



## **CENTRAL AMERICA**

# EL SALVADOR, GUATEMALA, HONDURAS, PANAMA, BELIZE, AND COSTA RICA

IntraHealth International began working in Central America in 1993, partnering with communities to improve health care for women and children. Since 2006, IntraHealth has worked in partnership with the US Agency for International Development (USAID) to strengthen the region's HIV prevention and treatment efforts.

Central America's HIV epidemic is currently concentrated in key populations, such as men who have sex with men, transgender women, and sex workers. Widespread unfamiliarity with HIV, stigma, limited access to health care, and migration all make the region vulnerable to a growing epidemic.

Our interventions focus on training and equipping health workers to deliver high-quality HIV care, reducing stigma toward key populations and people living with or at risk for HIV, and improving adherence to antiretroviral treatment (ART) among those living with the virus.

IntraHealth has worked closely with governments, nongovernmental organizations, and civil society in Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Panama to improve the quality of life of people living with HIV and other vulnerable populations. We follow the recommendations of UNAIDS and PEPFAR to provide technical assistance under the Fast Track approach to achieve the 90-90-90 goals.



100 hospitals used IntraHealth's OPQ approach to improve health worker performance



10,400+ health workers improved their HIV care and treatment skills



74% HIV treatment adherence rate in projectsupported health facilities compared to 56% in others

#### **HIV Care and Treatment Project (2018-Present)**

The HIV Care and Treatment Project supports health facilities, partners, and community-level organizations that work with key populations to set, prioritize, and reach their objectives to sustain interventions and address barriers to treatment adherence. In collaboration with ministries of health, social security institutes, and National AIDS Programs in each country, IntraHealth works to address HIVrelated policies, set priorities, and provide services. The project addresses stigma and discrimination as well as gender-based violence while identifying and treating common HIV comorbidities, including tuberculosis.

### Central America CapacityPlus Project (2011-2018)

The Central America CapacityPlus Project (CAMPLUS) works with local, national, and regional health facilities to ensure key populations and people living with HIV receive a full range of HIV services. The project is also helping communities improve HIV services and discourage discrimination against people at risk for or living with HIV.

CAMPLUS worked with 100 hospitals, 37 HIV clinics, and 65 health centers to assess and improve staff HIV knowledge and skills using **IntraHealth's Optimizing Performance and Quality (OPQ) approach**. The OPQ teams identified over 300 performance standards in 18 service areas and pinpointed gaps in staff performance. With IntraHealth's support, health facilities trained 10,480 health workers in biosafety, stigma and discrimination prevention, HIV counseling and testing, human rights, nutrition, conflict resolution, and assertive communication.

The project helped develop 44 **local multisector networks** to improve access to and quality of HIV care by introducing a multisector **Continuum of Care for HIV model**. The networks ensure clients who have HIV or are members of key populations receive a full range of HIV prevention, referral, and treatment services, including HIV testing, antiretroviral treatment, and social services. The networks also strive to reduce stigma and discrimination against these clients. CAMPLUS helped HIV care units in hospitals and other facilities provide HIV testing, care, and treatment services, and improve adherence to ART among HIV-positive clients. More than 35,000 people living with HIV received attention, medical care, or laboratory tests from care units supported by the project. These care units reported a 74% ART adherence rate compared to 56% in units not supported by the project.

To achieve these results, the project trained and supported **adherence promoters** in 30 hospitals in Guatemala, Honduras, and Panama to provide counseling to HIV clients and strengthen adherence; it also trained and supported **community liaisons** who conduct home visits to clients who drop out of treatment. More than 4,000 people at risk of dropping out of treatment were retained and more than 2,750 people who had dropped out of treatment were recovered.

The project also used **mobile technology** to promote adherence. It worked with HIV clinics in Guatemala, El Salvador, and Panama to send text messages to remind HIV clients of their scheduled appointments and to take their medication. Nearly 5,500 clients received messages on a proactive and continuous basis. In a randomized control study in Guatemala, clients receiving the text messages had a higher percentage of adherence than those not receiving the messages.

Using IntraHealth's **Learning for Performance** methodology, the project also empowered trainers at universities, nursing schools, and ministries of health to quickly and cost-effectively teach health workers and students new skills and prepare them to perform on the job. CAMPLUS revised HIV curricula for 22 universities, medical schools, and nursing schools throughout the region.

#### **Past projects and funders**

- Central America Capacity Project, 2009-2013 (USAID)
- Capacity Project, 2006-2009 (USAID)
- PRIME and PRIME II, 1993-2004 (USAID)

### CONTACT

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