

**PARTNERSHIP FRAMEWORK DOCUMENT  
TO SUPPORT IMPLEMENTATION OF  
THE CENTRAL AMERICAN REGIONAL HIV/AIDS RESPONSE**

**BETWEEN**

**THE GOVERNMENT OF THE UNITED STATES**

**AND**

**THE GOVERNMENTS OF THE CENTRAL AMERICAN REGION  
(BELIZE, COSTA RICA, EL SALVADOR, GUATEMALA, HONDURAS,  
NICARAGUA AND PANAMA)**

**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**

**March, 2010**

**List of Acronyms and Abbreviations**

AIDS	Acquired Immuno-Deficiency Syndrome
API	AIDS Program Effort Index
ART	Anti-Retroviral Therapy
ARV	Anti-Retrovirals
ASAP	AIDS Strategy and Action Plan
BCC	Behavior Change Communications
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
COMISCA	Central American Council of Ministries of Health
CONASIDA	National AIDS Commission
COPRECOS	Armed and Police Forces HIV/AIDS Prevention and Control Committee
DOD	Department of Defense
FSW	Female Sex Worker
GFATM(/GF)	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with AIDS
HIV	Human Immuno-Deficiency Virus
HIV/AIDS	Human Immuno-Deficiency Virus Acquired Immuno-Deficiency Syndrome
HMIS	Health Management Information System
HRH	Human Resources for Health
HSS	Health Systems Strengthening
IDU	Injecting Drug Users
IEC	Information, Education and Communications
LOE	Level of Effort
MARPS	Most at Risk Populations
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NASA	National AIDS Spending Assessment
NGOs	Non-Governmental Organizations
OIs	Opportunistic Infections
PAHO/WHO	Pan American Health Organization/World Health Organization
PC	Peace Corps
PEPFAR	The President's Emergency Plan for AIDS Relief
PF	Partnership Framework
PICT	Provider Initiated Counseling and Testing
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
QC	Quality Control
RCM	Regional Coordinating Mechanism
RRL	Regional Reference Laboratory
SI	Strategic Information
STI	Sexually Transmitted Infection(s)
SW	Sex Worker
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

USG  
VCT  
WB  
WHO

U.S. Government  
Voluntary Counseling and Testing  
World Bank  
World Health Organization

## **1.1 Purpose**

The overall purpose of the Central America Regional Partnership Framework (hereafter called "the Framework") is to reduce HIV/AIDS incidence and prevalence in the Central American region by joining resources and coordinating initiatives to enable a robust and more effective response to the region's epidemic. This is intended to be accomplished through a five year strategic plan for cooperation among the Government of the United States of America and the governments of seven Central American countries (Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panama).

This Framework offers the U.S. Government (USG) the opportunity to partner with Central American governments, regional and national agencies, civil society, and other donors to influence and mitigate the impact of the HIV epidemic through focused technical assistance and capacity building of persons and health systems. The Framework envisions both regional and national activities. For concrete, measurable impact under the proposed Framework, substantial inputs and technical assistance should focus support at the national level. However, there are key regional stakeholders that should be involved and have ownership of this document in order for the Framework to be a truly regional Framework. In the case of Honduras, El Salvador, Guatemala and Nicaragua, activities under this regional Framework are intended to support, complement and coordinate with existing USG bilateral HIV programs to ensure that activities not managed through the USG regional HIV program contribute to supporting the major goals of the Framework.

### **1.1.1 COMISCA – Regional Coordinating Mechanism (RCM)**

The response to HIV/AIDS in the Central American Region is led by the Ministries of Health and National AIDS Councils in each country, with the participation of civil society. However, there is a long history of regional collaboration throughout the region, especially in the area of health. COMISCA (the Central American Council of Ministries of Health) is the primary deliberative forum for all of the Ministers of Health in the region, created by the Presidents of the Central American countries in 1991. Established to emphasize a coordinated regional approach to health promotion and disease prevention, COMISCA's membership consists of the ministers of health of member countries; the World Health Organization (WHO) and designated technical experts have observer status. The goal of COMISCA is to set the agenda for guiding the regional health sector, and to identify, design and help resolve regional health problems. For example, COMISCA took a very proactive and coordinated approach to the recent H1N1 threat with exchange of information and a coordinated cross-border approach. Although HIV/AIDS policies and programs are developed nationally with local stakeholder input, COMISCA works to coordinate efforts and develop common regional goals and frameworks for dealing with health issues. COMISCA also implements some regional HIV/AIDS activities with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). COMISCA recently developed strategic parameters for a five year framework for HIV/AIDS in 2009 ("Lineas Estrategicas Regional de VIH-Sida para Centroamerica, Panama y Republica Dominicana" [January 2009]); the goals of the Partnership Framework are coordinated with this COMISCA framework.

Under COMISCA, the Regional Coordinating Mechanism (RCM) was created to monitor implementation of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) activities throughout the region. Over time the RCM has become the technical arm of COMISCA, with delegated authority to review and advise COMISCA on all STI and HIV/AIDS issues. The RCM can propose protocols, policies and other initiatives to be endorsed by COMISCA, something that can facilitate policy change and implementation via this regional matrix. The RCM includes the heads of the National HIV/AIDS programs from each country, donor agencies, representatives from vulnerable populations, and civil society. USAID and CDC both are non-voting members of the RCM.

### **1.1.2 PEPFAR and Partnership Frameworks**

The USG has been programming limited resources through its Five-Year HIV/AIDS Strategy in the region through both bilateral and regional HIV programs. Prior to the Framework, there was not a forum to coordinate USG regional and national efforts. The President's Emergency Plan for AIDS Relief (PEPFAR) has supported HIV/AIDS programs in the region in HIV prevention, policy, comprehensive care, and strategic information. The PEPFAR programs have led to direct impacts on targeted populations by increased access to services, information and education, and programs to reduce HIV transmission and minimize the impact of HIV/AIDS at the local level. The technical assistance targets both the public sectors and civil society to strengthen policy and build capacity to better coordinate and implement quality services at the national level. Additionally, PEPFAR helped develop the region's monitoring and evaluation capacity for HIV/AIDS and has implemented behavioral surveillance and other studies.

In 2008, the U.S. Congress reauthorized PEPFAR for an additional five year phase (2009-2013). During the first phase, PEPFAR succeeded in assisting host countries to save the lives of millions by partnering with the GFATM to bring ART and support to over 2 million people globally, and to strengthen programs in other critical areas. With such achievements, there was a recognition that the second phase of PEPFAR would focus on sustainability, in part by building local capacity both at the host government and indigenous NGOs, supporting country ownership and leadership, and strengthening the health systems to deliver and monitor health services for people living with HIV and AIDS (PLHIV). Equally important in this second phase is continued pursuit of the PEPFAR goals for prevention, treatment, care, health systems strengthening and policy reform.

### **1.1.3 Central America Partnership Framework**

This Framework consists of a five-year plan outlining the programming areas in which the participating partners, including host governments, national and regional organizations, the USG, other major donors, and civil society organizations intend to devote their efforts and resources. It lays out the expected contributions of each partner to address specific objectives and sets five-year benchmarks for measuring progress of activities carried out collaboratively under this Framework. More specific detail on programmatic approaches, budget, and other resources is intended to be included in a Partnership Framework Implementation Plan.

The USG has established important partnerships with the ministries of health and National AIDS Committees in each country, regional organizations such as COMISCA (Central American Council of Ministries of Health), COPRECOS (Armed and Police Forces HIV/AIDS Prevention and Control Committee), UNAIDS, PAHO/WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), other international donors and local and international NGOs. This Framework represents a consensus of all of the major partners to focus on evidence-based approaches that are tailored to the specific conditions of the epidemic in the countries in the region. All partners recognize the importance of concentrating on their respective comparative advantages in implementing programs to ensure synergies and integration of efforts and to reduce HIV/AIDS and mitigate its impact. Framework activities may vary by country; the level of effort (LOE) in each country is to be decided based on the needs assessments completed between January and June 2009, the capacity of the national governments and NGOs to implement activities, and the capacity of existing USG bilateral and regional programs. Decisions should be made in close coordination with national governments and major stakeholders.

### **1.1.4 Regional Ownership and Value Added of Partnership Framework in Central America**

The Framework provides the opportunity for closer collaboration, greater synergy, and integration of health efforts by all major partners as well as enhanced collaboration between USG national and regional programming. Expected contributions of each partner are articulated in Tables 2.2 and are expected to be regularly monitored for adherence over the five-year life of the Framework. As such, the Framework aligns all HIV/AIDS activities under a strategy designed to address the epidemic in the region. The Framework provides a tool for harmonizing the national and regional strategies of all major partners in one document. It takes advantage of complementary strengths of the

various Central American actors and offers partners an important opportunity to work under a unified strategy, to set common goals and targets, and to avoid duplication of efforts. The technical assistance provided to host governments is intended to further help them take leadership in fighting the epidemic and to take ownership of all activities supported under the Framework thus enhancing the potential for sustainability. Moreover, civil society has been well represented in the Partnership Framework consultation process to date and is expected to continue as active partners. Additionally, the Partnership Framework provides the ability to leverage the international donor community (GFATM, WB, USG and others) and to coordinate their actions.

## **USG**

The Framework identifies areas where USG, host governments, GFATM (regional and local grants), and other donors seek to concentrate their efforts, and highlights the complementary role of USG agencies' assistance in attaining regional and national goals. Although USG bilateral and regional HIV/AIDS programs are managed separately, the Framework encompasses all USG HIV/AIDS interventions and ensures that all activities supported by the USG are in line with each other and with the other partners throughout the region. This represents an opportunity for closer collaboration of USG efforts, on the national and regional levels, and broader dissemination of lessons learned and best practices in HIV/AIDS programming. The USG endeavors to ensure that its efforts build on evidence-based approaches that can be sustained and are fully supported by host governments and other partners in the region. As a result, all activities should be designed for eventual transition to local, national, and regional entities to ensure country and regional ownership.

### **Regional Approach**

Regional coordination through the Framework and the subsequent PF Implementation Plan provides an opportunity to address more fully the various MARPs where it is possible to have a real impact on the epidemic. It also takes into account cross-border issues and multi-country issues (e.g., Garifuna, mobile populations). The regional Partnership Framework, regionally monitored, creates an opportunity to disseminate lessons learned and best practices and to share experiences across the region. Eventually, the Framework through its technical assistance activities expects to strengthen the capacity and create the conditions to address HIV/AIDS in a more sustainable way.

### **Ensuring Commitment and Sustainability**

This Partnership Framework is based on considerable national government commitment to fighting HIV/AIDS to date. Host governments provide a full 63 percent of all HIV/AIDS funding in Central America, followed by the GFATM's 20 percent contribution, the USG contribution (9 percent<sup>1</sup>), and other donors (7 percent). Thus, the Framework leverages governmental and other partners' funding to strengthen the overall response to the epidemic. This Partnership Framework is a technical assistance model, not an implementation model, working directly within the COMISCA goals and framework. It aims to increase institutional and human resource capacity to provide high quality, appropriate HIV/AIDS interventions. Once capacity is strengthened, the assumption of this Framework is that the Central American countries are to continue fighting the epidemic with local and other donor resources, with minimum continued input from the USG. As a technical assistance model of a PF, the USG brings *limited* additional financial resources and therefore, there is no intention to displace the significant role that host governments and other partners play in addressing HIV/AIDS in the region. On the contrary, the USG's HIV/AIDS activities in the region have always focused on its collaborative role and emphasis on sustainable technical assistance interventions. The Partnership Framework formalizes this principle to a greater degree and more explicitly recognizes the primary role of host governments in addressing HIV/AIDS as well as the role of other stakeholders such as civil society partners to actively participate and monitor Framework results.

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<sup>1</sup> This does not include the 27% of the GFATM contribution that comes from the USG, which would put the USG contribution closer to 15% of the total.

The future impact of the current worldwide economic downturn, which has seriously affected Central America, remains unknown. While neither the economic climate nor its potential effect on future funding for HIV/AIDS can be predicted, it is assumed that the economic crisis should be resolved during this five-year Partnership Framework, and that governments and other partners can continue to commit significant economic and human resources to meet the goals established in the Partnership Framework.

## 1.2 HIV/AIDS in Central America

Most Central American countries, with the exception of Belize, are characterized by a concentrated epidemic (i.e., HIV prevalence of less than one percent in the general population and greater than five percent among specific subgroups) focused among men who have sex with men (MSM), transgender, male and female sex workers (SW), SW clients and partners, certain ethnic groups (e.g. Garifuna), and mobile populations. In response to the epidemic, host governments, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other partners in the region, have focused on providing antiretroviral (ARV) treatment, care for people living with HIV (PLHIV), Prevention of Mother-to-Child Transmission (PMTCT) and behavior change communication for low and high risk groups. While ART coverage in the region ranges from 60 percent (Guatemala and Honduras) to 100 percent (Costa Rica), such wide ranges may be attributable to the variability in the number of eligible individuals accessing available treatment services, low retention rates, and incomplete uptake of subpopulations with the highest HIV prevalence, among others. HIV activities supported by host governments have notably limited coverage of most-at-risk populations (MARPs); therefore, the proposed Partnership Framework should sharpen the focus on MARPs and ensure a more enabling environment to work with key populations as well as to provide technical assistance to programs designed to increase patient retention and to reach subgroups with higher HIV prevalence rates.

According to UNAIDS (2008), HIV prevalence in adults in Central America is highest in Belize (2.1 percent), followed by Panama (1.0 percent), El Salvador (0.8 percent), Guatemala (0.8 percent), Honduras (0.7 percent), Costa Rica (0.4 percent), and Nicaragua (0.2 percent)<sup>2</sup>. However, much higher prevalence is found among certain population subgroups. Research conducted in 2002 suggested that infection levels among MSM ranged from 9.3 percent in Nicaragua to 17.8 percent in El Salvador. High HIV prevalence has also been found among female sex workers (FSW), but it is considerably lower than for MSM, ranging from <1 percent in Nicaragua to 4.5 percent in Honduras. Data from a 2006 survey provided information on the epidemic in Honduras and indicated that there has been a decline in HIV prevalence from 9.2 percent among FSW in 2002 to 4.5 percent, and from 13 percent to 9.9 percent among MSM. This decline parallels an increase in consistent condom use among these population groups, which suggests that condom promotion and other prevention efforts may have had a positive impact. There are no country-level studies to date on injecting drug users (IDU) to assess their potential role in HIV transmission, with the exception of Honduras where the 2006 survey found that 1.5 percent of MSM and 4.0 percent of FSW reported the use of injectable drugs. TB surveillance varies greatly in the region; the available data show that the estimated HIV prevalence among TB patients in Guatemala is about 20 percent.

### 1.2.1 Gaps in HIV/AIDS Programming in Central America

In September 2008, USG representatives met with stakeholders from all seven countries in the region to identify current gaps in HIV/AIDS programming. This working session included representatives from Ministries of Health, civil society, and donors. At this meeting specific areas for intensifying HIV/AIDS efforts were identified. The four broad areas discussed included prevention, systems strengthening, strategic information, and policy reform. The following summarizes some of the major gaps identified in each of these areas.

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<sup>2</sup> New data from the Nicaraguan Ministry of Health's Health Surveillance Department have not yet been incorporated into the UNAIDS figures, however, the new data suggest that the adult HIV prevalence rate is probably higher than the current UNAIDS figure for Nicaragua.

- Prevention: promoting behavior change among most at risk populations (MARPs); overcoming barriers to Voluntary Counseling and Testing (VCT) especially among the most vulnerable groups; diagnosing and treating STIs.
- Health system strengthening (HSS): increasing human resource capacity among health care providers, especially those working with members of vulnerable populations and PLHIV; developing effective information systems for monitoring community-based care; improving supply chain management.
- Strategic Information (SI): strengthening surveillance; conducting special studies; improving capacity for collecting, analyzing, and using information for decision making; monitoring and evaluation.
- Policy Reform: increasing implementation and enforcement of policies already approved that would provide enabling environments for addressing needs of MARPS, especially those policies related to reducing stigma and discrimination; coordinating multisectoral support to achieve policy reform.

Currently, the USG bilateral and regional programs support the Central American response to the HIV epidemic in prevention, health systems strengthening, strategic information and improving the policy environment to more effectively address HIV/AIDS. In HIV prevention, USG activities have focused on prevention among MARPs, including behavior change to reduce the risk of sexual transmission; STI screening, diagnosis, and treatment; social marketing of condoms; expanding VCT; and providing community-based information, education and communication (IEC) for those most vulnerable to infection. However, these efforts are not enough to meet the needs in the region, and there is a major gap in prevention activities in regards to coverage as well as targeting people living with HIV/AIDS (PLHIV) and their partners.

In health system strengthening, USG activities have focused on improving skills of providers to care for PLHIV, establishing systems to ensure quality of services, and developing policies and protocols for care. Host governments, the Global Fund, USG, and other donors have made significant progress over the past several years in improving quality services and access to care and treatment for people living with HIV/AIDS, but much work remains to be done. USAID bilateral programs have also worked to improve commodity and supply chain management, but additional work remains. A reliable supply of HIV-related commodities and strengthened logistics management systems should be part of a comprehensive strategy to strengthen health systems and thus boost the potential for sustainability of HIV/AIDS and integrated health systems approaches.

In strategic information, host governments, USG agencies, and other donors have been working on regional approaches to implement second generation HIV/AIDS surveillance, and national and regional best practice trainings have been conducted in surveillance, monitoring and evaluation (M&E), and laboratory systems. Despite considerable efforts, the regional gaps analysis highlighted the continuing need to strengthen regional monitoring and evaluation capacity, surveillance capacity and the capacity to use data for decision-making and for evidence-based programming.

Over the past 13 years, the USG has been working to improve the policy environment to address HIV/AIDS in the region. The USG has provided technical assistance that has led to the promulgation of over 140 significant laws, regulations, executive orders and decrees in Central America. These address such issues as stigma and discrimination, gender and access to quality services for MARPS. In working in the policy arena, the USG has linked directly with host governments, but has also formed strategic alliances and strengthened key civil society actors such as PLHIV and other groups representing vulnerable populations so that they can be better positioned to advocate for positive policy changes and act as watchdogs to ensure their implementation.

### 1.2.2 Analysis of Current HIV/AIDS Policy Environment

With USG support and technical assistance, national initiatives such as the launching of anti-stigma campaigns, implementation of anti-stigma policies, the formation of HIV/AIDS business councils to promote workplace policies on HIV/AIDS, or the creation of associations of medical providers to combat HIV have begun to foment an environment of increased tolerance and improved quality and access to HIV services. Political commitment at the highest levels has been critical for implementing HIV/AIDS programs, and Central American host governments have signed on to some very significant policy frameworks and established many of the structures needed to promote a positive HIV/AIDS policy environment.<sup>3</sup> Although the effort has been impressive, implementation of these policies has fallen far short of expectations, creating major barriers to developing effective regional and national HIV/AIDS responses. While there is an established legal and regulatory framework in the region, the primary gap in regards to improving the policy environment is ensuring implementation and compliance in key policy areas whether they deal with stigma and discrimination issues, changing rules to allow use of rapid tests and female condoms, or universal access or the implementation of the three "ones" principles. A key element of the Partnership Framework's policy reform effort is to take advantage of what in many ways is an adequate HIV/AIDS legal and policy framework in the region and work with national governments to implement existing policies and to assist with the development of policies where none exist.

### 1.3 Principles

The Framework is a non-binding, joint strategic planning document. In implementing the Framework, the USG agencies, COMISCA and participating Central American country governments intend the Partnership to be governed by the following principles:

- Alignment of the Central America Regional Partnership Framework with the COMISCA HIV framework and the National HIV/AIDS Strategic Plans of all participating countries;
- Joint management of the Framework by USG and national and regional stakeholders;
- Alignment with the "Three Ones" Principle in each country: One National Strategy, One National Authority, and One National Monitoring and Evaluation system;
- Major focus on building country capacity to lead and manage sustainable national HIV and AIDS programs, transitioning responsibilities and control to government-coordinated systems over an agreed timeframe;
- Greater Involvement of Persons Living with HIV/AIDS (GIPA) in all aspects of the Framework development and implementation;
- Greater capacity to share best practices within the region to showcase country programs utilizing model practices and facilitating the adoption of these model practices elsewhere in the region;
- Gender considerations, emphasizing the specific risk factors based on gender or gender identity, addressing harmful social norms and reducing stigma and discrimination in all policies and activities under the Framework;
- A clear definition of the roles and mutual contributions of all partners, with emphasis on high level government ownership across the region;
- Measurable goals and objectives, including national and regional target-setting by USG and all Central American partners to the Framework;
- Strong alignment to better leverage resources and collaborate with the support provided by other bilateral and multilateral agencies in the region, including GFTAM, World Bank, UN agencies, PAHO and others to build capacity in sustainable regional and national responses;
- Recognition that achievement of the partnership goals calls for USG, national governments, and other partners' resource flows are limited and in aggregate beyond the ability of any one partner to sustain; and

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<sup>3</sup> These include the Declaration of San Salvador; Mexico Declaration; Universal Access Initiative; Summit of Nuevo Leon; and adhere to UNGASS and the 3 "Ones" principles as well as Resolutions from COMISCA

constraints on availability of funding from either signatory or from other key partners could lead to modifications in the Framework;

- Prioritization of geographic areas and most at-risk populations to achieve the greatest impact using strategic information and data to guide and target interventions;
- Alignment of the comparative strengths of the U.S. Government agencies implementing PEPFAR, including technical support and strengths of implementing partners to delivery quality services

## 2. Five Year Strategic Overview:

### 2.1 High Level Partnership Framework Goals

The **shared, overarching vision** of this Framework is to sustainably deliver highly effective, quality HIV/AIDS prevention, care and support services to increased numbers of beneficiaries through strengthened Central American regional and national health systems and personnel by the end of the five-year Framework period. To achieve this vision, the Framework development team worked within the **COMISCA Five-Year Regional Strategic Framework (2009-2013)**. This regional framework was approved by all of the Ministries of Health in the seven participating countries in June 2009 during the COMISCA meeting in Managua, Nicaragua. The COMISCA Framework strategy reflects a thorough consultative process between the National AIDS Directors and representatives from civil society organizations, donors, and USG agencies and partners in the region. The document identifies six major themes:

- Implementation of one regional authority with a wide, multisectoral HIV/AIDS mandate;
- Strengthening the strategic framework for coordinated regional management of HIV/AIDS/STI;
- Generating regional HIV strategic information for decision-making developed and analyzed and shared across the region;
- Promoting a regional policy to work towards universal access;
- Strengthening regional networks for civil society and PLHIV involvement in HIV/AIDS programming;
- Designing and implementing a mechanism to harmonize and standardize action plans of donors working in HIV prevention.

In line with this document, the Framework working group and regional partners developed Framework goals that fit strategically with the Regional COMISCA strategy:

- Goal 1:**           **Prevention:** To increase healthy behaviors among MARPS to reduce HIV transmission<sup>4</sup>
- Goal 2:**           **Health Systems Strengthening (HSS):** To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.
- Goal 3:**           **Strategic Information (SI):** To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.
- Goal 4:**           **Policy Environment:** To improve the policy environment for reaching the ultimate goal of Universal Access<sup>5</sup> to HIV/AIDS services in the Central America region.

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<sup>4</sup> Healthy behaviors include: Increased condom use, reduced number of sexual partners and increased access to HIV testing.

<sup>5</sup> Universal Access refers to a commitment of worldwide leaders to develop and implement measures to move toward "universal access" for prevention, treatment, care and support services by 2010

### **Goal 1: Prevention: To increase healthy behaviors among MARPS to reduce HIV transmission**

Given that the HIV prevalence in the general population is still relatively low, prevention interventions among individuals engaged in high risk sexual activities are critical to controlling the spread of HIV and sexually transmitted infections (STIs) in the region. Focusing interventions on these groups is key to having an impact on reducing the transmission of HIV. Targeted interventions in MARPs, particularly prevention activities with MARPs (e.g. SW, MSM and transgender), including behavior change programs, should be a key focus of the PF. These prevention efforts intends to focus on technical assistance for programs that increase condom use, reduce the number of partners, and increase access to HIV and STI counseling, testing and treatment. Little work has been done to date in the region to reach PLHIV with prevention programs. The PF provides an opportunity to design context specific, culturally appropriate prevention interventions for HIV positive men and women. This Framework focuses on groups most at risk for infection, and complements activities already being funded and implemented by the GFATM, host governments and other partners, including VCT services for the general population, behavior change interventions among youth and PMTCT.

#### **Gaps**

1. Limited cost effective, context appropriate prevention interventions based on evidence that demonstrate achievements in changing the behavior of MARPS and PLHIV in reducing the risk of HIV transmission.
2. Limited availability of quality HIV/AIDS and STI related services.
3. Inadequate MARPs' access to and utilization of counseling and testing services.

#### **Regional and National Strategic Interventions:**

1. Develop and implement cost-effective, context appropriate and evidence-based prevention interventions for MARPs and PLHIV that address the needs of these specific groups.
2. Improve the screening, diagnosis, and treatment of STIs in MARPs by building technical capacity that includes sensitization and comprehensive approaches among service providers, expanding access to laboratory services for MARPs, and linking treatment to care and prevention services.
3. Expand access to counseling and testing services for MARPs, in all levels of public and private health services and community based organizations.

#### **Policy Reform**

1. Policies that reduce gender-based violence and stigma and discrimination due to HIV serostatus and sexual orientation.
2. Norms/protocols promoting the primary use of rapid HIV tests by a broad range of health service providers.
3. Policies/norms/protocols that foster MARP friendly services and increase access to prevention services, including counseling and testing.

## Benchmarks<sup>6</sup>

1. Increase from baseline<sup>7</sup> the number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet national or international standards.
2. Increase from baseline the number of MARPS with STIs who are appropriately diagnosed, treated, and counseled at health care facilities.
3. Increase from baseline the number of MARPs who received an HIV test in the last 12 months and who know the results.

**Goal 2: Health Systems Strengthening: To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas<sup>8</sup>: service delivery, health workforce capacity and timely and adequate provision of essential medical products.**

Discrete and targeted investments in the three key areas identified above are critical to ensure program sustainability, improve quality of HIV/AIDS services, and support service delivery to MARPS, the drivers of the epidemic in Central America. The USG seeks to increase efforts to provide technical assistance to Central American countries to strengthen the quality of HIV services, including HIV-TB co-infection, and aims to work with partners to assess where the needs are greatest for improving service delivery, including institutional and human resource capacity to deliver quality HIV related services and improve supply chain management. Resources should target programs and services that reach MARPs. The Framework should allow for close collaboration among all of the partners working in health systems strengthening to ensure a joint multisectoral response. The collaboration among host governments, USG and other partners, such as the Global Fund and the World Bank intends to better leverage resources to support, improve and expand health service delivery for MARPs.

Achieving Framework goals requires a well trained and properly motivated workforce as well as effective and quality service delivery systems. The lack of capacity among health workers to provide quality services for MARPs is a barrier to scaling up HIV services. Technical assistance, particularly in the area of training, is to support pre- and in-service education, including clinical, public administration, monitoring and evaluation, epidemiology, laboratory science and training for professionals and community health workers. Decreased stigma and discrimination toward MARPS and PLHIV by health care providers is an essential key objective of the PF. Framework activities in systems strengthening aim to promote successful job skills transfer, expansion of a currently successful supportive supervision methodology, and consistent job performance evaluation and feedback to improve service delivery. Moreover, USG PF Framework investments in HSS should provide technical assistance to support regional and national laboratory capacity for HIV, Tuberculosis and STI, diagnosis surveillance and quality control and leverage other donors/host government resources to address other gaps in regional and national laboratory services. Additionally, Framework activities recognize a need to continue to focus on improving skills and technical capacity to improve supply chain management, ranging from assessments, training and developing and/or improving the performance of supply chain management systems.

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<sup>6</sup> Prevention benchmarks are to be measured at country-level, but may not include all seven countries.

<sup>7</sup> Specific changes for 5-year benchmarks are expected to be noted in the PF Implementation Plan for those benchmarks for which baseline data is available.

<sup>8</sup> These areas represent three of the six building blocks as defined by WHO for HSS.

### Gaps

1. Limited national and regional laboratory capacity for HIV/AIDS, other STIs, TB and OI diagnostics, quality assurance/control and staff training, as well as inadequate national HIV testing algorithms.
2. Limited institutional and human resource capacity to respond to the epidemic.
3. Weak supply chain management systems resulting in stock-outs, delays and insufficient coverage.

### Regional and National Strategic Interventions

1. Strengthen institutional capacity to improve and expand HIV/AIDS quality service delivery to MARPs including national and regional laboratories.
2. Develop methodologies and implement activities to improve institutional and human resource capacity to respond effectively to the HIV/AIDS epidemic among MARPs.
3. Strengthen the commodities and supply chain management systems to ensure minimum stock-outs, delays and increased coverage and maximize the use of cost-effective medications, technologies, services and laboratory supplies.

### Policy Reform

1. Norms and protocols allow the provision of HIV services (tailored specifically to MARPs and PLHIV) by a broad range of trained health and lay workers.
2. National algorithms include options for HIV rapid testing, same day results and task shifting to allow VCT by trained lay workers.

### Benchmarks<sup>9</sup>

1. Increase the number of testing facilities in the Central American region that are capable of performing HIV-related laboratory tests in accordance with WHO guidelines.
2. Increase from baseline the number of health care workers who successfully completed a pre- and in-service training program
3. Reduce from baseline the number of stock-outs in ARV medications.

**Goal 3: Strategic Information (SI): To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.**

Under this Framework, SI activities should move towards both standardizing and harmonizing indicators and information systems needed to support prevention, policy and health system strengthening goals and increasing local ownership and production of information needed for monitoring and managing HIV/AIDS programs. To achieve this, participating stakeholders (USG, host governments, civil society, COMISCA UN agencies, GFATM, World Bank and other international organizations) plan to commit financial and human resources to develop national strategic

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<sup>9</sup> HSS Benchmark 1 is to be regionally measured. For Benchmarks 2 and 3, these are to be measured at country-level, but may not include all seven countries.

information systems. USG investments should focus on capacity building among host government and regional entities to ensure sustainability over time.

Regional and country level strategic information activities seek to promote human capacity building, data collection and use and information exchange on surveillance and surveys, monitoring and program evaluation, and health information systems. Inter-country knowledge sharing should be strengthened in order to have a stronger and larger pool of technical resources in the region. An important objective of the Framework is to provide opportunities for sharing lessons learned on interventions, methodologies, and information systems in Latin America.

### **Gaps**

1. Lack of unified M&E systems in the region, including an agreed-upon set of core indicators at country and regional levels and a limited culture of evaluation and performance monitoring.
2. Current national HIV related information systems are isolated from other health-related programs and there are multiple parallel SI systems.
3. Limited national and regional ability to synthesize, analyze and use all data available for HIV programming, insufficient data to characterize the epidemic among MARPS and insufficient information and feedback provided at all levels of the health system.

### **Regional and National Strategic interventions**

1. Strengthen country and regional monitoring and evaluation and promote the use of data for decision-making.
2. Strengthen country level strategic information by supporting the development of sustainable and harmonized information systems including new approaches suitable to concentrated HIV epidemics.
3. Strengthen the collection, analysis, interpretation and dissemination of data at the country and regional levels to characterize the epidemic, focusing on high-risk and vulnerable populations.

### **Policy Reform**

1. Data sharing policy for use and reporting purposes at regional and national levels.
2. Country specific funding assigned in national budgets for HIV/AIDS surveillance and M&E.

### **Benchmarks<sup>10</sup>**

1. Existence of nationally-coordinated multi-year monitoring and evaluation plans with a schedule for survey implementation and data analysis.
2. Increase from baseline the number of UNGASS indicators coming from a national information system
3. All seven countries in the region have HIV prevalence data available for MARPS published in the last 4 years.

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<sup>10</sup> Strategic Information benchmarks are to be measured at country-level, but with the exception of benchmark #3 may not include all seven countries

**Goal 4: Policy Environment: To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the Central America region**

At this stage of the epidemic, policies and program gaps still pose significant barriers to reducing HIV and mitigating its impact on households, health systems and national social and economic development. Increased collaboration to maximize synergies and integrate programming efforts should provide an opportunity to overcome some of these barriers by expanding prevention for MARPs, strengthening community-based care and support, decreasing stigma and discrimination related to HIV/AIDS, facilitating the identification of individuals needing testing, treatment and care, improving strategic information, and intensifying efforts to implement appropriate policies that provide an environment to more effectively address HIV/AIDS in the region. It is also important to coordinate strategic planning activities at national and regional levels and to promote evidence-based policies and programs related to HIV prevention, care and treatment.

Stigma and discrimination are driving forces of the epidemic and need to be tackled by enforcing existing laws and involving as many stakeholders as possible, including the public sector, civil society, faith- and community-based organizations and the private sector. Via national and regional business councils on AIDS, the PF expects to foster initiatives to design and implement HIV/AIDS workplace policies.

The signatories to the Partnership Framework recognize that integrating gender issues into all activities is critical to the quality and sustainability of HIV/AIDS prevention, treatment, and care interventions. All partners have supported a wide variety of gender-focused activities to tackle critical gender issues. Under the Framework, partners acknowledge the need to continue to intensify support for gender-integrated approaches related not only to access and quality of services but also towards the empowerment of women through strengthened individual, family, and community-level interventions. In addition, programs focusing on men and boys should continue to expand as they are critical to achieving both successful gender programs and to ensuring the reduction of HIV transmission. Transgender populations are at especially high risk of HIV transmission, among other health and social concerns, and activities need to include transgender populations. As appropriate, the Framework Implementation Plan should take gender issues into account and address how the proposed activities may affect aspects of gender discrimination, stigma, violence, and changing societal norms that place certain groups at higher risk of HIV.

The Framework partners seek to work closely with the GFATM to provide targeted technical assistance to help national or regional bodies develop new GFATM proposals, or develop and implement programs under existing GFATM grants, all with an eye to ensuring proposals and implemented programs focus on the identified programming gaps and complement the Framework.

**Gaps**

1. Implementation and enforcement of laws and policies to address stigma and discrimination, sexual violence and gender inequities that are key drivers for HIV transmission.
2. Limited involvement and capacity of civil society to effectively participate in strategic planning, policy design, implementation and monitoring and evaluation.

**Regional and National Strategic Interventions:**

1. Support the development and implementation of policies with multisectoral involvement to reduce stigma and discrimination (sexual orientation, HIV status, occupation and other), sexual violence and address gender inequities.
2. Strengthen the design, management and implementation of GFATM proposals and activities to ensure strategic programming of these resources.

3. Promote multisectoral involvement and capacity of civil society to effectively participate in strategic planning, policy design, implementation and monitoring.

#### **Benchmarks<sup>11</sup>**

1. Improved API <sup>12</sup>score every two years for each country.
2. Increased number of GFATM projects and grants that are evaluated as A and B1.<sup>13</sup>
3. Increase from baseline the number of organizations received TA for the development of HIV related policies.

## **2.2 Table of Goals and High level Contributions**

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<sup>11</sup> Benchmarks are to be measure at a regional level, but also include country level monitoring, particularly for Benchmarks 1 and 3.

<sup>12</sup> AIDS Program Effort Index –API- is the average score given to a national program (or components of) by a defined group of knowledgeable individuals in a given country. The components to be measure are: Political Support, Legal and Regulatory Framework, Policy Formulation, M&E and Human Rights.

<sup>13</sup> GFATM regional grants and proposals as well as country-based grants.

**Goal 1: Prevention:** To increase healthy behaviors among MARPPs to reduce HIV transmission

Strategic Interventions	Illustrative HIV activities under 5 years of PF	Host Government/ COMISCA	Other partners	Benchmarks
<p>Develop and implement cost-effective, context appropriate and evidence-based prevention interventions for MARPPs and PLHIV that address the needs of these specific groups.</p>	<p>USG (in coordination with Central American governments)</p> <ul style="list-style-type: none"> <li>Coordinate complementary HIV prevention plans and activities linked to broader issues, including sexuality and gender.</li> <li>Promote the creation of national and regional guidance to develop and conduct effective behavioral change interventions among MARPPs.</li> <li>Develop and implement innovative, cost-effective prevention interventions for MARPPs and PLHIV, based on strategies with proven efficacy and behavioral change achievements among core groups, emphasizing those based on the needs and characteristics of the groups</li> </ul>	<ul style="list-style-type: none"> <li>Provide leadership for HIV prevention activities and scale-up promising pilot activities to provide access to evidence based services for MARPPs, ensuring civil society participation for programs with MARPPs and PLHIV.</li> <li>COMISCA: Support the harmonization and implementation of plans and programs to improve HIV prevention focused on MARPPs.</li> </ul>	<p>UN Agencies, GFATM, civil society and other donors: Coordinate efforts to ensure HIV prevention programs for MARPPs and PLHIV are carried out in a collaborative manner.</p> <p>Other Donors: Complement prevention efforts in BCC programs by addressing other populations (e.g. youth at risk, mobile populations)<sup>14</sup></p> <p>Civil Society: Develop and implement prevention activities in places and populations where health systems can not be reached.</p>	<p>Increase from baseline<sup>15</sup> the number of MARPPs reached with individual and/or small group level interventions that are based on evidence and/or meet national or international standards</p>
<p>Improve the screening, diagnosis, and treatment of STIs in MARPPs, by building technical capacity that includes sensitization and comprehensive approaches of service providers, laboratory service capacity, and linking treatment to care and prevention services.</p>	<ul style="list-style-type: none"> <li>Build technical capacity that includes sensitization and comprehensive approaches of service providers</li> <li>Strengthen laboratory services</li> <li>Link treatment to care and prevention services.</li> </ul>	<ul style="list-style-type: none"> <li>Increase access to HIV prevention services and commodities (STI diagnosis and treatment, condoms) for MARPPs and PLHIV, and ensure the availability of necessary materials, supplies, trained staff, equipment and facilities for STI services. This role is not exclusive of the central government; local entities at the municipality level should also contribute to these efforts.</li> <li>COMISCA: Monitor expansion and improvement of quality services for STI diagnosis, care and treatment for MARPPs</li> </ul>	<p>GFATM: Support BCC activities and ensure the availability of HIV services and products for MARPPs and PLHIV (procure STI drugs and diagnostic supplies, condoms, support human resources).</p> <p>Other Donors: Complement prevention efforts by addressing other populations (e.g. youth engaged in risky behaviors, mobile populations)</p>	<p>Increase from baseline the number of MARPPs with STI who are appropriately diagnosed, treated, and counseled at health care facilities.</p>
<p>Expand access to counseling and testing services for MARPPs, in all levels of public and private health services and community based organizations</p>	<ul style="list-style-type: none"> <li>Support national efforts to create appropriate protocols and services targeted to MARPPs to make counseling and testing services available for them.</li> <li>Support increased accessibility and use of high-quality counseling and testing services, including PICT for MARPPs in all levels of care (public, private, and community).</li> </ul>	<ul style="list-style-type: none"> <li>Expand access, quality and utilization of VCT and PICT services for MARPPs in all levels of public health services</li> </ul>	<p>UN Agencies: Develop and disseminate best practices and guidelines to implement counseling and testing programs/interventions targeting MARPPs</p> <p>GFATM: Ensure availability of HIV services and products for MARPPs and support BCC activities</p> <p>Other Donors: Complement prevention efforts addressing other populations (e.g. youth engaged in risky behaviors, mobile populations)</p>	<p>Increase from baseline the number of MARPPs who received an HIV test in the last 12 months and who know the results.</p>

<sup>14</sup> To a limited extent the USG may support/complement prevention activities that address at-risk youth, mobile populations, uniform personnel and other most at-risk populations depending on country context.

<sup>15</sup> Specific changes for 5 years benchmarks are expected to be noted in the PF final document for those benchmarks for which we have baseline data available.

**Goal 2: Health System Strengthening:** To build the capacity of countries in three key areas<sup>16</sup>: Service delivery, health workforce and essential medical products: to integrate efforts among implementing partners and sustainably deliver high quality HIV/AIDS services

Strategic Interventions	USG (in coordination with Central American governments)	Host Government/ COMISCA	Other partners	Benchmarks
<p>Strengthen institutional capacity to improve and expand HIV/AIDS quality service delivery to MARPs including national and regional laboratories.</p>	<ul style="list-style-type: none"> <li>Support national strategies to improve the quality of care for PLHIV.</li> <li>Strengthen the capacity of regional laboratory to provide training, Quality Control (QC), and diagnostic services (HIV/TB/STI)</li> <li>Provide TA to build national and regional capacity and support national laboratories to increase HIV/TB/STI diagnostics and QC.</li> <li>Support national and regional policies for same day HIV results using trained health care and lay workers.</li> </ul>	<ul style="list-style-type: none"> <li>Implement strategies to increase quality care for HIV-positive individuals.</li> <li>Facilitate coordination between national and regional laboratories.</li> <li>Ensure sustainability of new diagnostic techniques by providing budget support and by updating policies as needed</li> <li>Update and ensure compliance with policies for HIV rapid testing.</li> </ul>	<p>World Bank: Continue to support the expansion of a regional laboratory.</p> <p>UN agencies: Provide TA and support for developing and implementing national and regional guidelines and protocols (e.g., labs, service delivery for care and support).</p> <p>GFATM: Provide funding for drugs, laboratory infrastructure development, medical supplies and salary support.</p> <p>Civil Society: Actively participate in training/activities/strategies to ensure effective provision of quality service delivery.</p>	<p>Increase the number of testing facilities in the Central American region that are capable of performing HIV-related laboratory tests in accordance with WHO guidelines.</p>
<p>Develop methodologies and implement activities to improve institutional and human resource capacity to respond effectively to the HIV/AIDS epidemic among MARPs.</p>	<ul style="list-style-type: none"> <li>Provide TA to build national and regional capacity and support human resources for health (HRH) strategy that includes private and public sectors, pre-and in-service programs, and recruitment and retention strategies, particularly in the area of training in technical (HIV, STI, TB/HIV co-infection management) and administrative areas.</li> <li>Provide TA to build national and regional capacity and establish certification/accreditation of training institutions and trainees.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that trained personnel are retained and effectively deployed as part of an effective human resource plan.</li> <li>Develop and enforce performance based supervision system for HIV care.</li> </ul>	<p>GFATM: Provide salary support.</p> <p>Institutions of Higher Education/College and/or Technical Institutions: Provide certified courses and degree in health, health education or other needed areas.</p> <p>Civil Society: Participate in HRH opportunities as well as ensure effective implementation of HRH strategies.</p>	<p>Increase from baseline the number of health care workers who successfully completed a pre- and in-service training program</p>
<p>Strengthen the commodities and supply chain management systems to ensure minimum stock-outs, delays and increased coverage and maximize the use of cost-effective medications, technologies, services and laboratory supplies.</p>	<ul style="list-style-type: none"> <li>Provide TA to build national and regional capacity to improve the functioning of supply chain management (SCM) systems (e.g., assessments, training, transfer of SCM models, etc.).</li> <li>Facilitate technology transfer.</li> </ul>	<ul style="list-style-type: none"> <li>COMISCA: Negotiate medication pricing for Central America</li> <li>Establish policies and systems to dispose of expired medications effectively.</li> <li>Ensure proper storage conditions of medications and supplies.</li> <li>Secure financing to support commodities and supply chain management systems.</li> </ul>	<p>GFATM: Provide funding for drugs, laboratory and medical supplies, and salaries</p> <p>Civil Society: Advocate for accessible and effective supply chain management and report on stock-outs, delays and limited coverage.</p>	<p>Reduce from baseline the number of stock-outs in ARV medications.</p>

<sup>16</sup> These areas represent three of the six building blocks as defined by WHO for HSS.

**Goal 3: Strategic Information:** To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.

Strategic Interventions	Illustrative HIV activities under 5 years of PF			Benchmarks
USG (in coordination with Central American governments)	Host Government/ COMISCA	Other partners		
<p>Strengthen country and regional M&amp;E by promoting the use of data for decision-making.</p>	<ul style="list-style-type: none"> <li>Promote capacity for harmonizing systems and integrating them with other health/development programs and development of core set of indicators.</li> <li>Provide TA to build national and regional capacity for M&amp;E planning and implementation</li> <li>Promote local capacity for using international monitoring tools and specific studies to characterize the epidemic (e.g. UNGASS, NASA, etc)</li> <li>Provide TA to build national and regional capacity and to evaluate role/impact of new interventions; and TA to build capacity to conduct process and outcome evaluations of existing interventions targeting MARPS.</li> <li>Assist in disseminating lessons learned/best practices.</li> </ul>	<ul style="list-style-type: none"> <li>Develop an initiative for regional use of SI, lead national HIV strategic plans and a unified M&amp;E system; develop data sharing policy; agree on a core set of national and regional indicators.</li> <li>Use evaluation results to improve interventions and services and scale-up promising practices.</li> <li>Lead initiatives to institutionalize a culture of evaluation and accountability.</li> <li>Ensure the timely report of international instruments and reports to be monitored.</li> </ul>	<p>World Bank, UN agencies, GFATM, DFID: Support the "Three Ones", use of data for decision-making, agreement on a core set of indicators and data sharing.</p> <p>UNAIDS: Human capacity development on M&amp;E.</p> <p>Civil society: participate in the development of plans and selection of core indicators.</p>	<p>Existence of nationally-coordinated multi-year M&amp;E plans with a schedule for survey implementation and data analysis.</p>
<p>Strengthen country level strategic information by supporting the development of sustainable and harmonized information systems including new approaches suitable to concentrated HIV epidemics.</p>	<p>Provide TA to build national and regional capacity and develop integrated information systems for ART, TB/HIV co-infection and STI and laboratory in coordination with other health programs.</p>	<p>Integrate and sustain information systems as part of National Health Information Systems and harmonize data collection tools based on agreed upon indicators.</p>	<p>World Bank, PAHO, GFATM: Support development of a core set of indicators, and complement SI efforts with funding.</p>	<p>Increase from baseline the number of UNGASS indicators coming from a national information system.</p>
<p>Strengthen the collection, analysis, interpretation and dissemination of data to characterize the epidemic focusing on high-risk and vulnerable populations.</p>	<ul style="list-style-type: none"> <li>Build the local capacity for conducting HIV prevalence studies for MARPS and other special studies (e.g., KAP studies, genotyping and resistance monitoring, population size estimation, TB-HIV).</li> <li>Provide TA to synthesize available SI-related data and databases and build national and regional capacity in upkeep.</li> <li>Provide TA to design a strategy for knowledge management and dissemination of data and build national and regional capacity to utilize the data for planning and decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Have a regional repository of data to gather and analyze on the agreed upon core set of indicators.</li> <li>Lead implementation of studies and dissemination of findings.</li> <li>Develop data sharing policy for use and reporting purposes.</li> <li>Strengthen unit/mechanism to validate, analyze and synthesize data from different sources.</li> </ul>	<p>World Bank, complementary funding, PAHO: Coordinate multi-sectoral participation, GFATM/PR: Implement baseline, mid term and final evaluations for country proposals. Share data with decision makers and other stakeholders.</p> <p>Civil society: act as a stakeholder in the development of studies. Use of data for planning.</p> <p>Universities: implement studies and make results available to host governments and other partners.</p>	<p>All seven countries in the region have HIV prevalence data available for MARPS published in the last 4 years.</p>

**Goal 4: Policy Environment:** To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the Central America region

<b>Illustrative HIV Activities under 5 years of PF</b>				
<b>Strategic Interventions</b>	<b>USG (in coordination with Central America Governments)</b>	<b>Host Government/ COMISCA</b>	<b>Other Partners</b>	<b>Benchmarks</b>
Support the development and implementation of policies with multisectoral involvement to reduce stigma and discrimination (sexual orientation, HIV status, occupation and other), sexual violence and address gender inequities.	<ul style="list-style-type: none"> <li>In collaboration with local governments and partners, carry out assessments to identify barriers to policies, norms and regulations that allow an effective response to HIV/AIDS in the region</li> <li>Support advocacy plans to unify the national HIV/AIDS response</li> </ul>	Approve and put into practice policies that ensure implementation of the Universal Access Initiative.	<p><u>Civil Society:</u> Actively participate in the strategic alliances and lead the planning and implementation of advocacy plans</p> <p><u>UN Agencies:</u> Support activities that strengthen the "Three Ones".</p> <p><u>CONASIDA:</u> Lead the unified national response in their respective countries.</p>	Improved API <sup>17</sup> score every two years for each country
Strengthen the design, management and implementation of GFATM projects <sup>18</sup> and activities to ensure strategic programming of these resources.	Provide TA to support for the development and implementation of GF projects	<ul style="list-style-type: none"> <li>Support and implement GF projects.</li> <li>Assure the appropriate counterpart for the GFATM project.</li> <li>Ensure sustainability of the GF projects</li> </ul>	<p><u>GFATM:</u> Provide guidelines and financial resources for GF projects.</p> <p><u>Other Donors:</u> Support the implementation of GF projects.</p> <p><u>Civil Society:</u> Actively participate in the implementation of GF projects.</p>	Increase number of GFATM projects and grants that are evaluated as A and B1
Promote multisectoral involvement and capacity of civil society to effectively participate in strategic planning, policy design, implementation and monitoring.	<ul style="list-style-type: none"> <li>Promote the involvement of all sectors to develop and implement policies to reduce stigma and discrimination related to HIV, gender and sexual orientation, and to increase access to prevention, care and treatment services and products for all MARRPs subgroups.</li> <li>Develop advocacy plans to support the formulation of new or better policies according to the latest evidence presented.</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate MARRPs representatives at different multisectoral forums and other venues.</li> <li>Support the implementation of existing policies aimed at reducing the barriers to prevention, care and treatment actions, focused on MARRPs and mitigating the impact of HIV/AIDS.</li> </ul>	<p><u>GFATM:</u> Solicit and achieve effective multisectoral participation in CCMS and RCM.</p> <p>Strengthen civil society networks and advocacy agendas on stigma and discrimination.</p> <p><u>Other Donors:</u> Support NGO strengthening.</p> <p><u>Civil Society:</u> Actively participate in advocacy agendas and policy dialogue for eliminating barriers to adequate implementation of evidence-based prevention, care and treatment programs.</p>	Increase from baseline the number of organizations that received TA for the development of HIV related policies

<sup>17</sup> AIDS Program Effort Index –API- is the average score given to a national program (or components of) by a defined group of knowledgeable individuals in a given country. The components to be measured are: Political Support, Legal and Regulatory Framework, Policy Formulation, M&E and Human Rights.

<sup>18</sup> Regional and country-level grants and proposals

### 3. Partners Roles and Contributions

Central American partners envisioned under this Partnership Framework include national governments of the following countries: **El Salvador, Guatemala, Honduras, Nicaragua, Costa Rica, Panama and Belize**. Ministries of Health including laboratories, Ministries of Finance, National Defense Forces, National AIDS Commissions, National HIV/AIDS Programs, and Ministries of Education are among the anticipated public sector counterparts under this Framework.

International non-governmental organizations, private foundations such as the **Clinton Foundation**, multilateral donors such as the **Global Fund for AIDS, Malaria and Tuberculosis (GFATM)**, and multilateral public agencies such as the **Pan American Health Organization (PAHO)**, the **World Bank**, and the **UN family** are also envisioned as being key stakeholders of this Framework. The Framework team plans to collaborate closely with these stakeholders to avoid duplication of efforts and ensure that our respective efforts complement and further reinforce each others' objectives for Central America.

Within the Framework, the United States senior representative for the United States Government Agencies working on HIV/AIDS in the region should be the United States Ambassador, or the Ambassador's designee, to Guatemala. This Ambassador and the US government team, in partnership with the Framework team members, intend to jointly formulate and guide the Framework through the next five years.

To achieve the Central America Regional Partnership Framework's goal and objectives, COMISCA is to serve as the USG official counterpart on the Framework to provide overall political support to the activities to be implemented by Framework partners. All coordination and planning is expected be done jointly with the RCM, the technical arm of COMISCA that has been delegated to review and advise COMISCA on HIV. The RCM is composed of the heads of the National HIV/AIDS programs from each country, donor agencies (including USG) and representatives from national and regional organizations of vulnerable populations.

The high level participation of COMISCA and the RCM in the Framework ensures activities under the Framework can produce the visibility required to bring all of the available talent and resources in the region together to fight HIV and to reduce the human, economic and social toll that it has inflicted on the most vulnerable populations in the region.

### 4. Plans for Developing a Framework Implementation Plan

This Framework is to be supported by a comprehensive Implementation Plan that is intended to explain how the Framework is to be jointly implemented by USG Agencies, participating Central American countries, and regional and national partners. Expanded U.S. Government support through PEPFAR and the COMISCA Regional framework represent an unprecedented opportunity to harmonize and align HIV/AIDS programming, collectively scale up prevention, care and support and strategic information activities while also strengthening health systems. In order to continue to ensure a synergistic and coordinated implementation, a joint PEPFAR/RCM task force has been established to undertake the development of the implementation plan.

The Implementation Plan should include the following sections:

- a regional profile with baseline data by country
- specific activities by program area to achieve Framework 5-year goals and objectives
- clarification of indicators and 5-year targets
- projected funding by all relevant funding sources
- clarification of financial and programmatic partner contributions
- a monitoring and evaluation plan

The Implementation Plan should flow from the approved Framework document, and is to be developed in close consultation with all relevant partners. The Framework Implementation Plan should provide the level of detail necessary to determine allocation of funds by country and technical program area. Framework partners should bear in mind that all funding decisions need to be based upon the goals, strategies, and expected partner contributions articulated in the Framework.

## 5. Framework Management and Communication

The PEPFAR country team intends to strengthen its collaboration with the RCM and key regional and national stakeholders to oversee the management of the Partnership Framework by using existing coordinating and technical working structures as a way to strengthen local leadership, ownership and sustainability. The following structures are proposed to monitor and evaluate Framework success, provide input into strategic directions, areas of focus, and targets and indicators.

- **High level government oversight:** Senior level oversight should take place at the regional level through periodic meetings between the U.S. Government HIV/AIDS Team, as represented by the PEPFAR Coordinator, and COMISCA. The U.S. Ambassador to Guatemala or the Ambassador's designee is to be the coordinating Ambassador for this Framework on behalf of the USG. At the national level, oversight should take place through periodic meetings between the U.S. Government Teams and representatives of the host governments including: Ministers of Health, Finance, Defense, and Social Affairs.
- **Governance and Strategic Oversight of Partnership Framework:** A Steering Committee, led by the RCM, is intended to provide oversight and leadership of the Partnership Framework. The RCM meets every 3-4 months to review the progress of the COMISCA strategy. This provides a unique opportunity for the RCM to also monitor the progress of the Partnership Framework in relation to the COMISCA strategy, something the RCM has committed to doing. Other opportunities to monitor the PF progress come at other times, including, for example, during the biennial CONCASIDA meetings. The PF Steering Committee seeks to include membership from USG, Ministries of Health, Social Affairs, Defense, representatives of UN agencies and other international bodies, civil society including PLHIV, and other donors. The steering committee should assure coordination and synergies across other donor and government programs and investments in HIV/AIDS as well other primary health care services. This work is supported by the PEPFAR Coordinator, an USG interagency representative who reports to the U.S. Ambassador to Guatemala or the Ambassador's designee.
- **Technical oversight:** Technical oversight may be conducted primarily through existing technical working groups (TWG) led by the RCM. TWGs may also serve as a platform from which to share best practices and lessons learned among relevant stakeholders.

The intention is for the Framework to become a "learning process," with mechanisms in place for replicating better practices region-wide and for cost-efficient production and sharing of materials. The Framework is envisioned to provide *fora* for exchange of "promising" and "better practices," and for encouraging increased multi-sectoral engagement, for example, with the faith-based community and the private sector. Many lessons learned at Central American national levels can be shared regionally to accelerate our Framework partners' own initiatives and contributions to a multi-sectoral response to the epidemic.

The Framework supports the role of a central "hub" for the U.S. Government in regards to the management and operations of the Regional Partnership Framework based in Guatemala City, Guatemala and led by the U.S.

Government Regional HIV/AIDS Team with oversight provided by the US Ambassador/or designee to Guatemala. U.S. Ambassadors to each of the Central American countries partnering under the Regional Partnership Framework are expected to play an oversight and strategic role in ensuring investment and ownership by partner countries and regional entities at the highest levels during negotiation and implementation of the Framework.

An Annual Framework partners meeting should be conducted to review Framework progress, do joint work planning, identify problems that need resolution at the national or regional level, and share information.

By the United State Government



Sra. Anne Andrew,  
Ambassador in Costa Rica

By the country governments members of COMISCA



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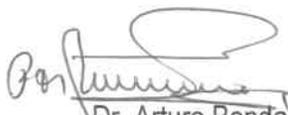
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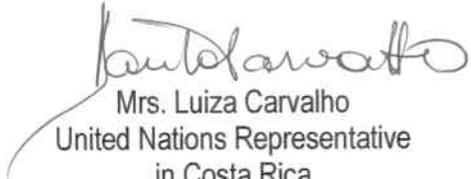


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