

Funding Request Review and Recommendation Form

SECTION 1: Overview			
1.1 Applicant information			
Country	El Salvador	Currency	US\$
Applicant Type	CCM	Component	HIV
Envisioned grant start date	1 January 2022	Envisioned grant end date	31 December 2024
Principal Recipient 1	Ministry of Health	Principal Recipient 2	Plan International
SECTION 2: Summary of applicant funding request			
2.1 Allocation funding request			
Total amount	US\$ 16,074,816		
2.2 Total prioritized above allocation request			US\$ 3,436,941
SECTION 3: Summary of TRP funding recommendation			
3.1 TRP funding recommendation on allocation and prioritized above allocation request and matching funds			
Funding request	TRP recommendation	TRP recommended amount	
Allocation recommendation	Recommended for grant-making	US\$16,074,816	
Prioritized above allocation recommendation	Fully recommended	US\$3,436,941	

SECTION 4: Rationale for the TRP funding recommendation
4.1 Overall assessment

El Salvador has an estimated population of 6.4 million (Source: World Bank, 2020). The country is a lower middle-income country and has had persistently low levels of economic growth. The Covid-19 pandemic is likely to have further negative impact with Gross Domestic Product (GDP) expected to contract by 8.7% in 2020. Crime and violence have been a threat to social development (World Bank, 2020).

The Ministry of Health is the largest health service provider; the Salvadoran Social Security Institute is the second largest (Source: Pan American Health Organization (PAHO), 2017). The country has developed a Road Map to Universal Health Access and Coverage (2015), which aims to progressively integrate all services and facilities.

In El Salvador, HIV prevalence in the population aged 15-49 years is 0.5 % (0.4% in women and 0.6% in men). The HIV epidemic is concentrated in key populations: estimated HIV prevalence among men who have sex with men is 7.8%, transgender people 2.4%, and female sex workers 1.2% (Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2019). Of the estimated 26,893 people living with HIV, 19,242 (72%) knew their HIV status, and 10,062 (52% of people living with HIV who knew their HIV status) were on antiretroviral therapy (ART). Of these, 8,803 had viral load suppression (87% of people living with HIV who were receiving ART). An estimated 35% of people diagnosed with HIV were diagnosed late, with advanced HIV infection (CD4 receptor count <200 cells/mm³). While HIV prevalence is low among people deprived of liberty, TB incidence remains high in this population (Source: World Health Organization (WHO) 2019).

According to the funding request, criminalization, stigma and discrimination still pose barriers to access to services for people living with HIV, men who have sex with men, lesbian, gay, bisexual and transgender people, sex workers, and people deprived of liberty. The overall context in relation to sexual and reproductive health and rights and gender-based violence remains challenging; the Inter-American Court of Human Rights has started to hear arguments in the case of Manuela versus El Salvador, in which plaintiffs are asking the court to mandate the state to take responsibility to protect rights to life and health (Source: The Guardian newspaper, 12 March 2021).

This funding request focuses on prevention among key populations; differentiated testing; prevention of mother-to-child transmission; treatment, care, and support; health management information systems, monitoring, and evaluation; and support for integrated decentralized service delivery.

Allocation funding request

Overall, the TRP considers the funding request to be technically sound and strategically focused as it is guided by sound epidemiologic analysis and informed by participatory country dialogue and provides an appropriate focus on key populations. The TRP recommends the funding request to proceed to grant-making with four issues; two to be cleared by the TRP and two others by the Secretariat as specified in Section 5 below.

Prioritized above allocation request (Refer to Annex 1 for details)

Overall, the TRP considers the full PAAR of US\$3,436,941 to be quality demand, as detailed in Annex 1 below.

4.2 Strengths of the funding request

- The majority of funding for the HIV response comes from the government (55%) and other donor sources. The funding request appropriately identifies the complementarity of Global Fund HIV funding and describes the roles of different stakeholders.
- As the country has low HIV prevalence among the general population and a concentrated epidemic among key populations, the funding request features appropriate emphasis on key population-focused prevention (41.4% of the budget).
- During the Covid-19 pandemic, innovations in practice such as telemedicine, multi-month dispensing and home ART delivery have started, and are envisioned to be continued. The “alerTAR” mobile app has been developed and is starting to be used for people living with HIV treatment follow-up.

- The funding request uses available data and analysis of existing programmatic gaps to justify selected interventions.
- Health Product Management procurement mechanisms are robust, with use of pooled procurement mechanisms, such as Wambo.
- The Ministry of Health, Principal Recipient for TB and HIV grants, coordinates implementation of both programs, overseeing financial management, procurement, supply and logistics through institutionalized units at the ministry, with internal and external audit functions for enhanced accountability.
- Sufficient co-financing commitments have been made for 2020-2022, and some management costs for this program are funded by domestic financing.
- The funding request includes a sustainability roadmap for the HIV response, which has also been included in the national strategic plan.

SECTION 5: Issues identified and recommendations requiring strategic action

Issues to be addressed

Issue 1: Delayed implementation of revised HIV testing and treatment guidelines, insufficient differentiation of HIV services, and insufficient sustainability of the prevention of mother to child transmission (PMTCT) program

Funding Type: Allocation

Issue: While the TRP commends the applicant for appropriately targeting key populations - men who have sex with men, transgender people, female sex workers, and people deprived of liberty, the TRP is concerned that community-based peer-led interventions are not sufficiently detailed by key population, to ensure proper targeting and effective coverage. Proposed testing and linkage to treatment activities are also not sufficiently differentiated by key population.

To be cleared by: TRP

Furthermore, the TRP is concerned that the funding request describes but does not sufficiently address the issues of late diagnosis, delayed treatment initiation, and the poor 95-95-95 cascade, with only an estimated 52% of people living with HIV currently on antiretroviral therapy. The TRP is also concerned with the delayed implementation of the revised HIV testing and treatment guidelines.

In addition, while the TRP commends the applicant on implementing a robust PMTCT program which ensured that of the 101 HIV positive pregnant women diagnosed in the previous year, 92.1% were on ART and 87.1% had a suppressed viral load, the TRP notes that the applicant requests the Global Fund to continue paying for 50% of PMTCT tests. The TRP is concerned that this is not sustainable.

Timeline: During grant-making

Action: The TRP recommends that the applicant work with the Secretariat to develop an operational plan (3 pages) providing further detail on key sections of the funding request addressing key populations, testing, and treatment, including: more detailed planning of community-based peer-led interventions; details on testing and treatment differentiated by key population; and accelerated implementation of test and start revised HIV testing and treatment guidelines.

In addition, the TRP recommends that the applicant works with the Secretariat on a plan for the Government to progressively increase its share of PMTCT costs from the current 50% of tests, enabling the applicant to reallocate funding to the differentiated HIV program for key populations.

Issue 2: Insufficient detail and resources for removing human rights-related barriers to services	Funding Type: Allocation
<p>Issue: Interventions to remove human rights-related barriers to services are limited to roundtables, awareness-raising, and advocacy, which are not directly linked to concrete changes to services that increase key population voice and rights at the community level. These interventions do not include the full range of activities recommended by global normative guidance, such as training for healthcare workers, sensitization for lawmakers and law enforcement, legal literacy and legal services programs. Furthermore, the funding request does not adequately budget for these interventions, allocating approximately US\$46,000, or 0.29% of the total budget. The funding request mentions provision of “comprehensive care” for people who survive gender-based violence, but there is no budget for this.</p> <p>Action: The TRP requests that the applicant seeks opportunities to expand interventions to address human rights-related barriers to services. The TRP requests that the applicant develops an action plan (not more than 5 pages) which commits to consultation with key populations at every stage, names priorities for advocacy (i.e. specify which law or policies represent the most significant barriers to services according to key populations), sets out roles and responsibilities of all actors, and indicators of progress. The action plan should also explain the details of how the educational, awareness-raising, and advocacy activities will deliver service changes at the community level, and how work will be carried out jointly with other human rights actors in the country. Furthermore, the TRP recommends that the applicant works with the Secretariat to identify cost-savings in other areas, such as program management, that can be applied to increase the budget for the action plan. As a priority, the TRP requests that the applicant ensures that funds are available to provide planned services for survivors of gender-based violence.</p>	<p>To be cleared by: TRP</p> <p>Timeline: During grant-making</p>
Issue 3: Inappropriate focus and budgetary allocation in the Health Management Information System module	Funding Type: Allocation and PAAR
<p>Issue: The TRP notes that the country has a functional health management information system and national HIV surveillance system (Sistema Único de Monitoreo y Evaluación y Vigilancia Epidemiológica del VIH, SUMEVE). In this funding request, the Health Management Information System (HMIS) module includes an update of population size estimates of key populations. While the TRP appreciates the inclusion of the update, the bulk of the budget in the module is directed towards SIGPRO, the civil society Principal Recipient’s project management information system. While the funding will allow interconnectivity with SUMEVE, it is not clear how SIGPRO drives improvements in the prevention-to-treatment cascade, or how this investment over time will improve the functioning of SUMEVE or the national HMIS. The TRP also notes that high-impact activities, such as key population prevalence and behavior change studies and Stigma Index, as well as capacity strengthening of health care system actors for data capture and entry into SUMEVE, are placed in the PAAR.</p> <p>Action: The TRP requests that the applicant seeks opportunities to prioritize and budget for high-impact activities within the HMIS module. The applicant should consider:</p> <ol style="list-style-type: none"> Moving key population prevalence and behavior studies, Stigma Index, and SUMEVE HMIS strengthening activities from the PAAR into the allocation, Including key populations in the next Stigma Index; these may include men who have sex with men, transgender people, sex workers, young key populations, people who use drugs, and people deprived of liberty, and Reducing the proposed investment in SIGPRO, with savings to be used in the strategic information activities a and b above. 	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant-making</p>

Issue 4: Insufficient ambition in developing long-term solutions to strengthen the role of community-led and civil society organizations	Funding Type: Allocation and PAAR
<p>Issue: The TRP appreciates the applicant's emphasis in this funding request on key populations, in an environment where stigma, discrimination, and violence make access to prevention, testing, and treatment challenging for people who are most affected by HIV. However, the TRP considers that the applicant is insufficiently ambitious in developing long-term solutions for impact and sustainability, in particular, in advancing the role of community leadership, peer interventions and making progress towards social contracting. Social contracting would simultaneously increase access to services, realize rights, promote programmatic and financial sustainability, and place the country on a stronger base for a future transition. Within the framework of the Ley de Adquisiciones y Contrataciones de la Administración Pública (LACAP, the Public Administration Procurement Law of 2000), the Salvadoran Social Security Institute can advance social contracting. There are active key population civil society organizations recognized by government - Entre Amigos (men who have sex with men), Colectivo Alejandria (transgender people), Orquideas del Mar (sex workers), and Redsal (people living with HIV). However, activities to prepare for social contracting – information-sharing, training, and advocacy – are left in the PAAR.</p> <p>Action: The TRP requests that the applicant seeks opportunities to prioritize social contracting, starting with the key population and people living with HIV civil society organizations mentioned above, and to move preparatory activities for social contracting from the PAAR into the allocation. The TRP encourages the applicant to work with the Secretariat to identify budget efficiencies in program management and related costs to free up funds to finance these activities.</p>	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant-making</p>

Annex 1: TRP Recommendation on the Prioritized Above Allocation Request (PAAR)

TRP Recommendation on PAAR

The TRP considers the full PAAR of US\$3,436,941 to be quality demand. The TRP notes that all PAAR items directly complement and are aligned with the funding request. The TRP considers some PAAR items to be very high priority and requests the applicant to seek opportunities to prioritize them and to move them into the allocation. These items are social contracting (US\$94,500), key population prevalence and behavior studies (US\$150,000), and Stigma Index (US\$100,000). The TRP suggests that the applicant work with the Secretariat to find budget efficiencies to make this possible. Budget efficiencies may for instance be found by reducing costs for: SIGPRO, program management.

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

English: Select the language below (line B10)
Français: Veuillez choisir la langue ci-dessous (rangée B10)
Español: Seleccione el idioma abajo (fila B10)

Language	English
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SUMMARY INFORMATION	
Country or Group of Countries	El Salvador
Component(s)	HIV/AIDS
Funding request this request relates to	FR979-SLV-H
Currency	USD
Total Above Allocation Request (Allocation Currency)	3436941.00
TRP amount approved (USD)	3436941.00

CONTEXTUAL INFORMATION

Provide contextual information relevant to the prioritized above allocation request, explaining why the key modules proposed are prioritized for additional funding. The response may include for example:

- any highlights of the epidemiological context
- outstanding programmatic gaps that need to be addressed
- any considerations or data that informed the request
- explanations clarifying linkages to the allocation funding

For additional space, the applicant can expand the row height for a bigger box to include rationale

In this request over and above the approved funding, we are asking for support to complete coverage of care for the following populations and strategies:

Pre-exposure prophylaxis (PrEP) in Sex Workers: Given that sex workers are part of the key populations where HIV is concentrated in El Salvador, it is important to work with them and their partners in order to reduce the risk of HIV infection, it is necessary to begin with the design and implementation of technical guidelines for the prescription of PrEP, train the staff of the first level of health, who are the gateway to the health system, and the leaders of sex workers' organizations so that they know the guidelines and the advantages of using PrEP. Initially, PrEP will be implemented starting in the second semester of year 1 in VICITS clinics in the cities where there are more sex workers (San Salvador, Santa Ana, Sonsonate and San Miguel) to extend the service to 4 more clinics in year 3. In the first semester, work will be done to prepare the facilities and personnel to generate demand for this service and promote adherence to it. Coordination with sex worker CSOs will be carried out to develop behavioral interventions and promote strategies to encourage the use of condoms, personal prevention, and protection against violence.

Information, monitoring and evaluation systems: In this module support is requested to develop three interventions that will strengthen the information analysis capacity of the national response actors. 1. Knowledge Management Forum: In order to empower personnel working in HIV, an annual knowledge management forum will be developed where advances in HIV care at the community level or in health services will be shared, the different teams will have a space to share experiences and learn from the lessons implemented in the different interventions carried out in hospitals, health units and communities. The forum is expected to have the participation of referents from each health region and civil society organizations, people with HIV and institutions that train human resources in health. 2. Information analysis meetings: The Ministry of Health of El Salvador has information systems that facilitate the systematization of interventions carried out, it is necessary to have spaces for analysis, evaluation or review of information among the different actors contributing to the national response to HIV, in attention to biosecurity measures by COVID-19 will work in mixed modality, virtual and face to face developing sessions with the monitoring and evaluation subcommittee composed of MINSAL, ISSS, COSAM, INJUVE, C SSP, Civil Society Organizations and people with HIV, the analysis of strategic information will allow decision making; There is currently no funding for these meetings. 3. Unification of the SIAP / VICITS systems with SUMEVE: Currently several information systems are used to manage assistance provided to key populations and the general population for the registration of information related to the patient and which are the basis for the consolidation of the cascades of attention, however, the information collected is not specific for key populations since they can be categorized in other population groups. It is important to optimize the benefit of this system by facilitating its triangulation with other information systems, such as the Comprehensive Patient Care System (SIAP), in which sociodemographic variables of the patient are recorded, which would facilitate obtaining cross and specific information on this prioritized group population. Likewise, it would save costs as data entry operators would not be needed since the treating physician is the one who enters the data directly to SIAP. Currently, it is necessary to make the manual crossings of both systems since there is no interface to integrate all the areas of attention: file, office, pharmacy, local laboratory and reference laboratories and make the registry more efficient. A consultancy is required to harmonize the two systems with a work plan to execute the update between them, an additional server at central level, computer equipment, licenses, wiring material, connectivity equipment, as such will benefit from it: VICITS clinics, friendly clinics, CAIs, CAI laboratories, reference laboratories in the First Level of care and the National Public Health Laboratory.

Decentralization of ART: 42% of people with HIV live in rural areas, the long distances they have to travel to hospitals in departmental capitals and the capital pose an added difficulty to regularly access the treatments they need. Strengthening the decentralization of the provision of antiretroviral treatment at the national level in second-level hospitals will promote continuity of care and adherence to ARV therapy, as well as increase the number of people with viral suppression. With the strengthening of the CAIs (Integral Care Clinics), there will be expanded and equitable access to quality services for people with HIV and will reduce the time and economic investment to seek treatment and access to laboratory tests and viral load monitoring. Given that the average temperature in El Salvador ranges between 28 and 32 degrees Celsius, it is necessary to provide the facilities with air conditioning equipment in the consulting rooms, pharmacy and laboratory areas so that both patients and the multidisciplinary team that attends them are comfortable, chairs for the waiting room and furniture for the nursing, pharmacy and laboratory personnel, the latter do not have adequate work areas, so it is necessary to provide stainless steel tables to prepare work material in adequate conditions and easy to sanitize. The additional amount is for complementary equipment for CAI clinics, as the funding request only includes funding for the doctor's office.

Provision of differentiated antiretroviral treatment and HIV care services: Recruitment of organizations of people living with HIV to coordinate with PEPFAR for home-based ART; Civil society organizations, preferably of people with HIV, will be contracted for home delivery of medicines to those adherents who have limitations to travel to pick up medicines at the different CAIs. A contract will be drawn up that includes fees for ARV delivery according to the distance traveled, liaisons will be made through the CAI staff to verify drug delivery, and the contracted organizations will have to pick up the drugs at the CAI pharmacy according to the list provided by the clinical staff, the pharmacy will verify the delivery list, and for the next pickup they will have to provide proof of receipt.

Stigma and discrimination index: given the vulnerability of people with HIV to stigma and discrimination due to their HIV status, it is necessary to periodically measure this index in the provision of health services, at work, in the community and in the self-perception of the people with HIV themselves.

Training of people deprived of liberty as peer promoters: the country has developed a successful strategy in the care of persons deprived of liberty through the training of peer promoters for the prevention of HIV in prisons, these promoters develop different activities for the promotion and prevention of HIV and other Sexually Transmitted Infections (STIs), actively participate in the screening of people deprived of liberty and promote the formation of support groups for people deprived of liberty with HIV as well as promote respect for the human rights of LGBTI people deprived of liberty. Given the rotation of PPL in prisons, volunteers who wish to be trained and put into practice the knowledge acquired should be trained periodically. The requested budget will strengthen prevention actions in detention centers.

Key young populations: According to the epidemiological data of the country, it is evident that the number of cases of HIV and STI in the adolescent and youth population is significant, being from 2018 to 2020 of 141 cases and a total of 234 STIs, being the most affected adolescents and young women. According to the baseline study of the Project "Comprehensive Health and Education Services for Adolescents and Youth in El Salvador", which has been referred to and is attached to the concept note, it is visualized that most adolescents and youth do not know specifically about contraceptive methods, pregnancy prevention, STIs, among others. Universal access of adolescents and youth to comprehensive and differentiated care in Adolescent and Youth Friendly Health Services (with special emphasis on mental health, sexual and reproductive health, sexual and reproductive rights, HIV prevention, prevention and care of gender, family, sexual and social violence) is still limited, due to the low coverage of Community Family Health Units, since these services are not provided by all health centers. Another important aspect to mention is the very marked persistence of stigma and discrimination in the care and adolescents by health service providers, being evident the adult-centered treatment and approach, which results in adolescents and young people not consulting for health situations such as HIV, STIs, sexual violence among other more personal issues of adolescents and young people, a situation that is aggravated when adolescents and young people belong to key populations such as men who have sex with men and transgender. This leads to a resistance of adolescent and youth populations to approach health services. Taking into account these aspects, the country proposes to work with youth, including youth from key populations, in the prevention of HIV and other sexually transmitted infections, within the framework of comprehensive sexuality education, a process through which adolescents and youth (15 to 24 years old) will be strengthened through the strengthening of attitudes, knowledge and practices that reduce the risk of acquiring HIV and other sexually transmitted infections, both in educational contexts and in the community. In schools the focus will be on adolescents and in community settings the priority will be on young people. It is worth mentioning that these aspects of the PAAR proposal are directly related to and complement the strategy proposed in the current note for this topic.

Studies of prevalence of key populations: A better knowledge of the prevalence of HIV in key populations is needed, with the allocated budget the measurement of the size of each of the populations will be updated, with this additional fund the measurement of prevalence will be carried out in each of the populations, with the measurement carried out in 2014 and 2016, there is a prevalence of 14.1% in the population of trans women (2014), 10.5% for MSM and 8.1% for female sex workers (both 2016). Knowing the prevalence will allow us to measure the impact of the different strategies and implement interventions that contribute to the achievement of goals 95-95-95

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

Provide in the table below a prioritized above allocation request which, if deemed technically sound and strategically focused by the TRP, could be funded using savings or efficiencies identified during grant-making, or put on the Register of Unfunded Quality Demand to be financed should additional resources become available from the Global Fund or other funding actors (e.g. private donors and approved public mechanisms such as UNITAID and Debt2Health). This above allocation request should present a coherent investment approach with a limited number of interventions intended to achieve high impact and include a clear and detailed rationale and should be aligned with the programming of the allocation. The applicant should indicate a relative priority order for funding each intervention or set of interventions requested (i.e. high, medium or low priority), if additional resources become available. In line with the Global Fund's Strategy to maximize impact and end the epidemics, the prioritized above allocation request should be ambitious (for example, representing at least 30-50 percent of the allocation amount).

Note: The modules/interventions of the request should be ranked in order of decreasing importance (with priority level 'high' meaning highest priority/importance). In order to align with the Global Fund modules and interventions, please select them from each drop-down.

Table guidance for the applicant:

- Select ONLY the standardised Global Fund modules and interventions from the dropdown
- For additional space, the applicant can expand the width and height of each cell for a bigger box to include rationale
- For additional modules (in case there is insufficient space), please insert additional rows.
- If there is insufficient space under the Brief Rationale section, the applicant can use the second tab, "Add Info-Info Supp-Info Ad" and follow the given instructions.

Applicant Priority Rating	Module	Intervention	Amount Requested (Allocation Currency)	Amount Requested (USD)	Brief Rationale, including expected outcomes and impact (explain how the request builds on the allocation). Indicate the relevant population for HIV modules.	Brief Rationale (translated)	TRP priority rating	TRP amount approved (USD)	TRP Notes
High	Prevention	Pre-exposure prophylaxis	1'091'249	1'091'249	PrEP para TS Teniendo en cuenta los servicios de salud especializados en población clave a nivel nacional e intervenciones de Prep con referencia a los servicios de prevención, diagnóstico, tratamiento, atención y seguimiento clínico del VIH y las ITS, en 7 servicios de atención primaria de salud, es importante disponer de pruebas de tamizaje para VIH en la población de trabajadoras(es) sexuales, que opten a profilaxis pre-exposición y evaluar infecciones pasadas o cambios de estatus serológicos con una meta de: AÑO 1: 1202 AÑO 2: 2,590 AÑO 3: 4,166	PrEP for SW Taking into account the specialized health services in key populations at the national level and Prep interventions with reference to prevention services, diagnosis, treatment, care and clinical follow-up of HIV and STIs, in 7 primary health care services, it is important to have HIV screening tests in the population of sex workers, who opt for pre-exposure prophylaxis and evaluate past infections or changes in serological status with a goal of: YEAR 1: 1202 YEAR 2: 2,590 YEAR 3: 4,166	High	1'091'249	

