

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Ministry of Health of the Republic of El Salvador** (the "Principal Recipient") on behalf of the Republic of El Salvador (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 11 December 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of El Salvador
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Strengthening the National TB and HIV responses, with focus on key populations and alignment with international targets for both diseases.
3.4	Grant Name:	SLV-C-MOH
3.5	GA Number:	2726
3.6	Grant Funds:	Up to the amount of USD 14,302,129 or its equivalent in other currencies

3.7	Implementation Period:	From 1 January 2022 to 31 December 2024 (inclusive)
3.8	Principal Recipient:	Ministry of Health of the Republic of El Salvador Calle Arce No. 827 San Salvador Republic of El Salvador Attention: Dr. Francisco José Alabi Montoya Minister of Health Telephone: +50322057300 Email: francisco.alabi@salud.gob.sv
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	Grupo Jacobs, S.A. de C.V. 81 y 83 Avenida Sur, Calle Cuscatlán, # 133 . San Salvador Republic of El Salvador Attention: Ricardo Gavidia Team Leader Telephone: +50378504151 Facsimile: +503-2511 3015 Email: ricardo.gavidia@grupojacobs.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Giulia Perrone Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: giulia.perrone@theglobalfund.org

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all

the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants.** The Global Fund and the Grantee further agree that:

6.1 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.3 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

(1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key

Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements; and

(2) comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of USD 3,851,374 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements.

6.4 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.5 The regional Green Light Committee (the "GLC") shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR-TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of US\$ 50,000 in Grant Funds annually may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

6.6 (1) Grant Funds may be used to pay for the services of an external auditor retained by the Global Fund for the annual independent audit of the Program (the "External Auditor") and the Global Fund may disburse such Grant Funds directly to the External Auditor;

(2) the Principal Recipient consents to relevant audit arrangements and to the terms of reference of the External Auditor and agrees that such terms of reference may be amended from time to time; and

(3) without limiting Section 7.5 of the Global Fund Grant Regulations (2014), the Principal Recipient shall cooperate fully with the External Auditor to allow the External Auditor to perform its services, including by providing all information and documents requested by the External Auditor or the Global Fund.

(4) Concerning the TB program audit, The Principal Recipient acting on behalf of the Grantee shall have annual financial audits of Programs revenues and expenditures conducted by the External Auditor with the understanding that the financial audit conducted by the External Auditor shall cover the expenditures of the whole Program independent of the source of funds being the Principal Recipient, governmental stakeholders or the Global Fund.

(5) No later than 31 May of each year of the Implementation Period, the Grantee,

acting through the Principal Recipient, shall provide to the Global Fund the audit report for each audit arranged by the External Auditor for the previous year. Concerning TB, this audit report should be able to confirm:

(i) whether the financial position of the Program at the end of the reporting period and the Grant Funds received and expenditures incurred for the reporting period, are presented fairly in all material respects by the Principal Recipient (and Sub-recipients) in the Program financial statements and in accordance with the El Salvador national financial management system ("Sistema de Administración Financiera Integrado", SAFI) accounting framework;

(ii) that Grant Funds have been duly spent in accordance with the provisions of the Grant Agreement, including the TB National Strategic Plan 2022/2024 Budget;

(iii) that in case of expenditures deviating from the TB National Strategic Plan 2022/2024 Budget, whether provisions under Schedule III have been complied with; and

(iv) whether the level of national funds expenditures reported by the Principal Recipient as contributing to the TB National Strategic Plan 2022/2024 Budget are fairly presented.

(6) Office of the Inspector General: In addition to Section 7.6 of the Global Fund Grant Regulations (2014), the Grantee acting through the Principal Recipient shall ensure that the Office of the Inspector General of the Global Fund will have explicit permission to access the working papers of the Auditor for assurance validation, including the annual audit plan and other relevant internal audit reports.

6.7 Disbursements

Sub-paragraph (1) of Section 3.3 of the Global Fund Grant Regulations (2014) shall not apply with respect to the TB interventions, classified as "Payment for Results" and the following provisions shall apply instead:

(1) The first annual funding decision is determined at the beginning of 2022, covering (a) an advance or pre-payment for expected results of the first year of the Implementation Period (2022) and (b) a semi-annual buffer for the advance or pre-payment for expected results of the second year of the Implementation Period until 30 June 2023, as established in the Summary Budget. Upon verification and validation of the results of 2021 under the previous SLV-T-MOH grant agreement, dated 14 November 2018, an adjustment to the first annual funding decision may be done based on the value of the actual validated results. The application of the Disbursement Methodology as set forth herein might result in a reduction of the total amount of Grant Funds set forth in Section 3.6. of this Grant Confirmation, and in consequence in a reduction of the Grant Funds to be disbursed in the second half of 2022 after the reporting and verification of the programmatic results.

(2) Each following annual funding decision will be determined to cover (a) an advance or pre-payment for expected results of the respective year of the Implementation Period, and (b) a semi-annual buffer for the advance or pre-payment for expected results of the first 6 months of the next year of the Implementation Period, as established in the Summary Budget. An adjustment to each following annual funding

decision shall be done based on the verification and validation of the results of the previous year of the Implementation Period.

(3). Any annual funding decision may be adjusted downwards proportionally to non-compliance with the Co-Financing Incentive Requirements.

(4) Disbursement Requests for the TB component

Notwithstanding the TB National Strategy Plan 2022/2024 Budget and the Disbursement Methodology or anything in this Grant Confirmation to the contrary, the timing and amount of any Disbursements shall be determined by the Global Fund at its sole discretion. The Global Fund will not make any Disbursement unless:

(a) the Principal Recipient acting on behalf of the Grantee has submitted to the Global Fund, in form and substance satisfactory to the Global Fund, a request for Disbursement, signed by a duly authorized signatory, at a time acceptable to the Global Fund;

(b) the Global Fund has determined at its sole discretion that funds sufficient to make the Disbursement are available to the Global Fund from its donors for such purpose at the time of the Disbursement;

(c) the Grantee and the Principal Recipient have fulfilled, in form and substance satisfactory to the Global Fund, all requirements for such Disbursement within relevant deadlines;

(d) the Principal Recipient acting on behalf of the Grantee has provided to the Global Fund all the relevant reports that were required prior to the date of the request for Disbursement; and

(e) the Principal Recipient acting on behalf of the Grantee has demonstrated that it has achieved programmatic results consistent with the targets for indicators set forth in Schedule I.

(5) Disbursement decision methodology for the TB component

For purposes of the reporting requirements established in Section 6.7(11) of this Grant Confirmation, each indicator will be assigned the same weight. Based on verified results, a quantitative indicator achievement rate will be calculated to determine the annual funding decision.

(b) Performance will be assessed for all agreed upon indicators to inform annual funding decisions.

(c) Results reported after 3 months of the expected date for routine programmatic reports shall be considered as "zero" achievement.

(d) Disbursement decisions will be made by the Global Fund using as basis (i) the agreed allocation of Grant Funds for the fiscal year following the reporting period, and (ii) the Disbursement Methodology. Grant Funds that may have been advanced through an eventual semi-annual buffer shall be deducted from the subsequent disbursement.

(e) Notwithstanding the above, the Global Fund reserves the right to decide not to make a Disbursement or to make a Disbursement for an amount different than the results of the calculation using the method described herein.

(6) Verification of Results for the TB component

Any Disbursement shall be subject to the achievement of the results that are reported by the Grantee acting through the Principal Recipient and verified by the Global Fund using the methodology described in Schedule V, which may be refined or amended from time to time by the Global Fund in consultation with partners. The Grantee acting through the Principal Recipient shall support, collaborate and cooperate with third parties and the process through which results are verified. If during the verification of results the Global Fund identifies discrepancies concerning the results reported for any indicator, the Global Fund reserves the right to purposively set the percentage of achievement of that particular indicator and/or consider the achievement of a particular indicator as zero. This will consequently affect the aggregated performance index achievement rate.

(7) Catastrophic Results for the TB component

In the event that the results reported by the Grantee acting through the Principal Recipient are deemed, at the sole discretion of the Global Fund, to be catastrophic, the Global Fund may elect to apply the remedies established in Article 10 of the Global Fund Grant Regulations (2014), or may decide to disburse only a percentage of next year's budget to cover essential service delivery and targeted recovery costs, based on a prompt review of the reasons of the poor results, changes that will be made to the Program, total available Grant Funds for the Program and stocks in the Host Country.

(8) Fraud/Theft/Misuse

If fraud, theft or misuse of public funds is identified and verified in the Grantee's national TB program, the Grantee acting through the Principal Recipient shall be required to repay to the Global Fund an amount equal to the portion of the amount of funds lost to fraud, theft or misuse that is proportional to the Global Fund's contribution to the national TB program implementation, as applicable.

(9) Use of Revenue

Notwithstanding sub-paragraph (3) of Section 3.4 of the Global Fund Grant Regulations (2014), any revenues earned by the Principal Recipient or Sub-recipients from any TB Program Activity may be used for TB program purposes without the prior written approval of the Global Fund, assuming the capacity of discriminating interests generated by the HIV related resources that instead will follow standard policies and procedures

(10) Gains or Losses Deriving from Treasury Management

The Grantee bears full responsibility for the management of the risk of losses related to treasury management, including but not restricted to foreign exchange risk.

(11) Periodic and ad hoc Reports

For the TB components, "Payment for Results interventions", Sub-paragraph (1) of Section 6.2 of the Global Fund Grant Regulations (2014) shall not apply with respect to this Grant Agreement and the following provisions shall apply instead:

(a) The Grantee acting through the Principal Recipient shall provide to the Global Fund the reports specified in sub-paragraph 2 to 4 below. In addition, the Grantee acting through the Principal Recipient shall provide to the Global Fund such other information and reports at such times as the Global Fund may request. From time to time, the Global Fund may provide to the Principal Recipient guidance on the acceptable frequency, form and content of the reports required under this Section. The Principal Recipient acting on behalf of the Grantee shall provide to the CCM a copy of all reports that the Principal Recipient submits to the Global Fund under the Grant Agreement.

(b) No later than 31 March of each year during the Implementation Period, the Grantee acting through the Principal Recipient, shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, the annual Progress Update and Disbursement Request (PUDR) report of the consolidated grant and an annual TB report for the preceding year of the Implementation Period, in which the Grantee shall:

i. show the progress towards the achievement of key performance indicators as set forth in the Performance Framework included in Schedule I, providing relevant information on the reported data and the measurement methods, such as the robustness and reliability of data quality mechanisms, using the Global Fund's Progress Update template;

ii. an Annual Funding Report (AFR) for the previous year of the Implementation Period, comparing the relevant annual portion of the TB National Strategic Plan 2022/2024 Budget against disbursements, reporting only on the single budget line; and

iii. show the progress towards the fulfilment of any requirements set forth in this Grant Confirmation and any relevant management actions.

(c) No later than 31 July of each year of the Implementation Period, the Grantee acting through the Principal Recipient, shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a report on national health expenditures related to TB planned in the TB National Strategy Plan 2022/2024 Budget, provided by the National Social Security Institute (Instituto Salvadoreño de Seguro Social), Bienestar Magisterial, Sanidad Militar, Fosalud, and Centros Penales, using SAFI accounting categories (the "MEGA TB report").

(d) No later than 31 July of each year of the Implementation Period, the Grantee acting through the Principal Recipient, shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a National Aids Spending Assessment (NASA)

(e) Any exception to Section 6.7(10). of this Grant Confirmation has to be submitted in writing by the Grantee, and approval of such deviations shall be at the sole discretion of the Global Fund.

6.8 No later than 30 June 2022, the Principal Recipient acting on behalf of the Grantee will deliver to the Global Fund, in form and substance satisfactory to the Global Fund, an update of the roll out and implementation of the new TB client-based health information system (the “TB-HIS Plan”). The TB-HIS Plan shall include relevant timelines, a training plan, data validation mechanisms and the roll-out to the Instituto Salvadoreño de la Seguridad Social (ISSS).

6.9 No later than 30 June 2022, the Principal Recipient acting on behalf of the Grantee will deliver to the Global Fund, in form and substance satisfactory to the Global Fund, an update of the roll out and implementation of the new TB client-based health information system (the “TB-HIS Plan”). The TB-HIS Plan shall include relevant timelines, a training plan, data validation mechanisms and the roll-out to the Instituto Salvadoreño de la Seguridad Social (ISSS).

6.10 No later than 30 June 2023, the Principal Recipient acting on behalf of the Grantee will deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that a national Data Quality Review (DQR) was carried out following the 2017 WHO’s guidelines and methodology, including an evaluation of the implementation of the tuberculosis client-based health information system.

6.11 No later than 30 June 2024, the Principal Recipient acting on behalf of the Grantee will deliver to the Global Fund, in form and substance satisfactory to the Global Fund, a mid-term evaluation of the TB Program, that should include an assessment of progress achieved and the difficulties faced in achieving the sustainability objectives, and define a sustainability strategy to be embedded in the subsequent NSP.

6.12 No later than 31 March of each year of the Implementation Period, the Principal Recipient acting on behalf of the Grantee will deliver to the Global Fund, in form and substance satisfactory to the Global Fund, a report on the progress towards meeting applicable sustainability and transition objectives. The Sustainability and Transition Progress Report will be sent jointly with the progress updates as referred to in Section 6.7 (11)(a) of this Grant Confirmation.

6.13 In accordance with the Global Fund Board Decision on additional support for country responses to COVID-19 (GF/B42/EDP11), the Program budget includes USD 2,715,114 in funding granted under the Global Fund COVID-19 Response Mechanism (“C19RM Funds”) programmed towards activities to respond to the COVID-19 pandemic (“Approved C19RM Activities”). Notwithstanding anything to the contrary in the Grant Agreement, C19RM Funds must remain invested in the Approved C19RM Activities and may only be reprogrammed [or carried over to a subsequent Implementation Period] upon prior written approval by the Global Fund, provided that C19RM Funds are not used after 31 December 2023, unless otherwise expressly agreed in writing by the Global Fund.

6.14 C19RM Health Products Reporting

a. The Principal Recipient shall adhere to the procurement channel arrangements in the Global Fund approved C19RM Health Products Management Template for the Grant Agreement and shall not make any amendments to these arrangements without the prior written approval of the Global Fund.

b. The Principal Recipient shall, by the relevant procurement reporting date (“C19RM Procurement Progress Reporting Date”), complete and submit to the Global Fund’s satisfaction, the C19RM Procurement Progress Reporting Template setting out the: (i) purchase order issue date; (ii) vendor-promised delivery date; (iii) date of product dispatch from the manufacturer; and (iv) date of product delivery for each:

i. C19RM Strategic Health Product and Mainstream Health Product procured outside of the Global Fund’s Pooled Procurement Mechanism (“PPM”);
and

ii. C19RM Local Sourcing Advised Products with Enhanced Reporting, as such terms are defined in the Global Fund C19RM Guidelines (as may be amended from time-to-time and notified to the Principal Recipient in writing).

The C19RM Procurement Progress Reporting Date for these products procured through national sourcing channels is no later than 10 January after the end of each calendar year of the Implementation Period.

The C19RM Procurement Progress Reporting Date for these products procured through non-PPM pooled procurement channels is no later than the following quarterly dates of each calendar year of the Implementation Period: 10 January, 10 April, 10 July and 10 October respectively, with the final C19RM Procurement Progress Reporting Date being the relevant quarterly date that falls immediately after the Implementation Period end-date.

c. The Principal Recipient shall take all appropriate and necessary actions to ensure that any relevant Sub-recipient, supplier, contractor or agent provides the Principal Recipient with such information as may be required for the Principal Recipient to comply with its obligations set out in paragraph 6.14(b) above.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient, acting on behalf of the Grantee, have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

**Ministry of Health of the Republic of El
Salvador**

on behalf of the Republic of El Salvador

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management
Division

Date: Jan 20, 2022

By: Carlos Alvarenga Cardoza

Name: Carlos Alvarenga Cardoza

Title: Viceministro de Gestión y
Desarrollo en Salud

Date: 14 ENE 2022

Acknowledged by

By: Habely Coca

Name: Habely Coca

Title: Chair Country Coordinating Mechanism of Republic of El Salvador

Date: 14 ENE 2022

By: Maria Consuelo Raymundo

Name: Maria Consuelo Raymundo

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of El
Salvador

Date: 14 ENE 2022

**Schedule I
Integrated Grant Description**

Country:	Republic of El Salvador
Program Title:	Strengthening the National TB and HIV responses, with focus on key populations and alignment with international targets for both diseases.
Grant Name:	SLV – C -MOH
GA Number:	2726
Disease Component:	HIV/AIDS and TB
Principal Recipient:	Ministry of Health of the Republic of El Salvador

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

El Salvador is a lower middle-income country and has a population of about 6.4 million (World Bank, 2020). Poverty has declined from 39% to 29% of the population and between 2007 and 2017, the number of people living in extreme poverty (under US\$5.5 per day) has halved from 15% to 8% (World Bank), a reflection of increased investment in social security, education and health.

The country's Gini coefficient, a measure of inequity, improved from 0.51 to 0.38 between 2001 and 2018 (World Bank, 2020). High crime levels, including very high murder rates, have started to decline and over-crowding in prisons is easing.

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)..

Violation of human rights and stigma and discrimination still pose barriers to access to services for key and vulnerable populations

The HIV interventions build on the lessons learned and aim at improving the National HIV cascade, implementing innovative approaches in line with recent WHO updated guidance for HIV and focusing on key populations.

Concerning TB, during the last years, in alignment with the national goals, notified incidence and mortality rates show a decreasing trend. El Salvador reported 3,009 people with new and relapse in 2019, of whom 72% were males (World Health Organization (WHO) 2020). In 2019, the national treatment coverage was 80% and treatment success for patients with new and relapse TB notified in 2018 was 91% (WHO, 2020). Persons deprived of liberty contributed

44% of notifications and had a TB incidence of 3,355 per 100,000 (WHO 2019), compared to only 47 per 100,000 inhabitants in the general population. About 70% of new pulmonary TB cases among people deprived of liberty were diagnosed using rapid molecular diagnostic tests; in 2019, 71% (15 of 21 persons) of new Rifampicin-resistant TB (RR-TB) cases were among people deprived of liberty, reflecting the higher incidence of TB in prisons. Nevertheless, the situation in prisons has improved significantly. Between 2018 and 2019 the country achieved a reduction of 64% in the incidence rate among prisoners, molecular testing accounted for 70% of diagnosed TB cases in prisons. Also, treatment success rate has improved reaching 94.5% in 2019. New legislation aims to strengthen the institutional response to TB including in prisons and across the health system at all levels.

El Salvador recently updated the Multisectoral National Strategic Plan for TB Control (MNSP-TB) for a new 5-year period, 2022 – 2026, to align with current international policy guidance and the comprehensive approach of the End TB strategy. The framework for the program is based on the new MNSP 2022- 2026 and aims to optimize the impact and results in timely detecting and curing both sensitive and resistant cases, prioritizing higher-risk including people deprived of liberty, people living with HIV, people with diabetes, and children, in line with the WHO End TB Strategy.

This program also includes Covid 19 related interventions aimed at strengthening the national response towards this pandemic. Interventions include support for Covid 19 control and containment, and health system strengthening.

2. Goals, Strategies and Activities

Goals:

- Strengthen the National HIV response and the prevention and treatment cascade through innovative approaches for case detection, early enrollment to ART and better adherence, with focus on key populations and pregnant women.

Key targets include:

- a. 95% of people living with HIV diagnosed by 2030
 - b. 95% of people living with HIV with suppressed viral load by 2030
 - c. Elimination of Mother to Child transmission
- Strengthen the National TB response through better prevention and care of new TB cases, with focus on vulnerable groups and people affected by TB, in alignment with the Global End TB Strategy.

Key targets include:

- a. 90% of TB treatment coverage
 - b. 92% of TB treatment success rate all forms
 - c. 82% of TB patients diagnosed through rapid tests
 - d. 90% treatment coverage for latent TB infection
- Mitigate the impact of Covid 19

Strategies and activities:

HIV

- Prevention and differentiated services for HIV diagnosis – provision of combined prevention packages and testing to Men who have sex with Men, Transgender people, and sex workers

- Support to the provision of pre-exposure prophylaxis (PrEP) to Men who have sex with Men and Transgender people; PrEP medicines will be provided with domestic funding
- Prevention and HIV behavioral change interventions targeting people deprived of liberty;
- HIV treatment – early enrollment under ART of HIV cases recently diagnosed and monitoring of viral load suppression
- Prevention of Mother to Child transmission, through provision of HIV tests to pregnant women
- Removal of Human Rights related barriers, including reduction of stigma and discrimination towards key populations and people living with HIV – assessment of stigma and discrimination index and follow up to the conclusions and recommendations of the similar assessment currently being carried out; communication campaign and strategy targeting stigma and discrimination reduction
- Health system strengthening – strengthening of the laboratory capacities and of the national laboratory, support to the decentralization of the provision of HIV treatment and to the adequate care in the primary HIV health care facilities; strengthening of the HIV and TB health information systems
- Health information systems and Monitoring and Evaluation – seroprevalence and behavioral studies for Men who have Sex with Men, transgender people and female sex workers; and update of the estimated population size of each key population
- Governance and health sector planning – advocacy and other activities to implement social contracting for HIV and TB services provision

TB

- Early detection of tuberculosis cases, with focus on vulnerable groups
- Coverage of treatment of cases of TB in all forms
- Detection and treatment MDR-TB cases
- Reduction of the TB/HIV mortality rate
- Comprehensive care for TB higher-risk groups through Implement strategies for advocacy, communication and social mobilization for behavior change in the population and social participation, promoting respect for human rights, and decrease stigma and discrimination.

Covid 19

- Infection prevention and control and protection of health care workers through procurement of persona protection equipment and support to ensure water services for vulnerable population
- Case management through procurement of medical equipment to strengthen care of elderly people affected by Covid 19
- Health system strengthening, through the strengthening of the surveillance system to integrate Covid 19 into regular reporting and existing health information systems platforms

3. Target Group/Beneficiaries

- People living with HIV and AIDS
- Men who have sex with men
- Transgender population
- Female sex workers
- Prisoners

- Pregnant women and children
- People affected by TB, TB contacts and people in vulnerable conditions
- People affected by TB and diabetes mellitus (DM) co-morbidity and other immunosuppressant and chronic illnesses
- People affected by Covid 19

Country	El Salvador
Grant Name	SLV-C-MOH
Implementation Period	01-Jan-2022 - 31-Dec-2024
Principal Recipient	Ministry of Health of the Republic of El Salvador

Reporting Periods	01-Jan-2022	01-Jan-2023	01-Jan-2024
End Date	31-Dec-2022	31-Dec-2023	31-Dec-2024
PI includes DFP?	Yes	Yes	No

Program Goals, Impact Indicators and targets

El país espera fortalecer su respuesta nacional al VIH a través de la incorporación de nuevas estrategias que permitan mejorar el diagnóstico, mediante nuevas modalidades de acceso a la prueba de VIH, la vinculación, adherencia al tratamiento y la prevención de la transmisión y el tratamiento de las infecciones crónicas. The country expects to strengthen its national response to HIV through the incorporation of new approaches to improve diagnosis, through new modalities of access to HIV testing, linkage, adherence to treatment, and prevention of transmission, especially in populations key and pregnant women. Fortalecer la prevención y atención integral de nuevos casos de tuberculosis, centrada en las personas afectadas por la enfermedad y sus familias; reducción de la mortalidad por tuberculosis; con un abordaje estratégico en poblaciones prioritizadas y familias con género coadyutor. For the disease, in harmony with the Strategy of the Global End TB Strategy, focused on people affected by the disease and their families; reduction of mortality from tuberculosis; with a strategic approach in prioritized populations and families with coadjutor gender.

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2022	2023	2024
HIV (a, m, Percentage of men who have sex with men who are living with HIV)	El Salvador	N: 483 D: 2,351 P: 20.15%	2019 SIAP/VICTS	Age	Ministry of Health of the Republic of El Salvador	N: D: P: 21.54%	N: D: P: 22.54%	N: D: P: 23.54%
<p>Comments</p> <p>Baseline: 20.54%. This baseline corresponds to positive MSM, who are cared for at VICTS clinics and is the result reported in the 2019 report. Baseline source: Care provided at VICTS clinics during 2019. Numerator: Number of new and known cases of HIV in the MSM population that visit VICTS clinics during the reporting period. Denominator: Total number of MSM who were seen at VICTS during the reporting period. The numerator and denominator of this indicator will be reported from the care provided to this population in the VICTS clinics. Data source: SIAP / VICTS (Comprehensive Patient Care System). This system has been planned to collect information from all services nationwide, but currently its implementation has not been completed. It consists of several modules, one of the modules correspond to the attention of the VICTS and friendly clinics, in which the system has already been implemented and allows to register the visits. The PR will provide the results of both the numerator and the denominator from the sentinel surveillance clinics, we understand that the best data to report prevalence is that obtained from national prevalence studies, however, given the complexity of carrying out this type of study, the country has routinely decided to report data from sentinel surveillance clinics. For this grant, it is planned to give the priority to the study of the friendly clinics, which will be carried out in parallel with the care case, to make a comparison with the data recorded in the sentinel surveillance clinics and that of the study. It was agreed that a detailed review of the methodology of the monitoring and evaluation of the friendly clinics will be carried out within the pending joint work in the future in the area of Monitoring and Evaluation to ensure that it is carried out in compliance with all methodological requirements. Assumptions: On this occasion, it is being proposed that by strengthening the approaches to promote the HIV test, the diagnostic capacity will be improved, hoping to increase the percentage of the first pillar of the cascade of the continuum of care, so the goals will increase. An annual increase of 1% is planned. For the fulfillment of this indicator, the data will be reported from the care provided in the VICTS clinics and friendly clinics Measurement methods: Through 18 VICTS in El Salvador, distributed nationwide and the 12 friendly clinics. Because it is a targeted country, no disaggregation is required.</p>								
HIV (a, m, Percentage of transgender people who are living with HIV)	El Salvador	N: 90 D: 331 P: 27.2%	2019 SIAP/VICTS	Age	Ministry of Health of the Republic of El Salvador	N: D: P: 26.19%	N: D: P: 26.66%	N: D: P: 26.19%
<p>Comments</p>								

Baseline: 27.19%. This baseline corresponds to the population of positive trans women, who are cared for at VICTIS clinics and is the result reported in the 2018 report. Baseline source: Care provided at VICTIS clinics during 2019. Numerator: Number of new and known cases of HIV in the population of trans women who visit VICTIS clinics during the reporting period. Denominator: Total number of trans people who were treated at VICTIS during the reporting period. The numerator and denominator of this indicator will be reported from the care provided to this population in the VICTIS clinics. Data source: SIAP / VICTIS (Comprehensive Patient Care System). This system has been planned to collect information on all care at the national level, but currently, it has not been possible to complete its implementation. It consists of several modules, being one of these the attention of VICTIS and friendly clinics, in which it is already implemented and allows to register the visits. The PR will provide the results of both the studies, however, given the impossibility of accessing some surveillance clinics, we understand that the best data to report prevalence is that obtained from national prevalence clinics. It is planned to carry out an IBS study, which will allow us to obtain a more precise estimate of the prevalence of HIV in the population of trans women. For this, a comparison will be made with the national prevalence data recorded with the sentinel surveillance clinics and that of the study. It was agreed that a detailed review of the monitoring system, the design of the support of PAHO and possibly CDC, will be carried out within the pending joint work in the future in the area of Monitoring and Evaluation to ensure that it is carried out in compliance with all methodological requirements. Assumptions: On this occasion, it is being proposed that by strengthening the approaches to promote the HIV test, the diagnostic capacity will be improved, hoping to increase the percentage of the first pillar of the cascade of care continuum, so the goals will go into increase. An annual increase of 1% is planned. For the fulfillment of this indicator, the data will be reported from the care provided in the VICTIS clinics and friendly clinics Measurement methods: Through TB VICTIS in El Salvador, distributed nationwide and the 12 friendly clinics. Because it is a targeted country, no disaggregation is required.

2019	N: 93 D: P: %	2020	N: 85 D: P: %
Global Report TB		Due Date: 30-Mar-2024	
Due Date: 30-Mar-2023		Due Date: 30-Mar-2025	

Comments

5 Assumptions for the targets: The country intends to reduce mortality by 2025 using the End TB strategy as a parameter. For this reason, El Salvador intends to assist at least a mortality rate of less than one (1) during the next years of the subsidy. And achieve a rate of 0.85 for the last year of the subsidy. The target is proposed annually by the World Health Organization (WHO) document the progress made through the widespread application of global TB strategies and the achievement of targets related to the Sustainable Development Goals (SDGs). Taken together, the efficacy of TB diagnosis and treatment is estimated to have saved lives. The association of TB with HIV is the leading cause of death among infectious diseases. There are still a number of challenges to face to end the epidemic of this disease. In the assumption of the gradual reduction of mortality, it is proposed to register the subsidy with a rate lower than 1 per 100,000 inhabitants, which is in accordance with the End TB strategy. Numerator: number of deaths from tuberculosis all registered, certified and reported forms at the national level of the previous year at all levels. Denominator: Total population (QUESTVC) per 100,000 inhabitants of the year to be evaluated. The indicator is from the ANNUAL NON-CUMULATIVE report. Information Source: SIMMOQV (El Salvador, Mortality System), which is the same official data reported by the country, published and validated by WHO in the Global TB report.

Program Objectives, Outcome Indicators and targets

1	Diagnosticar al 95% de las personas viviendo con VIH para el año 2020 / Diagnose 95% of people living with HIV by 2020								
2	Cobertura de tratamiento de la TB arriba del 80%/TB treatment coverage above 80%								
3	Alcanzar un 95% de personas viviendo con VIH que oúen con CV indetectable / Diagnose 95% of people living with HIV by 2020								
4	Porcentaje de Éxito del tratamiento para TB de todas las formas del 92 %/ Success rate of treatment for TB in all forms of 92%								
5	Eliminación de la Transmisión Materno Infantil del VIH y sífilis congénita / Elimination of Mother-to-Child Transmission of HIV and congenital Syphilis								
6	10% de pacientes con TB cuyos hogares sufren gaseos clasificados debido a la TB 6% de TB patients whose households suffer catastrophic expenditures due to TB								
7	Porcentaje (82%) de pacientes con TB que fueron diagnosticados a través de pruebas rápidas/ Percentage (82%) of TB patients who were diagnosed through rapid tests								
8	Cobertura del 50% de diagnóstico para infección Latente por TB 50% treatment coverage for Latent TB infection								
9	Cobertura arriba del 90% en investigación de contactos/Coverage above 90% in contact investigation								
10	Cobertura (100%) de pacientes de TB con resultados de pruebas de sensibilidad a medicamentos de segunda línea/Coverage (100%) of TB patients with results of sensitivity tests to second-line drugs								
11	Cuarenta del 90% de tratamiento con nuevos medicamentos orales para diagnóstico/90% coverage of treatment with new oral drugs for drug resistance								
12	Porcentaje arriba del 90% de pacientes de TB con estado de VIH conocido/Percentage above 90% of TB patients with known HIV status								
13	Tasa de letalidad por TB menor de 5/TB case fatality rate less than 5								

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Responsible PR	2022	2023	2024
1 TB OLA M. Treatment success rate of RR TB under MDR/ TB Percentage of cases with RR under MDR/ TB successfully treated	El Salvador	N: 7 D: P: 100,0%	2018 Registry book of Monitoring resistant TB National TB Program	Ministry of Health of the Republic of El Salvador	N: 90.00% D: P: 90.00%	N: 90.00% D: P: 90.00%	N: 90.00% D: P: 90.00%
Comments					Due Date: 30-Mar-2023	Due Date: 30-Mar-2024	Due Date: 30-Mar-2025

Assumptions for the targets: It has been estimated that two percent of all TB cases in all forms for each year may present some pattern of multidrug resistance. For the year 2023, it is estimated that 7,089 TB cases will be reported in all forms, 2.0% of the total given us an estimated 42 RR, TB and / or MDR TB cases. It should be noted that the WHO estimate through the Global Report is 37 TB RR / MDR, however the local analysis with the PRM and on with the other years, account the trend of the last five years the cases are around 35 - 42 as stated in the essential data table Numerator; total of cases reported as bacteriologically confirmed (bacteriologically confirmed TB) diagnosed by molecular tests: Gene Xpert, BAAR culture and sensitivity tests (proportional methods) in the period to be evaluated. Denominator: total estimated RR TB, diagnosed by molecular tests: Gene Xpert, BAAR culture and sensitivity tests (proportional methods) in the period to be evaluated. Numerator / Denominator and percentage. The annual report will be reported with numerator / denominator and percentage. In each year of the grant according to the real data of the period to be reported. Information source: Regular book of cases with drug resistant TB. The PR will report the numerator.

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023	01-Jan-2024 31-Dec-2024	
9	Differentiated HIV Testing Services	HTS-Other 1 Percentage of HIV positive results among the total of HIV tests performed on during the reporting period.	Country: EI Salvador; Coverage: Geographic National, 100% of national program target	2019 SUMEVE N: 321 D: 18,635 P: 1.7%	Yes	Ministry of Health of the Republic of EI	N: D: P: 3.7%	N: D: P: TBD	N: D: P: TBD	N: D: P: TBD	N: D: P: TBD	
1		Comments	Baseline for this indicator, 1.70% corresponds to MSM diagnosed at VICTS clinics and PLAN mobile units during 2019. The percentage of this indicator will be evaluated during the period to be evaluated. For the scope of this indicator, several methodologies for offering the test will be carried out among them: the VICTS clinics, friendly clinics, the strategy of assisted partner notification and contact tracing. Numerator: Total number of MSM who tested positive for HIV in the national health system during the period to be evaluated. Denominator: Total number of MSM who tested positive for HIV in the national health system during the period to be evaluated. Both numerator and denominator will be reported according to actual data registered in SUMEVE for the reporting period. The country will report the number of MSM who tested positive for HIV in the national health system during the period to be evaluated. Source: SUMEVE Assumptions: Based on the prevention strategies that the country intends to initiate, assisted partner notification, contact tracing, self-testing (to be defined annual report (PURS)) Source: (plan plan) and the update of the diagnostic algorithm that will allow us to confirm and give the results to the user in a shorter time. It is expected to find a higher number of positive cases in that population in the entire health system, including all types of providers. The PR will be responsible for ensuring the implementation of the diagnostic algorithm in the period to be evaluated. Code is generated for each person tested, otherwise it cannot be included in the numerator or denominator. The PR will be responsible for granular analysis of the data and decision making for percentage points has been considered, considering the expected increase in the detection of new HIV cases among this population and increase positivity. For the first year target, an increase of 2 percentage points has been considered, taking into account the results of the population size studies and the analysis that will be conducted jointly with PAHO/WHO to establish the target for year 2023.									
15		Non-specified population groups	Country: EI Salvador; Coverage: Geographic National, 100% of national program target	2020 SUMEVE N: 153 D: 882 P: 16.0%	Gender/Target/ Risk population group	Yes	Ministry of Health of the Republic of EI	N: D: P: 23.0%	N: D: P: 30.0%	N: D: P: 40.0%	N: D: P: TBD	
15		Comments	Baseline 17.7% corresponding to 2020, source SUMEVE. Numerator: Number of people newly diagnosed with HIV and who started ART during the reporting period. Denominator: Number of persons newly diagnosed with HIV during the reporting period. Assumptions: The targets have been considered with an annual increase of 5%, 7% and 10%, respectively and published under the criterion that starting in 2021 the clinical guidelines for the care of HIV patients will contemplate rapid initiation of treatment with UN/AIDS recommendations. For the first year we are using the number of newly diagnosed persons who have been successfully initiated on ART within 7 days of diagnosis as recorded in the information system. Both numerator and denominator will be reported according to actual data recorded in SUMEVE corresponding to the reporting period. Source: SUMEVE.									
18		Men who have sex with men and know their results	Country: EI Salvador; Coverage: Geographic National, 100% of national program target	2020 SUMEVE N: 11,129 D: 54,140 P: 20.6%	Age HIV test status	Yes	Ministry of Health of the Republic of EI	N: D: P: 37.2%	N: D: P: 38.0%	N: D: P: 36.7%	N: D: P: TBD	
18		Comments	Baseline: 20.6%, this includes PM and PEPFAR efforts. Under the coordination of the PR Plan for the mobile units and the PR MNSAL for the mobile units and the health service network and the private laboratories that work with PASMO. This baseline is generated from SUMEVE. Numerator: Number of MSM who have been tested for HIV during the reporting period. Denominator: Corresponds to the MSM population size estimate, as part of the 2016 EOC. The denominator is considered stable because there are no measurements to know if it has increased or decreased. Source: SUMEVE. Assumptions: The targets reflect the national coverage to be achieved with HIV testing for MSM through 5 mobile units and the 175 laboratories distributed in the service. The targets are based on the national coverage to be achieved with HIV testing for MSM through 5 mobile units and the 175 laboratories distributed in the service. The PR will be responsible for ensuring the implementation of the diagnostic algorithm in the period to be evaluated. Code is generated for each person tested, otherwise it cannot be included in the numerator or denominator. The PR will be responsible for granular analysis of the data and decision making for percentage points has been considered, taking into account the results of the population size studies and the analysis that will be conducted jointly with PAHO/WHO to establish the target for year 2023.									

Transgender people	HTS-3a: % Percentage of trans people who received an HIV test during the reporting period and know their results	Country: El Salvador Coverage: National, 100% of national program	N: 677 D: 2,011 P: 28.7%	2020 SUMEVE	Age, HIV test status	Yes	Ministry of Health of the Republic of El Salvador	N: 1,087 D: 44,972 P: 2.41%	N: 1,131 D: 44,972 P: 2.52%
Comments	<p>Baseline: 28.69%. This includes PM and PEP-AR efforts. Under the coordination of the PR Plan for the mobile units and the PR MINSAL, for the laboratories of the health services network and private laboratories working with PASMO. This baseline is generated from SUMEVE. Numerator: Number of female sex workers who have been tested for HIV during the reporting period and know whether it has increased or decreased. Source: For the numerator the SUMEVE and the denominator corresponds to the population size of trans women 2014. Assumptions: The targets reflect the national coverage to be achieved with HIV testing for Trans with Global Fund and national resources through 6 mobile units and the 175 laboratories distributed in the service network of the Trans population nationwide according to the 2014 Trans population size study. The targets for year 2 and 3 will be revised following the population size study to be conducted during the first year. Targets for this indicator may be adjusted subsequent to the PENM mid-term evaluation. Key interventions: Presumptive and confirmatory testing will be performed, with pre- and post-counseling and linkage/referral to the Comprehensive Care Centers (CAs) will be evaluated. The forms will be digitized in SUMEVE, which will generate a database by CUI, to be electronically deduplicated to account for the total achieved in the period. The denominator specified in this performance framework will be used for reporting targets.</p>								
20	HTS-3b: % Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: El Salvador Coverage: Geographic, National, 100% of national program	N: 4,150 D: 9,272 P: 44.5%	2020 SUMEVE	Age, Gender, HIV test status	Yes	Ministry of Health of the Republic of El Salvador	N: 9,477 D: 44,972 P: 21.1%	N: 9,860 D: 44,972 P: 21.9%
Comments	<p>Baseline: 9.23%. This includes FM and PEP-AR efforts. Under the coordination of the PR Plan for the mobile units and the PR MINSAL, for the laboratories of the health services network and private laboratories working with PASMO. This baseline is generated from SUMEVE. Numerator: Number of female sex workers who have been tested for HIV during the reporting period and know whether it has increased or decreased. Source: For the numerator the SUMEVE and the denominator corresponds to the population size of trans women 2014. Assumptions: The targets reflect the national coverage to be achieved with HIV testing for Trans with Global Fund and national resources. These targets are expected to be achieved through the 6 mobile units and 175 laboratories distributed in the service network of priority municipalities, in 30 hospitals, 114 community family health units, 18 VICTS clinics and 12 friendly clinics. This indicator is expected to be achieved between the PR baseline and will include in the denominator all tests performed in the period for this key population in the entire health system, including all types of providers. The PR may include in the numerator all tests performed in the period for this key population in the entire health system, including all types of providers. The PR will ensure that a Unique Identification Code (UIC) or denominator. The PRs will be responsible for granular analysis of the data and decision making for improvements in the planning of the different diagnostic modalities to increase detection of new HIV cases among this population and increase positivity. For the first year target an increase of 2 percentage points has been considered considering the expected number of new diagnoses among trans people. For the second and third year target an increase of 1 percentage point from year 1 will be considered, taking into account the results of the population size studies and the analysis that will be conducted jointly with PAHO-WHO to establish the targets for years 2 and 3.</p>								
22	HTS-3c: % Percentage of trans people during the reporting period	Country: El Salvador Coverage: National, 100% of national program	N: 19 D: 914 P: 2.1%	2019 SUMEVE	Yes	Ministry of Health of the Republic of El Salvador	N: 4.5%	TBD	TBD
Comments	<p>Baseline for this indicator 2.08%. This indicator corresponds to the percentage of trans people who received an HIV test during the reporting period and know whether it has increased or decreased. Source: For the numerator the SUMEVE and the denominator corresponds to the population size of trans people during the reporting period. The denominator specified in this performance framework will be used for reporting targets.</p>								
3	HTS-3d: % Percentage of trans people during the reporting period	Country: El Salvador Coverage: National, 100% of national program	N: 17 D: 7,118 P: 0.2%	2019 SUMEVE	Yes	Ministry of Health of the Republic of El Salvador	N: 0.9%	TBD	TBD
Comments	<p>Baseline for this indicator 0.2%. This indicator corresponds to the percentage of trans people who received an HIV test during the reporting period and know whether it has increased or decreased. Source: For the numerator the SUMEVE and the denominator corresponds to the population size of trans people during the reporting period. The denominator specified in this performance framework will be used for reporting targets.</p>								
5	HTS-3e: % Percentage of trans people during the reporting period	Country: El Salvador Coverage: National, 100% of national program	N: 17 D: 7,118 P: 0.2%	2019 SUMEVE	Yes	Ministry of Health of the Republic of El Salvador	N: 0.9%	TBD	TBD
Comments	<p>Baseline for this indicator 0.2%. This indicator corresponds to the percentage of trans people who received an HIV test during the reporting period and know whether it has increased or decreased. Source: For the numerator the SUMEVE and the denominator corresponds to the population size of trans people during the reporting period. The denominator specified in this performance framework will be used for reporting targets.</p>								

<p>17</p> <p>Payment for results</p>	<p>Baseline 64.3% corresponding to the year 2020. Source: SUJAVEE. Numerator: Number of people on ART who have undergone a viral load test in the last 6 months during the reporting period. Denominator: Total number of people on ART during the reporting period. Assumptions: This indicator will report the number of people in ART who have been able to receive a VL test in the last 6 months during the reporting period that are registered in the information system and includes ISSS users. An annual increase of 3% has been considered for each year of the grant, under the criteria that the ISSS will continue to expand its coverage. The composition of the test and treat approach in the national clinical guidelines for HIV care. Both the numerator and the denominator will be reported according to real data registered in SUJAVEE corresponding to the period to be reported. Source: SUJAVEE.</p>	<p>N: 1,539.82 D: P: N: 2,079.92 D: P:</p>	<p>N: 1,785.18 D: P:</p>	<p>Ministry of Health of the Republic of El Salvador</p>	<p>Yes</p>	<p>Agenda-Gender/HIV</p>	<p>N: 3,009 D: P: N: 3,009 D: P:</p>	<p>Country: El Salvador. Coverage: National, 100% of target</p>
<p>10</p> <p>Comments</p>	<p>Target estimation of the total number of TB cases in all forms notified by the country for the period from January to December 2019. (3,009) source of information PCT - 5, case registry book. Implementation of the End of TB strategy. Essential Aspects: from WHO and the estimated projection from the vital course in 2020, taking as reference table 2.1 of the document (2,462 cases and a rate of 39 per 100,000 inhabitants), and that in 2020 the reduction in the incidence rate is 5%, less than in 2015; obtaining a rate of 34 per 100,000 inhabitants, which corresponds to 2,900 cases. In this sense, the populations estimated by DIGES YC for the years of the subsidy are: for the year 2022 a total population of 6,884,888 is estimated with an estimated rate of 30.2, for the year 2023 a total population of 6,942,759 with an estimated rate of 27.9 gives us an estimated incidence of 1,940 cases of TB all forms and for the year 2024 with an estimated rate of 25.5 gives us an estimated incidence of 1,750 cases of TB all forms. The cases of TB all forms reported in the period to be evaluated. It is expressed as a whole number. Information Source: Case Registry Book (PCT-5). NON-CUMULATIVE annual frequency (absolute number).</p>	<p>MDR TB - 6 Percentage of TB cases notified at least Rifampicin among the total number of notified (new and retreated) cases in the database. PCT - 9 (Quarterly national program report on TB case detection). N: 2,455 D: 3,025 P: 81.2%</p>	<p>N: 82.0% D: P:</p>	<p>Ministry of Health of the Republic of El Salvador</p>	<p>Yes</p>	<p>Agenda-Gender/HIV</p>	<p>N: 2,455 D: 3,025 P: 81.2%</p>	<p>Country: El Salvador. Coverage: National, 100% of target</p>
<p>2</p> <p>Comments</p>	<p>Target estimation assumption: A good, accurate diagnosis is a critical component of TB care. Molecular rapid diagnostic tests help ensure early detection and timely treatment of TB. The country intends to perform these tests in a percentage of 10-15% of cases attributable to the pediatric population. Similarly, the country intends to perform rapid drug susceptibility testing (DST) at least for Rifampicin, for the early detection of drug resistance, both in new and retreatment cases. Considering that the End TB strategy establishes the need to perform rapid drug susceptibility testing (DST) for the early detection of drug resistance, both in new and retreatment cases, the country will progressively increase screening to all patients with suspected drug resistance including PPI, HIV, and TB. MDR TB - 9 (Quarterly national program report on TB case detection). Numerator: Number of cases (persons) notified all forms of TB (new and retreated) who were tested for sensitivity by molecular testing or by the method of proportions. In the period to be evaluated. Denominator: Number of cases (persons) notified all forms of TB (new and retreated) who were tested for sensitivity by molecular testing or by the method of proportions. Numerator and denominator will be reported in each year of the subsidy according to the actual data of the reporting period. Verification of this indicator will be subject to the verification method established for the results-based funding modality and set forth in the grant agreement. Data source: GenoXpert database and PCT - 9 (quarterly TB case detection report).</p>	<p>MDR TB - 9 Percentage of TB cases notified at least Rifampicin among the total number of notified (new and retreated) cases in the database. PCT - 9 (Quarterly national program report on TB case detection). N: 21 D: 3,025 P: 0.69%</p>	<p>N: 85.0% D: P:</p>	<p>Ministry of Health of the Republic of El Salvador</p>	<p>Yes</p>	<p>Agenda-Gender/HIV</p>	<p>N: 21 D: 3,025 P: 0.69%</p>	<p>Country: El Salvador. Coverage: National, 100% of target</p>
<p>4</p> <p>Comments</p>	<p>Target estimation assumption: The target is established considering the contribution of TB cases of all forms in PPI, estimated to be notified (728, 595 and 446) for the years 2022, 2023 and 2024, respectively. The TB burden in the prison system has been calculated based on the total incidence of the country according to the parameters of the End TB strategy, the percentage burden of TB in the prison system in recent years and considering the impact of the Covid - 19 pandemic; however, detection actions have continued with greater effort and seeking to resolve the limitations. Notification data will be used to adjust the target. The target will be expressed as a whole number. Verification of this indicator will be subject to the verification method established for the results-based financing modality and set forth in the grant agreement. Source of information: Case Log Book (PCT-5). Periodicity annual NON-CUMULATIVE (absolute number), countrywide, entire prison system.</p>	<p>MDR TB - 4 Number of cases with RR: TB and/or line treatment began second-line treatment. N: 21 D: 3,025 P: 0.69%</p>	<p>N: 38.8 D: P:</p>	<p>Ministry of Health of the Republic of El Salvador</p>	<p>Yes</p>	<p>Agenda-Gender/HIV</p>	<p>N: 21 D: 3,025 P: 0.69%</p>	<p>Country: El Salvador. Coverage: National, 100% of target</p>
<p>6</p> <p>Comments</p>	<p>Target estimation assumption: The target is established considering the contribution of TB cases of all forms in PPI, estimated to be notified (728, 595 and 446) for the years 2022, 2023 and 2024, respectively. The TB burden in the prison system has been calculated based on the total incidence of the country according to the parameters of the End TB strategy, the percentage burden of TB in the prison system in recent years and considering the impact of the Covid - 19 pandemic; however, detection actions have continued with greater effort and seeking to resolve the limitations. Notification data will be used to adjust the target. The target will be expressed as a whole number. Verification of this indicator will be subject to the verification method established for the results-based financing modality and set forth in the grant agreement. Source of information: Case Log Book (PCT-5). Periodicity annual NON-CUMULATIVE (absolute number), countrywide, entire prison system.</p>	<p>MDR TB - 6 Percentage of TB cases notified at least Rifampicin among the total number of notified (new and retreated) cases in the database. PCT - 9 (Quarterly national program report on TB case detection). N: 1,328 D: 3,025 P: 43.9%</p>	<p>N: 80.2 D: P:</p>	<p>Ministry of Health of the Republic of El Salvador</p>	<p>Yes</p>	<p>Agenda-Gender/HIV</p>	<p>N: 1,328 D: 3,025 P: 43.9%</p>	<p>Country: El Salvador. Coverage: National, 100% of target</p>

<p>Not applicable</p>	<p>RNL building remodelled</p>	<p>MSPT rates: (0) Not Started; No progress against the milestones is reported by the PR (1) Started by 2022 the implementation of the NPL. The PR presents evidence of the progress of works with technical reports being documented, expecting to have a quarterly report of the LMT relocation of 50% progress of the LMT relocation of 50% progress of the LMT relocation quarterly report of the supervising company. (3) Completed. The PR will present evidence of the completion of the remodeling work and equipment verifying that they have complied with all contract and in the stipulated time. Note: The work will be considered completed upon delivery of a contract compliance certificate by the contractor, including of the work and establishing the technical warranty period.</p>	<p>El Salvador</p>	<p>X</p>
-----------------------	--------------------------------	---	--------------------	----------

Comments

