

STRATEGIC FOCUS

Since 2003, the U.S. Centers for Disease Control and Prevention (CDC) Central American Regional Office has collaborated with Ministries of Health to respond to the HIV epidemic in the region, including Honduras. CDC supports countries in Central America to achieve the Joint United Nations Program on HIV/AIDS (UNAIDS) 95-95-95 targets by 2030: 95 percent of people living with HIV (PLHIV) will know their HIV status; 95 percent of people who know their status will receive sustained antiretroviral therapy (ART); and 95 percent of people receiving ART will have viral suppression.

In partnership with governments, civil society, and other key stakeholders, CDC prioritizes interventions directly impacting the quality of services for PLHIV and key populations at elevated risk of infection. CDC supports the scale-up of evidence-based programs to bridge gaps around HIV prevention, active case finding, early ART initiation, optimized treatment services, and achievement of viral load suppression with a targeted approach to strengthen systems essential to HIV epidemic control.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Prevent new infections among key populations at elevated risk of infection

CDC supports the implementation of sexually transmitted infection (STI) surveillance, prevention, and control strategy, known as VICITS, by its Spanish acronym. VICITS provides a tailored HIV prevention and testing service package to men who have sex with men, transgender women, and sex workers. This package includes risk-based counseling, enhanced STI diagnosis and treatment, condom and lubricant distribution, HIV testing, peer navigation for linkage to treatment, and a surveillance information system. CDC contributed to the recent addition of pre-exposure prophylaxis (PrEP) as part of the VICITS package.

Increase knowledge of HIV status through active case-finding strategies

CDC improves access to HIV testing among undiagnosed PLHIV by supporting active case-finding plans in CDC-supported departments. These include testing as part of outreach strategies for key populations, index testing services (identifying current and former partners and household members of PLHIV), optimized provider-initiated testing, and community testing focusing on men. CDC launched recent HIV infection surveillance to identify areas of active transmission (i.e., PLHIV infected in the past 12 months) to guide prevention and case-finding strategies at the public health level.

Improve linkage to treatment, ART initiation, advance HIV disease management among PLHIV

CDC supports the provision of a comprehensive treatment package that includes Track and Trace Pre-ART to strengthen the linkage of newly diagnosed PLHIV from the community and non-governmental organization health centers to ART clinics, rapid ART initiation, diagnosis, and management of HIV advanced disease opportunistic infections, intensified adherence counseling, and follow up of HIV patients. CDC advocates for optimized treatment regimens and the introduction of differentiated service delivery models such as pharmacy fast-track refills, multi-month prescriptions, and high viral load tracking and management.

Strengthen treatment retention, sustainable viral load suppression among PLHIV

CDC supports retention and re-engagement of PLHIV who are not in care or not virally suppressed and evaluates specimen referral, equipment, information, quality management systems, technology, and coverage of viral load networks. CDC works closely with Ministries of Health to build local capacity to perform periodic evaluations and ensure high-quality standards in the viral load process. CDC supports the HIV National Reference Laboratory to get viral load accredited by the International Organization for Standardization (ISO) 15189 for medical laboratories.

Increase the capacity of healthcare systems and the health workforce to serve PLHIV

CDC introduced the Extension for Community Healthcare Outcomes (ECHO) model. This innovative tele-mentoring initiative uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their communities. Through ECHO, CDC has created virtual communities of practice in HIV prevention, treatment, mental health, and strategic information. Additionally, CDC launched the Continuous Quality Improvement Training Initiative. Participants learned how to apply concepts of quality improvement in the clinical setting to improve service quality. CDC also established the HIV Rapid Test Continuous Quality Improvement Initiative and conducts economic evaluations to ensure optimal use of funding for programs that deliver the greatest benefits to people living with HIV, key populations, and Ministries of Health.

Our success is built on the backbone of science and strong partnerships.

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Key Country Leadership

President:
Xiomara Castro

Minister of Health:
José Manuel Matheu

U.S. Ambassador:
Laura Dogu

CDC/DGHT Regional Director:
Janell Wright

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$2,740 (2022)

Population (millions):
10.43 (2022)

Under 5 Mortality:
16.6/1,000 live births (2021)

Life Expectancy:
70 years (2021)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 0.2% (2022)

Estimated AIDS Deaths
(Age ≥15): <500 (2022)

Estimated Orphans Due to
AIDS: 15,000 (2022)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 12,794 (2022)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
33/100,000 population (2021)

TB Patients with Known HIV-
Status who are HIV-Positive:
5.7% (2021)

TB Treatment Success Rate:
87% (2020)

DGHT Country Staff: 1

Locally Employed Staff: 1
Direct Hires: 0
Fellows & Contractors: 0

