



CENTRAL AMERICA BRIEF

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

Central America's HIV epidemic is concentrated in high-risk groups, such as men who have sex with men, transgender women, sex workers, and prisoners. But widespread unfamiliarity with HIV, stigma, limited access to health care, poverty, and migration all make the region vulnerable to a growing HIV epidemic.

IntraHealth International began working in Central America in 1993, partnering with communities to improve health care for women and children. From 2009 to 2013, IntraHealth led the Central America Capacity Project to ensure that the region's health workers are trained and equipped to deliver high-quality, appropriate HIV and AIDS treatment, care, and support in Belize, Costa Rica, El Salvador, Guatemala, and Panama. This work reduces stigma and discrimination against people living with HIV. It also improves the lives of people living with and at risk for the virus.



COUNTRY HEALTH STATISTICS	Belize	Costa Rica	El Salvador	Guatemala	Panama
Total population: ¹	334,297	4,695,942	6,108,590	14,373,472	3,559,408
HIV prevalence among ages 15-49: ²	1.4%	0.3%	0.6%	0.7%	0.7%
HIV prevalence among men who have sex with men: ^{3,4}	13.9%	10.9%	10.8%	8.9%	10.7%
HIV prevalence among sex workers: ^{3,4}	0.9%	0.1%	5.7%	1.1%	0.7%
HIV prevalence among transgender women: ^{3,4}	N/A	N/A	25.8%	23.8%	N/A
HIV prevalence among prison inmates: ⁵	4.0%	N/A	N/A	12.9%	N/A
Physicians/10,000 population: ¹	8	13	16	9	15

Sources: CIA,¹ 2013 Global Report on the AIDS Epidemic,² Behavioral Studies Sentinel Surveillance on MARPs,³ MSM Survey,⁴ and USAID's HIV Policy Assessment in Central America.⁵



In 2011, IntraHealth began the Central America Capacity Plus Project (CAMPLUS) to continue improving quality of life for people living with and at risk for HIV. CAMPLUS runs through 2016.

Central America Capacity Plus Project

CAMPLUS has worked with 57 hospitals using IntraHealth's Optimizing Performance and Quality (OPQ) approach to assess and improve staff HIV knowledge and skills. The OPQ teams identified over 300 performance standards in 18 service areas and pinpointed gaps in staff performance. With IntraHealth technical support, health facilities use these gaps to inform training for over 8,000 health workers in biosafety, stigma and discrimination prevention, HIV counseling and testing, human rights, nutrition, conflict resolution, and assertive communication. Performance at participating hospitals has improved consistently and steadily across all countries and services areas.

IntraHealth helped develop 26 local multisector networks to improve access to and quality of HIV care by introducing a multisector Continuum of Care (CoC) for HIV model. The networks ensure clients who have HIV or are members of key, high-risk populations receive a full range of HIV prevention, referral, and treatment services, including testing, antiretroviral treatment, and social services. The networks also strive to reduce stigma and discrimination against these clients.

The CoC intervention shows great promise as a model to empower local organizations to assess their multisector networks' needs, resources, and capabilities for mounting comprehensive local responses to HIV. This includes newly developed referral and response systems for better client follow-up and adherence to medication.

Using IntraHealth's innovative Learning for Performance methodology, the project has empowered trainers at universities, nursing schools, and ministries of health to quickly and cost-effectively teach health workers new skills and how to prepare existing and soon-to-be health workers for the tasks they will perform on the job.

CAMPLUS provides competency-based training to thousands of regional health workers in stigma and discrimination prevention, biosafety, voluntary counseling and testing, and teamwork skills.

Project staff are implementing the approach at the pre-service level and are developing revised HIV curricula for 11 universities, medical schools, and nursing schools throughout the five countries.

CAMPLUS also helped Guatemala's Ministry of Health improve its data on human resources for health, which is essential for health workforce management and policy. The project launched IntraHealth's free, open-source iHRIS software and trained over 700 staff members to enter and manage data. The ministry now has accurate data on 43,000 employees, which will allow more rational planning and use of the country's human resources. And a new automated contracts system will reduce the hiring process from three months to three weeks.

CAMPLUS works with local, regional, and national health facilities to ensure that those at risk receive a full range of HIV services. Project staff are also helping communities to support HIV services and to discourage discrimination against people at risk for or living with HIV.

Previous Projects

- PRIME and PRIME II (1993-2004): funded by USAID, led by IntraHealth
- Capacity Project (2006-2009): funded by USAID, led by IntraHealth

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