Dominican Republic
Country Operational Plan (COP) 2023
Strategic Direction Summary
Addendum A – COP 23 Year 2

March 15, 2024

Dominican Republic SDS Addendum A - COP23 Year 2/FY25

Background

The Dominican Republic (DR) has a longstanding history of Haitian migrants coming to the country. This trend has been compounded by the political, social, and economic turmoil in Haiti over the past few years and the response by the Government of the DR (GoDR) in increasing deportation of migrants during this time. With an election year looming, GoDR has expressed its commitment to managing migration in a manner that prioritizes national security while also upholding humanitarian principles. This and the recent spiraling of the crisis in Haiti brings considerable uncertainty about migration patterns and might result in an increased flow of migrants across the border. Unfortunately, the insufficient international response to human rights violations, civil unrest, and citizen security in Haiti has augmented the tensions between the two countries that share the Caribbean Island of Hispaniola. With a population of 10.8 million, DR is estimated to house 500,000 Haitian migrants in its territory. Many of those see crossing the border with the DR as their only opportunity to lead decent livelihoods, escape violence, and decrease unpredictability about their future.

In 2012, thousands of migrants of Haitian origin and their descendants, PEPFAR's priority population (herein referred to as PP) were stripped of their Dominican citizenship, leading many to be either undocumented, stateless, or subject to forced deportation. As the crisis in Haiti persists, migrant policies have become more stringent, increasing the risk of deportation for undocumented or unauthorized residents and posing a threat to the DR's thriving economy that very much depends on Haitian labor to sustain the construction, tourism, and agricultural sectors, among others.

PP accounts for 51% of the new HIV infections in the DR[1] and reports indicate a prevalence of 5% vis-à-vis the national prevalence of 0.7%[2]. PP living with HIV face double stigma and discrimination (S&D) both for their origin as well as their HIV status. PEPFAR support remains critical for this vulnerable population, ensuring their access to quality health services, fostering enhanced equity, reducing HIV incidence rates, and significantly bolstering DR's capacity to end HIV as a public threat.
PP is highly mobile due to seasonal work opportunities coupled with increased deportations. Also, newer generations lack awareness about the critical importance of adhering to treatment. As a result, retaining patients in services and fostering continuity of treatment have been challenges hindering the GoDR and PEPFAR achievement of pillars 2 and 3 of the three 95s.

Although high interruption in treatment (IIT) rates have been reported in both the general population and among PP, there are distinctive underlying causes and determinants contributing to loss to follow-up (LTFU) between the two groups – most of them intrinsically associated with equity gaps.

Covering the nine health regions in the DR – four of which receive PEPFAR support – the following table shows that the DR's public health network has experienced an average 35% IIT among all patients, independent of their nationality or legal status.

[1] Source: **Estimaciones Nacionales y Carga de Enfermedad, DIGECITSS-ONUSIDA 2021**
[2] Cuarta Encuesta de Vigilancia de Comportamiento con Vinculación Serológica en Poblaciones Clave (Fourth Behavioral Surveillance with Serological Linkage among Key Populations Survey). CONAVIHSIDA, 2022.

Table 1 – Interruption of Treatment by Health Region

Health Regions	Percent of Active ART Clients that Interrupt Treatment	PEPFAR Intervention Site	Percent of Households in Poverty*
0	32.92%	Yes	43.40%
I	39.22%	No	48.20%
II	32.03%	Yes	34.00%
III	35.82%	No	42.58%
IV	36.81%	No	71.80%
V	27.52%	Yes	55.54%
VI	30.48%	No	70.47%
VII	41.83%	Yes	56.45%
VIII	40.24%	No	34.97%

Source: National Health Service (SNS)

Poverty stands out as a common determinant of IIT, as well as residing in rural areas. However, PP faces additional barriers, such as lack of documentation, precarious labor arrangements, limited access to social services, S&D, limited access to HIV care and treatment services such as ART initiation and viral load sample collection and monitoring at the community level (the preferred point of care) due to policy barriers, and fear of deportation. Bridging these access gaps demands urgent action, most beyond the scope of the PEPFAR program, to eliminate HIV as a public health threat in the DR by 2030.

The GoDR, Global Fund (GF), and PEPFAR have acknowledged suboptimal results in ensuring adherence to treatment and retention in services. In 2023, the National Health Service launched Program 42, a bold initiative based on budgeting for results. This initiative's main objective is to reduce the number of HIV patients that interrupt treatment and reengage those LTFU in treatment regimens. Program 42 appropriated USD 2.2 million in CY 2024 and USD 2.3 million in 2025 to ensure that the healthcare network adheres to national HIV guidelines by deploying trained personnel to the facility and community levels, ensuring adequate supervision, promoting continued patient sensitization, and recovering ITT patients. Program 42 was designed considering the ITT and LTFU rates among people living with HIV (PLHIV) and the implications of potential reductions in HIV funding from donors as result of USG realignment of policies and development goals, and the GoDR's sustainability efforts to transition away from dependency on donor support while increasing government ownership

Key Decisions and Agreements for FY24

PEPFAR-DR conducted a COP23 Year2 Mid-Term Review process that convened stakeholders across sectors, including multiple GoDR institutions at the central and sub-national levels under the leadership of the Ministry of Health; migrant, faith-based, grassroots, and key population (KP)-led civil society organizations (CSOs); and donors sponsoring activities in the DR, including the GF , the Pan American

Health Organization (PAHO/WHO), and UNAIDS to reach agreement on, and clearly identify the role of each contributor to the National Response. Stakeholder input has added considerable value to PEPFAR's FY25 strategy, particularly regarding increased coordination, alignment of service packages and data collection tools to improve data quality and uniformity, and collaborative efforts to close the main gaps in Pillars 2 and 3 of the 95-95-95.

PEPFAR-DR will continue to collaborate closely with the GoDR, local CSOs, and donors toward the shared objective of reaching 95-95-95 by 2025 across all populations and eliminate HIV as a threat to public health by 2030.

With a view to sustainability, PEPFAR will transition to the GoDR selected programs and investments that were introduced in the DR by PEPFAR (e.g., PrEP), that have reached a level of maturity that allows the GoDR to expand and strengthen them with their own funds and technical personnel. PEPFAR will provide TA to sustain these gains and to identify additional areas where the GoDR is ready to take the driver's seat.

New decisions, agreements, and significant strategic or geographic shifts for COP23 Yr2

- Fully adopt national plans as the compass to guide implementation of the National Response, namely the revised National Strategic and Sustainability Plan (NSP) and the Service Integration and Combination Prevention Plans in line with local norms and guidelines across Agencies and Implementing Partners (IPs).
- New in COP23 Yr2, support the implementation of the TB improvement plans recently developed by implementing partners in conjunction with stakeholders, a national effort that addresses PEPFAR TB/HIV acceleration plan requirements but mostly aligns with the GoDR goals.
- New in COP23 Yr2, support the integration of HIV services into the primary health care network by contributing TA and capacity building to scale-up decentralization of services and promote collaboration and referral of HIV patients to health units addressing chronic conditions affecting PLHIV, e.g., tuberculosis (TB), hypertension, and diabetes, coupled with mental health support. This strategic shift serves as an alternative to introduce transformative changes that can enable the provision of community-based services to close the gaps in pillars 2 and 3 of the 95-95-95.
- New in COP23 Yr2, support with lab capacity building at laboratory and subnational facility levels, lab accreditation, implementation of the National Laboratory Strengthening Plan; and expansion of multiplexing in public labs.
- Strengthen Health Management and Information Systems (HMIS) to improve data quality, sharing, integration, reporting, and use for decision making. The landscape analysis, launched in fiscal year 2024, will pinpoint opportunities to improve data interoperability and quality, strengthening the overall HIV response.
- Build upon PEPFAR's successful TA to supply chain management (SCM) through improved planning, forecasting, procurement, and storage of HIV commodities to ensure continued access to HIV-related commodities at the site and community levels through efficient logistics. To do that, PEPFAR will support expansion of the logistics management information system (SALMI) to the site level and continue to provide technical assistance efficient logistics of ARVs at the regional, provincial and site levels.
- New in COP23 Yr2, ensure that differentiated, patient-centered models of care are standardized across all service delivery points and available to vulnerable populations through reduced S&D, prevention services, and educational materials in Créole, as well as Créole-speaking service providers.

- New in COP23 Yr2, more granular, interagency site-level analysis and targeted quality improvement (QI) focused on learning from successes and applying best practices and tailored solutions where there are opportunities for improvement. The new "Site-level Blitz" initiative will focus on data quality, joint interagency site visits, and comparison between PEPFAR-supported sites to share good practices and address bottlenecks posed to the optimization of services in low-performing sites and provinces.
- Support updates of local norms and guidelines that create the enabling environment to reach the 95-95-95. The recent release of the updated TB and PrEP guidelines, focusing on deployment of 3HP for TB Preventive Therapy (TPT), PrEP uptake, and PrEP by demand are clear examples of progress being made in the policy arena and bring the DR closer to alignment with international guidelines. To support PrEP scale up efforts, the National AIDS Program and the National AIDS Council are working with the newly appointed Minister to issue ministerial directives to approve acceleration of deployment of self-test kits in the private pharmacy network.
- New in COP23 Yr2, transition PrEP direct service delivery to the GoDR with increased GF financial support. The GoDR-led plan to expand PrEP nationwide has gained impressive momentum and has contemplated PEPFAR- and non-PEPFAR-supported provinces, building on the Ministry of Health's two-year stock of ARVs. In FY25, PEPFAR will concentrate efforts on demand creation through education and communication campaigns, TA to new sites delivering PrEP, and referral of HIV-negative, high-risk clients to PrEP services, including eligible PP clients.
- Despite PEPFAR Dr's concerted efforts to increase and enhance PP representation within CSO, progress in this endeavor remains elusive due to a myriad of contextual socio-political factors. While current CSO representatives actively participate in planning processes, their input regarding the PP is often constrained. Moreover, escalating tensions between DR and Haiti further complicate the situation. Although PEPFAR DR remains committed to advocating for and fostering PP representation, tangible changes may not materialize in the near future.

New in COP23 YR2

Prevention

- Support the GoDR's leadership to fast-track implementation of the National Combination Prevention Plan through TA for expansion of index testing, testing as prevention, and pre-and post-exposure prophylaxis (PEP and PrEP) while leveraging GoDR and GF funds for PrEP direct service delivery to implement the GoDR's PrEP expansion plan.
- Address gaps in the referral of negative cases by creating demand for PrEP among HIV-negative clients and conducting thorough risk assessments to determine PrEP eligibility. PEPFAR will improve PrEP referrals and corresponding documentation among PP clients who test negative for HIV as this particularly vulnerable population has reported low PrEP demand rates. PEPFAR and the GF will coordinate to ensure there is no duplication in intervention and geographic areas.
- Support the GoDR's plan to transition PrEP delivery from HIV service delivery sites (SAIs) to the primary health care network, thus ensuring less stigma for HIV-negative individuals who currently need to pick up their PrEP treatment at the SAIs. The GF has increased funding allocation in FY 2024 to support the GoDR's plan for expansion of PrEP to new, non-PEPFAR sites in five provinces.
- Strengthen community-based networks for enhancement of prevention literacy and communication and educational campaigns to prevent new infections among those most at risk.

Testing

- Continue to support HIV case detection by concentrating investments in high-productivity modalities, such as community and index testing, social networking, and the enhanced peer outreach approach (EPOA) to accelerate case finding among PP clients and ensure timely linkage to care and enrollment in treatment or referral to PrEP for eligible clients. The GoDR achieved the 1st 95, which was officially reported at 97% by the GoDR and UNAIDS in December 2023, so PEPFAR aims to sustain gains in this area by focusing on PP clients most at risk.
- Support the GoDR's launch of self-testing in the local pharmacy network.
- Strengthen the national supply chain to ensure availability of rapid tests throughout the public health system and partner CSOs.
- Support communication campaigns in both Spanish and Créole led by community-based and Haitian-led organizations to ensure S&D-free spaces for HIV testing services with appropriate counseling and psychological support.

Linkage to Care and Treatment

- Scale up best practices to expand client education and ensure well-informed health care providers. In COP23 Year 1, linkage rates increased significantly.
- Ensure timely screening of all newly diagnosed clients for TB, opportunistic infections, and Hepatitis B and C, as well as appropriate management of Advanced HIV Disease. Advance innovative approaches to link PP clients to care and treatment that address increased mobility and migration-related challenges of PP, thus reducing the equity gap between the PP and the general population.
- Expand the reach and maximize outcomes of activities led by health promoters and peer educators at the community level to improve literacy on available linkage strategies, including support by orphan and vulnerable children (OVC)-funded activities to engage clients at the time of diagnosis, fostering direct linkage to care and treatment, and responding to IIT in a timely fashion.
- Apply operations research, community-led monitoring (CLM) feedback, increased site and provincial level data analysis to identify and scale up best practices and accelerate HIV service integration into the primary health network. The latter is expected to reduce barriers by bringing health services closer to the community and reducing commuting time to services, absenteeism, and exposure to migration authorities, raids, and roundups.

HIV Treatment Adherence and Retention

- Strengthen and refine outreach and referrals for those lost to follow up given that ITT rates have offset TX-NEW and recovery rates.
- Implement interconnected, interagency initiatives aimed at remediating LTFU rates by detaining this continuous inflow-outflow of PP clients, including operations research to identify causal factors and test solutions for quality improvement that can be scaled up for impact and the "Blitz" initiative to analyze site performance and provide capacity building to address key bottlenecks. Support the GoDR's efforts to implement and strengthen biometric systems and their correct use in 100% of PEPFAR-supported sites (currently in 80% only) ensuring that all patients can be tracked through the continuum of care to address IIT, better track changes in treatment sites, and avoid duplication of data in official HMIS.

Revamp group and peer strategies to improve retention and adherence, as requested by the GoDR. These groups will serve as a safe space for effective communication and education and raise awareness about the importance of adherence and management of side effects, with groups serving as a critical source of mutual psychosocial support for their members.
Raise awareness among patients about U=U (Undetectable equals Untransmittable), empowering them to seek referral for routine viral load monitoring.

Viral Load (VL) Coverage

Increase the number of laboratories conducting VL testing to 6 in the next year, located in 5 different provinces.
Support the GoDR in exploring the option of integrating VL testing into its GeneXpert network expanding the days/hours for sample collection in both laboratories and HIV clinics.
Provide training and raise awareness among healthcare providers about the routine monitoring of viral load in patients.
implement monthly line listing of ART clients eligible for VL that have not already scheduled their next VL blood sample collection to systematically refer for expanded VLC.

VL Suppression

Enhance the capacity of healthcare providers, including counselors, to promote patient adherence to treatment.
Strengthen and expand community-based treatment support groups to promote adherence.
Reinforce the clinical and laboratory monitoring for patients who have not yet achieved viral suppression.
Support providers to swiftly identify patients experiencing therapeutic failure for timely decisions on treatment regimen changes.

Sustainability

The GoDR has taken bold steps towards health sector sustainability by redirecting its investments and attention towards the provision of comprehensive integrated services, including HIV, at the primary healthcare level. This builds on the successful programmatic and financial commitments that have been achieved to date, many of them stemming from the GoDR's own investment and maturing social policies, and others made possible through the support of PEPFAR and other donors. Achievements include but are not limited to:

- Since 2015, the GoDR has taken full responsibility for procuring HIV-related commodities, including test kits, the full range of 1st, 2nd and 3rd-line treatment regimens, PrEP, and TPT. The GoDR's budget planned for commodities totals $33 million in Year 1 of COP23.
- With PEPFAR support, the DR reported significant improvements in the supply of HIV drugs and commodities and currently has sufficient ARV stock to continue supply for 24 months. COP 23 Year 2, PEPFAR will continue to be the prime source of TA in areas such as planning, forecasting, and

logistics, including support for the GoDR to transition to an electronic supply chain information system.
- The GoDR has taken full responsibility for PrEP scale up and is currently using GF resources to expand PrEP to five new provinces. The recent release of the TPT guidelines for TB/HIV co-infection and PrEP, including PrEP on demand, are noteworthy milestones in advancing policies.

PEPFAR resource commitment and priorities for increased political and policy sustainability

- Advocate, through the Embassy Front Office, for increased GDP allocation for health and a commensurate proportion of the health budget to end HIV as a health threat in the DR. Allocation of only 2.9% of the country's GDP to the health sector has resulted in limited financial resources in technical, clinical, and geographic areas where greater impact can be achieved. The revised National Strategic Plan advocates for a gradual increase in the GDP allocation to health to reach the optimal level of 6%.
- Support ongoing revision of the National Strategic Plan (NSP) to align the DR to new evidence and WHO and other international guidelines to bring the DR to the forefront of countries adopting the most recent HIV guidelines.
- Support the government's efforts to introduce self-test kits in the DR and advocate for access among vulnerable populations. A ministerial resolution authorizing the sale of self-test kits in private pharmacies is expected by the end of COP23 YR1.
- Complete the Sustainability Index and Dashboard as a baseline for review of the National Sustainability Plan.

Priorities for increased and improved coordination to support the long-term sustainability of the HIV response

- Participate actively in The National AIDS Council-led High-level Donor Coordination Forum for coordinating and aligning donor investments and strategies with national priorities.
- Align investments with national strategies, frameworks, and action plans related to human resources development in close coordination with the GoDR to ensure coherence and synergy between donor-funded programs and the broader government agenda. These will include seeking opportunities to align human resource salaries and job descriptions to the GoDR's, coordination and negotiation for absorption of highly trained health personnel and analyzing incentive packages with a view to sustain services to vulnerable populations.

Target Updates

The PEPFAR team set targets utilizing Spectrum 2021 estimates forecasted to FY25, as per COP23 agreement to align with GoDR target setting processes. Using these estimates, PEPFAR-DR will support the GoDR in attaining 97% / 95% / 92% for all populations and 97% / 94% / 95% in the PP by the end of FY25 in all PEPFAR-supported provinces. Given the programs' significant improvement in linkage and retention over the past two years, PEPFAR-DR increased the linkage estimates used in the target setting tool from 76% to 95%, increased the retention estimate from 92% to 98%, and increased VLC to 95% for both all populations and PP. Continued acceleration and implementation of successful interventions leading to these improved outcomes will help PEPFAR-DR attain these ambitious targets.

Target Table 1 - ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY24)[1]**	**New Infections (FY24)[1]**	**Expected Current on ART (FY24)[2]**	**Current on ART Target (FY25) TX_CURR[2]**	**Newly Initiated Target (FY25) TX_NEW[2]**	**ART Coverage (FY25)[2]**
Scale-Up Aggressive	78,039	4,298	46,012	51,972	7,020	95%

[1] 2021 Spectrum file, forecasted to 2024 (all provinces).
[2] PEPFAR DR Target Setting Tool for COP23 YR2 (PEPFAR PSNUs only).

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression										
Epidemiologic Data (2024)					**HIV Treatment and Viral Suppression**			**HIV Testing and Linkage to ART Within the Last Year[5]**		
	Total Population Size Estimate (#)[1]	**HIV Prevalence (%)[1]**	**Estimated Total PLHIV (#)[1]**	**PLHIV Diagnosed (#)[2]**	**On ART (#)**	**ART Coverage (%)[2-3]**	**Viral Suppression (%)[2-4]**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	11,333,631	0.89%	78,039	75,696	51,775	68%	85%	NA	NA	NA
Population <15 years	2,997,202	0.08%	2,364	794	514	65%	28%	NA	NA	NA
Men 15-24 years	974,729	0.31%	2,994	1,818	1,150	63%	72%	NA	NA	NA
Men 25+ years	3,174,226	1.13%	35,873	34,434	23,850	69%	85%	NA	NA	NA
Women 15-24 years	937,201	0.36%	3,388	3,043	1,492	49%	69%	NA	NA	NA
Women 25+ years	3,250,273	1.04%	33,833	35,607	24,769	70%	85%	NA	NA	NA
Key Populations										
MSM	143,739 [6]	5.2%	7,732	5,129	3,848	76%	87%	NA	NA	NA
FSW	102,895 [6]	1.5%	3,333	2,187	1,267	60%	82%	NA	NA	NA
PWID	NA	NA	NA	3,824	2,411	NA	NA	NA	NA	NA
Priority Pop (Migrants)	541,376 [6]	4.4%	28,454	16,671	9,371	58%	78%	NA	NA	NA

[1] Spectrum 2021 file, forecasted to 2024.
[2] SNS FAPPS Q12024.
[3] Based on PLHIV, Diagnosed.
[4] Based on ART Coverage.
[5] GoDR does not have official data about patients enrolled in the last 12 months.
[6] Update on the definition and sizing of key populations in the Dominican Republic (2019) projected to 2023.

Table 1.2 Current Status of ART Saturation (PEPFAR supported sites) [1]

Prioritization Area	Total PLHIV/% of all PLHIV for COP23-YR1	# Current on ART (FY24)[2]	# of Priority Sub National Units (PSNUs) COP23-YR2	# of PSNU COP23-YR2
Scale-up: Aggressive: PP	73.5%	14,397	11	11
Scale-up: Aggressive: Non-PP	75.7%	28,306	11	11
Total	75.1%	42,703	11	11

[1] Data from Spectrum 2021 file, forecasted to 2024, & SNS FAPPS.
[2] Data until FY 2024, Q1.

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control[1]				
Target Populations	Population Size Estimate (SNUs)[1]	Disease Burden[1]	FY24 Target[2]	FY25 Target[2]
Priority Population: Haitian migrants and their descendants Indicator Codes include PP_PREV	20,914	3%	110,472	110,472

[1] Secondary Data Analysis using DR SPECTRUM, DR CENSUS, DR National Immigration Survey, and DR DHS
[2] PEPFAR DR Target Setting Tool for COP23 YR2

Target Table 4 Targets for OVC and Linkages to HIV Services[1]					
SNU	Estimated # of Orphans and Vulnerable Children Beneficiaries	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
FY23 TOTAL	12,913	12,911	N/A	N/A	12,395
FY24 TOTAL	13,000	13,000	N/A	N/A	13,000
FY25 TOTAL	11,381	11,381	N/A	N/A	11,381

[1] Targeted PSNUs: Distrito Nacional, Santo Domingo, Puerto Plata, Valverde, Santiago, and La Altagracia

Target Table 5, DSD/TA disaggregation[1]					
Indicator	**# DSD**	**% DSD**	**# TA**	**% TA**	**Total**
GEND_GBV	1,886	50%	1,884	50%	3,771
HTS_INDEX	3,924	95%	207	5%	4,130
HTS_TST	162,284	94%	10,359	6%	172,643
OVC_HIVSTAT<18	6,086	100%	0	0%	6,086
OVC_SERV	11,381	100%	0	0%	11,381
PP_PREV	110,472	100%	0	0%	110,472
PrEP_CT	0	0%	4,212	100%	4,212
PrEP_NEW	0	0%	997	100%	997
TB_PREV_N	4795	34%	9,308	66%	14,103
TX_CURR	18,710	36%	33,262	64%	51,972
TX_NEW	4,914	70%	2,106	30%	7,020

TX_PVLS_N	18,855	41%	27,134	59%	45,990
TX_TB_A_N	15,572	34%	30,227	66%	45,799

[1] Target Setting Tool (COP23 YR2)

Budget Updates The tables below outline the shift in budgeted resources from FY23 through FY25 to align with the approved funding envelope. PEPFAR-DR's approved funding envelope decreased by 10% in COP23 Yr2, from $25,000,000 in FY24 (excluding $500,000 in Lift Up Equity funds) to 22,500,000 in FY25. To accommodate this reduction, the PEPFAR-DR team and stakeholders committed to protecting the resources directly supporting care and treatment and service delivery. Thus, the PEPFAR-DR team made substantial reductions (53%) to the above-site program supporting health system strengthening, including reductions for discontinued activities, activities that indirectly contributed to the 95-95-95 goals, activities that can be accelerated in FY24, and activities that have been successfully transitioned to the GoDR. Furthermore, considering the 97% achievement in the first 95 pillar, the GoDR's leadership in PrEP expansion, and Global Fund's planned investments in PrEP, PEPFAR-DR made substantial reductions in prevention (53%) and OVC-related activities (12.5%). Other activity-specific budget shifts include: i) defunding the Local Health System Sustainability activity (Mech ID: 81108); ii) ending a newly established university research partnership with Columbia university; iii) discontinuing planned assistance to implement the GoDR's Demographic and Health Survey, which will now be funded via the World Bank but will likely not include an HIV- specific sample for the PP; iv) decreasing supply chain management strengthening support by 35%; v) reducing the National Health Service's government to government agreement by 20%; vi) decreasing laboratory strengthening support by 14%; and vii) capitalizing upon carryover opportunities with LIFT Up funds to streamline CLM activities. Wherever possible, attempts are being made to find efficiencies and frontload activities in FY24.

Transformational Changes to the OVC Program The budget realignment process resulted in a 12.5% reduction in funding to the Building Resilience Among Families Affected by HIV (BR) activity, which is funded with OVC earmark dollars. The OVC-related targets were also reduced by 12.5% to provide sufficient flexibility for the implementing partner to adapt their implementation model to absorb this budget realignment. This will be achieved through prioritizing enrollment of PLHIV caregivers with detectable VL, adherence issues and lost-to-follow-up. OVC specifically targets CLHIV, pregnant women, and adolescents. All services will be aimed to improve linkage, retention and adherence and viral load suppression. The program will also explore adjusting criteria to graduate households that are sufficiently resilient to maintain adherent and suppressed on treatment without OVC support, opening space for more vulnerable families in their targeted beneficiary cohort.
The following table illustrates the budget shifts by program area:

Program Area	Y1 (FY24)	Y2 (FY25)	Difference	%
ASP	$ 3,730,809.00	$ 1,771,571.00	$ (1,959,238.00)	-53%
C&T	$ 7,177,020.00	$ 7,352,520.00	$ 175,500.00	2%
HTS	$ 1,614,480.00	$ 1,614,480.00	$ -	0%
PM	$ 4,182,548.00	$ 3,755,764.00	$ (426,784.00)	-10%
PREV	$ 844,820.00	$ 398,820.00	$ (446,000.00)	-53%

SE	$ 2,173,000.00	$ 2,237,000.00	$ 64,000.00	3%
CODB	$ 5,277,323.00	$ 5,369,845.00	$ 92,522.00	2%
Total	**$ 25,000,000.00**	**$ 22,500,000.00**	**$ (2,500,000.00)**	**-10%**

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Intervention	2023	2024	2025
	$25,035,333	**$25,000,000**	**$22,500,000**
ASP>HMIS, surveillance, & research>Non-Service Delivery>Key Populations	$16,000		
ASP>HMIS, surveillance, & research>Non-Service Delivery>Non-Targeted Populations	$276,000		
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Non-Targeted Populations		$663,377	$411,377
ASP>Human resources for health>Non-Service Delivery>Non-Targeted Populations	$62,000	$160,000	$160,000
ASP>Laboratory systems strengthening>Non-Service Delivery>Non-Targeted Populations	$52,000	$928,227	$803,233
ASP>Laws, regulations & policy environment>Non-Service Delivery>Non-Targeted Populations	$115,244	$260,244	$45,000
ASP>Management of Disease Control Programs>Non-Service Delivery>Non-Targeted Populations		$1,020,386	$295,386
ASP>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$177,189		
ASP>Policy, planning, coordination & management of disease control programs>Non-Service Delivery>Non-Targeted Populations	$118,000		
ASP>Procurement & supply chain management>Non-Service Delivery>Non-Targeted Populations	$65,000	$360,000	$183,000
ASP>Public financial management strengthening>Non-Service Delivery>Non-Targeted Populations	$90,000		
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Non-Targeted Populations	$35,333	$340,000	$95,000
C&T>HIV Clinical Services>Non-Service Delivery>Non-Targeted Populations	$972,169	$2,316,179	$2,816,294
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$5,099,606	$4,715,199	$5,125,199
C&T>HIV Drugs>Non-Service Delivery>Non-Targeted Populations		$80,000	$100,000
C&T>HIV Laboratory Services>Non-Service Delivery>Non-Targeted Populations	$908,975	$145,000	$145,000
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$831,187	$549,661	$549,661
C&T>HIV/TB>Non-Service Delivery>Non-Targeted Populations		$306,692	$275,192
C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$50,000	$50,000
C&T>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$2,244,854		
HTS>Community-based testing>Non-Service Delivery>Non-Targeted Populations	$218,660	$254,540	$254,540
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$882,140	$1,014,780	$1,014,780
HTS>Facility-based testing>Non-Service Delivery>Non-Targeted Populations	$84,540	$125,540	$125,540
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$205,620	$235,620	$235,620
HTS>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$194,378		
PM>IM Closeout costs>Non-Service Delivery>Non-Targeted Populations	$286,000		
PM>IM Program Management>Non-Service Delivery>Non-Targeted Populations	$4,225,998	$4,182,548	$3,755,764
PM>USG Program Management>Non-Service Delivery>Non-Targeted Populations	$3,087,453	$3,160,087	$2,380,951
PM>USG Program Management>Non-Service Delivery>OVC		$646,595	$909,760

PREV>Comm. mobilization, behavior & norms change>Non-Service Delivery>Non-Targeted Populations	$48,040		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	$243,930		
PREV>Non-Biomedical HIV Prevention>Non-Service Delivery>Non-Targeted Populations		$153,810	$153,810
PREV>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$181,907	$103,010	$103,010
PREV>Not Disaggregated>Service Delivery>OVC		$100,000	$100,000
PREV>PrEP>Non-Service Delivery>Key Populations	$182,451	$21,000	
PREV>PrEP>Service Delivery>Key Populations	$624,910	$425,000	
PREV>Violence Prevention and Response>Service Delivery>OVC		$50,000	$50,000
SE>Case Management>Non-Service Delivery>Non-Targeted Populations		$270,000	$270,000
SE>Case Management>Non-Service Delivery>OVC	$639,470	$80,505	$124,883
SE>Case Management>Service Delivery>OVC		$1,770,000	$1,720,000
SE>Economic strengthening>Service Delivery>OVC		$40,000	$40,000
SE>Education assistance>Service Delivery>OVC		$15,000	$30,000
SE>Food and nutrition>Non-Service Delivery>Non-Targeted Populations		$99,000	$99,000
SE>Food and nutrition>Service Delivery>OVC		$280,000	
SE>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$125,573		
SE>Not Disaggregated>Non-Service Delivery>OVC	$625,430		
SE>Not Disaggregated>Service Delivery>Non-Targeted Populations	$368,076		
SE>Not Disaggregated>Service Delivery>OVC	$1,747,200		
SE>Psychosocial support>Service Delivery>Non-Targeted Populations		$48,000	$48,000
SE>Psychosocial support>Service Delivery>OVC		$30,000	$30,000

Table B.1.2 COP22/FY23, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Program Area	2023	2024	2025
	$25,035,333	**$25,000,000**	**$22,500,000**
C&T	$10,056,791	$8,162,731	$9,061,346
HTS	$1,585,338	$1,630,480	$1,630,480
PREV	$1,281,238	$852,820	$406,820
SE	$3,505,749	$2,632,505	$2,361,883
ASP	$1,006,766	$3,732,234	$1,992,996
PM	$7,599,451	$7,989,230	$7,046,475

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Targeted Beneficiary	2023	2024	2025
	$25,035,333	**$25,000,000**	**$22,500,000**
Key Populations	$823,361	$446,000	-
Non-Targeted Populations	$21,199,872	$21,541,900	$19,495,357

OVC	$3,012,100	$3,012,100	$3,004,643

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Initiative Name	2023	2024	2025
	$25,035,333	**$25,000,000**	**$22,500,000**
Community-Led Monitoring	$132,500	$262,386	$173,386
Core Program	$21,890,733	$21,725,514	$19,321,971
OVC (non-DREAMS)	$3,012,100	$3,012,100	$3,004,643

U.S. Government Staffing Updates

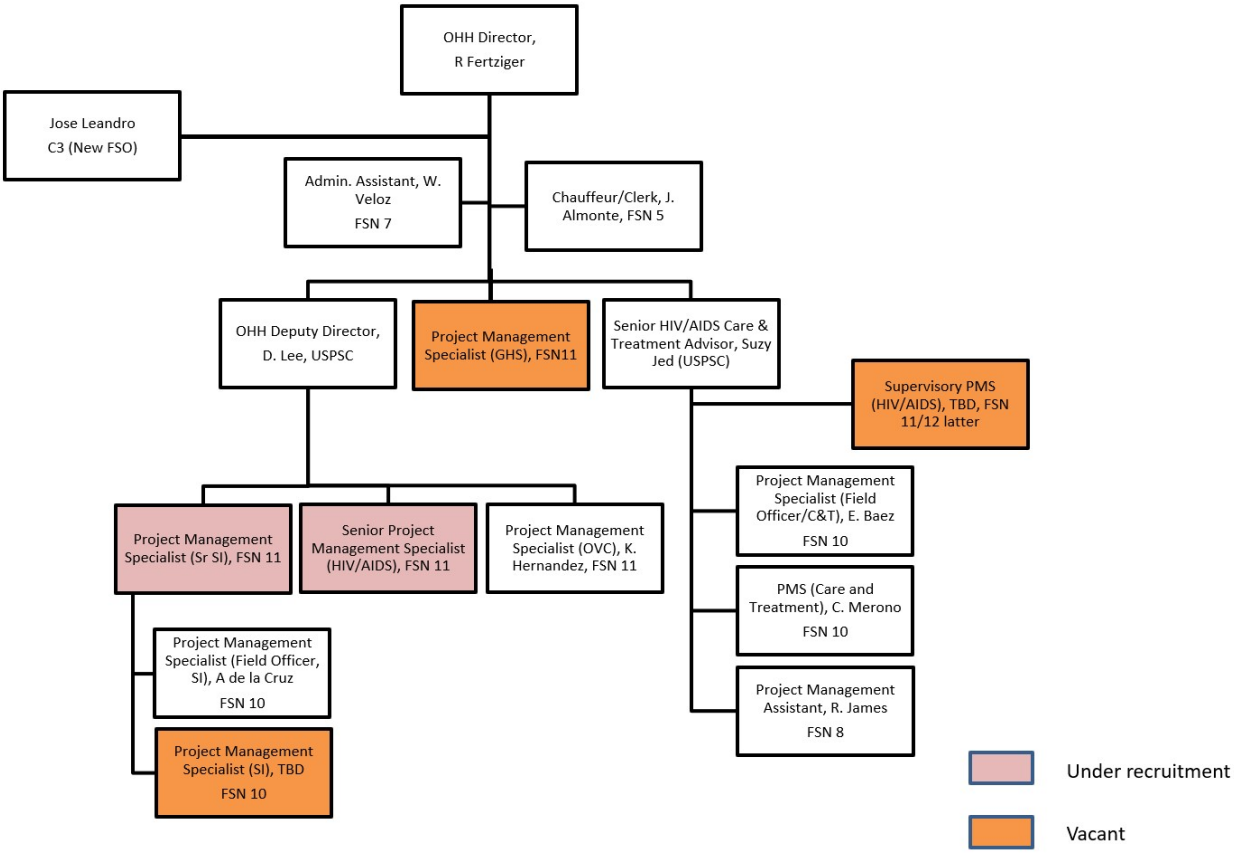
With the support of the Embassy and USAID Human Resource teams, PEPFAR-DR has made major strides filling long-standing vacancies. In COP23 Yr2, PEPFAR-DR is expected to be fully staffed, finally returning to pre-pandemic levels. At the time of SDS submission, there are currently 25 filled positions with 100% LOE, and seven vacancies across agencies. Given the current budget scenario, neither agency is able to expand their staffing footprint and will need to reduce other operational areas to meet cost-of-living demands.

Currently, USAID has four locally employed staff (LES) vacancies, one of which is in the final stages of recruitment. USAID will be recruiting a new PEPFAR coordinator to start during COP23 Yr. CDC has one US Direct Hire (DH) and two LES vacancies – one of which is the Deputy PEPFAR Coordinator position added in COP21. As the Embassy recognizes the challenges faced filling this position, they have offered the extension of a former USAID intern while the position is recruited. CDC's other two vacancies are under recruitment and expected to be filled before COP23 Yr2 gets underway. CDC recently filled the LES Lab Advisor and Medical Epidemiologist positions, both of whom are key staff for meeting COP23 care and treatment objectives.

PEPFAR-DR is dedicated to maintaining a strong and capable workforce that can effectively achieve our COP priorities and objectives and thus contribute meaningfully to shared goals. Although the current economic environment presents numerous challenges, the interagency team is regularly reviewing financial and administrative data for decision-making. The interagency team continues to ensure that the cost of doing business (CODB) budget aligns with programmatic shifts, making real time adjustments as needed.

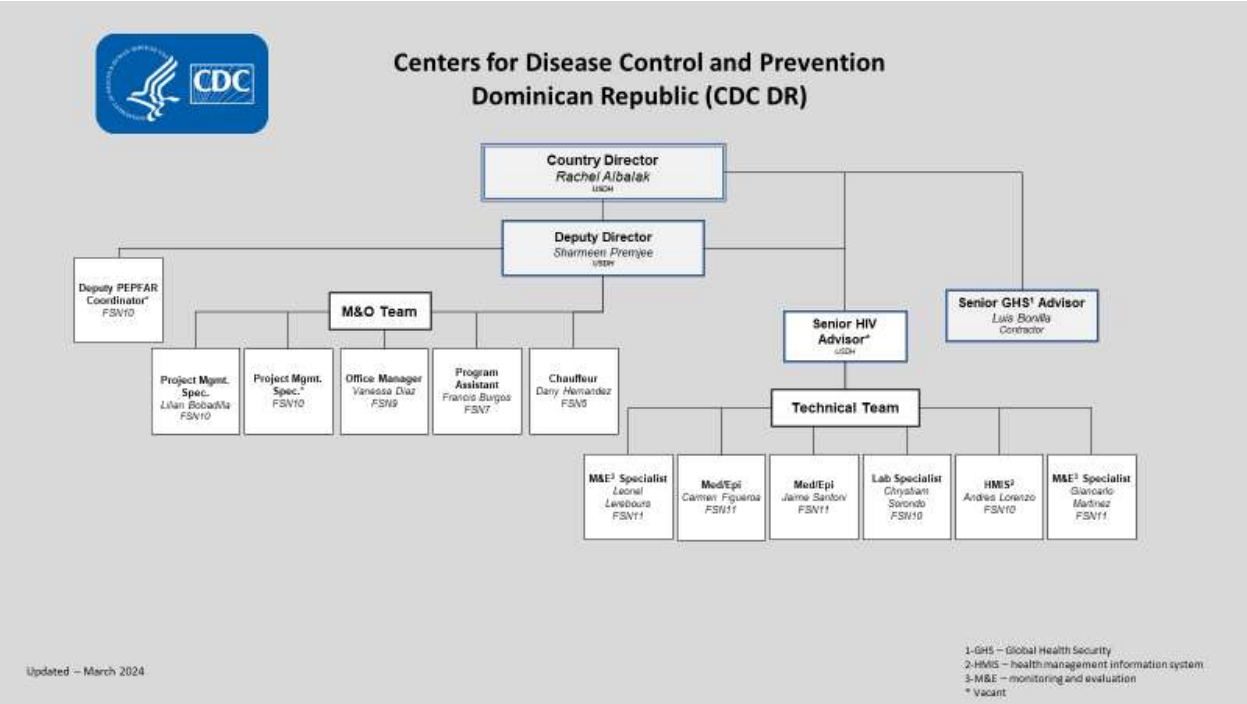
(linked *here* and pasted below)

Office of Health and HIV (OHH) Org Chart



** All USAID Health Office positions are fully PEFPAR funded except for the following three: OHH Director, C3 Jose Leandro, the Administrative Assistant, and the vacant GHS Program Management Specialist.*

CDC Org Chart



** The CDC Country Director is partially PEPFAR funded. The Senior GHS Advisor is not PEPFAR funded.*

Annex C

Above Site and Systems Investments Update

1. Goal, Rationale, and Process for Prioritizing PASIT Investments

PEPFAR-DR's above-site programming demonstrates strategic priorities and shifts in COP23-YR2 and innovative efforts targeting hard-to-reach subpopulations. The broad goal of planned systems-focused investments is to support achievement of the 95-95-95 goals by 2025, while integrating health services and, in the longer term, fostering sustainable local capacity to ensure a resilient and responsive health system and to improve preparedness for health emergencies.

In COP23-YR2, PEPFAR-DR will support approaches that will comprise structural interventions to reduce equity gaps, improve service quality, and promote resource optimization. PEPFAR-DR's COP23-YR2 investment is founded on GoDR priorities and on considerations and feedback provided by stakeholders in support of PEPFAR's increased effectiveness and impact on shared goals of epidemic control, equity, partnership, and sustainability.

Co-planning with the government, civil society, and donors at the national, provincial and regional levels pointed to the urgent need to respond to weaknesses in data quality and use of data for decision making, siloed systems that often duplicate information, and suboptimal supply-chain management (SCM) logistics capacity. PEPFAR-DR is currently mapping the country's HMIS infrastructure to develop a COP23 roadmap to achieve HMIS integration; and will provide technical assistance and in-service, hands-on data compilation and analysis training at the regional, provincial, and site levels.

With regard to SCM, PEPFAR will continue to prioritize implementation of the recommendations of the National Supply Chain Assessment (NSCA) completed in FY22. Adequate forecasting, drug distribution logistics from the central to the regional and site levels, and integration of the TB program procurement into the Essential Drugs and Logistics Center (PROMESE/CAL) will be the main objectives to move towards effectiveness and resilience of the DR's Supply Chain.

The GoDR specifically requested PEPFAR's continued support with capacity building of health workers in laboratories and subnational facilities; make-ready for lab accreditation; and support for the implementation of the National Laboratory Strengthening Plan and expansion of multiplexing in public labs.

With a view to sustainability, PEPFAR will map PEPFAR-supported human resources for health (HRH), standardize compensation packages, and align recruitment processes, first within USG, and later with the GoDR and other donors. PEPFAR expects that this process will result in a gradual transition of the donor-funded HRH to the Ministry of Health and the National Health Service, within the limitations of the DR budget and in line with their compensation plan by category.

Finally, PEPFAR will strengthen community capacity to actively participate in the response by leading prevention campaigns, expanding community-based index testing, and using their social capital to improve PEPFAR's outreach to PP clients who interrupt treatment for fear of deportation.

2. Digital Health Investments to Address Program Needs

Digital health is gaining momentum in the overall GoDR and PEPFAR dialogue given the need to modernize and look for innovation in the National HIV Response. However, digital approaches have moved slowly given policy and structural barriers. PEPFAR has advocated for increased use of digital tools, including the following:

- Strengthen capacity to interpret and use data appropriately for public health decisions and make sure it provides granular/subnational level.
- Apply digital platforms to enhance data collection, management, and analysis for HIV programs.

PEPFAR-DR implementing partners will further increase the use of digital health solutions to help PLHIV adhere to their treatment regimens, including appointment reminders via internet-based platforms or SMS and online counseling platforms to improve clients' emotional well-being and provide guidance for managing HIV-related challenges.

As part of the expansion and support activities between GoDR and PEPFAR-DR, the prioritization of hotline has gained momentum, supported by LIFT UP funds. This initiative aims to modernize and innovate the handling and monitoring of incoming calls, referrals, and outcomes from all 72 country HIV clinics, particularly focusing on PEPFAR-supported sites. The hotline, while primarily dedicated to offering comprehensive assistance and services for HIV-related inquiries, may also serve as a platform to effectively respond to emerging global health security issues.

3. Timelines, Benchmarks, and SMART Outcomes

PEPFAR-DR is planning systems-focused investments to support the achievement of the 95-95-95 targets in the near term, while also fostering sustainable local capacity for ensuring a resilient and responsive health system in the longer term. The planned investments will cover various areas, such as HMIS, HRH, supply chain, health financing, laboratory systems. These investments will also be aligned with the priorities of civil society, the needs of key populations, and the needs of the PP to ensure inclusive, person-centered care.

Timeline

- Short-term (1 year): Strengthen HMIS and assess data quality
- Medium-term (2-3 years): Improve data analysis and management capacity to inform public health decisions and align HR investments to foster long-term sustainability.
- Long-term (4-5 years): Foster sustainable local capacity for ensuring a resilient and responsive health system.

Benchmarks:

- Increased quality and availability of HIV health services for priority populations.
- Improve equity and reduce system-level barriers that impede service quality and resource optimization.
- Increase the use of digital health solutions to help PLHIV adhere to their treatment. regimens.

SMART Outcomes:

- Increase the number of PLHIV who have access to high-quality health services.

- Reduce the proportion of PLHIV who experience stigma and discrimination.
- Increase the proportion of PLHIV who are virally suppressed to 95% by the end of FY25.
- Increase the use of digital health solutions by 25% by the end of FY25.