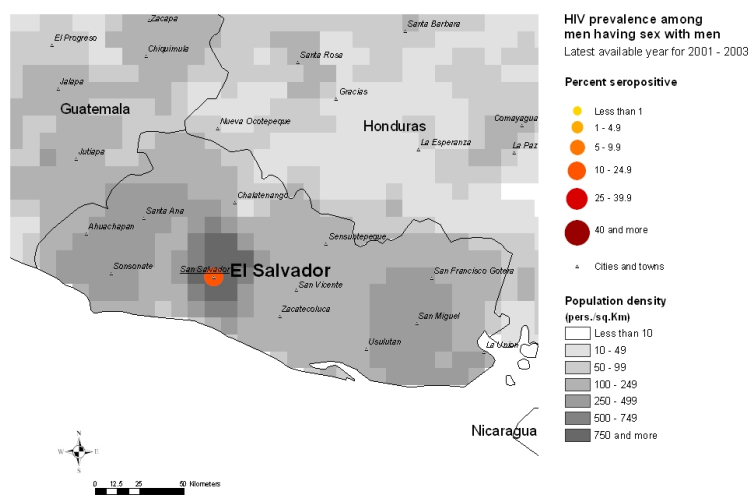


WHO estimate of number of people requiring treatment - end 2004: 5 100
 Antiretroviral therapy target declared by country: not declared



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

2. HIV indicators

	Date	Estimate	Source
Total population (millions)	2004	6.6	United Nations
Population in urban areas (%)	2003	59.3	United Nations
Life expectancy at birth (years)	2002	69.7	WHO
Gross domestic product per capita (US\$)	2002	2227	United Nations
Government budget spent on health care (%)	2002	25.3	WHO
Per capita expenditure on health (US\$)	2002	182	WHO
Human Development Index	2002	0.72	UNDP

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.3% - 1.1%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	14 000 - 50 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	March 2005	2300	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	5 100	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	3.5%	WHO

3. Situation analysis

Epidemic level and trend and gender data
 The first AIDS case in El Salvador was identified in 1984. By July 2002 the cumulative number of reported cases was over 10 000. However estimates indicate that underreporting may be as high as 60%. The number of HIV infections has been rising since the late 1990s. An estimated 29 000 adults and children were living with HIV/AIDS at the end of 2003. Average adult prevalence in 2003 was estimated at around 0.7%. The epidemic is largely concentrated in urban areas - about 60% of cases are found in the metropolitan area of San Salvador, followed by La Libertad, Sonsonate and Santa Ana. The majority of cases are attributed to sexual transmission. Women are more affected than men.

Major vulnerable and affected groups
 Major risk groups include sex workers, men who have sex with men and mobile population groups. Results from the Central America Multi-Site HIV Prevalence Survey in 2001 indicated prevalence among men who have sex with men of 17.8% in El Salvador. A high percentage of men who have sex with men also report having female sexual partners, which constitutes a significant entry point for HIV transmission into the general population. Female sex workers are also particularly at risk, with estimated infection rates of over 10%. HIV prevalence of 16% was found among street-based sex workers in San Salvador and Puerto de Acajutla (Ministerio de Salud Publica y Asistencia Social de El Salvador, 2003). Youth and pregnant women are also vulnerable. For HIV-positive youth in El Salvador, stigmatization of the illness and limited access to antiretroviral drugs remain obstacles to receiving proper care.

Policy on HIV testing and treatment
 In 2001, El Salvador passed a law on the prevention and control of infection caused by HIV. Voluntary counselling and testing services are available in the country, but are mostly concentrated in the capital San Salvador. The government is committed to expanding voluntary counselling and testing services at the regional and local hospitals. A training manual for HIV/AIDS counsellors and education facilitators has been developed by the Ministry of Health with support from the United States Agency for International Development. Standards and guidelines for the clinical management of HIV infection have been developed and/or adapted, based on the adaptation of standards proposed by the Pan American Health Organization/WHO and the United States Centers for Disease Control and Prevention. El Salvador passed legislation protecting patient rights and guaranteeing access to antiretroviral therapy in November 2001. In January 2002, the Ministry of Health began to offer antiretroviral treatment.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 First-line drug regimen for adults in El Salvador: zidovudine + lamivudine + efavirenz (or ritonavir). First-line drug regimen for pregnant women: zidovudine or nevirapine. Second-line regimen for pregnant women: zidovudine + lamivudine + efavirenz (or ritonavir). First-line drug regimen for paediatric cases: zidovudine + lamivudine + efavirenz (or ritonavir). Under the Accelerated Access Initiative, successful price negotiations have led to substantially reduced prices for antiretroviral drugs in Central America. The most common treatment in the Central American Region, zidovudine + lamivudine + efavirenz now costs between US\$ 1035 and US\$ 1454 per patient per year. Where countries opt to use generic antiretrovirals, the cost per patient per year for first-line triple therapy will be further reduced to between US\$ 800 and US\$ 1200.

Assessment of overall health sector response and capacity
 The government response to HIV/AIDS began in 1988 with activities focused on prevention among vulnerable population groups. Despite a high level of political commitment to control the epidemic, efforts were hampered by 12 years of civil conflict, weak health infrastructure, inadequate surveillance systems and insufficient financial resources. Since the end of the conflict in 1992, El Salvador has been in a period of economic and political reconstruction. The National AIDS Council, CONASIDA, was created in 1993. The first HIV/AIDS strategic plan was implemented in 1999. The current National Strategic Plan to fight HIV/AIDS was developed for the period 2001-2004 and promotes a unified, multisectoral response that considers cooperative efforts with nongovernmental organizations, national donors and international organizations. In 2001, the government passed legislation on access to treatment for HIV/AIDS patients, and allocated funds for the provision of antiretroviral drugs to patients. Currently access to treatment is concentrated in the capital city, and is provided almost exclusively at the tertiary level. The government plans to decentralize services and develop an integrated HIV/AIDS response with public, private and civil society participation.

Critical issues and major challenges



Critical issues for scaling up access to treatment in El Salvador include improving laboratory equipment and services, strengthening drug resistance monitoring, and developing human resource capacity to deliver antiretroviral therapy. There is a need to strengthen interventions targeting vulnerable population groups. Systems for procuring drugs and managing supplies need to be reinforced. Other issues to be addressed include the need for expanding programmes to prevent mother-to-child transmission and for better integration of HIV/AIDS prevention and treatment with other health programmes, such as those for mother and child health, tuberculosis control, and sexually transmitted infections. Provision of health services needs to be expanded at the decentralized level. Community involvement is crucial to ensure adherence to antiretroviral therapy.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy in El Salvador over 2004-2005 to meet the WHO '3 by 5' treatment target of 2350 people is approximately US\$ 9.5 million.
- The government is the largest source of funding for the provision of antiretroviral therapy, and supports access to treatment through the national social security system.
- El Salvador submitted a successful proposal to Round 2 of the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total five-year funding request of US\$ 19.5 million and approved two-year funding of US\$ 12.8 million, focused on vulnerable populations and providing comprehensive care to people living with HIV/AIDS, including increased access to antiretroviral therapy. Funds disbursed to date total US\$ 5.5 million.
- Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama submitted a successful proposal to the Global Fund in Round 4 (the Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerability of Mobile Populations in Central America to HIV/AIDS), with a total five-year budget of US\$ 4.7 million and two-year approved funding of US\$ 2.1 million. The grant agreement has not been signed yet.
- Taking into account the funds available from the government and assuming the full implementation of treatment programmes intended to be funded via the Global Fund Round 2 grant, WHO estimates that there should not be a funding gap for El Salvador to reach 2 350 people by the end of 2005.

5. Antiretroviral therapy coverage

- In 2003, WHO and UNAIDS estimated El Salvador's total treatment need to be about 4700 people, and the WHO "3 by 5" treatment target for 2005 was set at 2350 people (based on 50% of estimated need). In 2004, WHO and UNAIDS estimated that the treatment need in El Salvador had risen to 5100 people.
- In response to activist pressure and political lobbying starting as early as 1998, El Salvador began providing antiretroviral drugs through the country's social security system. In 2002, El Salvador expanded provision of antiretroviral therapy through both the Social Security Institute and the network of health services of the Ministry of Health. About 86% of antiretroviral therapy coverage for adults is provided through social security system and 10.5% is provided through the Ministry of Health.
- Médecins Sans Frontières has been providing antiretroviral therapy for 80 mothers and 90 babies in two mother and child hospitals and 12 health posts in the capital since 2002.
- In July 2004, 1515 people were reported to be receiving antiretroviral therapy in El Salvador. By March 2005, it is estimated that 2300 people were receiving antiretroviral therapy.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The Ministry of Health and the National AIDS Council provide leadership in planning and coordination of HIV/AIDS activities, supported by WHO. The United States Agency for International Development also provides support for developing the country's national HIV/AIDS programmes and policies. Other coordinating mechanisms include the Country Coordinating Mechanism of the Global Fund and the United Nations Theme Group on HIV/AIDS.

Antiretroviral therapy service delivery

The Ministry of Health and the National AIDS Council take the lead in antiretroviral therapy service delivery. WHO provides support for training health personnel, counselling and testing, and procuring and managing drug supplies. The United States Agency for International Development provides support for training health personnel, strengthening laboratory networks, developing treatment protocols and guidelines for management of sexually transmitted infections, and social marketing of condoms. The Brazilian government provides technical assistance for strengthening human resource capacity and laboratory services. Médecins Sans Frontières supports the provision of voluntary counselling and testing and antiretroviral therapy. The International Planned Parenthood Federation of the Western Hemisphere Region also provides voluntary counselling and testing services.

Community mobilization

In collaboration with the Ministry of Education, UNESCO and UNICEF provide support for education on HIV/AIDS among young people, parents and teachers. International nongovernmental organizations such as Save the Children and World Vision, and local nongovernmental organizations such as FUNDASIDA support behaviour change communication and prevention programmes for vulnerable groups including young people and women. PREVENSIDA, a national network of nongovernmental organizations for the fight against HIV/AIDS, coordinates advocacy and support activities undertaken by the civil society sector.

Strategic information

The Ministry of Health provides leadership in surveillance and monitoring and evaluation, supported by the United States Agency for International Development and WHO.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Holding a subregional meeting in August 2004 in Costa Rica for countries of Central America to assess progress towards "3 by 5" and to identify gaps and areas of cooperation
- Setting up a "3 by 5" Task Force and developing a subregional strategic plan (Pan American Health Organization)
- Developing a subregional plan for HIV/AIDS surveillance in Central America (Pan American Health Organization)
- Holding training workshops in the subregion on prevention and counselling among youth and vulnerable groups, delivering antiretroviral therapy, preventing sexually transmitted infections and training health workers in the treatment of injecting drug users
- Establishing the Regional Revolving Fund for Strategic Public Health Supplies (including antiretroviral therapy), with 12 countries in the subregion signing the agreement and purchases worth more than US\$ 12 million being made in 2003

Key areas for WHO support in the future

- Providing support for building human resource capacity
- Providing support for strengthening laboratory services
- Providing support for strengthening epidemiological surveillance and monitoring and evaluation activities

Staffing input for scaling up antiretroviral therapy and accelerating prevention

A National Programme Officer for HIV/AIDS is in place, and the recruitment of a subregional "3 by 5" Officer (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) is planned.