



United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

January 13th, 2021

INFORMATION MEMO FOR: Ambassador Michele J. Sison, Haiti

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 Sison:

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 SNUs 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, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. 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, DREAMS, 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.

UNCLASSIFIED

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:

- Despite multiple challenges including the COVID-19 pandemic, PEPFAR Haiti sustained net growth in the number of PLHIV on treatment during the year. The team's continued intensive partner management to support continuity of testing, care, and treatment services maintained a positive level of performance with an expenditure level lower than FY 2019.
- Rapid scaling of multi-month dispensing (MMD) and community-drug distribution (CDD).
- Significant improvements in targeted testing and scaling of index testing and self-testing.
- An excellent overall rate of linkage of HIV+ clients to treatment and a strengthened approach to bring clients back to treatment as part of the Back-to-Care campaign.
- Strong OVC program performance.

Together with the Government of Haiti and civil society leadership we have made tremendous progress together. Haiti should be proud of the progress made over the past 18 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 and adolescents living with HIV are diagnosed, are on the best treatment regimens, and are virally suppressed

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

- Treatment growth, continuity of treatment, and viral load suppression (VLS) remained the main challenges in FY20. An unattributed loss of clients occurred, many of the HIV+ clients who had an interruption in treatment were not returned to treatment, and the viral load suppression rate was below the goal of 95%.
- Prioritized TB screening and case finding, and TPT initiation and completion continued showing significant gaps and facing clinical and supply chain barriers.
- Children living with HIV continue to have lower treatment coverage and viral load suppression than adults.

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. Haiti has not achieved the 2020 goals but could be on track to achieve 2030 goals early if programmatic gaps are addressed which means sustaining the amazing 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 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 Haiti is **\$106,000,000** 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 Haiti and civil society of Haiti, 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, Hamfrey Sanhokwe, 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 Haiti's continued intensive partner management to support continuity of testing, care, and treatment services during on-going instability and the COVID-19 pandemic, maintaining an overall positive level of performance that resulted in the addition of 18,366 PLHIV virally suppressed in fiscal year (FY) 2020 with an expenditure level lower (\$66M) than FY 2019 (\$83.5M).
2. Rapid scaling of multi-month dispensing (MMD) and community drug distribution (CDD) which resulted in an increase of the proportion of HIV+ clients on at least 6 months of MMD from 36% to 59% and on CDD from 42% to 53% in FY 2020. 54% of children/adolescents (<15) are on MMD3+ and 28% on MMD6+ in FY 2020.
3. Significant improvements in targeted testing and scaling of index testing and self-testing. The overall testing yield increased to 3.3% in FY2020 from 2.3% in FY2018, with 29% of HIV+ individuals found through index testing. The testing yield for children/adolescents <15 was 0.92% in FY 2020. Haiti surpassed its target for HIV self-testing (102%), 52% of which was achieved among key populations.
4. An excellent overall linkage of HIV+ clients to treatment rate (96%) and a successful approach to bring clients back to treatment as part of the Back-to-Care campaign that resulted in a net gain of 40% of HIV+ clients newly enrolled on ART and an improvement in the returnee per lost client ratio from 3/4 to 2/1, bringing 4,504 HIV+ clients back to treatment in Q4.
5. Strong OVC program performance from both financial and target achievement perspective. With 91% of OVC budget spent, the Haiti OVC program maintained a high level of linkage to care with close to 100% for all IPs. 99% of HIV+ beneficiaries under the age of 18 were on ART.

Challenges:

1. Treatment growth, continuity of treatment, and viral load suppression (VLS) remained the main challenges in FY20. Despite the progress achieved between FY19 and FY20 in these areas, unattributed loss of clients occurred in FY 2020; the number of children (<15) on treatment decreased between FY 2019 and FY 2020 from 3,786 to 3,683; 602 children were newly put on treatment in FY 2020. Only 56% of HIV+ clients who had an interruption in treatment have returned to treatment and 8% were not brought back due to lack of fidelity in policy observance, and the viral load suppression rate was at 85%, below the goal of 95%.
2. Prioritized TB screening and case finding, and TPT initiation and completion continued showing significant gaps and faced clinical and supply chain barriers. Screening of TB patients on ART has remained consistently at 78%. Detection of TB symptoms by screening is lower than expected (<5%), with no significant differences among age groups, which suggests the need to review the quality of TB screening. Between FY19 and FY20, the % of TB testing facilities participating in CQI decreased to 66% (below the goal of 100%) and only 50% passed PT (below the goal of >90%). TB preventive treatment indicators underperformed below 32% compared to targets.
3. Children living with HIV continue having lower treatment coverage compared to adults.

4. 19% of HIV+ HEI are not initiated on ART. In Q4, 38% of children/adolescents <15 who had been on treatment for over three months interrupted treatment; 32% died.
5. Viral load suppression is lower among children and young adolescents <15 (70%) when compared to older (>15) PLHIV (85%). The VLS is lowest among the 01-04 age group at 53%.
6. Despite the increase of funding allocated to local partners in FY20 (46%), at the close of FY21 budgeting, Haiti has not achieved the goal of 70% of budget allocated to local partners; only 12% of funding was allocated to local partners in FY21.
7. Despite the overachievement in PrEP initiation (PrEP_NEW), especially among AGYW, PrEP access and coverage for other populations at elevated risk of HIV acquisition (PBFW in high-HIV burden areas, key populations, high-risk HIV-negative partners of index cases, and adult men engaged in high-risk sex practices) must be improved to accelerate the reduction of ongoing transmission.
8. PEPFAR Haiti continues facing key system barriers and sustainability challenges. Some include but are not limited to: 1) weak laboratory system: Instrument breakdown and lack of available parts and service engineer access has been an ongoing issue in Haiti, leading to decreased VL testing capacity; 2) lack of skilled care providers and field data personnel to gather quality data; 3) fragile health information systems and limited domestic resource mobilization for HIV commodities; Haiti is the only PEPFAR supported country where the USG supports a parallel supply chain system in which the host government has no direct visibility or oversight responsibilities; the total commodities budget in Haiti decreased by 18% since FY2018 overall. Furthermore, there is an increase demand of protective equipment (PPE) due to subsequent waves of COVID-19 and USG supported networks will face challenges to procure sufficient quantities of PPE to ensure continuity of HIV care and treatment services.

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

1. Utilize HaPHIA results to tailor case finding strategy and COP21 vision, continuing to optimize index testing to maximize efficiency.
2. Continue intensive partner management approach and optimize resilient, community-engaged, client-centered approaches to support continuity of testing, care, and treatment services during crises and continue to improve performance.
3. Expand and intensify OVC case management in collaboration with clinics, to ensure: C/ALHIV and their parents achieve viral suppression, are offered OVC comprehensive program enrollment and access area psychosocial, food and economic security resources; children receive index-testing, and AGYW and their infants are retained in the PMTCT cascade (especially adolescents at elevated risk for drop out).
4. Begin planning and implementation of a modernized, sustainable, government-led client-centered, resilient and adaptive supply chain model.
5. In collaboration with PEPFAR DR and others as appropriate, assess the need and impact of PLHIV who cross the border into 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% local funding.

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	\$ 100,809,440	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,809,440
GHP-State	\$ 99,821,940	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 99,821,940
GHP-USAID	\$ -				\$ -				\$ -
GAP	\$ 987,500				\$ -				\$ 987,500
Total Applied Pipeline	\$ -	\$ -	\$ -	\$ 5,190,560	\$ -	\$ -	\$ -	\$ -	\$ 5,190,560
DOD				\$ -				\$ -	\$ -
HHS/CDC				\$ 2,579,010				\$ -	\$ 2,579,010
HHS/HRSA				\$ -				\$ -	\$ -
PC				\$ -				\$ -	\$ -
USAID				\$ 1,710,722				\$ -	\$ 1,710,722
USAID/WCF				\$ 193,720				\$ -	\$ 193,720
State				\$ -				\$ -	\$ -
State/AF				\$ -				\$ -	\$ -
State/EAP				\$ -				\$ -	\$ -
State/EUR				\$ -				\$ -	\$ -
State/PRM				\$ -				\$ -	\$ -
State/SCA				\$ -				\$ -	\$ -
State/SGAC				\$ -				\$ -	\$ -
State/WHA				\$ 707,108				\$ -	\$ 707,108
TOTAL FUNDING	\$ 100,809,440	\$ -	\$ -	\$ 5,190,560	\$ -	\$ -	\$ -	\$ -	\$ 106,000,000

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

Countries should plan for the full Care and Treatment (C&T) level of \$55,000,000 and the full Orphans and Vulnerable Children (OVC) level of \$9,000,000 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	\$55,000,000	\$-	\$-	\$55,000,000
OVC	\$9,000,000	\$-	\$-	\$9,000,000
GBV	\$1,400,000	\$-	\$-	\$1,400,000
Water	\$813,806	\$-	\$-	\$813,806

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

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	\$106,000,000	\$-	\$106,000,000
Core Program	\$102,500,000	\$-	\$102,500,000
Cervical Cancer	\$-	\$-	\$-
Community-Led Monitoring	\$-	\$-	\$-
Condoms (GHP-USAID Central Funding)	\$-	\$-	\$-
DREAMS	\$3,500,000	\$-	\$3,500,000
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	\$329,433	\$-	\$-	

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	3,683	4,988
TX Current >15	113,113	125,875
VMMC >15	N/A	N/A
DREAMS (AGYW PREV)	23,147	N/A
Cervical Cancer Screening	87	N/A
TB Preventive Therapy	13,573	49,522

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
Haiti			
HHS/CDC	\$52,968,027	\$49,018,145	\$3,949,882
State	\$209,365	\$51,315	\$158,050
USAID	\$48,936,484	\$45,870,969	\$3,065,515
Grand Total	\$102,113,876	\$94,940,429	\$7,173,447

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
18018	FHI Development 360 LLC	USAID	\$300,000	\$4,029,673	(\$3,729,673)
18270	Fondation Pour La Sante Reproductrice et l'Education Familiale	HHS/CDC	\$2,213,686	\$3,701,750	(\$1,488,064)
18625	DAI Global, LLC	USAID	\$500,000	\$915,598	(\$415,598)
81657	Centre Haitien pour le Renforcement du Systeme de Sante	HHS/CDC	\$2,182,900	\$2,550,000	(\$367,100)
18425	RIGHT TO CARE	USAID	\$200,000	\$400,000	(\$200,000)
14761	HEALTH THROUGH WALLS, INC.	USAID	\$1,250,000	\$1,415,301	(\$165,301)
18086	The University of North Carolina at Chapel Hill	USAID	\$103,651	\$199,605	(\$95,954)

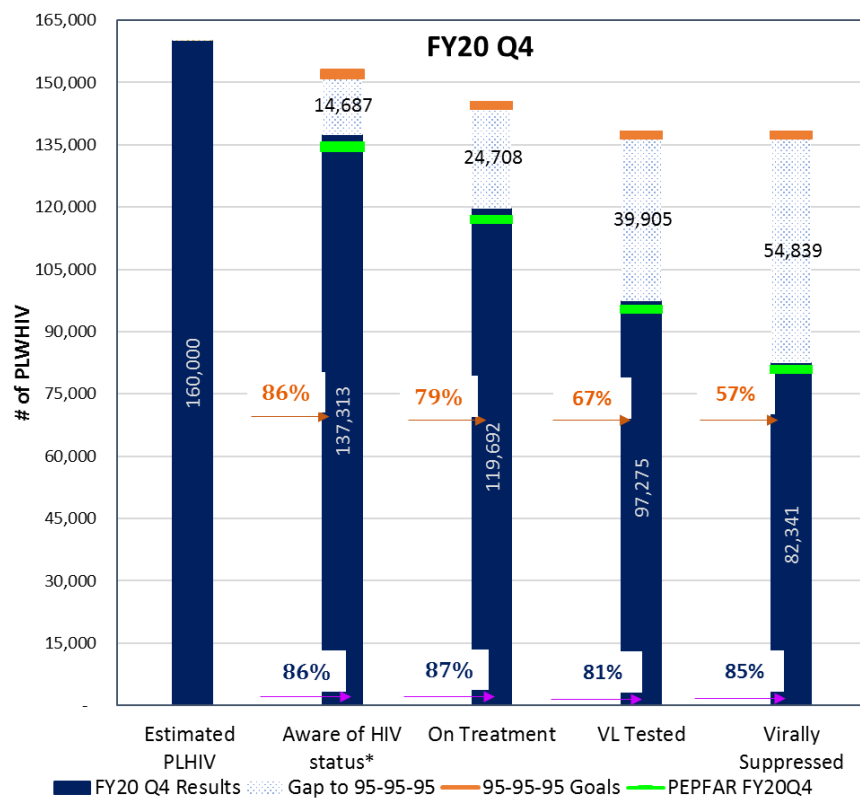
Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	392,416	387,100	99%	HTS		
	HTS_TST_POS	17,118	12,413	73%	HTS	\$1,456,244	91%
	HTS_INDEX	25,207	13,827	55%	HTS		
	TX_NEW	14,638	12,251	84%	C&T	\$14,534,412	75%
	TX_CURR	112,768	92,356	82%	C&T		
	OVC_SERV	30,429	33,627	111%	OVC beneficiary	\$0	0%
USAID	HTS_TST	137,115	156,409	114%	HTS		
	HTS_TST_POS	4,970	5,685	114%	HTS	\$2,609,365	89%
	HTS_INDEX	6,764	6,104	90%	HTS		
	TX_NEW	6,815	5,175	76%	C&T	\$20,838,588	86%
	TX_CURR	26,151	24,473	94%	C&T		
	OVC_SERV	67,849	148,820	219%	OVC beneficiary	\$3,874,135	98%
Above Site Programs						\$3,697,104	
Program Management						\$13,709,160	

COP/ROP 2019 | FY 2020 Analysis of Performance

PEPFAR Haiti made considerable gains towards 95-95-95 with an expenditure level lower than FY 2019 and despite continuous political and civil unrest and the COVID-19 pandemic. However, of the estimated 160,000 PLHIV (Spectrum, 2020), 86% know their status, 87% of the diagnosed PLHIV are on treatment, and 85% are virally suppressed, below the 95-95-95 goal (see figure 1).

Figure 1. 2020 Haiti National Clinical Cascade



Case finding:

- PEPFAR Haiti has reported an annual decrease in testing volume over the last 5 years and an increase in the percentage of positive cases found from 2.2% in FY 2016 to 3.3% in FY 2020. With the HAPHIA results to be released in the second quarter of FY21, PEPFAR Haiti will need to adjust resources and testing approaches based on the results.
- In FY 2020, PEPFAR Haiti achieved 86.6% of its HTS_TST_POS target, identifying 18,098 positives, a decrease from the 20,845 positives identified in FY19.
- The proportion of positives identified through index testing (HTS_INDEX_NEWPOS/HTS_TST_POS) increased from 22.3% in FY 2019 to 28.6% in FY20. The major contribution to absolute numbers is attributed to CDC-funded IPs. Most children and young adolescents (<15) newly diagnosed with HIV were identified through index testing. The use of a context-appropriate pediatric screening tool may help improve overall pediatric testing yield.
- PEPFAR Haiti surpassed their HTS_SELF target (102%). 7,375 tests (52%) were distributed among key populations (KP).

Care and treatment and VLS:

- PEPFAR Haiti reported an excellent rate of linkage to treatment (96.3%). CDC-funded IPs reported a linkage rate of 99% while USAID-funded IPS reported a rate of 91%. However, the

number of cases found and initiated on treatment were not enough to contribute to treatment growth at the OU level.

- PEPFAR Haiti achieved 86.6% of its TX_NEW target, initiating 17,425 adults and children on treatment. Performance between FY19 and FY20 improved; however, there was a reduction in the total number of clients newly initiated on ART between FY 2019 (19,030) and FY 2020. Compared to previous fiscal years, the rate of program growth continues declining.
- The proportion of HIV+ infants linked to ART has overall increased since FY 2019, however the linkage rate of 82% reported in FY20 for <=2-month linkage and 80% for 2 to 12-month linkage is considerably below the goal of 95%.
- PEPFAR Haiti reported a retention proxy rate of 94%. Of the 17,425 new treatment clients, there were 9,461 net new clients, a significant increase from FY19 (5,771). Yet, 14,808 net new clients are needed to put the country on track to reach its treatment targets.
- PEPFAR Haiti's Return to Care campaign brought 10,845 clients back to treatment (56% of 19,522 clients experiencing interruption in treatment), a significant reduction in absolute numbers from FY 2019 (16,365). 8,677 clients experiencing interruption in treatment in FY20, with the largest proportion of adults who fall into the '3+ months on ART' category, were not brought back to treatment by September 2020.
- The proportion of clients on ART (TX_CURR) and at least 6 months of MMD increased from 36% in Q1 to 59% in Q4. 53% of TX_CURR are enrolled on community drug distribution (CDD). 6+ MMD continues to increase over time for children and young adolescents (<15); the Haiti program has one of the highest proportions of 3+ MMD for children and young adolescents, with 54% of TX_CURR <15 years of age having received 3-5 MMD and 28% having received 6+ MMD.
- The total number of clients on treatment (TX_CURR) increased from 107,368 in FY 2019 to 116,829 in FY 2020, an improvement from 80.8% to 89.3% in performance. However, an unattributed loss of 7,964 clients at the OU level was reported in FY 2020, affecting mainly male clients >15 yrs.
- A total of 95,362 clients received a viral load test. 84.7% (80,801) were virally suppressed, a significant improvement from 79% in FY 2019 but below the goal of 95%. Viral load suppression among pregnant (77%) and breastfeeding women (80%) and pediatric population (70%) remains low.

Prevention

- TB screening (TX_TB), case finding, and treatment indicators underperformed in FY 2020. No significant differences were found among age or sex groups. Screening in TB patients on ART has remained consistently at 78%. Incidence of TB among new ART patients is higher (4.4%) than incidence among patients already on ART (1.2%). There are no significant differences among age groups (<15 – 1.8%, 15+ - 1.4%) which suggest the need of reviewing the quality of TB screening.
- 66% of supported TB testing facilities participated in CQI, considerably below the goal of 100%, and only 50% passed the proficiency test (goal >90%).
- The TPT completion rate increased from 78.8% in Q2 to 79.6% in Q4, lower than the expected result of 85%. Completion was higher among patients on ART (95%) than among new ART patients (83%), with no significant differences between age groups (<15, 15+).
- PEPFAR Haiti performed well in PrEP_CURR and KP_PrEP but lagged in PrEP_NEW.
- All HIV-related guidelines in Haiti have been updated to include KP dedicated sections. 88.7% of eligible KP were initiated on PrEP and 78% of KP HIV+ were enrolled on ART.
- In FY 2020, 47% of KP were reached with individual and/or small group-level HIV prevention interventions.

OVC:

- PEPFAR Haiti exceeded its target for OVC_SERV (186%), reaching 182,447 beneficiaries, particularly high in <1 yr, with 91% of the OVC budget spent.
- In FY20, 3.4% of OVC active beneficiaries in Haiti graduated (0.8% for CDC, 4% for USAID), a 32% achievement of target.
- The OVC program has maintained its high level of linkage to care close to 100% for all IPs.
- The OVC_HIVSTAT known status proxy for FY20 in Haiti was 95%, a decrease from 98% in FY19.
- In FY20, 99% of OVC living with HIV were on ART, above the goal of 95%.

DREAMS

- Despite DREAMS clubs stopping due to COVID, 54% of AGYW completed the primary package. Out of 22,164 AGYW reached, a total of 10,130 individual AGYW have completed at least the primary DREAMS package; 2,548 (12%) individual AGYW have completed the DREAMS primary package and at least one additional secondary service (such as educational stipends, caregivers in MUSO group, post-violence care).
- 38% of AGYW 15-24 yrs. were initiated in PrEP (PrEP_NEW), an achievement of 100% of the target.

FCI

- The FCI steering committee was established and actively collaborated with IPs. Messages of HOPE and Faith Matters (benefits of ART, U-U, and stigma) were translated into Creole and disseminated using 27 mass media (radio and television).
- 736 faith and community leaders were trained in HIV Educational Update and Messages of Hope tools and 276 faith and community leaders were trained in Faith Matters.
- 246 self-tests were distributed and 166 individuals were tested for HIV in faith settings.

Above-site investments

- PEPFAR Haiti has reported an increase in viral load and EID testing volumes since FY 2015. Community viral load sample collection is being rolled out.
- Most of the activities planned for FY 2020 to optimize the Tiered Laboratory Network have been completed or are in progress. Delays were reported on instrument verification, training and roll-out of EID in selected sites.
- Most of the activities planned to support laboratory CQI have been completed for both the national and referral labs (LNSP and IMIS) but are delayed for departmental labs.
- Participation in EQA schemes, external audits for accreditation, and PT program for TB GeneXpert, EID, and VL were delayed by Q4 at all levels.
- The Global Fund reported no stock-outs at the national level in Q4. However, there was stock-out of TDF-3TC at central level while awaiting arrival of scheduled shipment. PEPFAR Haiti's commodity need in COP21 will be greater than FY2021 as it is anticipated that stores will be depleted and will need to be refilled, especially in light of a growing patient populations.
- PEPFAR Haiti successfully transitioned HIV commodity quantification to the government of Haiti who led the process in FY 2020.
- The MoH is currently reviewing national guidelines to include DTG 10 mg. DTG 5 MG has been already included and procured.
- CDC has supported the building of an integrated SI platform providing automated, longitudinal data on patient care, progress towards epidemic control and status of implementation of new strategies. However, PEPFAR Haiti has been supporting a parallel supply chain system for over 12 years. This system has no direct visibility or oversight responsibilities by government stakeholders. The transition to a system with increasing responsibility by government counterparts for oversight and management of outsourced supply chain operations aligns well with the USG modernization strategy.

- There is need to enhance support to curb stigma and discrimination towards PLHIV and minority groups with new partners.

OU/PSNU Levels

- PEPFAR Haiti reported a significant increase in results between Q3 and Q4; however, these increments were not enough to achieve some targets.
- Treatment growth and interruption of treatment remained the main challenges in FY 2020. Overall, the FY 2020 targets for vital prevention measures were not met which underlines the urgent need to accelerate HIV prevention in Haiti. Failure to meet prevention targets translates into increased costs of care and treatment programs over time.
- With the additional demands posed by the COVID-19 pandemic, the overall turnaround time of VL results increased. In addition to this, service interruptions have been identified due to equipment failures, delays in repairs, contamination of labs, and COVID-19 infection of lab staff. Targeted interventions are required to strengthen the national lab capacity in light of current and future critical events.

Partner and Financial Performance

- The budget for PEPFAR Haiti increased between FY19 (\$89.8M) and FY20 (\$102.1M without including \$15M in acceleration funds); however, expenditures decreased in FY20 compared to the previous FY, reaching a 64.6% of budget execution.
- Except for CDC/FOSREF and USAID/Fondation Serovie that surpassed their target for INDEX_NEWPOS, none of the remaining seven implementing partners (IPs) achieved their target or performed above 68%.
- Except for CDC/FOSREF, USAID/CARIS and Fondation Serovie, none of the remaining IPs achieved their HTS_TST_POS target.
- Overall, CDC/FOSREF performed well, with 100% of their budget spent. USAID/Fondation Serovie, spent only 43% of its HTS budget but achieved over 200% of their HTS_TST and HTS_TST_POS targets; USAID/CARIS spent all of their budget and met all the HTS targets except for index testing (72.5%). The lowest performer in was USAID/HTW with 80% of their budget spent but an achievement of 60% or below for all HTS targets.
- USAID/Fondation Serovie and HTW, and CDC/MSPP and PIH did not achieve their TX_NEW target, performing below 80%. USAID/CARIS and CDC/CMMB achieved 86% and 90% of their targets, respectively. HTW spent 120% of their C&T budget while only meeting 42% of their TX_NEW target and 77% of their TX_CURR target. Similarly, PIH spent 106% of their budget while meeting only 53% and 63% of their targets.
- USAID/HTW and CDC/PIH were the poorest performers in TX_CURR with an achievement of 77.6% and 62.7% respectively. USAID/CARIS, CDC/MSPP and CMMB performed above 80% but below the goal of 95%
- None of the IPs achieved their TX_PVLS_D target.
- CDC/GHESKIO spent 99% of their budget and achieved over 100% of their C&T targets; however, during a partner transition in Q1, GUESKIO reported a significant loss of clients. Similarly, CDC/FOSREF spent 94% of their budget and achieved over 100% of their C&T targets, except VLS.

- The Haiti OVC program had a strong performance from both financial and target achievement perspectives. Four IPs had targets assigned without budget, CDC/PIH and USAID/CARIS had substantial targets and reported results. Only USAID/CARIS had OVC budget allocation.
- None of the IPs achieved their TB_PREV targets or performed above 60%. Similarly, none of the IPs achieved their PrEP_NEW target; however, except for CDC/MSPP, all IPs performed well in PrEP_CURR.
- HTW and PIH must improve their performance considering their past performance; however, HTW faces significant challenges as it works with incarcerated population.
- PEPFAR Haiti has not achieved its 70% target of budget allocated to local partners. Only 12% of funding in FY21 was allocated to local partners, a significant decline from FY19 (46%).
- Service delivery expenditures have been constant over time, increasing between FY2019 and FY 2020 from 52% to 56%.

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.	Fully implemented at all PEPFAR-supported sites. Overall linkage for COP19/FY20 is 96%.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women of	Transition from TLE to TLD completed, NVP-based regimen removed.

Minimum Program Requirement	Status and issues hindering Implementation
<p>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.</p>	<p>TLD and other DTG-based regimen offered to all eligible PLHIV weighing ≥ 20 kg (including children, adolescents, and women of childbearing potential).</p> <p>87% of all ART clients (20+ kg) are currently on TLD-based regimen.</p> <p>Haiti is in the process of introducing DTG 5 mg (using ped DTG 5mg until ped DTG 10mg becomes available).</p>
<p>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.</p>	<p>Adopted, and on-going implementation, and scale-up of MMD and CDD in COP19/FY20.</p> <p>As part of the COVID response, the MoH authorized 3MMD for newly enrolled and unstable clients. Advocacy will be needed to institutionalize this policy after the COVID-19 crisis and to ensure that new patients transition smoothly from 3 to 6 MMD with demonstrated adherence.</p>
<p>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.</p>	<p>TPT and cotrimoxazole already implemented at all sites as part of HIV clinical care package.</p> <p>IPs pending to complete investigation on full PLHIV cohort to ensure that people who did not complete TPT course previously will repeat it.</p>
<p>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.</p>	<p>VL/EID Diagnostic network optimization activities completed.</p> <p>Mapping completed</p> <p>Partial readiness assessment (done at 50%) for sites/hubs selected to integrate EID in TB POC GeneXpert.</p> <p>RFP submitted, and order placed for equipment for regional lab in the North department (Hopital Universitaire Justinien) for EID/VL testing. Equipment to arrive in COP20/FY21 Q1.</p>

Minimum Program Requirement	Status and issues hindering Implementation
	Service interruptions were reported due to multiple equipment failures, delays in repairs due to lack of spare parts in country, severe lab contamination results in complete shutdown, and staff infected of COVID-19 at both labs.
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.	<p>On-going implementation of index testing, ensuring consent procedures and confidentiality protected.</p> <p>100% of children of Index patients are offered HIV testing. Index testing is the largest contributor to <15 HTS_TST_POS.</p> <p>Implementation and scale-up of self-testing underway.</p>
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)	<p>Prevention services offered to high-risk clients, including PrEP.</p> <p>Ongoing implementation of PrEP in 8 arrondissements (districts) across 4 geographic departments.</p>
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 and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	<p>Ongoing implementation.</p> <p>Meeting done between OVC and clinical partners in Q3 to improve pediatric and adolescent case finding, linkage to care, retention toward viral suppression.</p> <p>Violence prevention curricula targeting adolescent girls 9-14 are being used.</p>
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 since 2003.

Minimum Program Requirement	Status and issues hindering Implementation
<p>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.</p>	<p>Intensification of IP performance monitoring and virtual site visits.</p> <p>Web-based electronic platform for CQI (HealthQual) activities monitoring is used at all PEPFAR –supported sites.</p> <p>PLHIV associations engaged in clients monitoring and adherence.</p> <p>CSO Observatory is being organized under the leadership of UNAIDS.</p>
<p>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.</p>	<p>Ongoing implementation.</p> <p>U = U messages ongoing for general population.</p> <p>Viral Load Class ongoing at all PEPFAR-supported sites.</p> <p>Education sessions ongoing for PLHIV beneficiaries.</p> <p>Engagement of PLHIV at selected sites initiated in some districts.</p> <p>ART Treatment literacy with messages including messages of hope translated into Creole and disseminated via mass media.</p>
<p>4. Clear evidence of agency progress toward local, indigenous partner direct funding.</p>	<p>Full transition from 2 international NGOs to local implementing partner completed in FY 2020. 4 new cooperative agreements issued for 4 local partners.</p> <p>Ongoing process to recruit more local implementing partners.</p>
<p>5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended</p>	<p>Ongoing.</p> <p>New budget approved after 8 months of delay in June 2020, with health budget increased to 10.9%, (mostly linked to COVID pandemic situation).</p>

Minimum Program Requirement	Status and issues hindering Implementation
	Stewardship role of MSPP for the national HIV response, in terms of policies and guidelines.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Ongoing reporting from sites through national MESI platform, and as result of tracking with PLR. Ongoing review by partners and sites.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Up and running fully since 2018.

In addition to meeting the minimum requirements outlined above, it is expected that Haiti 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 KP and non-KP populations. Ensure that 100% children of index patients are offered testing services.
2. Increase positives found through index testing to 35%.
3. Expansion of mobile outreach & client-friendly services for hard-to-reach populations.
4. Accelerate implementation of self-testing to serve key and vulnerable populations. Use HIVST in combination with social network strategies targeting MSM. Increase HIVST targets in communities of faith.
5. Continue optimization of case finding strategy to increase yield across partners. Enhanced targeted approaches for men and pediatric population are required. Adjust resources and testing approaches based on HAPHIA results.
6. Increased community engagement through U=U messaging & treatment literacy.
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/or crisis.
3. Expansion of mobile outreach
4. Expansion of men’s clinics and men friendly services

5. Full roll-out of MMD 6 months or more among eligible children/adolescents and clients on ART
6. Immediate introduction of pediatric DTG (using ped DTG 5mg until ped DTG 10mg becomes available), scaling to at least 50% of children <20kg receiving DTG by end of COP20 and fully scaling to DTG for all children during COP21
7. Maintain or increase linkage to treatment rate above 95%
8. Increase the net number of new clients needed to put the country on track to reach its treatment targets
9. Improve screening and management of advanced HIV disease for both newly diagnosed children as well as children already on ART.
10. Increase U=U messaging, and youth-friendly U=U materials.
11. For at least 50% of PEPFAR-supported treatment sites, work with faith-based communities/organizations to set up ARV/drug pick-up, blood drawing for routine VL, and group/individual adherence support services in the community-based faith settings.
Prevention
1. Improve completion rate of TB Preventative Therapy to achieve goal of 85%
2. Ensure PrEP access for all high incidence populations and anyone who requests PrEP, and include Event-Driven PrEP for MSM in national guidelines. Expand PrEP, especially among AGYW and key populations, increasing the corresponding targets and budget. Adopt a decentralized approach to delivering of services and consider using virtual platforms to reach and retain clients. Leverage the scale-up of index testing to offer PrEP to partners who test negative.
3. Continue to improve primary care package completion for DREAMS among all age groups. Review performance of all IPs for delivery and monitoring of the DREAMS Core Package and make course corrections and/or realignment of DREAMS portfolio to ensure implementation of complete package. Ensure all IPs utilize the same reporting system to ensure data quality.
4. 90% or more of children and adolescents on ART in OVC SNUs must be offered enrollment in comprehensive OVC program
Viral suppression
1. Increase viral suppression among target populations to 90%, especially pregnant and breastfeeding women and each fine-age pediatric age band.
2. Rapidly scale up VL testing at community level.
Other Government Policy or Programming Changes Needed
1. Move toward a sustainable model for Government-led, client-centered, private sector operated, resilient and adaptive supply chain management.
2. Collaboration and coordination with PEPFAR DR are required to address the care and treatment needs of PLHIV across the border with DR.

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. Ensure MSPP participation and leadership in national quantification exercises to plan for anticipated needs of HIV commodities. Quantification for commodities for advanced disease should include children and adolescents, and pediatric formulations of cotrimoxazole and TPT should be procured.
5. Expand GeneXpert utilization and scale-up TB LAM into the TB diagnostic algorithm. Identify gaps in CD4 testing services to potentially deploy OMEGA CD4 POC VISITECT test to identify and provide targeted care for PLHIV with advanced HIV disease.
6. Ensure dialogue with government on increasing private sector support
7. Prepare a unit at the MoH level to manage 3PL contracts towards achieving a Mixed Model Supply Chain. Develop a regional supply chain management model to be replicated by the MOH at other regions of the country with other key partners; emphasize a client-centered approach to achieve epidemic control, site level data visibility, product availability, and quality while proactively monitoring and mitigating the related risks. Transition to a system with increasing responsibility by government counterparts for oversight and management.
8. Set aside sufficient funding for commodities in COP 21 - estimated to be \$23.5 million.

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.

Pediatric- and Adolescent-Centered Services

In COP21, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY21 (COP20), with full implementation expected to occur during the first quarters of FY22 (COP21). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve $\geq 90\%$ viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children

and adolescents ([Package of care for children and adolescents with advanced HIV disease: stop AIDS \(who.int\)](#)).

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 Haiti 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.

DREAMS

DREAMS funding is allocated within your COP 2021 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNU's in accordance with all DREAMS and COP 2021 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP21 DREAMS implementation include: systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition; particularly pregnant AGYW and those who are mothers; improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR); ensuring evidence-based curricula are implemented with quality and fidelity; enhancing mentoring selection, training, compensation and supportive supervision processes; and accelerating PrEP uptake for AGYW in DREAMS SNU's.

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 memorandum 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, pediatric case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNUs, at least 90% of children (<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 child 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 Haiti 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 Haiti. 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.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed, PEPFAR Haiti is expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP20 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape--especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to

enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

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 Haiti 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.

Faith and Community Initiative (FCI)

Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP21 Guidance. Priorities for COP21 FCI implementation for addressing gaps in reaching men and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

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:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)

- 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:

<p>Numerator</p> <p>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)</p> <p>+</p> <p>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)</p> <hr/> <p>Denominator</p> <p>Prevention: primary prevention of HIV and sexual violence (all populations)</p> <p>+</p> <p>Prevention: community mobilization, behavior, and norms change (all populations)</p> <p>+</p> <p>50 % Prevention: Not disaggregated (all populations)</p>
--

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 Haiti 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.