

# GUATEMALA

## CDC Division of Global HIV & TB's Strategic Focus



Since 2003, the U.S. Centers for Disease Control and Prevention (CDC) Central American Regional Office has collaborated with Ministries of Health (MOH) to respond to the HIV epidemic in the area. CDC supports Central American countries in achieving the UNAIDS 95-95-95 targets: 95 percent of people living with HIV (PLHIV) know their HIV status, 95 percent of people who know their status receive antiretroviral therapy (ART), and 95 percent of people receiving ART have viral load suppression.

Through partnership with governments, civil society, and other partners, CDC prioritizes interventions directly impacting services for PLHIV and people at greater risk of HIV. CDC supports evidence-based programs that bridge gaps in HIV prevention, case finding, early ART initiation, treatment, and viral load suppression to strengthen systems essential for a sustainable HIV response.

## Key Activities and Accomplishments

### Building Public Health Capacity

- Introduced the Extension for Community Healthcare Outcomes (Project ECHO) model, an innovative tele-mentoring initiative. The model uses virtual trainings led by experts to train healthcare providers in delivering best-in-practice care to underserved communities in the region. Through Project ECHO, CDC created virtual communities of practice in HIV prevention, treatment, and strategic information.
- Launched the Continuous Quality Improvement Training Initiative, where participants learned to apply concepts in the clinical setting to improve HIV services.
- Established the HIV Rapid Test Continuous Quality Improvement Initiative.
- Conducted evaluations to ensure optimal program efficiency.
- Supported the MOH to enhance HIV surveillance and data analysis capabilities for improved program decision-making.
- Worked with the MOH to build local capacity to perform evaluations and ensure high-quality standards in the viral load testing process.

## **Strengthening Laboratory Systems and Networks**

- Improved access to HIV testing for undiagnosed PLHIV. Improvements included active case-finding and outreach strategies for people at greater risk of HIV, testing services, social network testing, enhanced testing offered by healthcare providers, self-testing, and services for mobile populations.
- Implemented HIV infection surveillance to identify active transmission areas (e.g., PLHIV infected in the past 12 months) to guide prevention and case finding strategies at the public health level.
- Evaluated the specimen referral, equipment, quality management systems, technology, information, and coverage of viral load networks.

## **HIV Prevention and Treatment**

- Supported a comprehensive treatment package that included Track and Trace Pre-ART to newly diagnosed PLHIV to care. This ensured access to ART clinics, rapid ART initiation, diagnosis, management of HIV advanced disease and opportunistic infections, counseling, and follow-up.
- Promoted optimized treatment and introduced differentiated service delivery models such as pharmacy fast-track refills, multi-month prescriptions, and high viral load tracking and management.
- Supported the retention and re-engagement of PLHIV who are not in care or virally suppressed.
- Supported the increase of ART access in underserved areas of the country.

## **DGHT Program Director:**

Benjamin Ryan Phelps

### **Global HIV Epidemic**

Estimated HIV Prevalence (Ages 15-49):  
0.2% (2023)

Estimated HIV Deaths (Age ≥15):  
<500 (2023)

Reported Number Receiving Antiretroviral  
Therapy (ART) (Age ≥15): 24,690 (2023)

### **Global Tuberculosis (TB) Epidemic**

Estimated TB Incidence:  
33/100,000 population (2023)

Reported Percent of People with TB and  
HIV: 8.1% (2023)

TB Treatment Success Rate: 88% (2022)