implementation of policy)?

5. How do donors and donor-funded projects coordinate their assistance to avoid duplication of efforts? Is there a donor coordinating mechanism at the country level? Does it meet regularly? Is it effective? Is it sustainable?
6. Are all sectors – public, private, civil society and donors - working together effectively to implement HIV-related policy? Is the collaboration sustainable? Are there any areas where collaboration could be improved?

Part B: What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?

7. Are there any gaps in the policy environment? Do policies adequately address stigma and discrimination related to HIV? (*use table from Question 1 above to prompt discussion as needed*) LGBT rights? GBV? Gender equality? Prevention among key populations?
8. What would improve the situation/fill the gaps? Can you suggest any new or innovative approaches?
9. Are there any new priorities for HIV-related policy in your country? In the region?
10. Are you aware of any initiatives planned by the government or international organizations/donors to address these gaps?

Part C: In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where should the USG program on HIV in the region invest its resources on HIV policy during the 2013-2018 period?

11. Do you have any recommendations to the USG regional program on HIV about where it can most effectively contribute resources to improve the policy environment over the next few years?
12. Do you consider current USG assistance in the area of HIV policy to be sustainable in your country? In the region? Have the Partnership Framework and the PEPFAR focus on country ownership increased the extent to which USG assistance supports your country's goals in this area?

INTERVIEW GUIDE - CIVIL SOCIETY

Policy Assessment of HIV/AIDS in Central America

Informant's Name: _____

Title: _____

Organization/Country: _____

Date: _____

Consent granted to tape record the interview? ___yes ___ no

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*Briefly summarize the objectives of the assessment as follows:*

*USAID's Regional Program for Central America has contracted us to conduct an assessment of the policy environment and response to HIV/AIDS in the region. The results of the assessment will help shape the next USG strategy for assistance in the region on HIV policy. Specifically, we are interested in the following three questions (which are laid out in the email request for the interview):*

- 1. What is the current policy environment and policy response to HIV/AIDS in Central America?*
- 2. What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?*
- 3. In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where can the USG program on HIV in the region most effectively invest its resources on HIV policy during the 2013-2018 period?*

*Explain that this is not an evaluation of current programming, but rather an exercise to collect information about the current situation and identify recommendations for future interventions.*

*Note that they have been selected for the interview because they are recognized as a thought leader and stakeholder in the field of HIV in the region. Emphasize that we very much appreciate their participation in the assessment, and we ask that they speak frankly about their observations and opinions.*

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Part A: What is the current policy environment and policy response to HIV/AIDS in Central America?

1. (a) Has current policy -laws, national policies/plans, institutional policies- been effective in guiding the response to the HIV epidemic in the region? In your country? In other words, has it been implemented and with the intended consequences? How so?
- (b) Has it adequately addressed key HIV-related issues such as stigma and discrimination, gender inequality, LGBT rights, GBV, key populations and prevention? To what extent and how? *Use the table below to prompt/guide the discussion across categories of policy/associated factors, and the key issues*

To what extent are the issues addressed in each category: rank as **High/Med/Low, none**

Key Issue / Category	S&D	Gender	LGBT	GBV	Key pops	Prevention	HSS, Cap Bldg
Laws, constitution							
Nat'l policy or plans							
Norms, instit. policies							
Indicators, M&E							
Budget line, \$ allocated							
Political will							
Internal champions (govt)							
External champions (NGO, private sector, donors)							

2. What were the main factors affecting the implementation of the policies? These might include something specific to an official policy/law (e.g., language, enforcement mechanism, specificity of the policy) and/or politically significant factors (change in leadership, skills of leadership, policy champions, internal or external advocates, changing socioeconomic or other conditions).
3. Are there any particular obstacles or constraints (barriers to implementation of policy) affecting the outcome of HIV policy work in the region/country? Would it be appropriate/effective for USG assistance to help remove these obstacles or constraints (barriers to implementation of policy)?

4. Are all sectors – public, private, civil society and donors - working together effectively to implement HIV-related policy? Is civil society being fully involved and utilized to address the epidemic? Are there any areas where collaboration could be improved?

Part B: What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?

5. Are there any gaps in the policy environment? Do policies adequately address stigma and discrimination related to HIV? *(use table from Question 1 above to prompt discussion as needed)* LGBT rights? GBV? Gender equality? Prevention among key populations?
6. What would improve the situation/fill the gaps? Can you suggest any new or innovative approaches, particularly related to the role that civil society can play?
7. Are there any new priorities for HIV-related policy in your country? In the region?
8. Are you aware of any initiatives planned by civil society to address these gaps?

Part C: In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where should the USG program on HIV in the region invest its resources on HIV policy during the 2013-2018 period?

9. Do you have any recommendations to the USG regional program on HIV about where it can most effectively contribute resources to improve the policy environment over the next few years?

INTERVIEW GUIDE - PRIVATE SECTOR

Policy Assessment of HIV/AIDS in Central America

Informant's Name: _____

Title: _____

Organization/Country: _____

Date: _____

Consent granted to tape record the interview? ___yes ___ no

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*Briefly summarize the objectives of the assessment as follows:*

*USAID's Regional Program for Central America has contracted us to conduct an assessment of the policy environment and response to HIV/AIDS in the region. The results of the assessment will help shape the next USG strategy for assistance in the region on HIV policy. Specifically, we are interested in the following three questions (which are laid out in the email request for the interview):*

- 1. What is the current policy environment and policy response to HIV/AIDS in Central America?*
- 2. What, if any, gaps exist in the policy environment and response in the region, and what new or innovative approaches could be used to further improve the policy environment?*
- 3. In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where can the USG program on HIV in the region most effectively invest its resources on HIV policy during the 2013-2018 period?*

*Explain that this is not an evaluation of current programming, but rather an exercise to collect information about the current situation and identify recommendations for future interventions.*

*Note that they have been selected for the interview because they are recognized as a thought leader and stakeholder in the field of HIV in the region. Emphasize that we very much appreciate their participation in the assessment, and we ask that they speak frankly about their observations and opinions.*

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Part A: What is the current policy environment and policy response to HIV/AIDS in Central America, particularly as related to workplace programs?

1. (a) Has current policy (laws, national policies/plans, institutional policies) been effective in encouraging a business/workplace response to the HIV epidemic in your country? How so?
(b) Does current policy adequately address key HIV-related issues such as stigma and discrimination, gender inequality, LGBT rights, GBV, key populations and prevention?
2. What were the main factors affecting the implementation of the policies in the private/business sector? These might include something specific to an official policy/law (e.g., language, enforcement mechanism, specificity of the policy) and/or politically significant factors (change in leadership, skills of leadership, policy champions, internal or external advocates, changing socioeconomic or other conditions).
3. Are there any particular obstacles or constraints (barriers to implementation of policy) to implementing workplace-based programs/policies related to HIV in the region/country? Would it be appropriate/effective for USG assistance to help remove these obstacles or constraints (barriers to implementation of policy)?
4. Are all sectors – public, private, civil society and donors - working together effectively to implement HIV-related policy? Is the private sector being fully utilized to help respond to the epidemic? Are there any areas where collaboration could be improved?

Part B: What, if any, gaps exist in the policy environment and response in the region as regards the private/business sector, and what new or innovative approaches could be used to further improve the policy environment?

5. Are there any gaps in the policy environment, particularly as related to the private/business sector? Do most/any companies have workplace policies adequately address stigma and discrimination related to HIV? LGBT rights? GBV? Gender equality? Prevention among key populations?
6. What would improve the situation/fill the gaps? Can you suggest any new or innovative approaches?
7. Are there any new priorities for HIV-related workplace policy/programs in your country?
8. Are you aware of any initiatives planned by the private/business sector to address these gaps?

Part C: In light of policy-related interventions already in place or planned through host country governments, donors and other stakeholders, where should the USG program on HIV in the region invest its resources on HIV policy during the 2013-2018 period?

9. Do you have any recommendations to the USG regional program on HIV about where it can most effectively contribute resources to improve the policy environment over the next few years?

CONSENT FORM – HIV POLICY ASSESSMENT IN CENTRAL AMERICA

This research is being conducted by Mary Kincaid, Nancy Alvey and Hannah Fortune-Greeley of the Iris Group, under contract to USAID’s Regional Program for Central America. We are inviting you to participate in this assessment because you are knowledgeable about the policy environment for HIV in the region.

The protocol involves a 30-45-minute interview conducted by Mary, Nancy or Hannah. The interview will take place in person or over the phone at a time convenient for you. You will be answering questions about what works well about the current policy environment for HIV in Central America, the gaps, if any, in the policy environment and response, and your thoughts about where the USG program on HIV should invest its resources during the 2013-2018 period.

With your permission, the interview may be audiotaped.

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

We will take all recommended procedures to keep your personal information confidential. To help protect your confidentiality, standard methods to protect privacy will be maintained. Your identity and your organizational affiliation will remain confidential. Only the researchers will have access to your name and your affiliation. Only the researchers will have access to the voice recordings, which will be identified by number, not name. Data will be securely stored with the researchers on a computer. Hard copies of data will remain in the locked cabinet in the office of the principal researcher. All data will be destroyed (i.e., shredded or erased) when their use is no longer needed. In all reports and articles about this research project, your identity will be protected to the maximum extent possible.

NAME	
SIGNATURE	
DATE	

Annex E: Summary Data Tables

Table A: What? Structure

Finding	Illustrative Quotes	Sector of Respondent
Strong policy framework in place	<ul style="list-style-type: none"> • <i>El marco está</i> 	Public
	<ul style="list-style-type: none"> • <i>Bien enfocadas las politicas</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Sí existe, pero todavia esta debíl. Tenemos una nueva propuesta de ley que va a mejorar la respuesta.</i> 	Public
	<ul style="list-style-type: none"> • <i>[Nuestro país], especialmente en la parte de protección social- ha tenido más avances.</i> 	Donor/IP
NSPs are overambitious	<ul style="list-style-type: none"> • <i>Hay un plan estratégico nacional, muy trabajado, y que cubre todo lo que debe cubrir, incluso es demasiado ambicioso.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>La propuesta es buena, pero si el gobierno no lo asume...</i> 	Civil Society
Outdated laws and policies	<ul style="list-style-type: none"> • <i>The national policy needs to be revised so that it includes all those things that have been emergent.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Need to align the institutional policies of the government (housing, civil Service, military, police) with the curen HIV law and international codes and agreements. For example, the police require an HIV test to enter the force. (translated from Spanish)</i> 	Public
	<ul style="list-style-type: none"> • <i>[La ley y la política nacional] se han desactualizados</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Se necesita actualización de la política</i> 	Public
Gender identity law	<ul style="list-style-type: none"> • <i>En cuanto a población vulnerable, todavía no existen políticas públicas para estas poblaciones.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Hace falta impulsar mucho mas a políticas que garanticen el aseguramiento del acceso universal a los medicamentos.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>In the policy, yes, [LGBT and gender issues] have been addressed, but when it came to operationalizing the policy is where some of it may be lost particularly as it relates to legislative reform and legislative changes that make it a more enabling environment for progress in those areas.</i> 	Donor/IP
HIV policy not linked to National	<ul style="list-style-type: none"> • <i>En algunos casos la reglamentación no sigue la ley, por ejemplo, se pierde el concepto de la confidencialidad</i> 	Private

Annex E: Summary Data Tables

Policies	<i>cuando va a inscribir matrimonios y eso se presta para chantajes, discriminación, etc. En lo bueno de la ley y la reglamentación hay algunas cosas por coordinar y afinar.</i>	
	<ul style="list-style-type: none"> Las políticas en VIH deben de ser revisadas y sincronizadas as con otras leyes 	Public
	<ul style="list-style-type: none"> Como hacer que las políticas sean relacionadas con el entorno, que no sean aisladas 	Donor/IP
	<ul style="list-style-type: none"> Nuestro país firma los convenios internacionales pero no se traduce en respuesta nacional ni en el fortalecimiento de las instituciones. 	Donor/IP

Table B: How? Implementation

Finding	Illustrative Quotes	Sector of Respondent
Weak Implementation	<ul style="list-style-type: none"> <i>I would have to say some of the factors that affect implementation are capacity as it relates to policy and policy design, ensuring that policies are aligned with national plans and monitored...it's an area where there is a significant gap in capacity.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>At the level of the partners and stakeholders...it's important that they are able to link what they do to a policy outcome; understanding that their work on the local level is clearly linked and aligned to a policy response.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>...we have great policies in [our country], probably the best in the region, not only in HIV, but in gender-based violence and gender policies, but the problem is always implementation.</i> 	Public
	<ul style="list-style-type: none"> <i>Why continue to draft new policies if you're not implementing the ones you've already got? I would like to see existing policies be fully implemented.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Una cosa es que se haga una política, y la otra cosa es que se implemente completamente.....y el tema de la implementación todavía falta.</i> 	Private
	<ul style="list-style-type: none"> <i>Hay una dejadez al nivel gubernamental</i> 	Donor/IP
Funds spent on least controversial programs	<ul style="list-style-type: none"> <i>Hay que mantener un sistema de capacitación y sensibilización sobre el tema de VIH para que las organizaciones estén conscientes de la importancia de seguir fortaleciendo una respuesta de prevención muy</i> 	Private

Annex E: Summary Data Tables

	<i>dinámica y acertada hacia el VIH.</i>	
Lack of Political Leadership to implement Human Rights Laws	<ul style="list-style-type: none"> [Work with MARPs/LGBT] is an area where political leaders are less willing to talk in public. The MOH might discuss it publicly, but the top politicians will not. 	Public sector
	<ul style="list-style-type: none"> Human rights and HIV are inextricably linked; HIV prevention won't ever be effective in [country name deleted] without attention to GBV, rape and sexual and reproductive rights education in schools. 	Civil Society
	<ul style="list-style-type: none"> No hay recursos para [trabajar el tema de] derechos humanos en VIH 	Civil Society
Lack of comprehensive sexual education	<ul style="list-style-type: none"> Se necesita una política de educación sexual 	Public
	<ul style="list-style-type: none"> Hay que empezar con prevención en las escuelas 	Civil Society
Lack of enforcement of laws that prohibit discrimination based on HIV status	<ul style="list-style-type: none"> <i>We were able to work along with the labor department to make a change to the Labor Act in May of this year because there were no existing provisions under the Labor Act that spoke to unfair dismissal on discriminatory grounds including sexual harassment, so in our advocacy we were able to get the ministry to also include unfair dismissal on the grounds of HIV status.</i> 	Public
Too busy implementing Global Fund Projects	<ul style="list-style-type: none"> <i>La sociedad civil se ha puesto a implementar proyectos de FM y se ha olvidado de su rol de abogacia</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>How can we make civil society organizations sustainable enough to do policy advocacy and monitoring? They have no money for transportation, even to show up at a meeting, or to pay for internet Access. So, they do Global Fund projects instead, to pay for their operations. (translated from Spanish)</i> 	Civil Society
Policy framework vulnerable to changes in political leadership, socioeconomic conditions and sociocultural norms	<ul style="list-style-type: none"> <i>En los recursos humanos, siempre hay cambios, es un reto</i> 	Public
	<ul style="list-style-type: none"> <i>We are in a constant electoral cycle here. The changing government administrations require a constant advocacy program. How do we insulate policy from changes in political leadership? (translated from Spanish)</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Un factor clave ha sido cambios políticos, cambio de administración tan frecuentemente. Todavía la political no está insulada de factores externos, depende en la voluntad política y fondos de los donantes, así que los avances no están sostenible todavía. Necesita mas tiempo – la sostenibilidad esta difícil porque hay tanto violencia y pobreza</i> 	Donor/IP

Annex E: Summary Data Tables

	<ul style="list-style-type: none"> • <i>There is so much turnover in the health services, in government administration and officials. We need to constantly start over again on our advocacy and sensitization efforts. (translated from Spanish)</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>The constitution provides human right protections in general, but the statutory laws are not specific in extending these protections to LGBT. Christian Right-wingers are paying lawyers to keep these protections out of the statutory laws.</i> 	Civil Society
Need more holistic response to address structural inequalities	<ul style="list-style-type: none"> • <i>It has to be about strengthening the policy and planning environment. The national policy needs to be revised so that it includes all those things that have been emergent.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>There are a lot of things that need to be strengthened, amendments that need to be made to policy, but sometimes I think that the processes used are time bound and rushed, really, and it doesn't always allow for a holistic analysis, including a holistic gender analysis of the existing HIV policies.</i> 	Public
	<ul style="list-style-type: none"> • <i>The response to HIV here is like a hamburger without the bun. We have the meat already [policy framework] but nothing to hold it with [implementation is lacking].</i> 	Private
	<ul style="list-style-type: none"> • <i>Las brechas son estructurales... en las comisiones nacionales faltan los sectores de desarrollo, pobreza</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>El apoyo externo tiene que apuntar mas a los temas estructurales... ayudar a los países a aumentar su cobertura social</i> 	Donor/IP
General	<ul style="list-style-type: none"> • <i>Es importante que todas las políticas de prevención de VIH en el lugar de trabajo, las conozcan los motivos y estén sensibilizados los ejecutivos del mas alto nivel-dueños, gerentes, dirigentes.</i> 	Private
	<ul style="list-style-type: none"> • <i>Las personas que lleguen a los espacios [de coordinación] no son tomadores de decisiones</i> 	Civil Society

Table C: Who? Participation

Finding	Illustrative Quotes	Sector of Respondent
Lack of engagement from non-health sectors	<ul style="list-style-type: none"> • <i>Ese es el lenguaje que el empresario entiende; mientras sea nada más visto como un problema de salud el cree que no es parte de su competencia.</i> 	Private

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	<ul style="list-style-type: none"> <i>I think sometimes we forget that HIV should be mainstreamed, that it's a cross-cutting issue and the response can't be parts of other strategies - I think that's detrimental to the successful implementation of any HIV policy. It has to be mainstreamed. It's often looked at in silos.</i> 	Public
	<ul style="list-style-type: none"> <i>If we keep looking at it [HIV] as a public health issue only, then you're not going to get people on board.</i> 	Public
	<ul style="list-style-type: none"> <i>HIV needs to be seen in the broader context of health. HIV is competing with other health priorities and it's difficult for us to keep it on the agenda.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Siguen con grandes ausentes [other stakeholders]</i> 	Donor/IP
Collaboration on high-level committees, little in practice	<ul style="list-style-type: none"> <i>You have a disconnect between the person on the ground doing the work and the person in the office saying how the work should be done.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Hay bastante desarticulación, a pesar de lo teórico</i> 	Public
	<ul style="list-style-type: none"> <i>CONASIDA has established a mechanism for collaboration but it is health-focused. The other sectors don't feel responsible for HIV. (translated from Spanish)</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>No han llegado a una etapa donde los sectores tengan claros sus roles y coordinen</i> 	Donor/IP
Private sector underutilized	<ul style="list-style-type: none"> <i>Sometimes we have a lot of difficulty getting the private sector involved in the response. Even though we try and have them understand HIV/AIDS as a serious problem, many of them feel that it's driving a gay or lesbian agenda.</i> 	Public
	<ul style="list-style-type: none"> <i>(Las políticas) hablan de la vinculación de las instituciones públicas y privadas pero no se han creado los mecanismos y los lazos para que se puedan dar estas vinculaciones y para que el sector empresarial y el gobierno puedan trabajar más de la mano.</i> 	Private
	<ul style="list-style-type: none"> <i>El reto es como llevar eso a las empresas, sensibilizando a los dirigentes, como todo esto va a implicar, en la medida que crece, un deterioro en la capacidad productiva de las empresas, en los mercados, en sus gestiones, en el dinero familiar adjudicado a consumo o a medicamentos.</i> 	Private
	<ul style="list-style-type: none"> <i>Una gran parte de la población de los países centroamericanos trabaja para una empresa. En la mayoría de los países, es la mayoría de la población</i> 	Private

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	<i>productiva y económicamente activa.....es un punto focal de atención que puede llegar a cubrir no solo a los que trabajan en las empresas sino a las familias.</i>	
Lack of civil society involvement	<ul style="list-style-type: none"> <i>Sociedad civil ha perdido el norte.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>To give civil society more autonomy you need to give them more authority. The policy makers are very skeptical about doing that and they're very reserved about making that bold step.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>There is not much of a civil society movement ... the CSOs don't want to come out publicly on issues like LGBT, gender, youth RH, because they worry about losing their monthly stipend .</i> 	Private
New leaders lack capacity to make impact on policy arena	<ul style="list-style-type: none"> <i>There is a disconnect between what civil society is seeing on the ground and what is being seen at the national level as priorities.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Se necesita fortalecer las capacidades de los ONGs y incrementar sus recursos (de manera controlado), para que estan mas eficaz en su abogacia</i> 	Private Sector
	<ul style="list-style-type: none"> <i>I see much energy from civil society, but the capacity is limited.</i> 	Public
	<ul style="list-style-type: none"> <i>Faltan nuevos liderazgos. Los gobiernos a nivel América Latina han comenzado a absorber personal que antes estaban en las organizaciones de la sociedad civil y se los llevan a trabajar en los gobiernos. Eso ha callado las voces de los activistas.</i> 	Civil Society
General	<ul style="list-style-type: none"> <i>At the level of the partners and stakeholders...it's important that they are able to link what they do to a policy outcome; understanding that their work on the local level is clearly linked and aligned to a policy response.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>I would say that the best investment is in civil society, because civil society is the hope that people long for.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Hay voluntad política en ciertos sectores, hay compromisos pero muy sectoriales, no vemos que realmente sea una posición de estado para enfrentar la</i> 	Donor/IP

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	<i>epidemia de manera integral.</i>	
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Table D: Factors Positively Influencing the Implementation of Current Policy

Finding	Illustrative Quotes	Sector of Respondent
USAID/PASCA's contributions	<ul style="list-style-type: none"> USAID hace trabajo excelente en abogacía 	Civil Society
	<ul style="list-style-type: none"> El apoyo de PASCA con las empresas privadas ha sido importante 	Private
	<ul style="list-style-type: none"> <i>Gracias a Dios por la USAID!</i> 	Civil Society
	<ul style="list-style-type: none"> PASCA ayudaba crear espacios para articular diferencias frente a conflictos – muy importante su rol en manejo de conflictos entre los actores, porque ha creado condiciones para procesos mas sosentible, decisiones basados en evidencia, y no por la auto-interes de los actores 	Public
	<ul style="list-style-type: none"> Hemos tenido un ayuda muy positivo, constante de todos incluso PASCA y PASMOS en promoviendo la respuesta. Ha facilitado la acercamiento entre sectores y con las nuevas administraciones. En particular, en generación de datos, participando y facilitando el dialogo, y mantener el perfil [de VIH]. Pero ya la inversión es vulnerable. Tenemos que fortalecer los ONGs, con empoderamiento, capacitación técnico y recursos. 	Public
	<ul style="list-style-type: none"> The role that the USAID Mission played in HIV was critical to facilitate the coordination – to unify the USG response. And to convene stakeholders. There are many gaps now. (translated from Spanish) 	Civil Society
	<ul style="list-style-type: none"> It was critical to have a USAID health officer at the Mission dedicated to HIV, to help coordinate the response. The gap has been enormous – not the absence of funds, but the gap left by not having the health officer there to convene, influence, coordinate. (translated from Spanish) 	Public
	<ul style="list-style-type: none"> PASCA is tactful, recognizes that they should only create the conditions for improvements in policy and structural changes. They have been very respectful of country ownership. PASCA uses local experts who are committed to the country, who respect the people involved in the response. They see out the actors and are actively engaged everywhere. (translated from Spanish) 	Civil Society

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	<ul style="list-style-type: none"> Ojala que siga [el proyecto PASCA]. Esto [su asistencia técnica] es básico 	Public
Partnership Framework	<ul style="list-style-type: none"> <i>El Marco de Cooperación (Partnership Framework) va caminando de acuerdo a lo que se propuso. Yo creo que creado más consciencia nacional de las responsabilidades que deben ir asumiendo de parte de los países.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>The PF has helped unify the USG's activities across agencies, to systematize them, and has increased the MOH's awareness of the level of assistance being provided in HIV. It has increased government's awareness of how HIV policy work is important. (translated from Spanish)</i> 	Donor/IP
General	<ul style="list-style-type: none"> <i>In the past two years we have seen tremendous improvements, positive improvements [in the policy environment]...however there is still so, so much that needs to be done, but we have been improving over the past two to three years.</i> 	Civil Society

Table E: Constraints to the Implementation of Current Policy

Finding	Illustrative Quotes	Sector of Respondent
Stigma and Discrimination	<ul style="list-style-type: none"> <i>Estigma y discriminación no es un subtema, no se puede tratar en cuatro horas</i> 	Public
	<ul style="list-style-type: none"> <i>Es la principal barrera para implementar los programas. Sigue siendo una barrera para que un funcionario público se pronuncie, para que apoye.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>We definitely still hear that stigma and discrimination is still a huge barrier and I would say that's related both to HIV in particular and related to the populations that are most at risk.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>La Iglesia es un opositor constante en este proceso; siempre nos dicen que estamos promoviendo la homosexualidad o actividades de promiscuidad.....al final lo que hacen es entorpecerse todo el proceso.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>LGBT are locked out of any position of influence. The country has cultivated an environment where GBV against LGBT is permissible. Procedural issues are a barrier too – the protocol for dealing with an assault is not friendly to gays, and if you are living with HIV, it is doubly</i> 	Civil Society

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	<i>unfriendly.</i>	
	<ul style="list-style-type: none"> • <i>There have been only small advances addressing S&D for LGBT, especially trans, even they are the most stigmatized and face the most barriers to access health services. (translated from Spanish)</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>FBOs, Immigration officials and the police have the worst records on stigma and discrimination. Even if the laws exist, they put barriers in place: “slow-down” in the response from police so people don’t even bother reporting violations, or the minister tells a GBV victim that he has no minutes left on his cellphone, so the person can’t call the police and report the rape.</i> 	Civil Society
Discriminatory health services	<ul style="list-style-type: none"> • <i>We have a situation where parents are keeping their children away from the service because they don’t want to know their children’s status for fear of how their neighbors will see them or how their neighbors will see them. Even though we’ve made strides, we’re still at halfway where we need to be to ensure that there is universal access.</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>PrEP is considered a form of “outing”</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>Stigma and discrimination is still a clear and present problem. It is really keeping people away from the service. We’ve come a long way in the last five years in terms of acceptance of people who have the virus.</i> 	Civil Society
Key populations invisible	<ul style="list-style-type: none"> • <i>Hay mayor tolerancia pero todavía persiste mucho la discriminación, particularmente hacia hombres que tienen sexo con hombres.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>La población trans prácticamente no reclama sus derechos. Es difícil salir a la calle a exigir un derecho porque no quiero que la gente me vea, a pesar de que es mi derecho.</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>Tenemos que desagregar la población trans de los HSH, para entender mejor la crisis ... incluso los adolescentes trans</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>Yo siento que mucha gente no reclama sus derechos porque muchas veces desconoce de los mismos. Hay que conocer para poder exigir.</i> 	Civil Society

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	<ul style="list-style-type: none"> As much as there is a lot of discrimination when it comes to gender equality and different conservative views and machismo and all of that, when it comes to HIV and especially sexual diversity, those are taboo. Even to get focal points appointed that would be received with quite a bit of hostility. 	Public
Policies do not adequately address LGBT, human rights violations, and GBV	<ul style="list-style-type: none"> El problema es mas allá de salud—es un problema de desarrollo, inclusión, inequidad 	Donor/IP
	<ul style="list-style-type: none"> There is major work being done in the gender-based violence component of the policy. In the broader human rights aspect, we talk about stigma and discrimination, but we don't see a lot of documented cases. I think it might be more internalized stigma. I don't think there has been much work done in LGBT rights. 	Donor/IP
	<ul style="list-style-type: none"> En el centro penal, la gente LGBT estan aislados (put into isolation). Y se violan sus DDHH – no se dan sus medicamentos, papel higienico, servilletas sanitarias (para las lesbianas), condones. Aunque que muchas ya tienen VIH y estan infectando a otros en el centro. La ley necesita reconocer esta problema. Asi como la situacion de ninos de mujeres viviendo con VIH en el carcel. 	Civil Society
	<ul style="list-style-type: none"> We don't have enough policies to protect against stigma and discrimination [as it relates to HIV] and if we do, they aren't implemented. 	Donor/IP
	<ul style="list-style-type: none"> Piensen que nosotras [las trabajadoras sexuales] somos el problema. 	Civil Society
Lack of monitoring and evaluation skills	<ul style="list-style-type: none"> No van a poder avanzar en la toma de decisiones o en planificación estratégica sin tener información buena 	Donor/IP
	<ul style="list-style-type: none"> El gobierno necesita asistencia técnica para monitoreo y evaluación 	Donor/IP
	<ul style="list-style-type: none"> Un barrera es el acceso generalizado a informacion de vigilancia 	Donor/IP
Low political will	<ul style="list-style-type: none"> Hay voluntad [con algunos] pero son temas que no todo el mundo entiende. 	Public
	<ul style="list-style-type: none"> Entienden la importancia, pero siempre los ministerios están cortos de presupuesto. 	Donor/IP
	<ul style="list-style-type: none"> We have the policies in place to actually close the gap, but what we don't have the dedicated personnel or people with the will power to ensure that things are done the way they should...that is one of the largest gaps that we have . 	Civil Society

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	<p><i>We have the policy, but the institutors, or the people that should make sure that the policies and protocols are followed, are not brave enough or don't have enough mandate to make it happen.</i></p>	
	<ul style="list-style-type: none"> <i>No ha habido voluntad política</i> 	Civil Society
Inadequate funding for work with key populations	<ul style="list-style-type: none"> <i>From a regional perspective, the policy has guided a certain kind of response. And from what I've seen that's a type of response that doesn't focus on the key populations that are more at risk. But it seems that the policies guide the government response.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Funding for work with trans falls under the MSM line ítem in the budget, even for UNAIDS programs. There is no specific line ítem for Trans programs. Only 1% of funds allocated for MSM work goes to trans, even though we have a 28.5% prevalence rate among trans, plus high rates of hepatitis and GBV. (translated from Spanish)</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Se necesita una respuesta que pone los presupuestos en poblaciones que están en alta vulnerabilidad– ahora se está diluyendo la plata.</i> 	Public
Socially conservative Ministers of Education	<ul style="list-style-type: none"> <i>La Ministra de Educación es muy negativa, conservadora... hay problemas de colaboración con el Ministerio de Educacion [por eso].</i> 	Civil Society
	<ul style="list-style-type: none"> <i>MOE leadership is opening up some ... but they fear the “wave” effect if they allow the curriculum to address sexual diversity and sensitive themes. It is two steps forward, one step backward. They need more evidence of the impact of sexual education on students, parents and the community at large. Having data helps. (translated from Spanish)</i> 	Public Sector
Civil Society Disjointed	<ul style="list-style-type: none"> <i>Las organizaciones de la sociedad civil trabajan de manera muy aislada, a pesar de que trabajemos la misma temática.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Cada ONG trabaja aparte</i> 	Civil Society
	<ul style="list-style-type: none"> <i>El movimiento de mujeres no se ha vinculado con el movimiento LGBT y tienen los mismos pedidos</i> 	Donor/IP

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Table F: Links with Health System Strengthening (HSS) and Strategic Information

Finding	Illustrative Quotes	Sector of Respondent
Health sector reform	<ul style="list-style-type: none"> • <i>Ese replanteamiento estratégico [health sector reform] es una luz que tenemos</i> 	Public
Lack of implementation guidance for subnational authorities	<ul style="list-style-type: none"> • <i>Most countries have laws in place, but enforcement of them is something else. People need to be trained on how to enforce the policies.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Lack of detailed workplan [implementation plan with details] means that people are swayed easily by donor fund or other factors.</i> 	Public Sector
Decision making often is driven by political imperatives rather than epidemiological data	<ul style="list-style-type: none"> • <i>Hay que basarse mas en la parte científica para mejor asignación de presupuesto</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>No actúan con evidencia pero con creencias personales</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>There is much discussion around the issue [of stigma and discrimination], but there's currently not much political will to address it. The political will is tied to society. If society is against it, then the politicians won't move it forward. There's a lot of work that needs to be done with society in terms of being more accepting of people living with AIDS and HIV.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Implementation relies overwhelmingly on individual agencies and politic will from ministries. It is not a coordinated response but driven by specific interest groups and individuals.</i> 	Public
	<ul style="list-style-type: none"> • <i>Political will is driven by cultural attitudes.</i> 	Donor/IP

Table G: Sustainability and Collaboration

Finding	Illustrative Quotes	Sector of Respondent
Lack of awareness and planning for Global Fund phase-out	<ul style="list-style-type: none"> • <i>El tema de sustentabilidad es urgente. Creo que o ayudamos a los países a buscar alternativas de sustentabilidad o no va haber tiempo para que haya toda esta transición con la salida del Fondo Mundial.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>It would be helpful to take the Partnership Framework that was approved a few years ago and use it as a base to</i> 	Donor/IP

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	<i>develop transition plans.</i>	
	<ul style="list-style-type: none"> • <i>There need to be transitional plans developed to ensure that if Global Fund pulls out tomorrow or if USAID pulls out tomorrow they will still have the basics of the program.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>How can we plan and aggressively move this forward as a sustainability strategy</i> 	Donor/IP
Prevention is needed now to keep treatment costs down in the future	<ul style="list-style-type: none"> • <i>When it comes to prevention it is mostly dependent on external funding, which we all know is decreasing, but is not budgeted.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>Our countries are suffering from global economic downturn. Help us to assess the effectiveness of prevention programs and decide where it makes the most sense to invest our resources.</i> 	Civil Society
Poor systems management, planning and procurement processes and a lack of budget	<ul style="list-style-type: none"> • <i>No se destinan los recursos. Es una gran barrera.</i> 	Public
	<ul style="list-style-type: none"> • <i>We need stronger policy development for systems management (and strategic administrative processes), which is the key to sustainability.</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>There are gaps in financing. Governments are comfortable with the help of donors for prevention, but are slow to bring in their own funds for this purpose. In fact, they seem uninterested in the topic. Currently in the region, donors provide 70% of funds, country governments provide 30%.</i> 	Donor/IP
	<ul style="list-style-type: none"> • <i>UNDP and the hospitals need to find a better system to avoid stock-outs. They need to decentralize the system of procurement. And they only do CD4 and viral load tests, none of the others. (translated from Spanish)</i> 	Civil Society
	<ul style="list-style-type: none"> • <i>Hay presupuesto asignado pero es insuficiente y solo en MINSAL. No hay presupuesto asignado en los otros ministerios. Necesitamos una respuesta integrado, multisectoral y active, y por esto, necesita presupuesto de los otros ministerios – Justicia, MINED, Seguridad y Trabajo</i> 	Public Sector
	<ul style="list-style-type: none"> • <i>Se necesita presupuesto para la implementación [de los planes]</i> 	Donor/IP
Inflated prices paid for medicines	<ul style="list-style-type: none"> • <i>El uso [obligatorio] de non genéricos es un reto grande</i> 	Public
Weak public-civil	<ul style="list-style-type: none"> • <i>It's important to have a community-based response that is</i> 	Civil

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society collaboration	<i>relevant to the community. Most often what I see is plans and allocation of resources conceptualized in an office planning in done using a top-down approach. We're supposed to submit to what they are saying not the other way around.</i>	Society
	<ul style="list-style-type: none"> <i>The wheels of government don't move at the speed civil society would like it to move at. Sexual violence policy is not just a question of political will. It is a complex public health issue that requires <u>constant</u> collaboration.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>There is a disconnect between the people who can make things happen and the people who know that things need to be happening. We are not sensitizing the policymakers enough.</i> 	Donor/IP
Need to transfer the technical expertise of PASCA country teams to local actors	<ul style="list-style-type: none"> <i>There are very few people, less than ten or even less than five people in [our country] who are formally trained in M+E, and it shows. We can't find competent individuals to do the M+E, so what happens is no M+E gets done or very limited gets done or at the sub-standard level.</i> 	Public
	<ul style="list-style-type: none"> <i>Coordination between public-private-civil society is dependent on the donors; todavia falta la sostenibilidad.</i> 	Donor/IP

Table H: Regional Model for USAID's Assistance on HIV Policy

Finding	Illustrative Quotes	Sector of Respondent
Cross-country sharing of best practices	<ul style="list-style-type: none"> <i>Una experiencia que ha funcionado bastante bien es la creación de los Observatorios de Salud Sexual y Reproductiva que vigilan la aplicación de la normativa nacional.....eso puede ser un camino.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>En general hay voluntad y hay interés en el apoyo horizontal estratégico.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Los foros [regionales] ayudan mucho a aprender de las mejores prácticas de cada país</i> 	Private
“One size does not fit all.”	<ul style="list-style-type: none"> <i>We have to take into consideration that Belize is not Guatemala, it's not El Salvador, it's not Panama...Belize is more Caribbean-like, not Central America-like.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>One of the issues is that Central America is ahead of Belize. ... The pace at which Central America in terms of the HIV response is moving is different from the pace that Belize is moving at and often because the funding is grouped, what is being implemented in those other</i> 	Donor/IP

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	<i>countries... it's not easy to implement [them] in Belize.</i>	
	<ul style="list-style-type: none"> <i>I think we [Belize] get bunched up into the rest of Central America... I wonder what USAID can do when looking at what flexibility we can have because we are unique in the region. We're kind of stuck in the middle.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>La ayuda viene dirigido, es muy rígido</i> 	Public

Table I: PEPFAR Partnership Model

Finding	Illustrative Quotes	Sector of Respondent
Provided space for dialogue	<ul style="list-style-type: none"> The PF has generated a dialogue, a constant process of consultations, analysis and discussion. Just generating the discussion has been a great advance, and has allowed for a focus on M&E. But there has been on consultation at the provincial level, only national level stakeholders. The direct implementers and beneficiaries are not included in public policy process. (translated from Spanish) 	Donor/IP
Lack of investment by PEPFAR in building a sustained relationship	<ul style="list-style-type: none"> Deben invertir en la relacion entre PEPFAR y el gobierno. No vemos nadie aqui de PEPFAR, solo para la firma del acuerdo y cuando busca indicadores. Necesita tener una mejor presencia. 	Public
	<ul style="list-style-type: none"> PEPFAR took a structural approach, it did not invest in creating a relationship with the public sector partners. There is a serious communication problem between PEPFAR and the countries. It has not been seen by the countries as a real contract – they sign and forget it. There is no engagement over time, even though the personnel changes in MOH. (translated from Spanish) 	Donor/IP
Lack of respect of country SP	<ul style="list-style-type: none"> Todos los países tienen PEN. En vez de reconocerlos es hacer un plan paralelo. 	Donor/IP
	<ul style="list-style-type: none"> Didn't recognize the strength of the national strategic plans that existed already in the countries. Governments ratified it for economic reasons, not because they were in philosophical agreement with it. (translated from Spanish) 	Donor/IP
	<ul style="list-style-type: none"> Patronizing attitudes from the USG, falta de respeto, falta de confianza. 	Donor/IP
	<ul style="list-style-type: none"> Tomar en cuenta el nivel de él que está mas cerca de la batalla 	Donor/IP

Table J: Gaps in Policy Framework and Response

Finding	Illustrative Quotes	Sector of Respondent
<p><i>What? Structure</i></p> <p>Human Rights</p>	<ul style="list-style-type: none"> <i>De lo más importante es trabajar en lo que tiene que ver con el estigma y la discriminación y derechos. Creo que es el área que nos permitirá avanzar en las otras cuestiones.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>The LGBT community needs access to lawyers, so they can learn about their rights and feel confident that they can actually pursue a complaint against someone who violates their rights. MARPs need sustained human rights education so they can stand up for themselves. ... We need to foster a culture of human rights thinking, to weaken the Christian Right's work to eradicate any rights for LGBT in the laws.</i> 	Civil Society
	<ul style="list-style-type: none"> <i>Las poblaciones vulnerables, por cuestiones de estigma y discriminación, son los que menos accedan los servicios de salud, principalmente las trans,.....por la parte de identidad de genero, no quieren porque tienen que acudir como hombres, y eso definitivamente limita su atención.</i> 	Donor/IP
<p>Youth</p>	<ul style="list-style-type: none"> <i>Children and HIV has been a significant gap that has not been bridged for a long time because it really falls nowhere...there is no comprehensive or proactive response.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>Los estudios nos indican que la mayor incidencia en casos anuales se da en jóvenes de 15 a 24 años</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>For both gender and LGBT issues, with young people and access to the services there are still significant policy and legislative policies that need to happen in [our country]. To implement the policies, we need legislative reform. For example, the age of consent for sex is lower than the age at which a young person can access health services without parental consent.</i> 	Donor/IP
<p>Gender-based Violence</p>	<ul style="list-style-type: none"> <i>Violencia de género: si se observa, pero todavía estamos en pañales frente al tema.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>No hay consciencia de la violencia basada en género y VIH.</i> 	Donor/IP

Annex E: Summary Data Tables

<i>How? Implementation</i>		
Creating Political Will	<ul style="list-style-type: none"> We need to support the government to live up to its international commitments, to face the church, which is the biggest obstacle to sexual education. 	Civil Society
	<ul style="list-style-type: none"> Falta el trabajo al nivel municipio, con los alcaldes, para la incidencia y educacion. Y con el MINED y Seguridad Social. 	Donor/IP
Citizen Monitoring	<ul style="list-style-type: none"> We need M&E to ensure that what the government commits to is happening in fact. 	Public
<i>Who? Participation</i>		
Multisectoral engagement and collaboration	<ul style="list-style-type: none"> <i>La otra brecha es en términos de financiamiento: ajustar la inversión nacional, la apropiación de los países de los procesos nacionales, el involucramiento real de nuevos sectores en el financiamiento de la respuesta.</i> 	Donor/IP
	<ul style="list-style-type: none"> <i>No hay liderazgo. Duplicidad de foros.</i> 	Private
	<ul style="list-style-type: none"> <i>No todos los actores clave están integrados</i> 	Public

Annex F: List of Persons Interviewed

Belize			
Name	Title	Institution	Sector
Icilda Humes	Director	Women's Department, Ministry of Human Development, Social Transformation and Poverty Alleviation	Public
Claire Lamb	HIV Focal Point	Ministry of Labor	Public
Marvin Manzanero	Director	National Programme for TB, HIV/AIDS & Other STIs, MOH	Public
Eric Castellano	Executive Director	Cnet+/Redca+	Civil Society
Abel Vargas	Executive Director	Hand in Hand Ministries	Civil Society
Caleb Orozco	President	UNIBAM	Civil Society
Martin Cuellar	Executive Director	National AIDS Commission	Civil Society
Amparo Mason	Member of the Board, Belize Chamber of Commerce (also Public- Private Sector Liaison, Office of the Prime Minister)	Chamber of Commerce	Private
Adele Catzim- Sanchez	Country Director	USAID/PASCA	International Cooperation
Sherlene Tablada	Adolescent Development and HIV Officer	UNICEF	International Cooperation
Guadalupe Huitron	Country Director	PASMO	International Cooperation
Jose Perera	Country Representative	IntraHealth/Capacity Project	International Cooperation
Melissa Sobers	National Program Officer	UNAIDS	International Cooperation

Annex F: List of Persons Interviewed

Guatemala			
Name	Title	Institution	Sector
Iris López	Coordinator	CONASIDA	Public
Telma Miranda y Edna Portales	Directora y Subdirectora, DIGECADA	Ministry of Education	Public
Lucrecia Corzantes		Segeplan	Public
Zonia Pinzon	Sub-Director	Programa Nacional VIH/SIDA	Public
Jorge Lopez	Executive Director	OASIS	Civil Society
Hugo Valladares	Executive Director	Association Gente Nueva	Civil Society
Ana Clarisa Villacorta	Executive Director	CACIF/Asociacion de Productores Independientes de Banano	Private
Jorge Berger	Country Director	USAID/PASCA	International Cooperation
Sergio Aguilar	Asesor para VIH Monitoring and Evaluation Officer	PAHO/Guatemala	International Cooperation
Fernando Cano		UNAIDS	International Cooperation
Edgar Orantes	Country Manager	PASMO	International Cooperation
Daniel Muralles	Health Officer	USAID	International Cooperation

Annex F: List of Persons Interviewed

El Salvador			
Name	Title	Institution	Sector
Iris de Reyes	Jefa, Departamento de Educacion en Derechos Humanos, Valores y Ciudadanía	Ministry of Education	Public
Jaime Argueta	HIV Coordinator	PDDH	Public
Salvador Sorto	Monitoring and Evaluation Technical Officer	MOH	Public
Cruz Edgardo Torres	Director of Sexual Diversity	Secretary of Social Inclusion	Public
Francisco Carrillo	Coordinator	CONASIDA	Public
Marta Alicia Magaña	Executive Director	Global Fund CCM/MSR	Civil Society
Karla Avelar	Director	COMCAVIS TRANS	Civil Society
William Hernandez	Executive Director	Asociacion ENTRE AMIGOS	Civil Society
Isabel Payes	Executive Director	CONAMUS (also at INDEMU)	Civil Society
Lila Guillermo Guidos	Attorney	ANEP	Private
Janira Olivo de Rodriguez	President of MCP	El Salvador Association of Human Resources Administrators	Private
Alexia Alvarado	Country Representative	PASCA	International Cooperation
Herbert Betancourt	Country Director	UNAIDS	International Cooperation
Susan Padilla Calderón	Country Representative	PASMO	International Cooperation
Celinda Miranda	Coordinadora del Componente de VIH/SIDA del Fondo Mundial	UNDP	International Cooperation

Annex F: List of Persons Interviewed

Panama			
Name	Title	Institution	Sector
Aurelio Nunez	Head, National HIV/AIDS Program	MOH	Public
Edith Tristan Rigoberto	Encargada, Unidad Especializada VIH	Defensoria del Pueblo	Public
Samaniego	Doctor	SDP/MOH	Public
Virginia Castellero	Public Official	Ministry of Social Development	Public
Miguel Ariza	HIV Point Person	Cruz Roja	Civil Society
Miguel Sánchez	Director	Grupo Génesis Panamá	Civil Society
Dulce Ana (Juana Torres)	Director	Mujeres con Dignidad y Derechos	Civil Society
Rita Banus	Coordinadora general	Aid for AIDS	Civil Society
Fernando Solis		Grupo Génesis Panamá	Civil Society
Fernando Marquez	Representative	CONEP	Private
Diego Postigo	Country Director	PASCA	International Cooperation
Ricardo Garcia	Coordinator (Panama + Costa Rica)	UNAIDS	International Cooperation
Samuel Escudero	Internal Manager	PASMO/PSI	International Cooperation

Annex F: List of Persons Interviewed

Nicaragua			
Name	Title	Institution	Sector
Samira Montiel	Procadura Especial para la Diversidad Sexual	Procuraduría de Derechos Humanos	Public
Sobeyda C. Morales Mendoza	Coordinadora de Area	Ministerio de Educacion	Public
Carmen Olivares	Coordinadora de Programa de VIH	Ministerio de la Familia	Public
Enrique Picardo	Coordinador de Salud	Movimiento Comunal de Nicaragua	Civil Society
Norman Gutierrez	Executive Director	Centro de Educación para la Prevención del VIH	Civil Society
Maria Elena Davila	Referente Nacional	Red de Mujeres Trabajadoras Sexuales	Civil Society
Arely Cano	Directora	ASONVIHSIDA	Civil Society
Maria Consuelo Sanchez	Directora Ejecutiva	Asociacion Quincho Barrilete	Civil Society
Silvia Martinez	Coordinadora Nacional	REDTRANS	Civil Society
Álvaro Guerra Báez	Coordinador de la Comisión de VIH	Consejo Superior de la Empresa Privada	Private
Marianela Corriols	Health Specialist	USAID Nicaragua	International Cooperation
Anne Largaespada	Country Representative	PASCA	International Cooperation
Valeria Bravo	Asesora Oficial de Programa de VIH y sida	UNDP	International Cooperation

Annex F: List of Persons Interviewed

Costa Rica			
Name	Title	Institution	Sector
Carlos Valerio		Defensoría de los Habitantes de la República	Public
Gloria Terwes	HIV Program Coordinator	CS SS	Public
Teresita Solano	Vigilancia ETS y VIH	MOH	Public
Rosa Maria Vargas	Jefe	Unidad de seguimiento de Indicadores de salud	Public
Alejandra Acuña	Jefatura Unidad Planificación Estratégica en Salud y Coordinadora de Conasida	MOH	Public
Gabriela Solano, Daria Suarez	Director	CIPAC	Civil Society
Lisbeth Taylor	Profesora catedrática	Univ. de CR	Civil Society
Karina Van Wijk	Coordinadora General	Defensa de niños y niñas internacional -DNI	Civil Society
Nubia Ordonez	Coordinadora	Grupo la Sala	Civil Society
Erika Linares	Directora de Inversion Social	Asociación Empresarial para el Desarrollo	Private
Ana Catalina Ramirez	Focal Point for HIV and Labor	ILO	International Cooperation
Mariela Garron	Country Representative	PASCA	International Cooperation
Laura Sanchez	Encargada VIH y sida	UNFPA	International Cooperation
Miriam Fernandez	Coordinadora Tecnica	PASCA	Cooperation

Annex F: List of Persons Interviewed

Honduras			
Name	Title	Institution	Sector
Justa Urbina		MOH	Public
Olga Alvarado	Viceministra	Sec. of Youth	Public
Sandra Pinel	Directora, Redes y servicios	MOH	Public
Mayte Paredes	Apoyo Tecnico a VM, Riesgos Poblacionales	MOH	Public
Jose Zambrana	Director	Apuvimeh	Civil Society
Denis Martinez	Director	Asonapvsidah	Civil Society
Jheisy Torres	Asesora legal	COHEP	Private
Brian Husler, Karla Zepeda	National Director, Deputy director	Global Fund	International Cooperation
Rolando Pinel	Director	Aidstar I	International Cooperation
Juan de Dios Paredes	Director	ULAT	International Cooperation
Yadira Almodovar Diaz	Director	Aidstar II	International Cooperation
Kellie Stewart, Ritza Avilez	Health officer, HIV Specialist	USAID	International Cooperation

Annex F: List of Persons Interviewed

Regional			
Name	Title	Institution	Sector
Lucia Merino	Director/Chief of Party	PASCA	International Cooperation
Lucrecia Castillo	Program Officer for Health and HIV/AIDS, Central America Regional Program	USAID	International Cooperation
Britt Herstad	Regional HIV Advisor	USAID	International Cooperation
Lindsay Stewart	Senior Advisor on HIV/AIDS	USAID	International Cooperation
Zonia Aguilar	Subdirector	PASCA	International Cooperation
Enrique Zelaya	Country Coordinator for Mexico and Guatemala	UNAIDS	International Cooperation
Giovanni Meléndez	Especialista en Programas de Prevención	USAID	International Cooperation
Heidi Mimh	Regional Coordinator	PEPFAR	International Cooperation
Cesar Nuñez	Regional Director for Latin America	UNAIDS	International Cooperation

Annex G: Original List of Key Stakeholders, Annotated

Guatemala			
Donors			
USAID	USAID	Lucrecia Castillo	Gerente de Programas
	USAID	Giovanni Meléndez	Especialista en Programas de Prevención
	USAID	Daniel Muralles	Health Officer
Multilateral	PAHO	Sergio Aguilar	Asesor para VIH
Multilateral	UNAIDS	Enrique Zelaya	Representante
		Fernando Cano	Asesor en MyE
USAID Projects	USAID/PASCA	Lucía Merino	Directora Programa Regional
	USAID/PASCA	Jorge Luis Berger	Representante de País
	USAID/PASCA	Zonia Aguilar	Subdirector
	USAID PASMO	Edgar Orantes	Gerente de País
Public			
MOH	CONASIDA	Iris López	Coordinadora
Sec. of Planning	Segeplan	Lucrecia Corzantes for Lcda. Dora Coc	Dirección de Equidad
Ministry of Education	MINEDUC	Telma Miranda	Representante ante el MCP
MOH	Programa Nacional de Sida	Dra. Zonia Pinzón	Sub-directora del PNS
MOH	Programa Nacional de ITS, VIH y sida	Dr. Miguel Tó	Coordinador
CCM	MCP	Lic. Alvan Aleman	Presidente Junta Directiva
SDP	Hospital Roosevelt	Dr. Carlos Mejía	Jefe Depto. Medicina Director Clínica Infecciosas
SS	IGSS	Dr. José Ortiz	Jefe de Epidemiología
MOH	Ministerio de Salud	Ing. Alex Manuel Lopez	Unidad de Planificación Estratégica
Civil Society (include Key Populations)			
Trans, KP	OASIS	Jorge López	Director Ejecutivo
PLWH	Asociacion Gente Nueva	Hugo Valladares	Director Ejecutivo

Annex G: Original List of Key Stakeholders, Annotated

KP, PLWH	MCP	Audelio Ramírez	Representante de Poblaciones afectadas
FSW	OMES	Yanira Tobar	Representante Legal
Trans	REDMMUTRANS	Galilea Bracho	Coordinadora General
PVV	ITPC	Alma De Leon	Directora Regional
PLWH	Asociacion Vida	Joel Ambrosio	Presidente Junta Directiva
RP Fondo Mundial	Hivos	Mirjam Mush	Directora Ejecutiva
Trans	OTRANS	Debby Maya Linares	Oficial de Programas
	Proyecto Vida	José Estrada/ Hermana Dee Smith	Administrador/Medios de comunicación
PLWH	Red de mujeres positivas en accion/ICW	Claudia Rosales	Coordinadora de comunicación estratégica
	REDNADS	Carlos Romero Prieto	Secretario Ejecutivo
Private/Business			
	APIB/CACIF	Ana Clarisa Villacorta	Directora Ejecutiva
	ASAZGUA	María Silvia Pineda	Directora RSE
	CACIF	Roberto Ardón	Director Ejecutivo

Annex G: Original List of Key Stakeholders, Annotated

El Salvador			
Donors			
Multilateral	UNAIDS	Herbert Betancourt	Coordinador Onusida ES
Multilateral	Global Fund Project/UNDP	Celina de Miranda	Coordinadora de Proyecto
USAID Projects	USAID PASCA	Alexia Alvarado	Rep de Pais
USAID Projects	USAID PASMO	Susan Padilla Calderón	Rep de Pais
USAID	USAID	Maricarmen Estrada	Gerente de proyectos
Multilateral	PAHO/WHO	Mirna Elizabeth Perez	Consultora nacional
Multilateral	UNFPA	Luis Palma	Asesor Nacional de VIH
Multilateral	UNDP	Claudia Dubón de Morales	
Multilateral	UN WFP	Elia Marina Martinez	Asistente de Programas
Public			
MOH	CONASIDA	Francisco Carrillo	Secretario Coordinador Unidad VIH
Legal	PDDH Secretaría de Inclusión Social	Jaime Argueta Cruz Edgardo Torres	Director de Diversidad Sexual Jefa Departamento Derechos Humanos Valores y Ciudadanía
Ministry of Education	Ministerio de Educación	Iris de Reyes	
MOH	MINSAL	Salvador Sorto	Tecnico de M Y E
MOH	MINSAL	Ana Isabel Nieto	Coordinadora de Programa VIH
MOH	Global Fund Project/MINSAL	Guadalupe Flores	Coordinadora de Proyecto
Ministry of Social Development	Secretaría de Inclusión Social	Barbara Romero	Directora de Diversidad Salud
MOH	Programa Nacional de VIH	Veronica Avalos	Colaboradora Tecnica MyE
MOH	Ministerio de Salud	Eduardo Espinoza	ViceMinistro de Salud
Civil Society (include Key Populations)			
Women	CONAMUS	Isabel Payes	Directora CONAMUS

Annex G: Original List of Key Stakeholders, Annotated

Transvestites	COMCAVIS TRANS	Karla Avelar	Directora
LGBT	Asociacion ENTRE AMIGOS	William Hernandez	Director Ejecutivo
CCM	MCP -ES	Marta Alicia Magaña	Directora Ejecutiva
PLWH	REDCA	Otto Ramirez	Secretario
FSW	Movimiento de Mujeres Orquideas del Mar	Haydée Lainez	Directora
	FUNDASIDA	Francisco Ortiz	Director Ejecutivo
FBO	Iglesia Comunitaria Metropolitana	Luis Guzman	Director
PLWH	Asociación Atlacatl	Odir Miranda	Director Ejecutivo
Academic	Colegio Médico	Ivan Solano	Representante Colegio Médico en CONASIDA
PLWH	REDSAL	Doris Acosta	Directora
Training	Grupo PROCAMPOLY	Yanira Olivo de Rodriguez	Directora de Capacitación y Desarrollo
PVV	REDCA REG	Sergio Montealegre	Director proyecto regional del FM
Private/Business			
	Asociación Nacional de la Empresa Privada	Lila Guillermo Guidos	Attorney
	ES Asociacion of Human Resources Administrators	Janira Olivo de Rodriguez	President of MCP
	Asociación Nacional de la Empresa Privada	Waldo Jiménez	ANEP

Annex G: Original List of Key Stakeholders, Annotated

Panama			
Donors			
Multilateral USAID Projects	UNAIDS Panama	Ricardo García	Coordinador de País
USAID Projects	PASMO	Samuel Escudero	Gerente interino
	PASCA	Diego Postigo	Representante de País
Multilateral	UNFPA Panama	Edilma Berrío	Asesora Nacional en VIH
	Cruz Roja Panameña	Miguel Ariza	Punto Focal de VIH
USAID Projects	Proyecto Capacity	Vacante	Representante de País
Multilateral	Cesar Núñez	UNAIDS Regional	Director Regional para América Latina
Multilateral	Licda Bautista	UNFPA Regional	Asesora Regional VIH
Multilateral	Mark Connolly	UNICEF TACRO	Asesor Regional VIH
Public			
MOH	Programa Nacional de ITS/VIH/SIDA	Aurelio Núñez	Jefe de Programa
Ministry of Social Development	Ministerio de Desarrollo Social	Virginia Castellero	Coordinadora de Orientación y Atención Integral
Legal	Defensoría del Pueblo	Edith Tristán	Encargada de Unidad Especializada en VIH
SDP	Hospital Santo Tomás	Rigoberto Samaniego	Infectólogo Jefe de Sala
MOH	Programa Nacional de ITS/VIH/SIDA	Rosa Lowe	Técnica de Monitoreo y Evaluación
MOH	Instituto Conmemorativo Gorgas	Nestor Sosa	Director
MOH	Ministerio de Salud	Vacante	Sub Directora de Salud de la Población
Social Security	Caja de Seguro Social	Rudick Kant	Epidemiólogo
Civil Society (include Key Populations)			
PLWH, Women	Grupo Génesis Panamá	Miguel Sánchez	Director

Annex G: Original List of Key Stakeholders, Annotated

PLWH, Women	Grupo Génesis Panamá	Miguel Sánchez	Director
FSW	Mujeres con Dignidad y Derechos	Dulce Ana	Directora
	Aid for AIDS	Rita Banus	Coordinadora General
	Red Cross	Miguel Ariza	HIV point person
LGBT	AHMNP	Ricardo Beteta	Presidente
PLWH	Probidsida	Orlando Quintero	Director
PLWH,	Grupo Génesis Panamá	Fernando Solís	Coordinador de
LGBT	AHMNP	José Ramón Castillero	Coordinador de Proyectos
FP (IPPF)	APLAFA	Hilda Martínez	Coordinadora de Monitoreo y Evaluación
FP (IPPF)	APLAFA	Juana Cooke Camargo	Directora Ejecutiva
PLWH	Viviendo Positivamente	Dayra García	Directora
	IDEHSA	Manuel Burgos	Presidente
Prevention	EMESSAR	Carmen García	Coordinadora Técnica de Proyectos
	Consultora	Evelina Aedo	Consultora Independiente
Private/Business			
	Consejo Empresarial para la Prevención del VIH/sida	Lic. Fernando Márquez	
BC	CONEP	Ezequiel Vargas	Representante
	CONEP	Alfredo Burgos	Director Ejecutivo
	Cicatelli	Venus Tejada	Coordinadora de Proyecto
	Cicatelli	Jose Luis Chung	Director de Finanzas

Annex G: Original List of Key Stakeholders, Annotated

Honduras			
Donors			
USAID	USAID Honduras	Kellie Stewart	Health Officer
USAID	USAID Honduras	Ritza Avilez	HIV Specialist
Multilateral	Global Fund	Sr. Brian Husler	Director Nacional
USAID Projects	ULAT	Dr. Juan de Dios Paredes	Director
USAID Projects	Aidstar I	Dr. Rolando Pinel	Director
USAID Projects	Aidstar II	Sra. Yadira Almodovar	Directora
Multilateral	UNAIDS	Sr. Alberto Stella	Director
USAID Projects	Meta	Alejandro paredes	
Multilateral	PAHO	Dra. Gina Watson	Directora
Public			
MOH	Redes y Servicios	Dra. Sandra Pinel	Directora
			Apoyo Tecnico a la VM en implementacion de la Estrategia de Atencion Integral de VIH
MOH	Riesgos Poblacionales	Dra Maytee Paredes	Integral de VIH
Ministry of Youth		Olga Alvarado	Viceministra
MOH		Justa Urbina	
MOH	National AIDS Program	Dr. Héctor Galindo	Director
Ministry of Education		Elia del Cid	Viceministra
MOH	Redes y Servicios	Dra. Yolani Batres	Viceministra
Civil Society (include Key Populations)			
MSM, Transvestites	ASONAPVSI DAH	Denis Martinez	Director
PLWH	APUVIMEH	Jose Zambrana	Director
Garifunas	ECOSALUD	Dra. Sonia Guity	Directora
CSW	Asociacion Hondurena de Mujer y Familia	Maria Concepcion Caceres	Directora
PLWH	Llaves	Rosa Gonzalez	Directora
MSM	CSSI	Raul Coto	Director
	PRODIM	Javier Calix	Director
Private/Business			
	Jheisy Torres	COHEP	Asesora Legal
Costa Rica			
Donors			

Annex G: Original List of Key Stakeholders, Annotated

	UNFPA	Laura Sánchez	Encargada VIH y sida
Multilateral	ILO (OIT)	Ana Catalina Ramírez Abarca	Punto Focal para VIH y Mundo de Trabajo
USAID Projects	PASCA	Mariela Garron	Representante de País
	PASCA	Miriam Fernández	Coordinadora Técnica
Multilateral	UNFPA	Patricia Salgado	Representante a.i. de país
	UNFPA	Oscar Valverde Cerros	Oficial de Salud Sexual y Reproductiva
Multilateral	UNAIDS	Ivonne Zelaya	Punto Focal de país
	Capacity	Emmanuel Gómez	Representante de país
	Capacity	María José Longhi	Coordinadora de Campo
	PASMO	Kattia López	Coordinadora de Cambio de Comportamiento
	Cruz Roja Juventud Costa Rica	Ana Artavia Durán	Coordinadora proyectos VIH
Public			
Legal	Defensoría de los Habitantes de la República	Carlos Valerio	Profesional de Defensa Área Calidad de Vida
	Ministerio de Salud	Alejandra Acuña	Jefatura Unidad Planificación Estratégica en Salud y Coordinadora de Conasida
	Ministerio de Salud	Rosa María Vargas Alvarado	Jefe Unidad de seguimiento de Indicadores de salud
	Ministerio de Salud	Teresita Solano Chinchilla	Vigilancia ETS y VIH
SS	CCSS	Gloria Terwes Posada	Coordinadora Programa a nivel institucional de VIH
	Ministerio de Salud	Andrés Sánchez	Jefatura Dirección de Garantía de Acceso a los Servicios de Salud
	Ministerio de Salud	Juan Carlos Valverde	Encargado de VIH en servicios de salud
MOH	Ministerio de Salud	Dra. Sisy Castillo	Vice Ministra de Salud Presidenta de CONASIDA
Academic	universidad de Costa Rica, Escuela de Tecnología de la salud	Lizeth Taylor	Profesora catedrática, Representante UCR ante CONASIDA

Annex G: Original List of Key Stakeholders, Annotated

MOJ	Ministerio de Justicia y Paz	Dixiana Alfaro	Jefe Nacional de Servicios
SS	CCSS	Dr. José Miguel Rojas	Director Dirección de Desarrollo de Servicios de Salud
SS, SDP	CCSS	Dr. Oscar Porras	Coordinador Clínica de VIH Hospital Nacional de Niños
	CCSS	Dr. Julián Peña	Coordinador Clínica de VIH Hospital México
	CCSS	Dr. Néstor Azofeifa	Coordinador Clínica de VIH Hospital San Rafael
	CCSS	Dr. Antonio Solano	Coordinador Clínica de VIH Hospital Calderón Guardia
	CCSS	Dr. Alfredo Messino	Coordinador Clínica de VIH Hospital Monseñor Sanabria
SS, SDP	CCSS	Carmen Vargas Mejía	Coordinadora Clínica Atención VIH Hospital San Juan de Dios
Civil Society (include Key Populations)			
FSW	LA SALA Centro de Investigación y Promoción para América Central de Derechos Humanos -	Nubia Ordoñez	Coordinadora
LGBT	CIPAC- Defensa de niños y niñas internacional -	Daria Suárez Rehaag	Directora
Niños/niñas	DNI-CR	Karina van Wijk	Coordinadora General
LGBT	CIPAC	Daria Suarez Rehaag	Directora Ejecutiva
Transvestites	TRANSVIDA	Yanán Hernández González	Presidenta
Albergue	Nuestra Señora del Carmen	Randall Valverde Chinchilla	Coordinador tema VIH-sida
PLWH, FBO	Hogar de la Esperanza / Observatorio Centroamericano	Orlando Navarro Rojas	Director

Annex G: Original List of Key Stakeholders, Annotated

Women	ICW	Ruth Linares Hidalgo	Presidenta Junta Directiva
LGBT	MULABI	Natasha Jiménez	Coordinadora
Demography	Asociación Demográfica Costarricense (ADC)	Cristian Gómez	Coordinador de Proyectos
	Asociación Demográfica Costarricense (ADC)	Cinthia Chacón	Encargada de proyectos VIH
Youth	Centro Nacional de Juventudes	Manuel Francisco Abarca Arias	Promotor de Salud
Albergue	Asociación Unidos en la Esperanza	Mariangella Mata Guevara	Vocal I de Junta Directiva
Albergue	Asociación Unidos en la Esperanza	Thelma Baldares C.	
Diversidad sex y PVIH	Asociación MANU	Manuel Agüero Campos	Presidente
	CIPAC	Francisco Madrigal	Director Ejecutivo
	CIPAC	Gabriela Solano Rojas	Administradora de Proyectos
FBO	Iglesia Luterana Costarricense -ILCO-	Manuel Agüero Campos	Responsable Programa VIH-sida
SDP	Clínica VIH Hospital Calderón Guardia	Yadira Martínez López	Voluntaria, grupo par
Women	Asociación Esperanza Viva	Rosibel Zúñiga Guardia	Presidenta
Private/Business			
	AED	Erika Linares	Directora de Inversión Social
	UCCAEP	Jaime Molina Ulloa	Presidente de la Junta Directiva
Unión de Cámaras y Asociaciones de la Empresa privada	UCCAEP	Shirley Saborío	Directora Ejecutiva
Asociación Empresarial para el Desarrollo	AED	Luis Javier Castro Lachner	Presidente de la Junta Directiva
	AED	Silvia Lara	Directora Ejecutiva

Annex G: Original List of Key Stakeholders, Annotated

Belize			
Donors			
Multilateral	UNAIDS	Melissa Sobers	National Program Officer
Multilateral	UNICEF	Sherlene Tablada	Adolescent Development and HIV Officer
USAID Projects	Capacity Project	Jose Victor Perera	Country Representative
USAID Projects	USAID/PASCA	Adele Catzim-Sanchez	Country Representative
USAID Projects	PASMO	Guadalupe Huitron	Country Representative
Multilateral	UNFPA	Erika Goldson	Assistant Representative
Multilateral	UNDP	Mariana Mansur	HIV Programme Coordinator
	Drew Carey Foundation	Shiela Middleton	Programme Coordinator
Public			
MOH	Ministry of Health	Dr. Marvin Manzanero/Lorna Perez	Director National AIDS Program
Ministry of Women	Women's Department	Icilda Humes	Director
Ministry of Labor	Ministry of Labour	Claire Lamb	HIV Focal Point
MOH	National AIDS Commission	Kathy Esquivel	Chairperson
Ministry of Social Development	Ministry of Human Development	Judith Alpuche	CEO
Youth	Youth for the Future	Eckert Middleton	Manager HIV Unit
MOH	NHI	Ruth Jaramillo	Manager Primary Care
MOH	Ministry of Health	Natalia Largaespada Beer	Technical Advisor Maternal and Child Health
MOH	Ministry of Health	Aisha Andrewin	Epidemiologist
Civil Society (include Key Populations)			
	National AIDS Commission	Martin Cuellar	Executive Director
LGBT	UNIBAM	Caleb Orozco	Executive Director
HIV+ persons	C	Eric Castellano	President

Annex G: Original List of Key Stakeholders, Annotated

	Net+/Redca+		
	Hand in Hand Ministries	Abel Vargas	Executive Director
OVCs			
Women, Advocacy	POWA	Michelle Irving	Executive Director
Women	WIN Belize	Carolyn Reynolds	Executive Director
	Belize Council of Churches	Rev. Leroy Flowers	President
FBO			
SRH & Youth	BFLA	Joan Burke	Executive Director
	Belize Red Cross	Lilly Bowman	Executive Director
Youth			
OVCs	NCFC	Pearl Stuart	Executive Director
	Consultant	Joe Hendriks	consultant
	Consultant	Martha Carillo	consultant
Private/Business			
	Belize Chamber of Commerce	Amparo Mason	Member of the Board, Belize Chamber of Commerce (also Public-Private Sector Liaison, Office of the Prime Minister)

Annex G: Original List of Key Stakeholders, Annotated

Nicaragua			
Donors			
USAID	USAID Nicaragua	Marianella Corriols	Especialista de Salud
Multilateral	UNDP	Valeria Bravo	Asesor Oficial de Programa de VIH y sida
USAID Projects	PASCA	Anne Largaespada	Rep de Pais
	Cruz Roja Nicaraguense	Karla García	Directora Nacional de Salud y Bienestar Social
Public			
Ministry of Family	Ministerio de la Familia	Carmen Olivares	Coordinadora de la Dirección de VIH
Legal	Procuraduría de Derechos Humanos	Samira Montiel	Procuradora Especial para la Diversidad Sexual
Ministry of Education	Ministerio de Educación	Sobeyda Morales	Coordinadora de Área
MOH	MINSNA	Enrique Beteta	Secretario General
SS	Instituto Nicaraguense de Seguridad Social	Aurora Soto	Coordinadora Unidad de Proyectos de VIH- Proyecto Fondo Mundial
MOH	Ministerio de Salud	Sonia Doña	Coordinadora Componente Nacional de ITS, VIH y sida
Military	Cuerpo Médico Militar	Félix Olivas López	Jefe de Departamento de Medicina Preventiva
MOH	CORESIDA	Orlando Somarriba Watts	Presidente de CORESIDA
MOH	CONSIDA	José Antonio Medrano	Secretario Técnico
SS	Instituto Nicaraguense de Seguridad Social	Ana Francis Obando	Médica Técnica en VIH
Social Development	Ministerio de Gobernación	José Castaño	Director de Oficina de Prevención y Asistencia Social
Ministry of Labor	Ministerio del Trabajo	Francisco Bolaños Méndez	Director General de Higiene y Seguridad del Trabajo
Disaster Response	SINAPRED	Guillermo González	Secretario Ejecutivo
SDP	Centro de Educación y Promoción Social	Esperanza Camacho	Coordinadora Zona Norte
Civil Society (include Key Populations)			

Annex G: Original List of Key Stakeholders, Annotated

Trans	REDTRANS	Silvia Martinez	Coordinadora Nacional
	Centro de Educación para la Prevención del VIH	Norman Gutiérrez Morgan	Director Ejecutivo
Prevention	Red de Trabajadoras Sexuales	María Elena Dávila	Referente nacional
CSW	ASONVIHSIDA	Arely Cano	Presidenta
PLWH	Movimiento Comunal de Nicaragua	Enrique Picardo	Coordinador de Salud
HR	Asociación Quincho Barrilete	María Consuelo Sánchez	Directora Ejecutiva
youth, GBV		Miurell Verónica Watson Warman	Presidente Comisión de Salud
	CORLUSIDA	Pascual Ortells Chabrera	Director Técnico
Prevention	Fundación Nimehuatzin	Yelba Jarquin Rodriguez	Subdirectora
IEC	Fundación Xochiquetzal		
	Asociación Nacional de Infectología	Guillermo Porras	Presidente
Academic	ANICP+VIDA	Julio Mena	Director Ejecutivo
PLWH			
Private/Business			
	Consejo Superior de la Empresa Privada	Álvaro Guerra Báez	Coordinador de la Comisión de VIH

- Aragón, M., Escobar, P., & García, J. (2008). Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia del VIH/ITS en Poblaciones Vulnerables: Hombres que tienen relaciones sexuales con hombres - ECVC Honduras.
- Asociacion PASMO. (2011). Diagnostico Situacional de Estigma y Discriminación Relacionado a la Homofobia, Transfobia, Comercio Sexual y Personas con VIH en Centroamérica.
- Avances y retos en la implementación del Plan Estratégico Nacional de ITS, VIH y Sida 2006 – 2010: *Nicaragua. Monitoreo de Procesos de Implementación de Políticas Públicas*
- Avances y retos en la implementación del Plan Estratégico Multisectorial de VIH y Sida 2007-2010: *Panamá. Monitorio de Procesos de Implementación de Políticas Públicas.*
- Baral S, Sifakis F, Cleghorn F, Beyrer C (2007). Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review. *PLoS Med* 4, 12: e339. doi:10.1371/journal.pmed.0040339
- Belize: Progress and Challenges in Implementing the National HIV & AIDS, Strategic Plan 2006-2011. (2011). *Policy Implementation Monitoring Processes*. USAID/PASCA/National AIDS Commission.
- Calderón, J., (2011). *Diagnostico de redes regionales y nacionales, Organizaciones y Grupos en formados o en formación que realizan Proyectos y Actividades Dirigidas a la Prevención y/o Atención del VIH con Población Pemar, Panamá.*
- Castillero, J. & Martínez, H. (2012). Informe Nacional Sobre los Progresos Realizados en el País Panamá. ONUSIDA.
- Contrastes regionales en el financiamiento de la respuesta al VIH y Sida: Desafíos y Oportunidades.* Diciembre, 2011. USAID/PASCA.
- COMISCA. (2011). Contrastes regionales en el financiamiento de la respuesta al VIH y sida: Desafíos y Oportunidades.
- Escalante, L. (2011). *Diagnostico de redes regionales y nacionales, Organizaciones y Grupos en Formación que Realizan Proyectos y Actividades Dirigidas a la Prevención y/o Atención del VIH con Población PEMAR.* USAID/PASCA.
- Global AIDS Country Progress Report, Belize. (2012). National AIDS Commission.
- Grupo Técnico de trabajo: Políticas de VIH en Centroamérica. Agosto, 2011.
- Hembling, J. (2011). Analysis of the Situation and Response to HIV in Belize. *Policy and Legislative Inventory*. USAID.
- Hembling, J. (2011). Analysis of the Situation and Response to HIV in Belize. *Advances, Challenges and Opportunities*. USAID.
- Hembling, J. & Nowicki, K. (2011). Analysis of the Situation and Response to HIV in Belize. *Mapping the Response*. USAID.

- Hernández, E. & Armero, J. (2007). Taller para el Fortalecimiento del Componente de M&E de la Respuesta Centroamericana al VIH y el Sida. *Implementacion de los Planes de Monitoreo y Evaluación*. Ministerio de Salud Pública y Asistencia Social.
- Hernández, F., Guardado M., & Paz-Bailey G. (2010). Encuesta centroamericana de vigilancia de comportamiento sexual y prevalencia de VIH/ITS en poblaciones vulnerables (ECVC), subpoblación transgénero, transexual y travesti - El Salvador. Publicación UVG/Tephinet Inc., No. 12.
- Ibarra, A. & Sosa, R. (2002). La sostenibilidad del desarrollo en América Latina y el Caribe: desafíos y oportunidades. *Programa de las Naciones Unidas para el Medio Ambiente Oficina Regional para América Latina y el Caribe (PNUMA/ORPALC)*.
- Informe Nacional sobre los avances en la lucha contra el Sida 2010-2011: *Costa Rica*. (2012). Ministerio de Salud/CONASIDA.
- Informe Nacional Sobre los Progresos Realizados en la Lucha Contra el VIH y SIDA – *Guatemala*. (2012).
- Informe Nacional de Avances en la Lucha Contra el SIDA. (2012). Comisión Nicaragüense del Sida.
- Lungo, S., A., Oliva, K., Jiménez, V., Ramírez, M., Cordero, H., Jiménez, F., Fortín, I...Callejas, P. (2011). Estudio Especial: Estigma y Discriminación Hacia PEMAR y PCV en Centro América.
- Martínez, H. (2008). Diagnostico de Situación y Respuesta al VIH y SIDA en Panamá: Análisis y Conclusiones.
- Martínez, H. (2008). Diagnostico de Situación y Respuesta al VIH y SIDA en Panamá: Mapeo de Proyectos y Organizaciones.
- Martínez, H. (2008). Marco Legal Relacionado con la Respuesta al VIH/SIDA en Panamá.
- Martínez, M. (2012). Informe Nacional de Progreso en la Lucha Contra el Sida: Seguimiento a la Declaración Política sobre el VIH en 2011 - El Salvador.
- Mazariegos, L. (2010). Estudio exploratorio 2010 sobre conocimientos, actitudes, percepciones, prácticas sexuales y prevalencia ante el VIH de la comunidad trans trabajadora sexual de Ciudad de Guatemala. *Organización Trans Reinas de la Noche*.
- Medición del ambiente político en relación con el VIH Sida en El Salvador 2008/2009*. Hoja Informativa No. 2 (Diciembre, 2009). USAID/PASCA.
- Medición del ambiente político en relación con el VIH Sida en Costa Rica 2008/2009*. Hoja Informativa No. 5 (Diciembre, 2009). USAID/PASCA.
- Medición del ambiente político en relación con el VIH Sida en Guatemala 2008/2009*. Hoja Informativa No. 1 (Noviembre, 2009). USAID/PASCA.
- Medición del ambiente político en relación con el VIH Sida en Nicaragua 2009/2010*. Hoja Informativa No. 7 (Marzo, 2011). USAID/PASCA.

- Medición del ambiente político en relación con el VIH Sida en Panamá 2008/2009*. Hoja Informativa No. 3 (Diciembre, 2009). USAID/PASCA.
- Middleton, S. (2011). Diagnostic of Organizations, Groups, or Groups in the Process of Being Established, and National Networks Implementing Activities in Belize to Most Vulnerable Populations. USAID/PASCA.
- Monroy, M. (2011). *Diagnostico de Redes Regionales y Nacionales, Organizaciones y Grupos en Formación que Realizan Proyectos y Actividades Dirigidas a la Prevención y/o Atención del VIH con Población PEMAR: El Salvador*.
- Morales, T. (2011). *Diagnostico de Organizaciones no Gubernamentales, Grupos en Formación y redes nacionales que realizan actividades de prevención y/o atención dirigidas a poblaciones en mayor riesgo de vulnerabilidad al VIH: Guatemala*.
- Muñoz, S. (2009). Diagnostico de situación y respuesta al VIH y Sida en Costa Rica: Avances y Desafíos.
- Muñoz, S. (2009). Diagnostico de situación y respuesta al VIH y Sida en Costa Rica: Mapeo de Proyectos y Organizaciones.
- Muñoz, S. (2009). Diagnostico de situación y respuesta al VIH y Sida en Costa Rica: Marco Legal.
- Noriega, L. (2007). Marco Legal Relacionado con la Respuesta al VIH/SIDA en Guatemala.
- Noriega, L. (2008). Diagnóstico de situación y respuesta al VIH y Sida en Guatemala: Análisis y Conclusiones.
- Noriega, L. (2008). Diagnóstico de situación y respuesta al VIH y Sida en Guatemala: Mapeo de Proyectos y Organizaciones.
- Ocaña, G., Nadalich, J., Marconetto, A., Jure, H. Bloch, C. (2008). Salud, VIH-sida y sexualidad trans: Atención de la salud de personas travestis y transexuales – Estudio de seroprevalencia de VIH en personas trans. Retrieved from http://pasca.org/sites/default/files/salud_vih_sida_trans_hormonizacion_libro.pdf
- Orlich, J. (2007). *La Lucha Contra el SIDA en El Salvador, Un Compromiso de Nación*. Programa Nacional de ITS/VIH/SIDA/Ministerio de Salud Pública y Asistencia Social/Gobierno de El Salvador.
- PAHO. (2012, January 4). Salud para personas trans: debaten recomendaciones para servicios de salud. Retrieved from <http://new.paho.org/blogs/esp/?p=2379>
- PAHO Biennial Report 2008-2009. Retrieved from http://new.paho.org/hq/index.php?option=com_docman&task=doc_details&gid=12278&Itemid=99999999
- Partnership Framework Document to Support the Implementation of the Central American Regional HIV/AIDS Response between the Governments of the United States and the Governments of the Central American Region (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama). (2010). *A five-year strategy to jointly implement regional goals to reduce the*

transmission of HIV and to Minimize Negative Impacts on the People of the Central American Region.

- Perera, G. (2008). Perfil del VIH en Belice. USAID/PASCA. Retrieved from http://www.pasca.org/sites/default/files/presentacion_beliceperfil_vih.pdf
- Pinel, A. (2012). Informe de País de Avances en la Lucha contra el SIDA 2012 de Honduras.
- Pineda, Z. (2011). *Diagnostico de redes regionales y nacionales, Organizaciones y Grupos en formados o en formación que realizan Proyectos y Actividades Dirigidas a la Prevención y/o Atención del VIH con Población PEMAR, Nicaragua.*
- Plan Estratégico Nacional en ITS, VIH y Sida 2005-2010: Avances y retos en su implementación – El Salvador. (Septiembre, 2008). USAID/Ministerio de Salud.
- Plan Estratégico Regional de VIH y Sida de Centroamérica y Republica Dominicana 2010-2015. Marzo, 2010.
- Plan Estratégico Nacional Multisectorial de ITS VIH y SIDA 2009-2014, Panamá, Octubre 2009.
- Postigo, D. (2012). Monitoreo del Progreso de al Respuesta Política al VIH, presentation at the II Foro Nacional de Monitoreo y Evaluación, Panamá
- Rojas, O., Villeda, S., & Dueñas, M. (2012). Observatorio Centroamericano del VIH - El Salvador Informe Alternativo. *Análisis Informe Mundial de Avance en la Lucha contra el Sida de El Salvador 2012 y Propuestas de la Sociedad Civil.*
- Rojas, O., Cabezas, R., Umaña, H. (2012). Observatorio Centroamericano VIH – Capitulo Costa Rica. *Informe Alternativo.* Humanitas/Costa Rica
- Rojas, O., Mendoza, J., & Guerra, W. (2012). Observatorio Centroamericano del VIH: Informe Alternativo. *Análisis Informe Mundial de Avance en la Lucha contra el Sida de Honduras 2012 y Propuestas de la Sociedad Civil.*
- Sabidó, M.(2009). The UALE Project: decline in the incidence of HIV and sexually transmitted infections and increase in the use of condoms among sex workers in Guatemala. *Journal of Acquired Immune Deficiency Syndromes*, 51(1), S35–S41.
- Soto, R. (2007). Sentinel surveillance of sexually transmitted infections/HIV and risk behaviors in vulnerable populations in 5 Central American countries. *Journal of Acquired Immune Deficiency Syndromes*, 46, 101–111.
- UNAIDS Report on the Global Epidemic. (2010). *Joint United Nations Programme on HIV/AIDS.*
- UNAIDS (2010). Panama Country Situation.

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