United States Department of State

Washington, D.C. 20520

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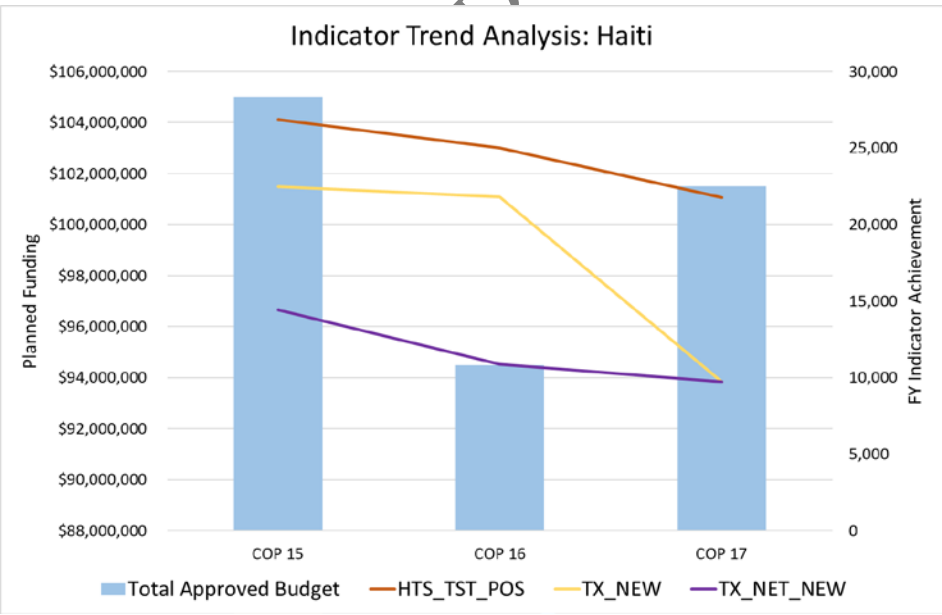
INFORMATION MEMO FOR AMBASSADOR MICHELE SISON, HAITI, AND AMBASSADOR ROBIN BERNSTEIN, DOMINICAN REPUBLIC

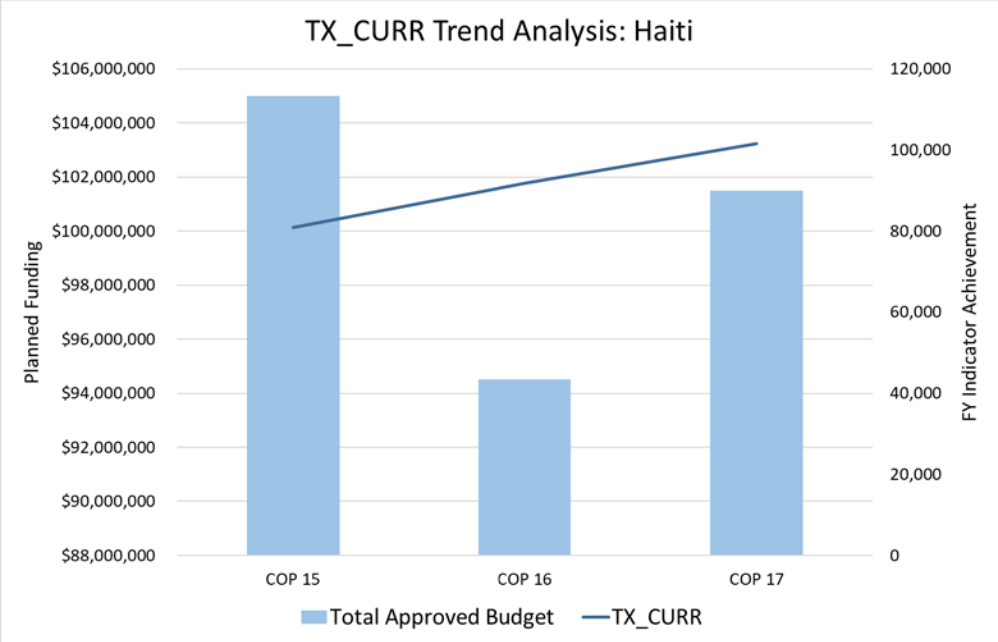
FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

Thank you Ambassador Sison and Ambassador Bernstein, and your Deputy Chiefs of Mission, for providing immeasurable leadership and guidance to our PEPFAR staff under your authority in Haiti and the Dominican Republic. Your leadership has been invaluable in our efforts to enhance PEPFAR program impact. Thank you for your willingness to work with us, and each country's respective communities and Governments, to communicate with all stakeholders. We will depend on that support to explain the pairing of Haiti and Dominican Republic programs for COP 2019, and the requirement of a new strategic direction expressed through this letter.

Five years ago we embarked on a strategy to control the epidemic in Haiti by 2020. We are now concerned that as of December 2018, if the current pace were to continue, it will take Haiti almost 3.5 additional years to control the epidemic. The United States has invested $1,497,186,758 bilaterally from FY 2004 through FY 2018. Indeed you can see despite nearly $200,000,000 additional US dollars and 24 months of work we are exactly where we were for treatment current and net new clients as FY 2016. This is unacceptable.





Thus using the current strategy, Haiti is not on track to successfully reach epidemic control by 2020. We need a new, comprehensive, and thoughtful change to Haiti's program to dramatically increase the pace of ART coverage and viral suppression of HIV positive patients and reach those undiagnosed individuals. The Haiti program needs: 1) a more rapid approach to case-finding and community to facility linkages to close the ~35,000 gap of outstanding individuals (primarily men and pediatrics) in need of treatment. The pending PHIA will help confirm the size of the gap. 2) New approaches that change the long term dynamic of retention in HIV medical treatment. We have found, lost and had to re-find clients far too often, and at great cost. We have identified this as the core issue for more than 3 years without improvement. 3) Policy changes and adjustments of norms to permit HIV self-testing and deploy a task shifting approach which utilizes the cadre of Haiti community workers, the ASCP (Agent de Santé Communautaire Polyvalents), to reach our goals for epidemic control. We cannot afford to use the same strategy in COP 2019 that we have used in the past.

The challenge for PEPFAR/Haiti is to identify what will be done differently to bring these outcomes to fruition. The Government of Haiti must dramatically increase the pace of case-identification, linkage, and retention of PLHIV. Haiti must change course on what is supported by PEPFAR and how support is provided, to achieve the desired outcome. We believe this change should include a shift of responsibilities away from under-performing implementing partners beginning immediately during COP 2018 execution.

In addition to continuing progres with key populaitons, the Dominican Republic must dedicate resources towards ART coverage and viral suppression for the migrant priority population of PLHIV in the Dominican Republic. To meet these goals, in COP 2019, Haiti and the Dominican Republic will form a "country pair" with the intention of meeting the above objectives for both countries. Headquarters will work with the Haiti and Dominican Republic PEPFAR teams to leverage their respective platforms, share best practices, and operationalize this cross-country collaboration as a key programmatic priority.

The PEPFAR teams in Haiti and the Dominican Republic must reconfigure and refresh their approach to achieve epidemic control in both Haiti and Dominican Republic, and seek headquarter approval ahead of the March planning meeting, for a new costed plan using the guidance provided in this letter. To implement this action-forcing event for change, the FY 2019 COP funds to Haiti have been reduced by over $20 million dollars.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Haiti for the 2019 Country Operational Plan (COP 2019) is **$80,000,000**, inclusive of all new funding accounts and applied pipeline.

These funds to Haiti are contingent on the team working to integrate data from legacy systems into an integrated data system. These data that should be prioritized should come from commodity/supply chain, patient management, and laboratory systems.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for the Dominican Republic for the 2019 Country Operational Plan (COP 2019) is **$15,000,000**, inclusive of all new funding accounts and applied pipeline.

Any questions about the priorities and guidance laid out in this letter can be directed to your S/GAC Chair and Program Manager. My office is continually grateful for your teams' work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Haiti and the Dominican Republic.

APPENDICES:

1. **COP 2019 PLANNING LEVEL - HAITI**
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APPENDIX 1: COP 2019 PLANNING LEVEL - HAITI

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 2019 Budget

Haiti TOTAL COP 2019 PLANNING LEVEL: $80,000,000			
Total Base Budget for COP 2019 Implementation			**$ 80,000,000**
Total COP 19 New Funding	$	66,884,354	
of which, VMMC	*$*	*-*	
of which, DREAMS	*$*	*2,000,000*	
Total Applied Pipeline	$	13,115,646	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)			**$ 2,000,000**

**Funding for the VMMC program must be at least the amount noted here; however, this total can come from both new and pipeline funds.*

Table 2. Applied Pipeline

Haiti COP 2019 APPLIED PIPELINE BY AGENCY	
TOTAL APPLIED PIPELINE	**$13,115,646**
HHS/CDC	$10,568,947
State	$16,667
USAID	$2,530,032

**Based on agency reported available pipeline from EOFY*

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of $80,000,000.

Central Funding

Haiti is also receiving $2,000,000 in Central Funds as a part of the FBO Initiative. These FY 2018 funds are being notified to you via this letter, to support new activities for communities of faith in raising awareness, HIV case-finding/linkage/retention, and prevention of sexual violence and HIV risk among ages 9-14 years. These funds are being released immediately, ahead of the release of the bilateral COP 2019 funds. Central Funds for the FBO Initiative should be used as soon as possible after receipt, during the current implementation cycle of COP 2018/FY 2019. Each country team should specify the purpose and use of these funds (based the data and analysis from the recent FBO TDYs) as part of the SDS.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS - HAITI

Table 3. COP 2019 Earmarks

Haiti COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	$ 38,124,082
% of base funds allocated to C&T	*57%*
HKID	$ 7,357,279
Gender Based Violence (GBV)	$ 1,446,452
Water	$ 813,806

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Haiti's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 57% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Haiti's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Haiti's COP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Haiti's COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This

action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20, and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Haiti agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Haiti should hold a 4 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $13,115,646 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Haiti must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS - HAITI

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Haiti	**$ 111,000,000**	**$ 115,105,038**	**$ 4,105,038**
HHS/CDC	$ 51,848,042	$ 51,236,793	$ (611,249)
State	$ 411, 232	$ (710,043)	$ (1,121,275)
USAID	$ 58,740,726	$ 64,578,288	$ 5,837,562
Grand Total	**$ 111,000,000**	**$ 115,105,038**	**$ 4,105,038**

** State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Haiti's total FY 2018 outlay level of $115,105,038 is over your approved spend level of $111,000,000 (COP 2017 budget). Within this total, USAID spent above their approved FY 2018 budgets and HHS/CDC and State spent below their approved level. S/GAC requires an immediate explanation for USAID's over expenditures as well as a complete analysis of the ARV commodities budget across all funding sources. As significant additional funds were put into maintaining clients on treatment and supplying ARV and this has not occurred there should be extensive resources in the ARV GF commodities. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP2017 approved planning level and must be explained and corrected especially in light of the persistently poor performances.

Table 5. IP FY18 Outlays

** This table was based off the FY18 EOFY submissions, but edited to reflect OPU's as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline + Central)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
14564	Management Sciences for Health	USAID	$-	$661,657	$661,657
14624	University of Maryland	HHS/CDC	$-	$689,567	$689,567
14710	University of Washington	HHS/CDC	$-	$882,118	$882,118
14766	JHPIEGO	USAID	$-	$2,046,416	$2,046,416
16856	University of Washington	HHS/CDC	$2,525,500	$3,624,470	$1,098,970

18086	Measure Evaluation	USAID	$300,000	$1,138,094	$838,094
18425	EQUIP	USAID	$2,400,000	$3,829,009	$1,429,009
18443	JHPIEGO	USAID	$-	$2,418,222	$2,418,222
18690	Catholic Relief Services	USAID	$-	$850,870	$850,870

Table 6. COP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	702,618	718,858	102%	HTS	$3,590,726	94%
	HTS_TST_POS	19,222	15,859	83%			
	TX_NEW	19,795	15,495	78%	C&T	$18,133,141	87%
	TX_CURR	90552	85,533	94%			
	OVC_SERV	23,417	26,929	115%	SE for OVC	$1,907,878	100%
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
				Above Site Programs		$5,870,541	
				Program Management		$8,657,404	
USAID	HTS_TST	205,080	224,455	109%	HTS	$6,219,310	83%
	HTS_TST_POS	7,902	6,146	78%			
	TX_NEW	5,713	5,058	89%	C&T	$27,740,601	73%
	TX_CURR	17,124	16,655	97%			
	OVC_SERV	51,927	95,979	185%	SE for OVC	$4,929,472	74%
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
				Above Site Programs		$6,893,704	
				Program Management		$10,113,292	

COP 2017/ FY 2018 Performance

Overall

- *Expenditures*
  - Haiti had 13 implementing mechanisms identified as outlaying above COP 2017 funding levels. Although these were explained as late reporting adjustments or close-outs, this has been a recurring problem in Haiti and suggests there are inadequate partner oversight and awareness of expenses by the interagency team. The field team will need to appropriately account for all those expenses in COP 2019.

- *Overall Performance*
  - Overall, Haiti achieved 80.7% of its target for finding HIV positives. It reached 79.8% of its target for clients initiated on treatment, and 94.5% of its target for total clients on treatment. As an OU, Haiti achieved 72.2% of its target for clients receiving a viral load test, and 70.1% of its target for clients that are virally

suppressed – a very poor performance considering the level of investment. Table 6 funds in COP18 execution should be restricted until the team can comprehensively address the investment without results for the past 2 years.

- *Partner performance*
  - The following partners and their respective USG Agency have high target achievement and are performing well in the following programmatic areas:
    - Four partners funded by CDC (Ministre de la Sante Publique et Population (MSPP), Catholic Medical Mission Board, Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes –1969 and 1924 (GHESKIO), and Center for Health and Development) achieved over 80% of their target for finding new HIV positives.
    - Two partners funded by USAID (Linkages and Health through Walls) achieved over 80% of their target for finding new HIV positives.
    - Three partners funded by CDC (MSPP, Catholic Medical Mission Board, and Center for Health and Development) achieved over 80% of their target for patients newly initiated on treatment.
    - Three partners funded by USAID (Caris Foundation, Linkages, and Health through Walls) achieved over 75% of their target for patients newly initiated on treatment.
  - The following partners and their respective USG Agency underperformed in the following programmatic areas.
    - Two partners funded by USAID (Caris Foundation and Foundation for Reproductive Health and Family Education) underperformed in finding new HIV positives, achieving less than 65% of their target.
    - One partner funded by CDC (Partners in Health) underperformed in finding new HIV positives, achieving 65% of their target.
    - Four partners funded by CDC (Partners in Health, GHESKIO –1969 and 1924, and Foundation for Reproductive Health and Family Education) achieved less than 70% of their target for patients newly initiated on treatment.
    - Partners in Health and GHESKIO – 1969 also previously underperformed on new on treatment in FY17.
  - Retention
    - Three CDC partners had the lowest retention rates of TX_NET_NEW as a percentage of TX_NEW, GHESKIO (12%), Catholic Medical Mission Board (42%), and FOSREF (53%).
    - Three CDC partners and two USAID partners had retention rates below 75%. PIH (70%), Health through Walls (68%), FHI 360 (66%), MSPP (65%), Center for Development and Health (62%).
  - None of the underperforming partners had mechanisms that were identified as having spent over their funding envelopes but should have underspent significantly based on the total treatment current result.

APPENDIX 4: COP 2019 DIRECTIVES - HAITI

Table 7. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 treatment targets are recommended for Haiti:

Indicator	Pediatric (<15) Treatment Target	Adult (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	612	19,805	20,417
TX_CURR (Current on Treatment)	4,747	116,852	121,599
TB_PREV	1,046	20,008	21,054
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	612	19,805	20,417
TX_CURR (Current on Treatment)	5,359	136,657	142,016
TB_PREV	N/A	N/A	48,587

[a]*Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.*

These targets were developed based on the following assumptions:

- TX_NEW: 90% of facility based HTS_TST_POS results from FY2018 as a baseline targets for FY2019 and FY2020.
- TX_CURR: These revised COP18 TX_NEW targets were added to TX_CURR to generate revised COP18 TX_CURR targets. The COP19 TX_NEW were then added to the revised COP18 TX_CURR target to generate a COP19 TX_CURR target.
- TB_PREV: Targets for TB_PREV were calculated the estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.

Given the lack of linking and retaining new and current ART patients, some COP 2018 funds will need to be preserved by not scaling during the improvement period. Continuing to add clients without addressing the retention problem is unacceptable. Accordingly, FY 2019 treatment targets have been temporarily adjusted downward. The expectation is that only facility-based testing will continue during the improvement period. As fewer positives will now need to be diagnosed during COP 2018 implementation, a minimum of 30% of the testing budget from COP 2018 should be saved and applied as pipeline to use in COP 2019. This should be incorporated into pipeline amount determinations for the implementing partners who conduct testing in COP 2018 and COP 2019.

We expect you to limit testing to targeted Facility-based Index testing, ANC, and targeted testing in facility context where individuals have been screened for clinical symptoms that suggest risk of HIV. Efforts in the remainder of COP18 and for COP19 need to focus on linkage and retention of all diagnosed PLHIV.

Given the lagging progress toward reaching epidemic control in Haiti by 2020, PEPFAR's COP 2019 investment in Haiti requires a significant shift to rapidly initiate and retain patients on treatment. At the current rate of the net number of new patients initiated on treatment (In FY18, TX_NET_NEW result was 9,752), it will take Haiti roughly 3.5 years to close the current gap in treatment coverage (which is estimated at 33,778, based on 150,000 estimated PLHIV and 101,597 patients currently on treatment). Many of the implementing partners in Haiti have high achievement in one programmatic area and underperform in others. The PEPFAR Haiti team should adjust partner deployment to create pockets of excellence, and expand partner activities in which they have demonstrated high achievement. The team should expand the reach of some of the smaller but successful partners. These changes should begin now, in COP18 implementation. The team will also need to work with partners to drastically scale up key interventions including index testing, task shifting, optimized PITC, and strengthen community to facility linkage and patient retention.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Haiti budget.

Table 8. Minimum Requirements

Minimum Requirement	Haiti Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Haiti has adopted a Test & Start policy, however, improved fidelity to this policy is needed in order to achieve TX_NEW targets; linkage rates from testing have been steadily increasing, but needs more improvement, particularly for adult men and adolescent women and men (ages 15-24).
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	Continue working towards full implementation. Community based HIV testing and linkage has not been fully adopted and implemented. Need to push PNLS and MSSP on task shifting.

3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Use the TLD transition strategic discussions to work with the Ministry and the Global Fund to ensure high quality reliable consumption data across the country exists, and is being utilized. This must include a review of the multitude of regimes that are currently being ordered for the country through PEPFAR and the Global Fund.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Index testing has been adopted in Haiti, however it needs to be dramatically expanded, and any structural challenges in implementing index testing will need to be addressed. Additional training should be done to improve fidelity and screening, as the yield is lower than expected for true index contacts.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	The team COP18 strategy should continue.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	COP19 IP work plans need to reflect fidelity to this minimum requirement.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	Team Haiti should include any applicable mitigation strategy in the reboot plan requested in the following section. We would want to learn if fees related to non-HIV services impact retention in care of PLHIV clients.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Need significant increase in VL testing and suppression across age bands. Pediatric retention on treatment and VL suppression continues to be a key challenge.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR teams in general should work within active public health surveillance systems to collect data on subpopulation morbidity and mortality indicators.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	Team is aware that challenges continue for children and adolescents across the cascade (including testing, case finding, linkage, ART coverage, retention and VLS). Expanded use of screening tools, algorithms, and youth friendly service delivery could potentially help. Continuing to purposely leverage DREAMS resources to achieve Objective 10 will be important and specific plans to place VACs and other GBV data in front of political leadership should be considered.

11. Evidence of resource commitments by host governments with year after year increases.	The team COP19 reboot strategy should include this.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	The team COP19 reboot strategy should include this.
13. Scale up of unique identifier for patients across all sites.	While Haiti has successfully rolled out biometric patient tracking with all partners, interoperability between the 3 main databases is central to leveraging this innovation to reduce retention losses at a national scale.

In addition to meeting the minimum requirements outlined above, it is expected that Haiti will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

As part of this reboot its strategy for COP 2019, Haiti must change how we do our work, and what we prioritize to invest in will fulfill this request. Haiti must reconsider how it deploys implementing partners in the future to avoid gaps in the cascade. Haiti must consider changing the approach to reimbursement of implementing partners if clients are not retained in services and virally suppressed. The team must no longer reimburse partners for performance not delivered. Where public sites are no longer enrolling new clients, PEPFAR should have a different investment strategy.

Table 9. Other Requirements

Requirement	**Haiti Specific Guidance (if applicable in COP18 or COP19)**
1. Early PHIA data	The reboot should be structured such that it can add/drop plans based on the PHIA results.
2. Partner deployment	It will be important for team Haiti not to approach the reboot from a business as usual stance. Consider whether a "one IP one responsibility" approach can change the pace of reaching epidemic control.
3. Screen better and test smarter: Stop over-testing.	Policy of optimized testing that targets patients who are at risk of HIV, including focus on index testing should be adopted by the start of COP19. Although index testing has been rolled out in Haiti, it still accounts for a small percentage of positives found. Index testing needs to be scaled and implemented with fidelity. *Without PNLS and MSSP movement on task shifting, a viable reboot is not possible and*

	will move Haiti to maintenance of current on treatment only.
4. Self-Testing	Achieving epidemic control in Haiti will be impossible if only doctors and nurses can conduct testing. While Haiti is cautiously approaching a "supervised self-testing approach" so as to not send clients home alone with a self-test kit, self-testing is an important innovation to get to epidemic control at the pace we seek. *Without PNLS and MSSP movement on self-testing, a viable reboot is not possible and will move Haiti to maintenance of current on treatment only.*
5. Viral load management: Country policy updated	Task shifting for viral load testing and EID is needed. For example, is it possible that MSPP would consider an approach where ASCPs could perform viral load DBS testing and EID in the community to help increase pace and scale-up of ART? *Without PNLS and MSSP movement on task shifting to ASCPs, a viable reboot is not possible and will move Haiti to maintenance of current on treatment only.*
6. Using well managed ASCP agents for community drug distribution and testing	Haiti as part of the reboot must advance the use of ASCP who are effectively managed to expedite coverage, viral load monitoring, and retention of clients in the community. *Without PNLS and MSSP movement on task shifting to ASCPs, a viable reboot is not possible and will move Haiti to maintenance of current on treatment only.*

COP 2019 Technical Priorities

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP 2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Haiti is 48,587, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover

the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period. In order to ensure successful programming, it is expected that, at a minimum, $272,087 will be budgeted for TPT commodities.

DREAMS

Haiti is allocated $2,000,000 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $757,927 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

The PEPFAR Haiti team needs a detailed plan to strengthen HIV and violence prevention programming for 9-14 year-olds through DREAMS and OVC, including through coordination and co-planning between the platforms. PEPFAR Haiti must find and implement an evidence-based community mobilization and norms change intervention for their DREAMS program in accordance with all DREAMS and COP 2019 Guidance. The team should confirm a plan, including a timeline, for standing up a tracking system and when the team will be able to report on AGYW_PREV, which should be included in the COP submission.

Cervical Cancer Screening and Treatment:

All PEPFAR OUs that are offering cervical cancer screening and treatment services should ensure that activities planned are in line with the PEPFAR clinical guidance (issued June 2018). A detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019. All funding allocated from your COP 2019 budget must be used exclusively to reduce morbidity and mortality of women on ART in Haiti.

Addressing Gaps in Epidemic Control, including by Enhancing Engagement with Faith Communities

Haiti has been selected as one of the countries to receive Central support through the FBO and Community Initiative in the amount of $2.0 million, in order to accomplish these priority activities, as identified per the FBO TDY visits.

Of this total, USAID will receive $1,000,000, and CDC will receive $1,000,000. These funds are to be used to engage those who work in high burden areas (including informal settlements) with faith communities, such as local faith-based and traditional networks, local faith-based and traditional organizations, as well faith and traditional leaders. Of this total, 50% should be invested in case-finding for young adult men, adolescents, and children living with HIV; and 50% should be invested in the primary prevention of sexual violence and HIV among children ages 9-14 year olds.

The case-finding investments should include the development and/or adaptation and dissemination of new messaging about HIV testing, linkage, and retention (e.g., Test & Start, U=U); building capacity among local faith leaders and faith organizations to create demand for and use of HIV self-tests, along with procurement and targeted distribution of HIV self-tests, engaging champions in faith communities to strengthen linkage and adherence support; and programming on basic HIV education and stigma reduction; and convening key stakeholders to facilitate sharing solutions.

The investments in primary prevention of sexual violence and HIV should include raising awareness among faith and traditional leadership about sexual violence and HIV risk faced by 9-14 year olds; using national-to-local infrastructures to train faith leaders in targeted implementation of evidence-based approaches within faith community infrastructures, including youth, parenting, and men's religious programing, with a focus on community mobilization, changing norms and parenting/caregiver programs (these programs include Families Matter, Parenting for Lifelong Health, Real Fathers, Coaching Boys Into Men, and SASA! Faith); and engaging in child safeguarding policy development and implementation through faith and traditional community structures, assuring inclusion of the contextualized process for accessing health, legal, and social protection referrals.
Some Faith and Community partners support both HIV case-finding/linkage/retention and prevention of sexual violence and HIV risk among ages 9-14 years; in these cases, it may be possible to engage in comprehensive prevention and care by supporting both key FBO priorities.

Any further instructions or questions can be addressed by Chair and PPM.

<u>Other technical and programmatic priorities for Haiti</u>

- Men
  - Of the estimated number of men living with HIV in Haiti, 62% are aware of their HIV status, 61% are on treatment, and 35% are virally suppressed. Given this gap in ART coverage, PEPFAR Haiti will need to identify and implement successful interventions for finding and retaining men across age bands, including men with a range of sexual behaviors.
- Adolescents
  - For men and women ages 15-24, only around 60% of HIV positives are linked to treatment. PEPFAR Haiti will need to improve provision of adolescent friendly services to increase linkage and retention among adolescents.
- Pediatrics
  - Of the estimated number of pediatrics living with HIV in Haiti, 76% are aware of their HIV status, 54% are on treatment, and 21% are virally suppressed. PEPFAR Haiti achieved only 44% of the target for finding HIV positives. The team will need to identify and scale successful case finding and screening strategies for pediatrics.
- Viral Load
  - Although there was a 44% increase in VL testing in FY18, PEPFAR Haiti still has low viral load suppression for priority populations including men and pediatrics. Haiti needs a major focus on expanding VL testing and increasing viral load suppression.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).

APPENDIX 5: COP 2019 PLANNING LEVEL – DOMINICAN REPUBLIC

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 2019 Budget

Dominican Republic TOTAL COP 2019 PLANNING LEVEL: $15,000,000			
Total Base Budget for COP 2019 Implementation			**$ 15,000,000**
Total COP 19 New Funding	$	11,869,093	
of which, VMMC	*$*	-	
of which, DREAMS	*$*	-	
Total Applied Pipeline	$	3,130,907	

Table 2. Applied Pipeline

COP 2019 APPLIED PIPELINE BY AGENCY	
TOTAL APPLIED PIPELINE	**$3,130,907**
HHS/CDC	$3,077,772
DOD	$1
USAID	$53,134

***Based on agency reported available pipeline from EOFY*

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of $15,000,000.

APPENDIX 6: COP 2019 BUDGETARY REQUIREMENTS – DOMINICAN REPUBLIC

Table 3. COP 2019 Earmarks

Dominican Republic COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**2,848,582**
% of base funds allocated to C&T		*24%*
HKID	**$**	**-**
Gender Based Violence (GBV)	**$**	**400,000**
Water	**$**	**-**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Dominican Republic's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 24% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Dominican Republic's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Dominican Republic's COP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Dominican Republic's COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of

these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20, and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Dominican Republic agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Dominican Republic should hold a 3 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $3,130,907 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Dominican Republic must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline, and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

APPENDIX 7: PAST PERFORMANCE - DOMINICAN REPUBLIC

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Dominican Republic	**$ 15,500,000**	**$ 9,571,479**	**$ (5,928,521)**
DOD	$ 211,000	$ 244,358	$ 33,358
HHS/CDC	$ 7,489,000	$ 4,840,981	$ (2,648,019)
USAID	$ 7,800,000	$ 4,486,140	$ (3,313,860)
Grand Total	**$ 15,500,000**	**$ 9,571,479**	**$ (5,928,521)**

** State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Dominican Republic's total FY 2018 outlay level of $9,571,479 is under your approved spend level of $15,500,000 (COP 2017 budget). Within this total, DOD, spent above their approved level and HHS/CDC and USAID spent below their approved level. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP2017 approved planning level.

Table 5. IP FY18 Outlays

** This table was based off the FY18 EOFY submissions, but edited to reflect OPU's as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline + Central)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
7575	University of North Carolina	USAID	$-	$89,770	$89,770
17004	Management Sciences for Health	USAID	$-	$152,960	$152,960
17752	Research Triangle International	DOD	$-	$111,014	$111,014
18414	Systems for Improved Access to Pharmaceuticals and Services	USAID	$-	$111,551	$111,551
18462	Population Services International	USAID	$123,000	$194,000	$71,000

Table 6. COP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	46,272	**50,820**	110%	HTS	$1,337,054	87%
	HTS_TST_POS	2,076	**2,033**	98%			
	TX_NEW	1,349	**1,070**	79%	C&T	$407,142	61%
	TX_CURR	4,806	**4,626**	96%			
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$367,457	
					Program Management	$957,598	
DOD	HTS_TST	N/A	N/A	N/A	HTS	N/A	N/A
	HTS_TST_POS	N/A	N/A	N/A			
	TX_NEW	N/A	N/A	N/A	C&T	N/A	N/A
	TX_CURR	N/A	N/A	N/A			
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$7,782	
					Program Management	N/A	
USAID	HTS_TST	43,844	**41,121**	94%	HTS	$551,886	100%
	HTS_TST_POS	2,157	**1,591**	74%			
	TX_NEW	2,184	**1,414**	65%	C&T	$1,563,744	71%
	TX_CURR	10,834	**8,643**	80%			
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$1,640,098	
					Program Management	$1,899,459	

COP 2017/ FY 2018 Performance

Overall

- As an OU, the Dominican Republic achieve 85.6% of its target for newly found positives. It reached 70.3% of its target for clients initiated on treatment, and 84.8% of its target for total clients supported on ART. DR achieved 79.9% of its target for clients receiving a viral load test, and 74.8% of its target for clients virally suppressed.
- Partner performance

- The following partners and their respective USG Agency have high target achievement and are performing well in the following programmatic areas:
  - One CDC partner, Centro de Orientacion e Investigacion Integral, achieved 170% of its target for finding new HIV positives, 97% of its target for new clients initiated on treatment, and 108% of its target for total number of clients currently receiving ART.
- The following partners and their respective USG Agency have low target achievement and have underperformed in the following programmatic areas:
  - One USAID partner, John Snow Inc. (JSI) underperformed in finding HIV positives, with 74% target achievement. JSI also underperformed in patients newly initiated on treatment, achieving 65% of its target. JSI achieved 80% of its target for total clients on treatment.
  - One CDC partner, Population Services International (PSI), underperformed against its target for HIV positives identified, achieving 73% of its target. PSI also underperformed in initiated new patients on treatment, reaching only 33% of its target. PSI reached 25% of its target for total clients on treatment.

APPENDIX 8: COP 2019 DIRECTIVES – DOMINICAN REPUBLIC

Table 7. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 treatment targets are recommended for Dominican Republic:

Indicator	Pediatric (<15) Treatment Target	Adult (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	67	3,516	3,583
TX_CURR (Current on Treatment)	47	22,997	23,044
TB_PREV	N/A	1,203	1,203
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	N/A	N/A	N/A
TX_CURR (Current on Treatment)	N/A	N/A	N/A
TB_PREV	N/A	N/A	9,123

[a]Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TB_PREV: Targets for TB_PREV were calculated using the estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.

COP 2019 Strategic Direction

In COP 2019 the Dominican Republic should allocate resources toward the migrant population of PLHIV. In FY18 Dominican Republic had only 37.4% linkage and 35% retention among migrants. The Dominican Republic will need to identify and implement successful strategies for linking and retaining migrants on treatment. The DR team will need to adjust resources to fund these activities from DR's COP 2019 funding envelope.

The Dominican Republic, like Haiti, should present its reboot strategy first before continuing its existing strategic priorities of:

1. Aggressive outreach and testing for KPs
2. Providing technical assistance to GoDR to: 1) specifically strengthen laboratory capacity to increase access to Viral Load testing to 90%; 2) support commodities forecasting and supply chain management to address distribution and other system issues; and 3) build capacity and support human resources for health management to meet demand for GoDR Test and Start.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Dominican Republic budget.

Table 8. Minimum Requirements

Minimum Requirement	DR Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	As appropriate, this guidance is a best practice to maintain epidemic control.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	As appropriate, this guidance is a best practice to maintain epidemic control.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	As appropriate, this guidance is a best practice to maintain epidemic control.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	As appropriate, this guidance is a best practice to maintain epidemic control.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	As appropriate, this guidance is a best practice to maintain epidemic control.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	As appropriate, this guidance is a best practice to maintain epidemic control. COP19 IP work plans need to reflect fidelity to this minimum requirement.
7. Elimination of all formal and informal user fees in the public sector for access to all direct	As appropriate, this guidance is a best practice to maintain epidemic control.

HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	As appropriate, this guidance is a best practice to maintain epidemic control.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As appropriate, this guidance is a best practice to maintain epidemic control.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	As appropriate, this guidance is a best practice to maintain epidemic control.
11. Evidence of resource commitments by host governments with year after year increases.	As appropriate, this guidance is a best practice to maintain epidemic control.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	As appropriate, this guidance is a best practice to maintain epidemic control.
13. Scale up of unique identifier for patients across all sites.	As appropriate, this guidance is a best practice to maintain epidemic control.

In addition to meeting the minimum requirements outlined above, it is expected that Dominican Republic will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

Dominican Republic has been requested to reboot its strategy for COP19 and is a country pair with Haiti. Changing how we do our work, and what we prioritize to invest in will fulfill this request.

Table 9. Other Requirements

Requirement	DR Specific Guidance (if applicable in COP18 or COP19)
1. DR is part of a country pair with Haiti and in COP19, the programs are directed to "reboot".	The Dominican Republic team will need to negotiate this new directive with GoDR to ensure full implementation of Test and Start with fidelity for this population is prioritized for PEPFAR dollars.

COP 2019 Technical Priorities`

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP 2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Dominican Republic is 9,123, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period. In order to ensure successful programming, it is expected that, at a minimum, $51,088.80 will be budgeted for TPT commodities.

Cervical Cancer Screening and Treatment

All PEPFAR OUs that are offering cervical cancer screening and treatment services should ensure that activities planned are in line with the PEPFAR clinical guidance (issued June 2018). A detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019. All funding allocated from your COP 2019 budget must be used exclusively to reduce morbidity and mortality of women on ART in Dominican Republic.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).