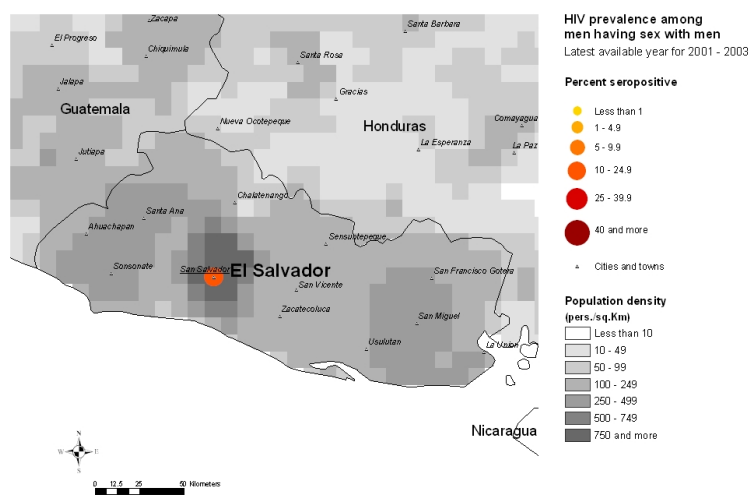


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 4 900
 Antiretroviral therapy target declared by country: not declared



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	6.6	United Nations
Population in urban areas (%)	2005	60.1	United Nations
Life expectancy at birth (years)	2003	70	WHO
Gross domestic product per capita (US\$)	2002	2 227	United Nations
Government budget spent on health care (%)	2002	25.3	WHO
Per capita expenditure on health (US\$)	2002	182	WHO
Human Development Index	2003	0.722	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

2. HIV indicators

	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 (0-49 years), 2005	Sep 2005	2 681	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	4 900	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	140	National AIDS Programme
HIV testing and counselling sites: number of people tested at all sites	Jan-Oct 2005	157 170	National AIDS Programme
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

The first AIDS case in El Salvador was identified in 1984. By 2004 the cumulative number of reported cases of HIV infection exceeded 14 718, including 6902 with AIDS. However, estimates indicate that as many as 60% of total cases are unreported. 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. The 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. Most cases are attributed to sexual transmission. Women are more affected than men. The incidence of HIV infection is 254 per 100 000 for men and 149 per 100 000 for women.

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 a prevalence among men who have sex with men of 18% 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 exceeding 10%. A prevalence of HIV infection of 16% was found among street-based sex workers in San Salvador and Puerto de Acajulla in 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 but are mostly concentrated in San Salvador (the capital). The government is committed to expanding voluntary counselling and testing services at the regional and local hospitals. The Ministry of Health has developed a training manual for HIV/AIDS counsellors and education facilitators 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 patients' 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 nevirapine). 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 children: 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 subregion, zidovudine + lamivudine + efavirenz, now costs between US\$ 1000 and US\$ 1400 per person per year. Where countries opt to use generic antiretroviral drugs, the cost per person 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 people living with HIV/AIDS and allocated funds for providing antiretroviral drugs. Access to treatment is currently 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. Interventions targeting vulnerable population groups need to be strengthened. 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 integrating 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 treatment and prevention 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 was 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 the Global Fund to Fight AIDS, Tuberculosis and Malaria in funding Round 2 with a total five-year funding request of US\$ 19.5 million, focused on vulnerable populations and providing comprehensive care to people living with HIV/AIDS, including increased access to antiretroviral therapy. As of December 2005, US\$ 14.2 million has been disbursed.
- 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 was signed in August 2005 and as of December 2005, about US\$ 500 000 has been disbursed.

5. Treatment and prevention 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 2005, WHO and UNAIDS estimated that the treatment need in El Salvador was 4900 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 the 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 September 2005, this had increased to 2681 people receiving antiretroviral therapy in 18 treatment delivery sites.
- Services for the prevention of mother-to-child transmission are available in 43% of all prenatal care sites.

6. Implementation partners involved in scaling up treatment and prevention

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 in El Salvador.

Service delivery

The Ministry of Health and the National AIDS Council take the lead in delivering antiretroviral therapy services. 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 Government of Brazil 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 fighting 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. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Holding a subregional meeting in August 2005 in Costa Rica for countries of Central America to assess progress towards "3 by 5" and to identify gaps and areas of cooperation
- Implementing the "3 by 5" strategy and developing national and subregional strategic plans
- Developing a subregional plan for HIV/AIDS surveillance in Central America
- 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 HIV treatment and prevention

- A National Programme Officer is in place as well as a Subregional HIV/AIDS Officer (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama).