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May 27, 2021

MEMO FOR NICOLE D. THERIOT; CHARGE D’AFFAIRES TO HAITI

SUBJECT: PEPFAR Haiti Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Haiti Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Haiti, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Haiti Country Operational Plan (COP) 2021 with a total approved budget of \$110,010,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	104,819,440	5,190,560	110,010,000
Bilateral	104,819,440	5,190,560	110,010,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$110,010,000 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 28-29, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

The overarching goal of the PEPFAR Haiti investments is to support the Government of Haiti (GoH) in its efforts towards epidemic control. Funding and targets for Haiti's COP 2021 are approved to support PEPFAR Haiti's vision to control the HIV/AIDS epidemic by reducing new infections, offering quality HIV prevention, treatment, and care services, and improving outcomes among the people living with HIV (PLHIV) and affected populations, especially the most vulnerable populations. PEPFAR Haiti will optimize case identification to find the remaining unidentified or untreated people living with HIV, ensure all newly diagnosed PLHIV are effectively and efficiently linked to treatment, assure continuity of treatment for all PLHIV on ART so that they remain virally suppressed. In COP 2021, PEPFAR Haiti will work towards epidemic control across all ages and sexes, with the ultimate goal across the country that 133,980 clients will be on life-saving treatment by the end of FY 2022. The program for COP 2021 will focus intensely on 20 highest burdened geographic areas by enrolling an additional 6,692 PLHIV on treatment in FY2021 and ensuring viral load suppression in 122,010 patients in these areas. Each COP21 workplan will include a standard retention of 95% of new patients on ART and 98% of clients on ART for implementing partner (IP) implementation.

The PEPFAR Haiti strategy for programming to be implemented in FY 2022 will focus on preventing new infections, optimizing case finding, improving linkage to treatment, delivering uninterrupted, optimized ART to all patients, with access to high-quality care within and outside the facility, and improving viral suppression rates through: 1) Optimized and smart targeted case finding, via adapted networking testing approaches and social networking strategies or Enhanced Peer Outreach Approach (EPOA), scale up of self testing, and use of optimized, safe, ethical, and trusted index testing services; 2) Easy Start package for new ART patients adapted to address stigma and discrimination from the initial encounter, with the addition of an 'ART treatment agreement' and continued client engagement; 3) Differentiated service delivery (DSD) for clients who interrupted treatment, inclusive of mobile and migrant populations and continuation of the 'Welcome Back' Return to Care and Retention Surge campaigns, coupled with the expansion of complementary community services and contingency plans; 4) Intensified partner management to ensure Ministère de la Santé Publique et de la Population (MSPP) policy compliance and implementation of client-centered approaches to improve treatment continuity while preventing interruption, including implementation of client-centered service delivery approaches, enrollment on tenofovir/lamivudine/dolutegravir-based (TLD) and optimized regimens, 6-month multi-month dispensation (MMD) at facility and community settings, and expansion of community ART/drug dispensation points and peer-led community ART groups (PCAGs) to ensure coverage in the highest-burden sub-national units (SNU) and areas with high loss to follow up; 5) Optimized Orphans and Vulnerable Children (OVC) program to close the gap and reach

epidemic control in the pediatric population, provide Household Economic Strengthening (HES) support for adolescent girls and young women which will contribute to reduce dependency on OVC education programs and gender-based violence (GBV), and decrease HIV risk; 6) Increased targeted prevention activities such as the “Determine, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program for adolescent girls and young women (AGYW), best practices from the Faith and Community Initiative (FCI), and the OVC programming as well as pre-exposure prophylaxis (PrEP) to reduce ongoing transmission; 7) Continued support to high-impact core interventions for key populations, including targeted prevention messages and HTS, combination prevention services extended to clients of commercial sex workers, condom, and lubricant promotion and distribution, and use of peer navigators to enhance adherence and continuity of treatment of HIV-positive key populations; 8) PrEP expansion, including expansion to target young women as vulnerable populations, updates to the PrEP guidelines to include non-key populations high-risk groups in the eligible populations and offering PrEP on-demand; 8) Scale up and better integration of TPT in the DSD models through granular site management and capacity building; Improved TB screening implementation and recording by making the TB screening section mandatory in the electronic form; 9) Optimized viral load sample collection (finger-prick Dry Blood Spot [DBS]), patient education and U=U campaigns, and laboratory optimization, including increased sample processing capacity and further reduction of the turnaround time; and 10) Prevention and mitigation of the impact of COVID-19 on PEPFAR supported programs by implementing activities in line with the 2021 American Rescue Plan (ARPA).

PEPFAR Haiti will continue to prioritize strong working relationships with the MSPP, especially the National HIV/AIDS Program (PNLS), to implement a supportive policy environment for PEPFAR Haiti’s HIV services. This will require the implementation of a well-coordinated assistance approach to the Government of Haiti (GoH) that relies on high levels of collaboration and cooperation between PEPFAR, GoH, Global Fund, UNAIDS, WHO/PAHO, and civil society organizations (CSO).

During COP 2021, PEPFAR Haiti will focus intensely on the implementation of innovative strategies across the cascade, with fidelity and at scale, on the same twenty (20) highest burdened priority arrondissements (districts). No major strategic shifts are planned from COP 2020 to COP 2021, except for the work to develop a modernized, sustainable, government-led client-centered, resilient and adaptive supply chain model coupled with complementary logistics management information system (eLMIS). New strategies and interventions planned for COP21 include: 1) expansion and optimization of community distribution platforms, including collection of VL samples (DBS) for children and adults, and improved dissemination of VL results at community distribution points (CDD); 2) optimization of MMD by offering six-month refills to 95% of all eligible clients, including children; 3) Complete transition to DTG 10 mg for children; 3) intensified focus on the prevention of treatment interruption through activities improving treatment literacy, Undetectable = Untransmittable (U=U) campaigns, and better linkage of psychosocial support with treatment to improve outcomes; 4) Aggressive patient tracking, with an emphasis on addressing causes of treatment interruption; 5) Optimized successful faith and community initiatives to reach men, improve children’s viral suppression, and ameliorate overall continuity of and adherence to treatment; 5) increased engagement of civil society organizations,

particularly PLHIV and key population associations; 6) community-led monitoring; 7) Optimized OVC and DREAMS portfolio to cater to the needs of vulnerable adolescent PBFW, C/ALHV, and other exposed or at-risk children and adolescents. The OVC and DREAMS platforms will incorporate PMTCT cascade strengthening activities (testing of women, testing of HIV exposed infants, linkage to ART for the identified adults and children, OVC-type support to HIV exposed infants, and their caregivers, VL literacy and monitoring elements, among others); 7) Above-site and above service delivery activities mapped to key barriers and measurable outcomes, including support to improve waste management and infection prevention control.

As for the cross-border strategy described in the COP 2020 plan, steps the PEPFAR Haiti and DR teams had planned to address binational issues were interrupted by the COVID-19 pandemic and changes in leadership at multiple levels. Realizing these challenges and the fact that most of the work of each program is not paired or focused on binational issues, S/GAC paused expectations about a cross-border strategy, reframed the conversation as ‘binational referral’ aiming for sufficient coordination to provide seamless care, and ended the designation of Haiti and DR as a country pair. Each country prepared a separate Country Operational Plan for COP21/ FY2021. However, the PEPFAR Haiti team will continue to collaborate with the PEPFAR DR team to assess and close the gaps along the HIV continuum of care for migratory and binational individuals in Haiti and the Dominican Republic, aiming for seamless, continuous, client-centered services for those that seek HIV care and treatment after crossing the international border.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$5,300,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$5,300,000 in ARPA funds, \$4,010,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$1,290,000 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 EAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
TOTAL	\$4,010,000	\$1,290,000	\$5,300,000
DOD	\$0	\$0	\$0
HHS/CDC	\$2,870,000	\$0	\$2,870,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$1,140,000	\$0	\$1,140,000
USAID/WCF	\$0	\$1,290,000	\$1,290,000

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount

must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff)]; and/or mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support Haiti as described below:

The onset of the COVID-19 pandemic in Haiti has exacerbated the fragility of the health system. The Ministry of Health's capacity to continuously re-adapt its leadership in response to the various health issues at national and sub-national levels has been further strained. Given the transmissibility of the virus, infection prevention and control measures remain inadequate thus compromising the safety of health care workers and PEPFAR clients alike. The increase in COVID-19 related testing needs will put additional pressure on the limited laboratory capacity in the country. COVID-19 testing has already increased the turnaround time for viral load and early infant diagnosis test results which can compromise the quality of patient care and follow-up.

Through support provided under the American Rescue Plan Act, Haiti can improve the prevention, diagnosis, and early treatment of COVID-19 clients by procuring and distributing the necessary personal protective equipment, strengthening infection prevention and control efforts at multiple levels, expanding testing for COVID-19 using alternative modalities such as GeneXpert, and strengthening the clinical management of COVID-19 cases, especially among the most vulnerable groups. Similarly, PEPFAR/Haiti will continue to strengthen the capacity of implementing partners and department-level health authorities to effectively continue responding to this pandemic.

Faith and Communities Initiative (FCI)

The implementation of the FCI has been significantly delayed by COVID. Accordingly, any remaining FCI funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		FY 2021					FY 2020	FY 2019			
		Total	GHP-State	GHP- USAID	GAP	ESF	GHP- State	GHP- State			
TOTAL	110,010,000	104,819,440	104,819,440	99,821,940	-	987,500	4,010,000	-	-	5,190,560	110,010,000
HHS Total	56,196,553	53,617,543	53,617,543	49,760,043	-	987,500	2,870,000	-	-	2,579,010	56,196,553
HHS/CDC	56,196,553	53,617,543	53,617,543	49,760,043	-	987,500	2,870,000	-	-	2,579,010	56,196,553
STATE Total	766,121	59,013	59,013	59,013	-	-	-	-	-	707,108	766,121
State	59,013	59,013	59,013	59,013	-	-	-	-	-	-	59,013
State/WHA	707,108	-	-	-	-	-	-	-	-	707,108	707,108
USAID Total	53,047,326	51,142,884	51,142,884	50,002,884	-	-	1,140,000	-	-	1,904,442	53,047,326
USAID, non- WCF	28,892,599	27,181,877	27,181,877	26,041,877	-	-	1,140,000	-	-	1,710,722	28,892,599
USAID/WCF	24,154,727	23,961,007	23,961,007	23,961,007	-	-	-	-	-	193,720	24,154,727

1/*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.*

2/*Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.*

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	of which, Central										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021				FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	-	-	-	-	-	-	-	-	-	-	110,010,000
HHS Total	-	-	-	-	-	-	-	-	-	-	56,196,553
HHS/CDC	-	-	-	-	-	-	-	-	-	-	56,196,553
STATE Total	-	-	-	-	-	-	-	-	-	-	766,121
State	-	-	-	-	-	-	-	-	-	-	59,013
State/WHA	-	-	-	-	-	-	-	-	-	-	707,108
USAID Total	-	-	-	-	-	-	-	-	-	-	53,047,326
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	28,892,599
USAID/WCF	-	-	-	-	-	-	-	-	-	-	24,154,727

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

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GHP-State Funds: Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: Haiti has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Haiti. Upon approval of this memo, the amounts below will become the new earmark controls for Haiti. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	66,366,836	66,366,836	-	-
Orphans and Vulnerable Children	9,551,068	9,551,068	-	-
Preventing and Responding to Gender-based Violence	2,198,687	2,198,687	-	-
Water	813,806	813,806	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP21 Funding Level				Applied Pipeline
	TOTAL	FY 2021	FY 2020	FY 2019	
TOTAL Prevention Programming	3,858,405	3,858,405	-	-	-
Of which, AB/Y	1,941,533	1,941,533	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	50.3%	50.3%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

Total %AB/Y ≥ 50%: AB/Y Requirement Met.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	5,190,560	-	104,819,440	110,010,000
<i>of which, Community-Led Monitoring</i>	-	350,000	-	-	350,000
<i>of which, Core Program</i>	-	3,492,610	-	102,356,423	105,849,033
<i>of which, DREAMS</i>	-	1,347,950	-	2,463,017	3,810,967
HHS Total	-	2,579,010	-	53,617,543	56,196,553
<i>of which, Core Program</i>	-	2,579,010	-	51,814,915	54,393,925
<i>of which, DREAMS</i>	-	-	-	1,802,628	1,802,628
STATE Total	-	707,108	-	59,013	766,121
<i>of which, Core Program</i>	-	569,880	-	59,013	628,893
<i>of which, DREAMS</i>	-	137,228	-	-	137,228
USAID Total	-	1,904,442	-	51,142,884	53,047,326
<i>of which, Community-Led Monitoring</i>	-	350,000	-	-	350,000
<i>of which, Core Program</i>	-	343,720	-	50,482,495	50,826,215
<i>of which, DREAMS</i>	-	1,210,722	-	660,389	1,871,111

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Haiti	SNU Prioritizations						Total
	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	
HTS_	<15	-	971	44	127	-	1,142
INDEX	15+	-	7,558	1,597	2,610	9	11,774
	Total	-	8,529	1,641	2,737	9	12,916
HTS_TST	<15	-	15,405	1,950	4,095	-	21,450
	15+	-	216,887	46,472	80,824	58	344,241
	Total	-	232,292	48,422	84,919	58	365,691
HTS_TST_P	<15	-	225	48	111	-	384
OS	15+	-	4,194	966	1,269	11	6,440
	Total	-	4,419	1,014	1,380	11	6,824
TX_NEW	<15	-	315	66	139	-	520
	15+	-	3,995	929	1,237	11	6,172
	Total	-	4,310	995	1,376	11	6,692
TX_CURR	<15	-	3,338	418	1,331	-	5,087
	15+	-	88,659	17,990	22,230	14	128,893
	Total	-	91,997	18,408	23,561	14	133,980
TX_PVLS	<15	-	2,959	352	1,182	-	4,493
	15+	-	81,035	16,363	20,108	11	117,517
	Total	-	83,994	16,715	21,290	11	122,010
CXCA_SCRN	Total	-	-	-	-	-	-
OVC_SERV	<18	-	71,304	13,208	17,259	455	102,226
	18+	-	15,256	2,934	4,200	112	22,502
	Total	-	86,560	16,142	21,459	567	124,728
OVC_HIV	Total	-	67,735	12,538	16,411	434	97,118
STAT	<15	-	-	-	-	-	-
	15+	-	84,923	17,349	32,770	-	135,042
	Total	-	84,923	17,349	32,770	-	135,042
PMTCT_	<15	-	-	-	-	-	-
STAT	15+	-	2,132	393	707	-	3,232
	Total	-	2,132	393	707	-	3,232
PMTCT_	<15	-	-	-	-	-	-
ART	15+	-	2,119	391	706	-	3,216
	Total	-	2,119	391	706	-	3,216
PMTCT_	Total	-	2,174	386	682	-	3,242
EID	<15	-	68	-	-	-	68
	15+	-	44,812	5,554	3,452	-	53,818
	Total	-	44,880	5,554	3,452	-	53,886
KP_PREV	Total	-	62,030	8,796	5,181	-	76,007
KP_MAT	Total	-	-	-	-	-	-

Haiti		SNU Prioritizations					No Prioritization	Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported		
VMMC_CIRC	Total	-	-	-	-	-	-	-
HTS_SELF	<15	-	337	15	47	-	-	399
	15+	-	35,150	2,568	5,492	-	-	43,210
	Total	-	35,487	2,583	5,539	-	-	43,609
PrEP_NEW	Total	-	5,555	784	759	48	-	7,146
PrEP_CURR	Total	-	11,578	1,763	1,538	128	-	15,007
TB_STAT	<15	-	357	36	127	-	-	520
	15+	-	7,898	1,265	2,529	-	-	11,692
	Total	-	8,255	1,301	2,656	-	-	12,212
TB_ART	<15	-	25	1	2	-	-	28
	15+	-	1,036	220	300	-	-	1,556
	Total	-	1,061	221	302	-	-	1,584
TB_PREV	<15	-	689	118	303	-	-	1,110
	15+	-	14,686	3,009	3,781	11	-	21,487
	Total	-	15,375	3,127	4,084	11	-	22,597
TX_TB	<15	-	3,488	464	1,404	-	-	5,356
	15+	-	88,225	18,021	22,357	25	-	128,628
	Total	-	91,713	18,485	23,761	25	-	133,984
GEND_GB	Total	-	1,690	163	183	-	-	2,036
AGYW_PREV	Total	-	16,922	4,355	-	-	-	21,277

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should

also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Haiti's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval