

Approved



**Haiti**

**Country Operational Plan**

**FY 2014**

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



## Operating Unit Overview

### OU Executive Summary

#### 1. Country Context & Epidemiology

Over the 10 years that PEPFAR has provided support to Haiti, huge successes have been achieved in the context of challenging economic, social, political, and environmental circumstances. While the adult (15-49) prevalence rate remains stable at 2.2% (according to DHS data from 2005/6 and 2012), PEPFAR support (since 2004) has helped Haiti to huge advances in the fight against HIV/AIDS by providing HIV treatment to more than 52,000 patients by the end of FY13, representing over 70% of individuals in need (at previous CD4 eligibility threshold of <350 cells). Unlike many other countries, Haiti has the strong political will to end HIV/AIDS, is increasingly stable, and has some of the best electronic health information systems in the world. As a result, preventing all new infections, providing universal access to ARTs and eliminating mother-to-child transmission (MTCT) are not just national goals, but feasible possibilities.

Haiti has a GDP of \$771 per capita and an estimated 50% of the population living on less than \$1 per day (World Bank, 2012). The January 2010 earthquake compounded the already difficult development situation in Haiti, destroying/damaging much of the previously existing physical infrastructure (including 30,000 commercial and government buildings) and resulting in an estimated 240,000 deaths and 300,000 injuries. Included in this large-scale human loss were untold numbers of civil servants, health professionals, and medical/nursing students. Just months later, the cholera outbreak added increased pressure to an already fragile health system.

In 1982, Haiti's first cases of HIV/AIDS were diagnosed. After its introduction into the Haitian population, HIV spread quickly and evolved into a generalized epidemic. Today, Haiti has a prevalence rate of 2.2% (DHS 2012) and an estimated 150,000 HIV positive individuals (UNAIDS 2012). Unprotected sex among most at-risk sub populations, such as Commercial Sex Workers (CSW) and Men who have sex with Men (MSM), and the socially widespread practice of multiple concurrent sexual partnerships (often trans-generational), continue to be the main drivers of the epidemic. Prevalence among women remains higher than men, at 2.7% and 1.7% respectively. There is also notable geographic variance, with a significantly higher prevalence among women in the North East and North West departments (4.2% each) and men in the North East (3.4%).

In accordance with the revised WHO Guidelines on HIV/AIDS treatment, the Ministry of Health (Ministère de la Santé Publique et de la Population, MSPP) has revised the national HIV care and treatment guidelines and now recommends initiating antiretroviral therapy (ART) for all patients with a CD4 count of



500 cells per mm<sup>3</sup> or lower (though patients with CD4 count of 350 cells per mm<sup>3</sup> should be prioritized). In addition, all HIV-infected patients who are pregnant or nursing, are under the age of 5 or over the age of 50, present with active tuberculosis or Hepatitis B, or are a partner in a serodiscordant relationship should be placed on ART, regardless of their CD4 count. While significant long-term gains are expected, the immediate impact of this policy shift will be: 1) an increase in the number of eligible patients and, as a result, a decrease in the percentage of national ARV coverage; and 2) broader access to ART sooner, which will potentially help to reduce HIV transmission and, subsequently, HIV incidence in Haiti. The implementation of these new guidelines will be done progressively in order to avoid straining existing antiretroviral (ARV) stocks and orders. Implementation will also be affected by the environment of diminishing PEPFAR resources in Haiti.

Given Haiti's weak tax base and revenue streams, public spending on health in Haiti is very low—only about 5% of the national budget is allocated to the health sector. Of these limited funds, more than 90% support personnel costs of MSPP. The health sector continues to be highly donor-dependent and national HIV/AIDS prevention, care, and treatment efforts have largely been a collaboration between the MSPP and a broad network of local and international non-governmental organizations (NGOs) financed by PEPFAR. PEPFAR is the largest donor for HIV/AIDS in Haiti, contributing approximately 85% of the total resources on an annual basis. The Global Fund (GF) contributes the other 15%, totaling about \$20 million annually, split almost equally between treatment (49%) and prevention (51%) activities. The UN, the World Bank (WB), the GF, the Inter-American Development Bank, and the Brazilian, Canadian, and Cuban Governments all support the overall health sector but do not fund any HIV/AIDS efforts in Haiti.

## 2. Haiti PEPFAR Achievements

Since the start of the program in 2004, PEPFAR has been responsible for testing over 5 million Haitians for HIV/AIDS. In FY13 alone, more than 1 million people were tested. This was a monumental achievement, as it was the first time in the history of the program that PEPFAR provided HIV testing and counseling (HTC) services to over 10% of the Haitian population in a 12-month span. This achievement also represented a 28% increase from FY12.

Of those tested in FY13, 34,972 people were HIV positive and of them, 23,431 (67%) were newly enrolled in care. A total of 115,434 HIV positive adults and children were provided with at least one care service in FY13. During this same period, 236,174 pregnant women were tested and 97% of them received their results (an increase of 17% from FY12). Of those tested, 5,850 were identified as HIV positive, of which 5,008 received ARVs to prevent mother to child transmission (PMTCT). As a result Early Infant Diagnosis (EID) of children born to HIV positive women increased over the past year from 67-77%.

By the end of FY13, PEPFAR was providing ARVs to over 52,000 patients (including 18,000 newly



enrolled in FY13), representing over 70% of all patients eligible for ART in Haiti (before the new guidelines took effect). With respect to pediatric patients, nearly 3,000 children are receiving ARTs through PEPFAR-supported activities. Treatment expansion was highly successful due to the increased number of facilities providing HTC, care, and treatment: 188 sites provide HTC services; 123 sites provide care and treatment for both children and adolescents; and 129 sites provided adult treatment. The program has seen increases in the number of pregnant women enrolled and on ART and the adoption of lifelong treatment for HIV infected pregnant women; expanded its electronic medical records (EMR) to include TB and primary care; facilitated better site-level reporting and management; continued improvements in CD4 diagnostics; and improved availability of lab data which has helped initiate patients on treatment sooner. Both adult and pediatric care and treatment services are accessible and utilized by both men and women equally: women make up approximately 60% of total adults on treatment (due in large part to enrollment of pregnant women), while girls make up about 51% of pediatric patients on treatment. All of these achievements have been made possible due to the commitment of PEPFAR to bring HIV treatment closer to the populations most in need.

### 3. Impact of Decreased Funding

Despite the impressive results in a declining budget environment, continued increases in ART enrollment and full adoption of the 500 CD4 threshold, expansion of quality improvement activities (including tracking loss to follow-up (LTFU)), investment in laboratory infrastructure and training of health providers (doctors and nurses), and a number of other PEPFAR activities are unlikely to be sustained/achieved if the PEPFAR funding envelope continues to decrease. Before the earthquake, the Haiti PEPFAR program had a budget of around \$100 million. However, only around 28,000 patients were active on treatment at this time. In COP14, the numbers of people on treatment will more than double, with a target of 62,000 active on treatment. If recent funding cuts continue, the results could be disastrous to the program precisely at the moment when the people of Haiti need redoubled efforts to achieve universal access to ART, to eliminate MTCT, and to achieve an AIDS-free generation.

In addition to the \$8 million reduction from COP13, the Haiti PEPFAR team had the added challenge of putting together a COP14 budget, which included an amount for supply chain management that was more than triple what it was in COP13. In preparation for COP13, the Haiti PEPFAR team applied pipeline funds across all implementing mechanisms (IM). For Supply Chain Management Systems (SCMS), the applied pipeline amount was nearly \$18 million, resulting in a COP13 allocation of just \$10 million. Therefore, the Haiti PEPFAR team effectively had to find a total of about \$26 million across the portfolio in order to ensure sufficient funding of SCMS and respond to the \$8 million reduction. In addition, in the context of a small (less than 12 month) pipeline, the team will not apply any pipeline in COP14.

Despite these budgetary challenges, the team has been able to work together to find efficiencies in the



program and strategically define areas of core work for the program moving forward. While the core, near-core, and non-core activities will necessarily evolve over time to reflect the needs and priorities of the country, the PEPFAR Haiti team is committed to achieving 80% ART coverage in high-burden areas (depending on resources) within the next 2-3 years. By focusing on expansion of the 'test and treat' approach and using increased programmatic data, the PEPFAR Haiti team will work with MSPP to ensure a targeted approach to HTC, care, and treatment services in the hopes of achieving these ambitious objectives while operating within the resource envelope available.

In this context and considering the various earmarks (Care and Treatment and OVC), it is important to note that the program is well on its way to being a pure 'test and treat' model. At present, activities related solely to care and treatment of existing patients (including PMTCT), make up 56% of the COP14 budget, OVC (HKID only) activities represent 7.5% and management and operations represent 8% - this leaves just 28.5% for all other work. Based on the principle never to remove a patient from treatment, and with an increasing number of patients becoming eligible for treatment, the Haiti PEPFAR team may be forced to narrow the focus to treatment services if enrollment levels of new patients are sustained over the next few years. This would jeopardize the significant investments made to date in activities not explicitly related to treatment; such as health systems strengthening (HSS), strategic information, and prevention. However, reduced investments in these areas would weaken the overall HIV response in Haiti. A few areas likely to be impacted are elaborated below.

**Full Adjustment to 500 CD4 Threshold:** Although this would take place over time, it would be difficult for the PEPFAR program to advocate enrolling patients on treatment in the short-term who may not be able to be sustained over the long-term. Therefore, scaling-up to meet the 500 CD4 threshold, in line with the GOH's new treatment guidelines, would be a significant challenge.

**Site Expansion & Quality of Services:** As a result of major efforts in FY13, a number of care sites were upgraded to provide ART services. The adoption of option B+ for pregnant women has transitioned several sites into full ART sites. In addition, TB clinics can now initiate treatment for co-infected TB/HIV patients, enabling them to become ART sites. These factors have played a major role in the surge in enrollment in recent years. Looking ahead, even a modest expansion of care and treatment services at sites with sizable volumes of patients could have an upward impact on ART enrollment, requiring additional financial support. Similarly, TB sites not already providing ART services are unlikely to be able to afford initial costs of upgrading services. In addition to upgrade costs, ART sites require support to further develop and sustain the necessary platforms to provide care, ensure adherence and prevent LTFU. This support necessitates significant resources, such as additional staff at sites, including social workers to provide psychosocial support, additional community health workers to ensure linkages the population outside the immediate vicinity of the ART site, and monitoring and evaluation (M&E) staff and



case managers to closely track patient records and ensure follow up.

Support to enrollment and Adherence of hard to reach patients: Removing non-medical barriers at sites also increases enrollment of out-district patients. As the number of enrolled patients living in remote areas increase, so does the need to support transportation costs for patients. Difficult budget decisions will impact enrollment and support to ensure adherence and retention of hard to reach patients.

Tracking of Lost to follow up: Patient tracking activities will be affected by funding declines. Inability to sufficiently fund an increased number of community health workers will impact attrition. In FY13, 7,000 ART patients were inactive and LTFU. Efforts to re-engage them in treatment were a challenge due to limited availability of community health workers to go into communities and find patients. Typical management and operational costs (printing patient records, transport, follow up) will also suffer from these budget cuts.

#### 4. COP14 Planning & Strategic Shifts

Despite this major budget challenge, the team found cost savings by identifying efficiencies across IMs, streamlining the periodicity and package of services provided (while still adhering to national guidelines) and by focusing Haiti PEPFAR's efforts on a number of core interventions critical for the lasting success of prevention, care, and treatment of HIV in Haiti. These core interventions include:

- Adult & Pediatric Care & Treatment (including TB and PEP) through a combined community/facility approach
- PMTCT services & pediatric case finding
- Improve Patient Retention through use of default identification and active tracing through community-based approaches
- HTC through a mixed facility- and community-based testing model
- HTC, condom, and treatment services to key populations
- High-impact OVC activities and outreach to adolescents
- Continued investments in cross-cutting areas, including: supply chain and commodity procurement; lab testing (streamlined package of services); quality improvement, including lab quality assurance; Health Information Systems (HIS)/SI to monitor performance and ensure quality

The PEPFAR team has prioritized a sound portfolio (even if it meant ending work with some partners); working with partners who provide significant results for resources invested. The Haiti PEPFAR team will continue to streamline internally and coordinate with other partners, like the GF, to ensure maximum efficiency and impact of programs. However, Haiti's long term success and attainment of an AIDS Free Generation critically need future budget allocations to remain at the \$125 million level. If funding returns to pre-earthquake levels, it will likely be insufficient to support an appropriately robust program to deliver on



the ambitious goals of 'Getting to Zero:' Zero new HIV infections, Zero discrimination, Zero AIDS-related deaths.

As recommended in the COP14 Planning Level Letter and noted above, allocations to IMs were made with the intention to strengthen the overall PEPFAR program and irrespective of past distribution across agency partners. Notable changes from COP13 include:

- Focus on 'core' and 'near core' activities and doing more with less. As noted above, treatment activities remain a 'core' focus of the program. The Haiti PEPFAR team has expanded allocation to treatment activities in COP14. In COP13, just over \$26 million of a total \$133.5 million (nearly 20%) was allocated to treatment activities. In COP14, just over \$43million (nearly 35% of the total budget) will go toward treatment activities. PEPFAR has asked partners to find efficiencies and produce more (or the same) results with less funds. In the future, should funding levels continue to decline, it will become increasingly difficult to find efficiencies without commensurately reducing outcomes.
- Finding programmatic efficiencies. The Haiti PEPFAR team has worked to find programmatic efficiencies across the USG health portfolio. Programs were reviewed by CDC and USAID teams and efficiencies between existing PEPFAR-supported programs were maximized. For example, in making the decision to reduce funding of EVIHT (which received \$3.2 million in COP13 and is proposed for \$650,512 in COP14), it was noted that a number of the HSS activities carried out under EVIHT could be covered by the Leadership, Management and Governance (LMG) project. Overall COP14 funding reductions have been made to a number of major programs and long-standing partners, including all CDC-supported partners, as well as EVIHT, PREVSIDA, HFG, and LMG.
- Reduce, or put in place a 'phase-out' plan, for 'non-core' activities and/or underperforming partners. In COP14, PEPFAR does not provide funding for a number of mechanisms that received support last year, including: Tetra Tech, FANTA, Tulane, and PROMARK. In addition, PEPFAR commits to explore opportunities to gradually shift support for the National Blood Safety Program to another donor (which will require support from OGAC leadership), in efforts to ensure that PEPFAR funding is sufficient for 'core' activities in the future. Following the submission of COP14, the Haiti PEPFAR team will start a more thorough work-plan level portfolio review to identify more efficiencies (if possible) and outline priority areas for increased collaboration with other donors (GF, WB, ARC).
- Incorporate successful approaches into existing activities. HEALTHQUAL has been a successful program for improving quality of services at the community and facility levels. With the closure of this mechanism in the first few months of COP14, PEPFAR partners are working to incorporate activities previously supported through HEALTHQUAL into regular business practices, ensuring overall sustainability of the quality assurance practices.

## 5. COP 14 Focus

The PEPFAR Haiti team has, with OGAC support, affirmed that PEPFAR's vision of achieving epidemic



control in order to reach an AIDS-free Generation remains a viable and appropriate vision for Haiti in the years to come. Specifically, the team has agreed to advance a “test and treat” model that will involve a required sacrifice of long-standing principles such as geographically universal health access in order to harness increasingly limited resources in the highest burden and highest impact regions. Underlying this specific focus, the fundamental goals of the program during COP14 are to continue to invest in the long-term sustainability through strengthening the overall health system, and increasing country ownership (including MSPP and Civil Society (CS)) and collaboration with partners.

**Universal Access:** In COP14, PEPFAR will continue to work towards providing universal access to ART services to in high-burden areas (and targeting other areas depending on resources available) within 2-3 years (according to national guidelines, 80% of those estimated to need ART are receiving it). Haiti PEPFAR is prioritizing the following activities in COP14:

1. Maintain existing levels of treatment and expand (as much as possible given financial constraints) treatment in light of new guidelines (including Option B+)
2. Ensure targeted focus on high population/high prevalence areas by intensifying support in high population/ high prevalence settings and tactically withdrawing from select low population/low prevalence communes
3. Integrate HIV prevention, care, and treatment services into basic primary health services (including TB, family planning (FP), ANC, and MCH) to create a ‘one stop shop’ where patients can access all health services
4. Improve and strengthen referral/counter-referral of patients between the community and facility levels through use of community health workers and case managers
5. Leverage existing facility-based approaches and increase community-based approaches to reduce LTFU and foster adherence support through community engagement
6. Improve targeting of MARPs and other vulnerable populations by carrying out size estimation studies of CSW and MSM communities and doing more to focus on responding to the needs of victims of sexual violence (training of health providers and use of social workers, work to stimulate demand for post-exposure prophylaxis (PEP))
7. Continue to improve health management and information systems, including site-level efforts to monitor and track patients, and improve patient retention/increase enrollment in care and treatment

**Program Sustainability:** The program’s ability to continue delivering significant results in a sustainable manner hinges on the continuation of targeted and strategic HSS activities that improve overall quality of care and build/reinforce MSPP capacity. This support is necessary for the GOH to take a stronger leadership/governance role in the health sector. It is also critical for the team to continue to seek opportunities for coordination/collaboration with partners (GF, WB). In COP14, the following activities will help advance efforts to ensure sustainability of PEPFAR activities:



1. Continue to build/reinforce MSPP and GOH capacity by providing strategic technical assistance (TA) in the areas of resource management, central and departmental level planning and budgeting, and reporting, M&E and surveillance and through continued shifts in service delivery to MSPP.
2. Regularly and systematically engage with implementing partners, CS, donors, and other partners to discuss and understand the needs of target populations and share lessons of what is/ is not working regarding the practical implementation of interventions.
3. Work toward the long-term goal of GOH absorption of PEPFAR activities by focusing on cost-effective and high-impact interventions and work to bring costs down through performing regular portfolio reviews and analyses of program expenditures.
4. Reduce logistical redundancy by supporting the GOH and MSPP efforts to implement a unified supply chain and working with SCMS to deliver both HIV/AIDS and other commodities (FP, cholera).
5. Continue to invest in critical health infrastructure (HUEH, National Blood Bank) and provide necessary facility upgrades (electrical back-up).

#### 6. Program Overview

PEPFAR will continue to implement a targeted portfolio of high-impact, evidence-based prevention activities focused on drivers of the epidemic; integrated provision of care for HIV infected and affected populations; high quality treatment of HIV/AIDS and Opportunistic Infections (OIs) among all populations; and a long-term approach to building MSPP capacity to strengthen all aspects of the Haitian health system.

Prevention - PEPFAR is committed to implementing prevention programming aimed at drivers of new infections. Haiti has already reached the 'tipping point' with the number of adults on treatment exceeding the estimated number of new adult infections. Preventing new infections is one way to further reduce this ratio and is a critical component to the overall PEPFAR strategy in Haiti. In COP14, the Haiti PEPFAR prevention portfolio includes PMTCT, focused interventions to change behavior and prevent sexual transmission (namely among youth and key populations), and biomedical prevention. For FY14-15, PEPFAR will work to further strengthen primary and secondary prevention interventions through a selective, targeted, integrated and comprehensive package of services. In addition, PEPFAR will leverage the strong political will within the GOH at the highest levels to continue to raise awareness and promote safe sex and encourage people to know their status.

The Integrated Biological and Behavioral Surveillance Survey (IBBS, 2012) estimated HIV prevalence among MSM at 18.1%, and among CSW at 8.4% in Haiti. PEPFAR will intensify efforts to identify and reach out to key populations with prevention services, including MSM and CSW. There is also anecdotal evidence that other sub-populations may have higher rates of HIV prevalence, including out of school youth, migrants, and truck drivers. PEPFAR will strengthen the evidence base on the size of the CSW



and MSM populations by conducting a size estimation study and deepening understanding of the geographic 'hot spots' of HIV transmission.

PEPFAR will also continue to provide PMTCT to all HIV infected pregnant women and will integrate PMTCT services with FP, maternal and child health (MCH), and antenatal care (ANC) services. Furthermore, ensuring access to a safe blood supply for medical procedures, including during complicated deliveries, is another focus of PEPFAR's prevention efforts in COP14.

The Haiti PEPFAR program will continue its targeted efforts to provide both provider and client initiated testing and counseling in order to increase the number of people who know their status link HIV positive people to care and treatment services.

The Haiti PEPFAR program will also support the continuum of care and prioritize treatment, recognizing that treatment can be a powerful prevention tool protecting partners of HIV infected persons. PEPFAR will continue to universally test all HIV patients for TB and scale-up testing of TB patients for HIV; and increase efforts to provide psychosocial support and PEP to victims of sexual violence. Lastly, PEPFAR will continue to reinforce MSPP's capacity to oversee and lead HIV prevention efforts, both at the peripheral and central level.

Care - At the heart of the PEPFAR Care Strategy are the goals of: 1) capturing HIV infected patients immediately after testing and providing them with a package of care and support services while on ARV or awaiting enrollment on ARV; and 2) complementing facility-based care with community-based programs that provide other types of support to patients and their families in order, improve both retention and patient outcomes.

Provision of care services at facilities relies on a model aimed at providing patients with a minimum package of services to foster adherence and improve overall care status. To provide this package of services requires: 1) a multidisciplinary medical team (clinicians, social workers, lab technicians, doctors, pharmacists); 2) intensive adherence preparation and continuous education of patients through individual sessions and support groups; and 3) a community-outreach system to keep track of patients.

In COP14, PEPFAR will sustain the expansion of HIV care and support in order to bring services closer to the population while improving the quality of these services. Specifically, PEPFAR will support: integration of HIV into primary care services; scale-up of interventions such as EID to improve the PMTCT cascade and facilitate enrollment of all HIV exposed infants in care; expansion of viral load testing, TB testing and MDR-TB surveillance; livelihood support for orphans and vulnerable children (OVC) and nutritional support for vulnerable infants and young children infected or affected by HIV, particularly those



moderately or severely malnourished; and reestablishment of strong community support with formal operational referral linkages with the institutional level.

Treatment - In line with the PEPFAR Blueprint, the program is committed to increasing access to ARV care and treatment services to people living with HIV (PLHIV) - improving the quality of these services, and delivering them as sustainably as possible. Increasing HTC in adult populations and expanding the use of Polymerase Chain Reaction (PCR) in pediatric populations will help identify more eligible patients given new treatment guidelines. In addition, strategically expanding service delivery access points within the USG-supported primary health care platform will help engage and retain hard-to-reach clients in care and treatment services. The expanded network of sites will also foster adherence over time by allowing clients to receive drugs at access points closer to their homes. By the end of FY14, it is expected that approximately 62,000 patients will be actively enrolled in treatment with PEPFAR support, and that number should increase to nearly 72,000 in FY15.

Recent advancements are helping to move the program towards the goal of ensuring treatment to 90% of all children diagnosed by PCR. Specific pediatric treatment goals include: continued expansion of the EID network, which increased from 66% to 76% in FY13; increased Cotrimoxazole (CTX) coverage; continued work with OVC; and improved pediatric patient retention. Looking ahead, the program expects to reach a total of 3,500 children in FY14, increasing to 4,500 in FY15.

In the context of a decreasing PEPFAR funding envelope, the goal of increasing treatment is ambitious. In FY14, the Haiti PEPFAR team is prioritizing funding of treatment partners delivering significant results.

Health Systems and Governance - The Haiti PEPFAR team will reinforce the foundation of the overall health system in Haiti across all 6 building blocks: 1) human resources for health, 2) service delivery, 3) leadership and governance, 4) health financing, 5) supply chain, and 6) health information systems. This will facilitate improvements in HIV/AIDS and across the entire health sector. PEPFAR assistance will enable MSPP to respond to broader health needs, including those impacting affected communities, MSPP will also be able to play a larger role in the design, financing, implementation and oversight of the National HIV program in Haiti.

Human Resources for Health (HRH): HRH are critical to ensuring a strong national health system, ensuring sustainability of HIV/AIDS activities and interventions, and building local capacity to respond to the needs of communities. Continued investments in HRH are a key component of PEPFAR's HSS approach in Haiti and ultimately, this funding will lead to better trained health workers and quality health services. Addressing the challenges of limited human and physical resources will support the objectives outlined in the prevention, care and treatment technical areas, including increasing ability to provide care



and treatment services and bringing these services closer to the populations most in need. In COP14, PEPFAR will emphasize task-shifting and the decentralization of basic HIV/AIDS services, such as HIV testing.

**Service Delivery:** PEPFAR HSS support will reinforce the referral/counter-referral systems between different levels of the health system (including community health workers), which will help ensure compliance and retain patients on ARVs. PEPFAR will increase access to basic health services, including HTC for all pregnant women and key populations, comprehensive HIV care (including integration of TB and FP services), and the delivery of quality ART for HIV positive individuals.

**Leadership and Governance:** PEPFAR HSS funds will improve the GOH leadership and oversight of the health sector ensuring strong governance and management capacity of MSPP at both the central and departmental levels. By building capacity in a number of essential areas, the goal is to help improve MSPP's overall ownership and stewardship of the health sector.

**Health Financing:** PEPFAR will improve the capacity of relevant units within MSPP, which are responsible for planning, budgeting and coordinating with departments. PEPFAR and MSPP will work with other line ministries as the GOH strives to develop, implement, and monitor a robust national health financing policy. PEPFAR will continue to support TA to MSPP in order to: i) build capacity for public financial management including optimal budget execution, ii) support resource tracking through National Health Accounts, and iii) provide TA for costing of health services at the central and facility levels to better understand the true costs of providing health and HIV/AIDS services. PEPFAR will be work to build the institutional capacity of MSPP units responsible for health financing activities and will coordinate with the contracting unit with the support of the WB and USAID's Leadership, Management and Governance (LMG) project, where appropriate.

**Supply chain management:** Supply chain management and procurement of commodities is another area that the Haiti PEPFAR team will focus in COP14. The experience of trying to unpack the SCMS budget in the context of looking for cost-savings during COP14 in light of the \$31 million budget cut shortfall highlighted the opaque nature of SCMS planning and budgeting. Furthermore, the SCMS system in Haiti operates the whole of the supply chain. Looking ahead, the Haiti PEPFAR team plans to immediately look into the possibility of breaking out supply chain work into to sub-categories: warehousing/storage and distribution and procurement of commodities. The goal of approaching the supply chain in this manner would be to allow partners like SCMS to focus on their area of strength (procurement) while simultaneously building capacity of local actors to properly manage storage, inventory, logistics and distribution of health commodities, thus contributing to longer-term sustainability and potential cost savings.



Health Information System (HIS): Haiti has one of the best Electronic Medical Record (EMR) systems in the world. The information from the EMR feeds into the M&E Surveillance Interface (MESI). MESI began as an HIV/AIDS-specific tool, but has expanded to include a number of other areas (nutrition, MCH, TB). However, neither MSPP nor the national HIV program has a unified HIS. PEPFAR aims to reinforce the GOH's ability to collect, analyze and use health information as a cornerstone for a robust health system. PEPFAR is currently implementing the District HIS (DHIS2) platform which will assist the GOH to expand strategic information in the health sector beyond the EMR and MESI and move towards a fully integrated health information platform owned and managed by the GOH. PEPFAR will work with MSPP to build capacity of the MSPP Planning and Evaluation Unit (UEP) to collect, analyze and report data.

Physical Infrastructure: PEPFAR funds are supporting the reconstruction of the two key medical facilities in downtown Port-au-Prince: the University Hospital of Haiti (HUEH) and the National Campus of Health Sciences (NCHS).

Laboratory Strengthening: PEPFAR will also continue to strengthen the national laboratory system, helping to build national lab capacity while also improving the capacity to diagnose HIV, monitor care and treatment activities, and provide training to service providers to ensure quality of care. This will also help to improve quality assurance (QA) and quality control (QC) for HIV (and TB and malaria). In addition, continuing to build capacity within the LNSP is a priority for the coming years, with an emphasis on transferring skills from non-local non-governmental organization (NGO) partners to Haitian staff.

## 7. Country Ownership

As noted above, country ownership of the HIV/AIDS response is critical to ensuring its sustainability and the Haiti PEPFAR team is committed to helping the GOH and MSPP own the national HIV/AIDS response, regardless of whether they are able to fund it fully with domestic resources. A number of activities to strengthen country ownership have already been outlined above. In COP 14, PEPFAR will continue to support capacity building within MSPP in the areas of: health financing, supply chain management, strategic information, and laboratory strengthening. By building capacity in a number of essential areas, the overarching goal is to help improve MSPP's overall ownership, stewardship, and regulation of the health sector. In addition, over the longer-term, PEPFAR is also committed to working with MSPP to strengthen its capacity to take on incrementally more financial ownership of programs in the health sector. Even small investments in health and HIV/AIDS services send a powerful message of the GOH's commitment to a long-term, strategic approach to improve health results in Haiti.

PEPFAR will continue to strengthen the capacity of the central directorates that focus on HIV/AIDS to lead the HIV response; continue to work towards the integration of HIV prevention, care, and treatment



within the basic package of primary health services; and coordinate, assess, and supervise both clinical and community-based activities throughout the country regardless of site-level implementing partner. Specifically, PEPFAR will provide TA and institutional strengthening to a number of MSPP directorates including: 1) Unité de Contractualisation/contracting unit (UC); 2) Unité d'Etudes et de Programmation/Directorate of Planning and Evaluation (UEP); 3) Direction de l'Organisation des structures sanitaires/Directorate of Health Service Organizations (DOSS); 4) Unité d'Appui à la Décentralisation des services de Santé/Directorate for Decentralization (UADS); 5) Direction Promotion de la Santé et de la Promotion de l'Environnement/Directorate for Health Promotion and Environment (DPSPE); 6) Direction Générale/General Directorate (DG); 7) Programme National de Lutte contre le SIDA/National HIV Program (PNLS); and 8) the National AIDS Communication Program.

PEPFAR will continue to support MSPP in the development of a set of norms and standards for service delivery, expansion of incentive schemes, implementation of quality improvement policies, and development of the national M&E Plan (Health Master Plan 2012- 2022). In addition to this capacity building, PEPFAR will also provide financial support, including investment in MSPP human resources, to maintain existing levels of treatment and continue to provide direct service, TA, and HSS activities. During this time, PEPFAR will also work with the GOH to identify opportunities to progressively and strategically increase GOH ownership of components of the current PEPFAR portfolio. Finally, the Haiti PEPFAR team will perform annual expenditure analyses with the goal of using the results generated to help identify efficiencies, highlight high-impact interventions, and assist the GOH in developing a sustainability plan for provision of HIV/AIDS services, including treatment.

#### 7. Other Considerations

**USG-GOH Health Partnership Framework:** PEPFAR Haiti is committed to the goals of the USG-GOH Health Partnership Framework (PF) that was signed in 2012. The PF aims to accelerate the development of Haiti's public health services to achieve the Millennium Development Goals (MDGs). The PF is one of the main ways that PEPFAR supports the principles of the Global Health Initiative. The PF aims to: increase the GOH's leadership and oversight capacity of the health sector; increase access to quality integrated health services; improve health information and supply chain management systems; and rebuild Haiti's physical health infrastructure. It also reaffirms the USG commitment to support the GOH in coordinating, overseeing, and eventually absorbing health sector activities in the long-term. The GOH and USG have reached agreement on a draft PF Implementation Plan (PFIP). While the GOH and USG teams have begun efforts to implement the PF activities and strategies, they will present and discuss this framework with representatives of CS over the next quarter and finalize the PFIP.

**Implementation of Global Health Initiative (GHI) Principles:** Although Haiti does not have a GHI strategy, GHI principles are integrated into the Haiti PEPFAR approach. First, Haiti's ownership of the HIV/AIDS



response is a critical factor to the long-run sustainability of the results achieved to date. PEPFAR is working to strengthen the GOH's stewardship and oversight of the health sector, including HIV/AIDS, at the central and departmental levels. In addition, the Haiti PEPFAR team is committed to maintaining strong lines of communication with the MSPP and its staff (and other GOH line ministries) to ensure that PEPFAR programs and activities not only support the strategies laid out by MSPP, but are increasingly managed by the MSPP. Second, PEPFAR is firmly committed to building the Haitian health system. By reinforcing the foundation of the Haitian health system through investments in training of health workers, strengthening the laboratory network, and working towards a unified supply chain, PEPFAR aims to facilitate improvements across the entire health sector, including HIV/AIDS. As already noted, however, if PEPFAR Haiti continues to suffer from significant budget cuts in the future, the ability to substantively invest in health systems and governance may be jeopardized. Third, the Haiti PEPFAR program has put forward a program for COP14 that clearly outlines the actionable steps to improve coordination and collaboration with partners, such as hosting regular working groups with implementing partners and working closely with UNAIDS, UNICEF, UNDP, the WB and GF to ensure complementarity across interventions.

Collaboration with the Global Fund: The Haiti PEPFAR team plans to conduct a rigorous portfolio review in early FY15; the GF Portfolio Manager has indicated interest in a joint review. The primary objective will be to go into work plan-level detail of all USG-supported IMs and GF programs to: 1) identify whether proposed activities are appropriate for the HIV/AIDS response in Haiti; 2) identify potential duplication; and 3) outline actions to be taken to improve programmatic and financial efficiencies across both programs.

The Haiti PEPFAR team will also work with GF to ensure a clearer division of labor moving forward. PEPFAR will ensure that all activities and partners to be supported under COP14 are shared with the GF. Currently, Haiti is preparing a concept note for GF support under the new funding model (NFM) and the USG chairs the Proposal Development Committee. This GF effort presents an opportunity to ensure that activities proposed for support through the GF NFM are not duplicative. PEPFAR will also work closely with GF colleagues at the country level and in Geneva to learn from experiences in other countries on how best to minimize duplication and maximize efficiencies. One approach could be that PEPFAR takes an even larger role in the provision of prevention, care, and treatment services. This shift could be complemented by GF taking the lead on procurement and management of HIV/AIDS commodities. In this context, both partners would claim responsibility for successes in fighting HIV/AIDS in Haiti, reducing issues to date with 'ownership' of results and virtually eliminating double-counting. Once more, in such a situation, both the GF and PEPFAR would be vested in the success or failure of the other's program, which would likely significantly increase collaboration and improve overall outcomes. As a result, resources would be freed up in the global fight against HIV/AIDS in Haiti.



**Focus on Women and Girls:** All of Haiti PEPFAR's programs focus on patient dignity and safety. In the context of significant gender inequality and high rates of physical, emotional, and sexual violence, this requires a special focus on girls and women. In addition to integration of HIV and other health services (including FP) noted above, PEPFAR will continue to provide regular education, prevention (including PEP), FP, and reproductive health services in an enabling environment which responds to the unique needs of girls and women. PEPFAR will support new/refresher training of health providers on a number of gender-related issues, including female sexual rights and services linked to gender-based violence. PEPFAR is also working through its network of community health workers to improve young men's attitudes and behaviors to women and promote positive and equitable partner relationships.

**Central Initiative Funds (CIF):** In April 2013, USAID received \$2 million CIF to support new and ongoing efforts to integrate food and nutrition support as a critical component of comprehensive HIV/AIDS care and treatment. Integration will take place within clinical and community settings. The focus will be to ensure routine provision of nutrition assessments, counseling and support (including specialized food products and micronutrient supplementation) to pre- and postnatal women in PMTCT programs, and adult and pediatric HIV patients prior to and during ARV treatment.