



UNCLASSIFIED

January 13th, 2021

INFORMATION MEMO FOR: Ambassador Robin S. Bernstein, Dominican Republic

FROM: S/GAC Chair, William S. Paul and PPM, Tiana Jaramillo

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

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Bernstein:

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all of PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNU's for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID-19. Focus groups and deep analytics of client returning to care to ensure we are addressing the critical persistent and new structural barriers. Focus on areas of recent treatment interruption to understand how COVID may have created or exacerbated barriers to access and treatment continuity. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, and other community resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID-19. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, OVC and wraparound resources. Furthermore, analyzing expenditures at mechanism and program areas level, along with the work teams have done, to build relationships and co-planning with your partner government, the Global Fund, UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach Country Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your team for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR team in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

- Successful reorientation of the program toward Focus Clients (FC, Haitian migrants and their descendants) who represent the largest unmet need. The team reached over 4,000 FC with HIV testing services and started 2,500 more on ART, despite the COVID-19 pandemic impact.
- Maintaining and expanding access to PrEP services.
- Increasing the proportion of new FC on ART, a positive level of performance in continuity of treatment, and the significant increase in number of PLHIV who returned to treatment after interruption.
- Rapid scaling of multi-month dispensing (MMD) and your continued support to institutionalize the successful MMD experience.
- Positive OVC program performance albeit still below expected levels. Accelerating progress should be a priority.

Together with the Government of the Dominican Republic (DR) and civil society leadership we have made tremendous progress together. DR should be proud of the progress made over the past 13 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing possible deficits in programming arising from COVID-19 our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR.

1. Continued new HIV infections in adolescent and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35 year-old asymptomatic clients are maintained on treatment and virally suppressed [net new on treatment and treatment current growth, (continuity of treatment surrogate)]
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in PEPFAR DR:

- FC population is highly marginalized, continue to face barriers to access HIV services, and presumably distrust and unfamiliarity with treatment providers are barriers. Better understanding of FC is needed. Case finding has been consistently growing, but it lacks optimization, particularly scaling index testing and testing at the community level, FC's preferred point of care.
- Insufficient linkage to care remains one of the main challenges to treatment growth, and policy barriers exist for same-day decentralized ART initiation.
- The PEPFAR DR team is still establishing working relationships with the new presidential administration, which are necessary to support overall objectives as well as key supportive policy changes.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 21 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals. Since 2016 PEPFAR and the Global Fund resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family. Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. DR has not achieved the 2020 goals and is not on track to achieve 2030 goals early which means increasing and sustaining the gains will need to be our constant focus.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment and VLS current targets no less than the results that were to be achieved in COP 2020.** After the PEPFAR country team submits their COP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2021) notional budget for DR is **\$25,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of DR and civil society of DR, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

We are hoping this approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation

is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement.

PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will plan to review this planning letter and details contained, herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health and community workers, leveraging longstanding capacities and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual 2021 COP planning and approval process.

I am so grateful to you and your entire team for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**
CC: **S/GAC – William S. Paul, Chair, Tiana Jaramillo, PPM, Nena Lentini, PEPFAR Country Coordinator.**

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes:

1. PEPFAR DR initiated intensive partner management to support continuity of testing, care, and treatment services during constant lockdown due to the COVID-19 pandemic, maintaining an increasing level of performance. Despite the COVID-19 pandemic impact on the country programmatic shift to Haitian migrants (individuals not born in the DR) and their descendants, PEPFAR DR initiated 2,500 FC on treatment.
2. PEPFAR DR exceeded their target for initiating clients on PrEP (101%) and keeping clients on PrEP (134%).
3. The proportion of new FC on ART increased from 1 out of 4 to 1 out of 2. Before the programmatic pivot, around 2.5 of every 10 initiated patients were FC. After the pivot, in FY 2020 Q1, this number has steadily increased to 5 out of 10. FC responded for 49% of all people that started treatment.
4. Nationally, treatment growth was stronger at PEPFAR supported sites, especially among FC and FSW. 92% of the targeted clients remained on treatment (TX_CURR) and targets were surpassed for women and men, except men 25-49 years old.
5. A total of 5,276 clients were returned to treatment, 838 were FC. FC represented 42% of TX_RTT in Q4.
6. PEPFAR DR secured policy support and rapidly scaled-up multi-month dispensing (MMD) which resulted in an increase of the proportion of HIV+ clients on at least 3 months or more of MMD from 1% to 54%. PEPFAR DR continues supporting the GoDR to ensure that the successful MMD experience is institutionalized to ensure that at least 50% of eligible clients receive ART for 3 months or more.
7. PEPFAR DR increased the number of beneficiaries served by the OVC program. Less than 2% of beneficiaries dropped out of the program without graduation and 99.9% of HIV+ beneficiaries were on ART by the end of FY 2020.

Challenges:

1. FC population is highly marginalized, has the largest gap to achieve epidemic control, and are by far the most voluminous population with the least coverage. In addition to the lack of knowledge of the FC's flow across the border, the DR does not have a strong data system to estimate the number of clients aware of their HIV status. The gap in ART coverage among FC continues to be greater than any other population. Despite the progress reported, the clinical cascade for FC shows significant challenges in closing the gaps.
2. Case finding and low yield are one of the DR's biggest challenges. There is an urgent need to optimize case finding approaches, including index testing, to reach FC. Yield at the community level (preferred by FC) is low, with no significant differences between sex groups.
3. Linkage of FC to care (70%) is insufficient and remains one of the main reasons behind the poor performance in enrolling new clients on ART, particularly older men (>35 yrs.) and older women (>45 yrs.). Only half of the FC diagnosed at the community level are initiated on treatment.
4. Despite the rate of continuity of treatment, 137 focus clients, mainly men, interrupted treatment.

5. VL processing was slowed and ultimately halted in September due to reagent availability and use of resources for the COVID-19 response. Except for la Romana (108%), all the other provinces reported significantly lower than 95% viral suppression rates.
6. Funding allocated to local partners decreased from 20% in FY20 to 1% in FY21. 70% of partners by agency by the end of FY 2020 must have been local.
7. Expansion of the PrEP program is needed to reduce ongoing HIV transmission among FC.
8. Same-day and decentralized ART initiation face policy implementation challenges that need to be addressed urgently. With the pilot self-testing approved, the PEPFAR DR team needs to accelerate the development of the regulatory framework that will ensure implementation of unassisted HIV testing.
9. The laboratory system faced challenges given the demand of the COVID-19 response, which highlighted the need to strengthen the laboratory capacity of the country.
10. With a new administration, the PEPFAR DR team face challenges to prioritize FC, implement community-led monitoring (CLM), scale-up PrEP, implement HIVST, Test & Start policies, and cross-border strategies, among others. The team's public health expertise is an asset to the new administration that needs to be leveraged to get buy-in into PEPFAR priorities.

Given your country's status of achieved or are near achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Continue to prioritize strong working relationships with the DR Ministry of Health and DIGECITTS to build a supportive policy environment for PEPFAR DR's data-driven HIV services and strategy.
2. Improve and continue the country's intensive partner management approach to support continuity of testing, care, and treatment services during COVID-19 crisis and maintain an increasing level of performance.
3. Build knowledge of and trusting relationships with FC communities, and optimize use of safe, ethical, and trusted index testing services for case finding.
4. Expand and intensify OVC case management in collaboration with clinics, to ensure: Focus Clients (C/ALHIV and their parents) achieve viral suppression, are offered OVC Comprehensive program enrollment and access to area psycho-social, food, and economic security initiatives; children receive index-testing; and, AGYW and their infants are retained in the PMTCT cascade (especially adolescents at elevated risk for drop out).
5. In collaboration with PEPFAR Haiti and others as appropriate, assess the need and impact of PLHIV who cross the border between Haiti and the DR, and develop and implement an appropriate binational response.
6. Review and course-correct approach to fund local partners to achieve the goal of 70%.
7. Expand the implementation of tailored interventions to reduce and eliminate stigma and discrimination and GBV.

SECTION 1: COP/ROP 2021 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total COP/ROP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into COP21, COP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIA's that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	\$ 23,732,565	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,732,565
GHP-State	\$ 23,345,065	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 23,345,065
GHP-USAID	\$ -				\$ -				\$ -
GAP	\$ 387,500				\$ -				\$ 387,500
Total Applied Pipeline	\$ -	\$ -	\$ -	\$ 1,267,435	\$ -	\$ -	\$ -	\$ -	\$ 1,267,435
DOD				\$ 9,426				\$ -	\$ 9,426
HHS/CDC				\$ -				\$ -	\$ -
HHS/HRSA				\$ -				\$ -	\$ -
PC				\$ -				\$ -	\$ -
USAID				\$ 1,258,009				\$ -	\$ 1,258,009
USAID/WCF				\$ -				\$ -	\$ -
State				\$ -				\$ -	\$ -
State/AF				\$ -				\$ -	\$ -
State/EAP				\$ -				\$ -	\$ -
State/EUR				\$ -				\$ -	\$ -
State/PRM				\$ -				\$ -	\$ -
State/SCA				\$ -				\$ -	\$ -
State/SGAC				\$ -				\$ -	\$ -
State/WHA				\$ -				\$ -	\$ -
TOTAL FUNDING	\$ 23,732,565	\$ -	\$ -	\$ 1,267,435	\$ -	\$ -	\$ -	\$ -	\$ 25,000,000

SECTION 2: COP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of \$10,000,000 and the full Orphans and Vulnerable Children (OVC) level of \$3,200,000 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	\$10,000,000	\$-	\$-	\$10,000,000
OVC	\$3,200,000	\$-	\$-	\$3,200,000
GBV	\$400,000	\$-	\$-	\$400,000
Water	\$-	\$-	\$-	\$-

**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.*

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	\$25,000,000	\$-	\$25,000,000
Core Program	\$25,000,000	\$-	\$25,000,000
Cervical Cancer	\$-	\$-	\$-
Community-Led Monitoring	\$-	\$-	\$-
Condoms (GHP-USAID Central Funding)	\$-	\$-	\$-
DREAMS	\$-	\$-	\$-
HBCU Tx	\$-	\$-	\$-
One-time Conditional Funding	\$-	\$-	\$-
Surveillance and Public Health Response	\$-	\$-	\$-
VMMC	\$-	\$-	\$-

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	\$-	\$-	\$-	

SECTION 3: PAST PERFORMANCE – COP/ROP 2019 Review

Table 5. COP/ROP OU Level FY20 Program Results (COP19) against FY21 Targets (COP20)

Indicator	FY20 Result (COP19)	FY21 Target (COP20)
TX Current <15	174	249
TX Current >15	25,935	37,699
VMMC >15	N/A	N/A
DREAMS (AGYW_PREV)	N/A	N/A
Cervical Cancer Screening	N/A	N/A
TB Preventive Therapy	1,923	30,069

Table 6. COP/ROP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

OU/Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
Dominican Republic			
DOD	\$313,666	\$78,068	\$235,598
HHS/CDC	\$11,845,710	\$8,537,730	\$3,307,980
USAID	\$13,587,279	\$12,548,154	\$1,039,125
Grand Total	\$25,746,655	\$21,163,952	\$4,582,703

Table 7. COP/ROP 2019 | FY 2020 Implementing Partner-level Significant Over-Outlays versus Approved Budget

The following IMs outlaid at least 110 percent in excess of their COP/ROP19 approved level.

Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
18461	UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS	USAID	\$50,000	\$242,217	(\$192,217)
80054	Abt Associates Inc.	USAID	\$75,000	\$190,245	(\$115,245)
18388	CLINICAL AND LABORATORY STANDARDS INSTITUTE, INC.	HHS/ CDC	\$77,305	\$174,437	(\$97,132)
80053	Panagora Group LLC	USAID	\$150,000	\$200,434	(\$50,434)

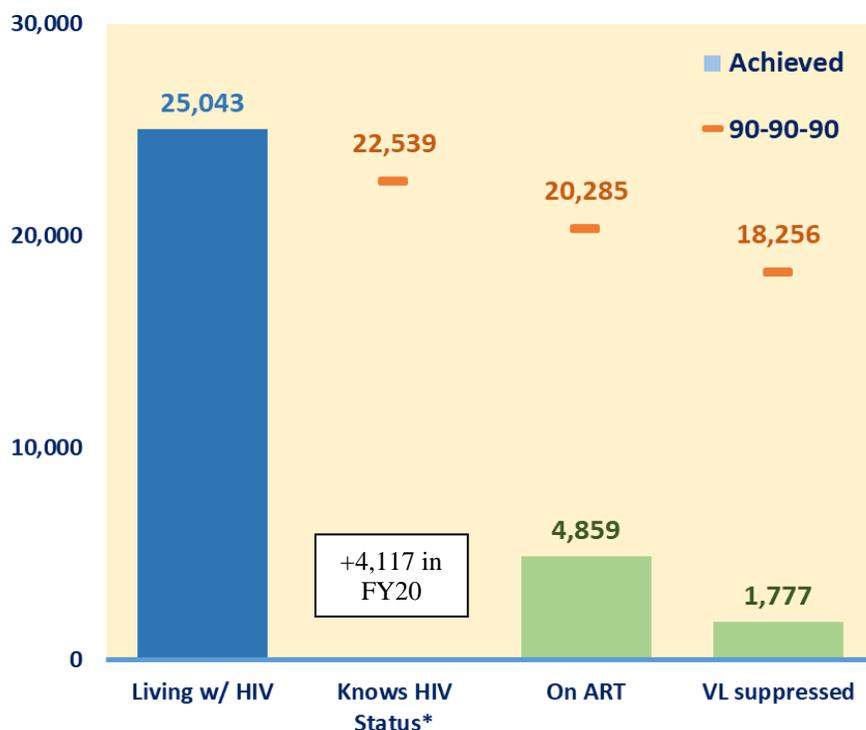
Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST (FC only)	107,873	168,532	156%	HTS	\$1,387,289	88%
	HTS_TST_POS (FC only)	7,460	3,724	50%			
	TX_NEW	6,832	2,917	43%	C&T	\$1,681,576	45%
	TX_CURR	15,157	12,041	79%			
	OVC_SERV	N/A	N/A		OVC beneficiary	N/A	N/A
USAID	HTS_TST (FC only)	85,197	71,679	84%	HTS	\$1,018,758	100%
	HTS_TST_POS (FC only)	5,970	2,393	40%			
	TX_NEW	5,279	1,752	33%	C&T	\$2,260,130	92%
	TX_CURR	13,332	14,068	106%			
	OVC_SERV	12,748	7,391	58%	OVC beneficiary	\$1,661,071	100%
Above Site Programs						\$1,103,174	
Program Management						\$4,604,409	

COP/ROP 2019 | FY 2020 Analysis of Performance

PEPFAR DR made gains despite a polemic transition to a new government and the COVID-19 pandemic. However, achievements remain below the 95-95-95 goal (see figure 1). Closing gaps in access to intensive prevention and HIV testing and treatment interventions for FC remains essential to controlling the HIV epidemic in DR.

Figure 1. 2020 90-90-90 FC Clinical Cascade



Case finding:

- Case finding among FC and low yield are one of the biggest problems in the Dominican Republic. Overall community testing yield is at 1.7% among men and 1.9% among women, lower than expected, with a higher yield among groups 30+ years. At the facility level, the overall yield is at 5.3%, with 4.5% among women, mainly young pregnant women, and 8.1% among men. High yield and older age of cases identified in facilities suggests delayed presentation. Index testing yield is higher (17% community level and 14% facility level) but the volumes of testing are low.
- FC tend to seek community services and do not seek facility services that often due to lack of legal documents, police harassment, insufficient non-working hours to visit facilities, stigma and discrimination. This situation highlights the urgent need for better case-finding strategies to increase testing volumes while keeping positivity rates close to 30%.

Care and treatment and VLS:

- PEPFAR DR reported a low rate of linkage to treatment (76%). Despite the improvements reported in Q4, the number of cases found and initiated on treatment were not enough to

contribute to treatment growth at the OU level; only half of the FC diagnosed at the community level were started on treatment.

- The low rate of linkage to treatment remains one of the reasons behind poor performance in initiation of treatment (TX_NEW) and one of the biggest problems in the country. Same-day and decentralized ART initiation face policy implementation and programmatic barriers that need to be urgently addressed.
- PEPFAR DR achieved only 39% of its TX_NEW target, initiating 2,511 FC on treatment (49% of all people who were started on treatment). Due to COVID-19 and curfews, most of the sites continued working on reduced hours and personnel, maintaining essential health services during good part of FY 2020. Compared to FY 2019, the rate of program growth increased among FC and the proportion of FC newly enrolled in ART increased from 25% to 50% but this was not enough to achieve the FY 2020 targets.
- PEPFAR DR maintained 26,109 clients on ART (92% of their target). Targets were surpassed for women and men, except men 25-49 yrs. Efforts such as community ART distribution, virtual consultations, and reinforcing adherence support were key to maintain this number of clients on treatment. Nationally, PEPFAR supports 66% of the nearly 38,000 PLHIV on treatment and 73% of the nearly 5,000 FC on treatment. At the national level, the total number of patients active on ART increased by 1,940 in FY 2020.
- A total of 5,276 patients were returned to treatment in FY 2020, but only 838 were FC (42% of TX_RTT in Q4).
- PEPFAR DR continues supporting GoDR to ensure that the successful MMD experience during national lockdowns due to COVID-19 is institutionalized to ensure that at least 50% of PLVIH receives ART for 3 months or more.
- VL processing at the national level was slowed down since COVID-19 hit the country and halted in September due to reagent availability. Except for La Romana province (108%), none of the other provinces reported a VLS rate close to the goal of 95%. DR must improve VLC among all age groups but particularly in the age group 20-39 yrs. for both sexes.

Prevention

- TB screening (TX_TB) and case finding underperformed in FY 2020. Screening in TB patients on ART increased from 24% to 42%. Incidence of TB among new ART patients is higher (3.7%) than incidence among patients already on ART (0.2%).
- The TPT completion rate increased from 53.5% in Q2 to 61.6% in Q4, still significantly lower than the expected result of 85%. Completion was higher among patients on ART (62.4%) than among new ART patients (59.3%).
- PEPFAR DR performed well in PrEP_NEW, PrEP_CURR, and KP_PrEP_CURR. However, PrEP_NEW decreased in Q4. The proportion of MSM initiated on PrEP (PrEP_NEW) decreased from 69% in FY2019 Q4 to 48% in FY2020 Q4 but the proportion of FSW increased from 26% to 52% in the same period. Despite the increase in uptake of PrEP, the number of KP initiated on PrEP is low compared to the number that test HIV negative, especially in provinces outside of the national capital.
- PEPFAR DR achieved only 10% of their target for GEND_GBV. Gaps are higher for females 20-49 yrs. mainly victims of physical and/or emotional violence.

OVC:

- PEPFAR DR increased the number of beneficiaries served by the OVC program. Less than 2% of beneficiaries dropped out of the program without graduation and 99.9% of HIV+ beneficiaries were on ART by the end of FY 2020. However, PEPFAR DR achieved only 58% of their total target for OVC_SERV and only 41% of their target for <18 yrs. The proportion of OVC <18 yrs. with known status or test not required was at 38% in Q4.

Above-site investments

- The acquisition of HIV commodities is fully financed with funds from national sources. PEPFAR DR continues supporting the GoDR to strengthen their ARV/TB drug supply chain management capacity, including quantification, planning, and distribution.
- There is need to enhance support to curb stigma and discrimination towards PLHIV and minority groups with new partners.
- The protocol for recency testing is currently under review by local authorities and its implementation is expected to begin in FY 2021 Q2.
- Due to the COVID-19 pandemic and changes in authorities in DR, efforts to strengthen bi-national coordination and collaboration with Haiti have been halted completely.

OU/PSNU Levels

- PEPFAR DR major challenges include case finding, linkage to treatment and viral suppression.
- Policy implementation barriers need to be addressed with urgency. Overall, the FY2020 targets for vital prevention measures (GBV, PP_PREV, TB_PREV) were not met which underlines the urgent need to accelerate HIV prevention in DR. Coverage of and access to PrEP needs to be increased to reduce ongoing HIV transmission among FC.
- Except for community testing and PrEP, all indicators fell short when compared to targets. Increases were reported in Q4 with increased FC outreach, but they were not enough to achieve an acceptable level of performance.

Partner and Financial Performance

- The budget for PEPFAR DR was significantly increased between FY19 (\$11M) and FY20 (\$25.7M, without including \$4.3M in acceleration funds); expenditures increased in FY20 as well but PEPFAR DR spent 60.6% of their FY20 budget.
- None of the CDC/IPs (COIN and PSI) or USAID/HS3 achieved their HTS_TST_POS, TX_NEW, and VLS targets. COIN spent 79% of their budget, PSI 97%, and HS3 98%.
- USAID/HS3 performed well in TX_CURR while CDC/IPs (COIN and PSI) remained at 80% in average. The provinces of Valverde (35%), Altagracia (68%), and Santiago (81%) reported results below 90%. All provinces, except for Santo Domingo y La Romana, reported unexplained losses of clients on ART. All provinces, except for Santo Domingo and Monte Plata, reported unexplained losses of focus clients. Losses are reported among the age group 25+ yrs.
- None of the CDC/IPs (COIN and PSI) or USAID/HS3 achieved their TB screening targets. Performance for TX_TB_NUM showed better results but with significant low volume of clients.
- Despite the increase reported in the total number of OVC served, USAID/ACHIEVE only achieved 58% of their target, while spending 90% of their budget.
- DIGECITSS, supporting only PrEP implementation, achieved 74% of their PrEP_NEW but exceeded their PrEP_CURR target (110%), with 73% of their budget spent.
- All IPs require improvement in their performance.
- PEPFAR DR is far from achieving the 70% target of budget allocated to local partners with only 1% allocated in FY 2021.
- Service delivery expenditures have been constant over time, with a significant increase between FY2019 and FY 2020 from 32% to 54%.

SECTION 4: COP/ROP 2021 DIRECTIVES

The following section has specific directives for COP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements (MPR)

All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP20 implementation (FY2021). Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). 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.

All PEPFAR programs are expected to meet all of the requirements below, and the COP21 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP21 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2021. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. COP/ROP 2021 (FY 2022) Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Still under 90-90-90 commitment. Country team needs to advocate with new authorities to adopt 95-95-95 goals and reduce the need for complementary lab results to initiate ART in non-PEPFAR sites. ART initiation without waiting for complementary test results implemented at PEPFAR sites.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥ 4 weeks of age and weigh ≥ 3 kg, and removal of all NVP- and EFV-based ART regimens.	TLD transition in progress. 45% of national target achieved, 82% in PEPFAR-supported sites. Continued support for ARV/TB drug supply chain management; PEPFAR sites receiving additional TA to avoid stock outs during government transition.

Minimum Program Requirement	Status and issues hindering Implementation
	Efforts to complete transition need to be accelerated.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	DMOC SOPs rolled out to all PEPFAR-supported sites. Adopted, and on-going implementation, and scale-up of MMD in COP19/FY20 during COVID-19 crisis. PEPFAR DR needs to advocate for the institutionalization of MMD6+ beyond state of emergency, including MMD6+ at the community level.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	INH stockouts for MMD6; HMIS needs to be updated to better track co-infection and TB screening.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Continue to expand VL testing and processing capacity.
Testing	
1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.	On-going implementation of index testing, ensuring consent procedures and confidentiality protected. It still needs to be optimized and scaled. Rebooting or increasing effective modalities (provider-driven) for index testing. Collaborate with OVC programs to reach biological children of FC. HIV testing law requires modification to adopt HIV self-testing.
Prevention and OVC	
1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	PrEP offered at only 5 PEPFAR sites in 4 provinces, to MSM and FSW. PrEP coverage expansion was planned for COP20. Expansion should be considered in COP21 as well.
2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support	Policy framework/ MoH guidance in place. Performance challenges vs targets need to be addressed.

Minimum Program Requirement	Status and issues hindering Implementation
and case management for vulnerable children and adolescents living with HIV.	PEPFAR DR should continue to scale OVC program to reach full targets. In collaboration with clinics, OVC's case management services for FC families should support access to diverse client/family- centered services that contribute to viral suppression. In addition, the OVC program should proactively facilitate index testing of biological children of FC and other at-risk household members.
Policy & Systems	
1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.	Fully implemented. Advocacy to increase domestic funding for HIV/TB in COP20. Even though the MoH budget was increased by \$256.8M, the CONAVIHSIDA budget remained the same and changes are not expected in the short and medium term.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.	PEPFAR DR should implement CQI practices in its COP20 implementation and COP21 plan.
3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Activity implemented by a DOD/IP to reduce stigma and discrimination against military PLHIV and marginalized population, including migrants. In FY2020, a study protocol was designed to address HIV and FC-related stigma in military and non-military hospitals, and in border region military personnel. Its implementation is planned for FY 2021. PEPFAR DR should incorporate this into their COP21 planning, including developing FC-specific U=U campaigns.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	1% allocated to local partners in FY 2021. Progress needs to be accelerated.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	Ongoing. Advocacy to increase domestic funding for HIV/TB to reach Test & Start targets in COP20.

Minimum Program Requirement	Status and issues hindering Implementation
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR should address this in COP21 planning.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	All PEPFAR-supported sites with biometric module installed and in use. Advocacy to conduct binational surveillance and collaboration between DR and Haiti in COP20 is expected. Due to COVID-19 epidemic, GoDR paused the use of biometric scanners to reduce potential transmission.

In addition to meeting the minimum requirements outlined above, it is expected that PEPFAR DR will consider all the following technical directives and priorities:

Table 10. COP/ROP 2021 (FY 2022) Technical Directives

OU –Specific Directives
HIV Testing
1. Ensure index testing is implemented and scaled up with fidelity across partners, in both FC and non-FC populations.
2. Increase positives found through index testing to 30%.
3. Implement recency testing in support of index testing activities. Include recent infection surveillance activities, including TOT and step-down trainings, mentorship, and CQI for HIV testing and recency testing.
4. Expand community-based testing services for FC using data-driven and optimized approaches.
5. Accelerate implementation of self-testing to serve FC, key and vulnerable populations.
6. Continue optimization of case finding strategy to increase yield across partners. Enhanced targeted approaches for FC population are required.
7. Increase community engagement through U=U messaging for FC.
HIV Care and Treatment
1. Continue to scale implementation of activities begun in FY 2020 to return clients to care and prevent interruption in treatment, including intensive partner management and resilient, community-engaged, client-centered approaches to care (treatment literacy, flexible hours, differentiated service delivery models, psychosocial support, socio-economic support).
2. Intensive partner and site-level management of contingency plan implementation for continuity of care during instability and crises.
3. Ensure use of biometric coding for unique patient identifiers across supported sites.
4. Increase linkage to treatment and viral load suppression rates to 95%. Assess the possibility of CommLink like models.
5. Full roll-out of MMD 6 months or more among eligible clients on ART.

6. Accelerate transition to TLD. Ensure that your OU “right size” your LPV/r orders to prevent oversupply of LPV/r which would hinder uptake of pediatric DTG.
7. Increase the net number of new focus clients needed to put the country on track to reach its treatment targets. Address data reporting/quality issues behind loss of clients.
8. Improve screening and management of advanced HIV disease for both newly diagnosed as well as focus clients already on ART. Ensure consistent and proper reporting, including for interruptions in treatment categories and TX_ML disaggregates.
9. Implement U=U messaging, and user-friendly U=U materials, including age-appropriate disclosure and client-centered psychosocial services for C/ALHIV of FC.
Prevention
1. Improve completion rate of TB Preventative Therapy to achieve goal of 85%. TPT dispensing and refill schedule should align with the client’s ART refill schedule.
2. Expansion of PrEP, especially among focus clients and key populations. Adopt a decentralized approach to delivering of services using virtual platforms implemented to reach clients. Leverage the scale-up of index testing to offer PrEP to partners who test negative.
3. 90% or more of FC on ART in OVC SNU must be offered enrollment in comprehensive OVC program. Pediatric clinical and OVC programs must work closely to support C/ALHIV of Focus Clients. Advocate for removal of policies that limit where children of FC <15 can access HTS and ART services, and to lower the age at which they can access services without parental consent from 15 years to 12 years of age. Stable C/ALHIV of FC who are >2 years of age should have access to MMD services for ARVs and TPT.
Other Government Policy or Programming Changes Needed
1. Advance cross-border collaboration with PEPFAR Haiti working on both sides of the island and advocate for government support on binational referrals.
2. Work towards the reduction of multiple parallel information systems that collect data on the provision of HIV/AIDS services. Continue to strengthen national HIV information system for patient medication and case monitoring.
3. For COP20/FY20 benchmarks that were not achieved to reduce key system barriers, accelerate progress towards their completion, particularly the ones that reported significant delays.
4. Increase funding to local partners to achieve the goal of 70%.
5. Implement CQI activities and ensure timely reporting of data. Efforts need to be made to improve lab CQI to ensure the quality of VL testing.
6. Ensure dialogue with government on increasing private sector support
7. Accelerate implementation of community-led monitoring.

COP/ROP 2021 Technical Priorities

Client Centered Treatment Services

COP21 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services

that are free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Community-led Monitoring

In COP 21, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level. PEPFAR DR should develop a routine and systematic process for routine engagement between IPs and PLHIV associations. Their CLM approach should include data-driven and action-oriented processes that utilize first-hand experiences from the local communities to improve quality of services supported by the IPs.

Pre-Exposure Prophylaxis (PrEP)

In COP 2021, PrEP should continue to be made widely available with a focus on getting PrEP, (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases, key populations including sex workers, men who have sex with men, transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to the OU's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptococcal meningitis as well as cotrimoxazole. Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

OVC

To support the Minimum Program Requirement described above, in COP 21 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNU, at least 90% of FC (<age 19) in PEPFAR-supported treatment sites should be offered enrollment in OVC programs. OVC staff placed in clinics (e.g., as linkage coordinators, case managers, etc.) should have the capacity to assess FC and family needs (including food and economic security) and to offer appropriate referrals. PEPFAR-supported treatment clinicians should play a key role

in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP21, through the Condom Fund, GHP-USAID will provide \$20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues. This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP21 country funding as determined during the COP planning process.

PEPFAR DR will have access to \$0 million from the Condom Fund in COP21/FY22. Coordination with other donors that provide commodities, including the Global Fund, is critical and expected. The process for estimating your country's total condom and lubricant need is outlined in the COP21 guidance. Please note that in FY22 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in PEPFAR DR. If the revised PLHIV Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 21, whether supported by PEPFAR or other resources. Completion of the PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP/ROP 21 focus should be on concerted action to address findings.

Cross-HIS Data interoperability - Use and Analysis

Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR DR should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g. use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention). 2) utilize available data interoperability solutions to harmonize and triangulate data across the EMR, national lab information system, and supply chain information systems at central and site level, while supporting the development of guidance and policies on data sharing and data protection.

Systems Investments

PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Innovative solutions and adaptive practices

There are extraordinary examples of innovation by our field teams and partners during COVID-19. These include adaptations and lessons learned that span across many of our technical and program areas as well as all countries we work in. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and how to learn from these examples as well as strengthen our methods to help scale proven strategies and interventions.

COP/ROP 2021 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring as appropriate and consistent with applicable law, regulations and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. 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.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP21 strategic planning meetings, as well as virtual approval meetings.

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses. It also includes the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP/ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2021. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2021, PEPFAR will convene virtual meetings 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, faith-based organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2021 development, finalization, and implementation. As in COP/ROP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): OU's COP/ROP 2021 minimum requirement for the C&T) earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- ◆ 100% Care and Treatment (C&T) Program Areas
- ◆ 50% Testing (HTS) Program Areas
- ◆ 100% Above Site Program: Laboratory System Strengthening
- ◆ 70% Pregnant and Breastfeeding Women Beneficiary Group
- ◆ Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): OU's COP/ROP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: community mobilization, behavior, and norms change (all populations)

+

50 % Prevention: Not disaggregated (all populations)

Gender Based Violence (GBV): OU's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2021** funding programmed to the GBV cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2020 GBV earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2021 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 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 FY21 and must meet 40% by FY20. 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 OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY21 as appropriate through their COP/ROP 2020 submission.

State ICASS: Table 3 shows the amount that the OU must program under State for ICASS Costs.

COP/ROP 2021 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in DR should hold a 4-month pipeline at the end of COP/ROP 2021 implementation whenever possible in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain a 4-month buffer. Any agency that anticipates ending COP/ROP 2020 implementation (end of FY 2021)

with a pipeline in excess of 4 months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.