Haiti

Country Operational Plan

(COP/ROP) 2020

Strategic Direction Summary

April 1, 2020

Table of Contents

1.0 Goal Statement

2.0 Epidemic, Response, and Updates to Program Context
- 2.1 Summary statistics, disease burden, and country profile
- 2.2 New Activities and Areas of Focus for COP20, Including Focus on Client Retention
- 2.3 Investment profile
- 2.4 National sustainability profile update
- 2.5 Alignment of PEPFAR investments geographically to disease burden
- 2.6 Stakeholder engagement

3.0 Geographic and population prioritization

4.0 Client-centered Program Activities for Epidemic Control
- 4.1 Finding the missing, getting them on treatment
- 4.2 Retaining clients on treatment and ensuring viral suppression
- 4.3 Prevention, specifically detailing programs for priority programming
- 4.4 Additional country-specific priorities listed in the planning level letter
- 4.5 Commodities
- 4.6 Collaboration, Integration, and Monitoring
- 4.7 Targets for scale-up locations and populations
- 4.8 Cervical Cancer Programs
- 4.9 Viral Load and Early Infant Diagnosis Optimization

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.0 USG Management, Operations and Staffing Plan to Achieve Stated Goals

Appendix A - Prioritization

Appendix B - Budget Profile and Resource Projections

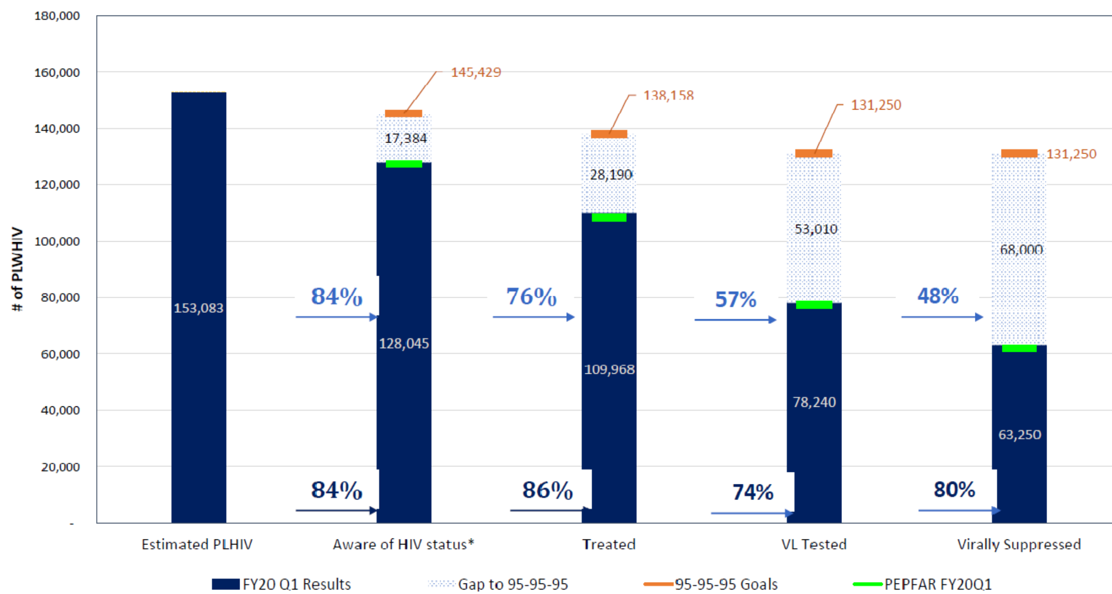
Appendix C - Tables and Systems Investments for Section 6.0

Appendix D – Minimum Program Requirements

1.0 Goal Statement: 'Fix and Scale then Optimize'

Haiti made modest gains towards 95-95-95 in the face of significant implementation challenges during the COP18/FY19 period. Of the estimated 153,300 persons living with HIV (PLHIV) (Spectrum, 2020), 84% know their status, 86% of the diagnosed PLHIV are on treatment and 80% of ART clients with a viral load test are virally suppressed. Client loss continues to outpace the rate of new client enrollment, diminishing net gains and treatment growth. Retention remains the single greatest barrier to achieving epidemic control in Haiti. The program must urgently address gaps in HIV care to stem patient loss.

Figure 1.1: 2019 Haiti National Clinical Cascade



The program has steadily worked to return lost clients to treatment with the Back to Care Campaign, which started in FY19Q2. Intensified tracking and tracing of lost clients peaked in FY19 Q2 and Q3. These efforts not only returned more than 20,000 clients to antiretroviral therapy (ART) through FY20 Q1, but also provided insight into who we are losing and why. The highest rates of patient loss occur among adults aged 20-39-years and among children under 10 years of age. Patients cite time as the greatest retention barrier followed by financial hardship.

Figure 1.2: Haiti Treatment Trends (Data from 2015 Q1 – 2020 Q1 | Projections for 2020 Q2-Q4)

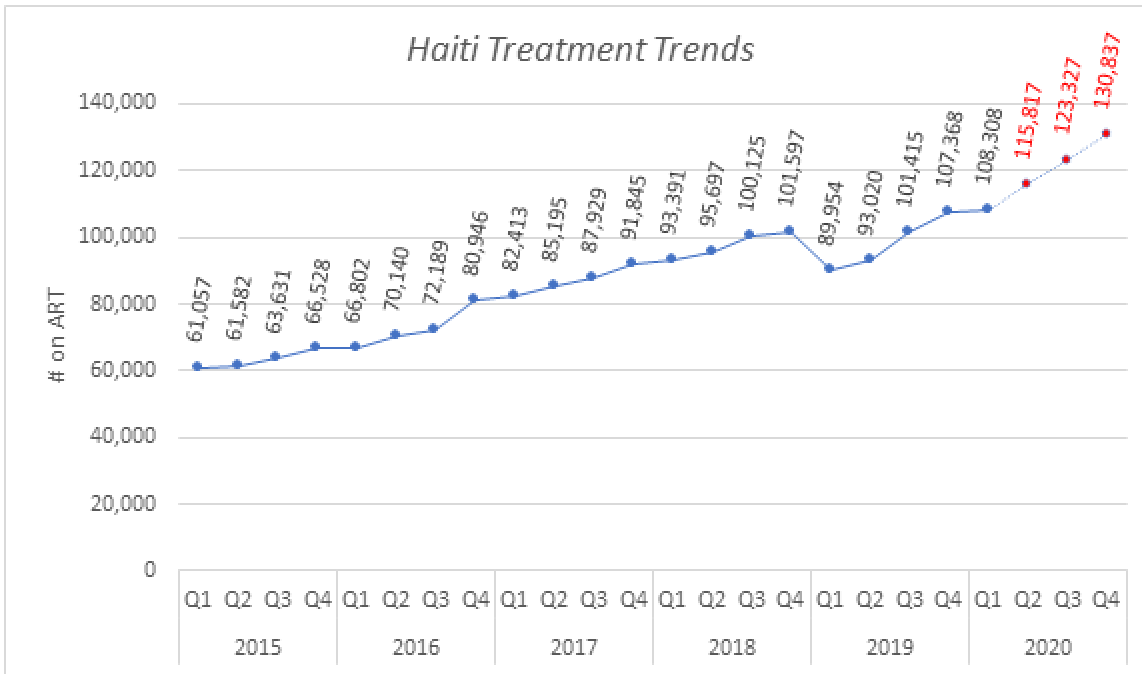
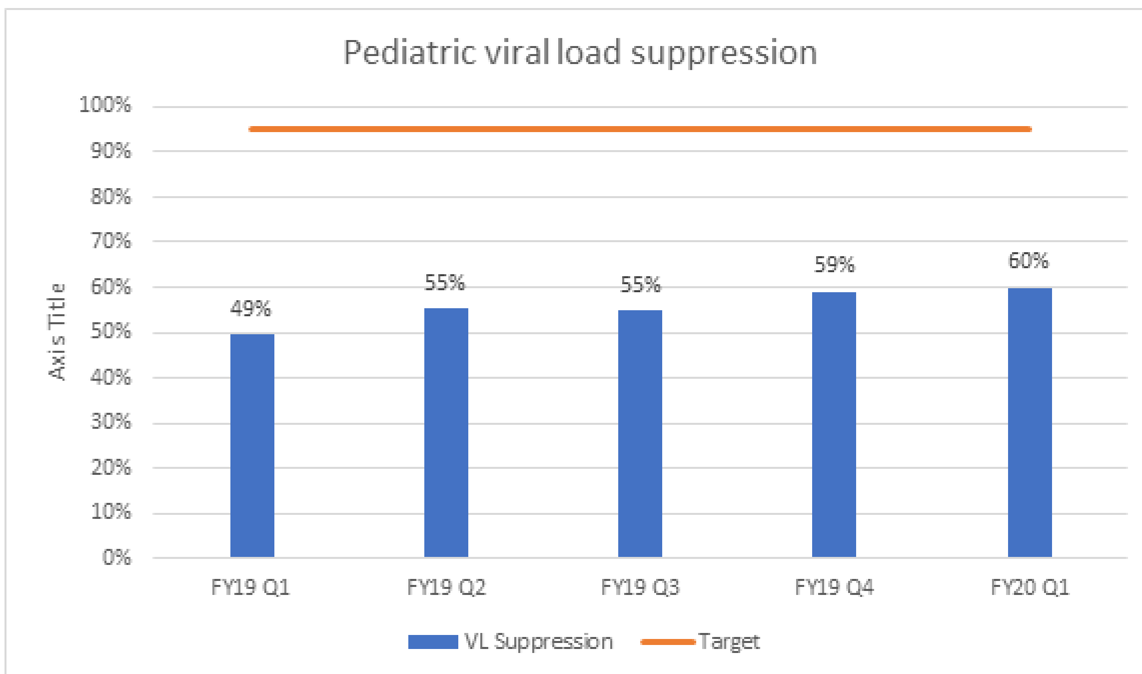


Figure 1.3: Haiti Viral Load Suppression (Data from 2019 Q1 – 2020 Q1)



Pediatric PLHIV have significantly lower treatment coverage and viral load suppression than adults (52% vs 86% and 59% vs 80% respectively). Figure 1.3 reveals viral suppression rates below the target likely due to adherence challenges, treatment interruption and suboptimal regimens within the pediatric population.

To address these critical gaps in retention and viral suppression, and reduce ongoing transmission, Haiti's program will focus on delivering uninterrupted, optimized ART to all patients, with access to high-quality care within and outside the facility. In collaboration with the Ministry of Health (MSPP), PEPFAR Haiti will:

i) Continue intensified partner management to ensure MSPP policy compliance and implementation of client-centered approaches to improve retention. Policy compliance includes continuing enrollment on tenofovir/lamivudine/dolutegravir-based (TLD) and optimized regimens, 6-month multi-month dispensation (MMD), and optimized viral load sample collecting (finger-prick Dry Blood Spot [DBS]). Client-centered approaches include Easy Start for new ART patients, tailored service delivery for lost to follow-up (LTFU) clients along with mobile and migrant populations (this will also include a cross-border initiative with PEPFAR Dominican Republic).

ii) Expand community ART dispensation points and peer-led community ART groups (CAGs) to ensure coverage in the highest-burden sub-national units (SNUs) and areas with high loss to follow up. Leverage community health workers and peers to improve accuracy of client contact information and location data.

iii) Increase targeted prevention activities such as the "Determine, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program for adolescent girls and young women (AGYW), the Faith and Community Initiative (FCI), and the Orphan and Vulnerable Children (OVC) programming as well as pre-exposure prophylaxis (PrEP) to reduce ongoing transmission. Specifically, expand geographic coverage beyond the Ouest department.

2.0 Epidemic, Response, and Program Context

Table 2.1.1: Host Country Government Results

Table 2.1.1 Host Country Government Results																	
	Total		<15				15-24				25+				Source, Year
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	11,371,479		1832212		1897290		113692		1122727		2812035		2,593,533		UNAIDS/SPECTRUM 2020
HIV Prevalence (%)		1.34		0.21		0.21		0.92		0.62		2.06		2.65	UNAIDS/SPECTRUM2020
AIDS Deaths (per year)	3145														UNAIDS/SPECTRUM2020
# PLHIV	153,300														UNAIDS/SPECTRUM2020
Incidence Rate (Yr)		106													UNAIDS/SPECTRUM 2020
New Infections (Yr)	6394														UNAIDS/Spectrum 2020
Annual births	275,292														Population Reference Bureau
% of Pregnant Women with at least one ANC visit	91														Demographic and Health Surveys 2018
Pregnant women needing ARVs	5622														UNAIDS/2020
Orphans (maternal, paternal, double)															
Notified TB cases (Yr)	13383														WHO
% of TB cases that are HIV infected	624	15.47													MESI 2020
Estimated Population Size of MSM*	38300	11													PLACE study 2016
MSM HIV Prevalence		12.9													IBBS 2014
Estimated Population Size of FSW	402400														
FSW HIV Prevalence		8.7													IBBS 2014

Table 2.1.2: 95-95-95 cascade: HIV diagnosis, treatment and viral suppression

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	11471379	1	153300	113153	112530	73	42	765061	20845	19030
Population <15 years	3729492	0.21	8003	-	-	-	56.05	85420	1485	647
Men 15-24 years	1122727	0.3	5,411	-	2043	38%	70	40537	831	721
Men 25+ years	2593533	2.8	53,075	-	30,125	57%	80	139771	7082	6665
Women 15-24 years	1113692	0.8	8,310	-	4,496	54%	69	172830	2225	1944
Women 25+ years	2812035	3.2	77,091	-	50,889	66%	80	335971	9690	9039
MSM	38,300	12.9	-	-	-	-	-	2023	222	215
FSW	40,400	8.7	-	-	-	-	-	1997	207	160
Priority Pop (Prison)	-	-	-	-	-	-	-	975	33	29

2.1 Summary statistics, disease burden and country profile

Haiti is a low-income country with a gross national income (GNI) of $780 per capita (World Bank 2019) and a gross domestic product (GDP) of $784.08 per capita (2019). Sixty percent (60%) of the country's 10.8 million people live on less than $1.90 each day (UNDP, 2016). Haiti has the highest HIV burden in the

Caribbean region with an estimated 153,300 PLHIV (UNAIDS Spectrum, 2020). The country also has the highest incidence of tuberculosis in the region, further compounding the HIV epidemic.

Haiti's national prevalence is approximately 2%, with higher prevalence in major cities, and among men who have sex with men (MSM), female sex workers (FSW), and prison populations. The DHS data from 2016-2017 show that HIV prevalence among adults (15-49 years old) in Haiti remained stable at 2%, suggesting meaningful success in ART. While the mortality rate has decreased by 45% over the past 10 years, HIV incidence has seen a minimal decline from 8,800 new cases annually to 7,300 in the same period (UNAIDS 2020). The widespread practice of multiple concurrent partnerships and the inequitable social conditions of women and youth are considered key enablers of HIV transmission. Women are disproportionately affected by HIV, accounting for greater than half of adult prevalent infections. The ongoing Haiti population-based HIV impact assessment (HAPHIA) will provide new estimates of the HIV prevalence, viral load (VL) suppression and other specific information such as ARV resistance.

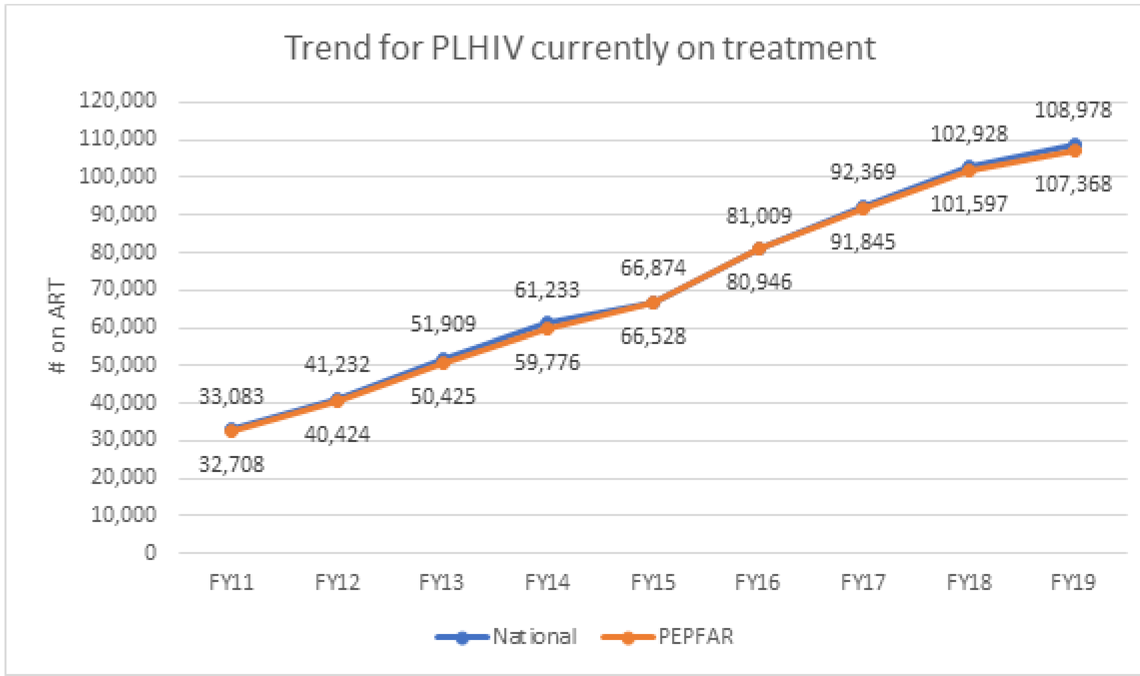
Haiti's steady population growth from 7.5 million people in 1993 to 10.8 million in 2017 has outpaced infrastructural development, especially within the health system. Human resources for health are sparse, with persistent migration of skilled health cadres causing severe shortages. Attrition among health care providers at PEPFAR-supported facilities and PEPFAR Haiti's locally engaged staff is also a challenge. Moreover, the country is still recovering from several natural disasters and other epidemics, in addition to political and economic instabilities. Civil unrest and intermittent episodes of violence are on the rise, limiting access to the health services that do exist.

The Government of Haiti, along with implementing partners continue aggressively scaling core components of the HIV program to meet the targets by 2020. Eighty-four percent (84%) of adult PLHIV know their status, with only 78% of children living with HIV are aware of their status. Among adult males, knowledge of HIV serostatus is lower than among women (73% vs 84%). Improvements in targeted testing saw Haiti's overall testing yield increase to 3.1% in FY19 from 2.3% in FY18. PEPFAR Haiti expanded index testing services to all facilities within the program's network. The proportion of HIV positive results (HTS_TST_POS) from index testing increased from 15% of the total number of individuals testing HIV positive in FY18 to 26% in FY19.

As of March 2020, the growth in treatment trends continues with more than 109,000 PLHIV active on ART with PEPFAR support, representing approximately 86% of those aware of their status, and 76% of the total PLHIV in Haiti. The linkage of new HIV positive patients to ART continues to improve and crested 90% in FY19. However, 95% of all new positives need to be linked to and retained on ART to close existing treatment gaps in COP 20.

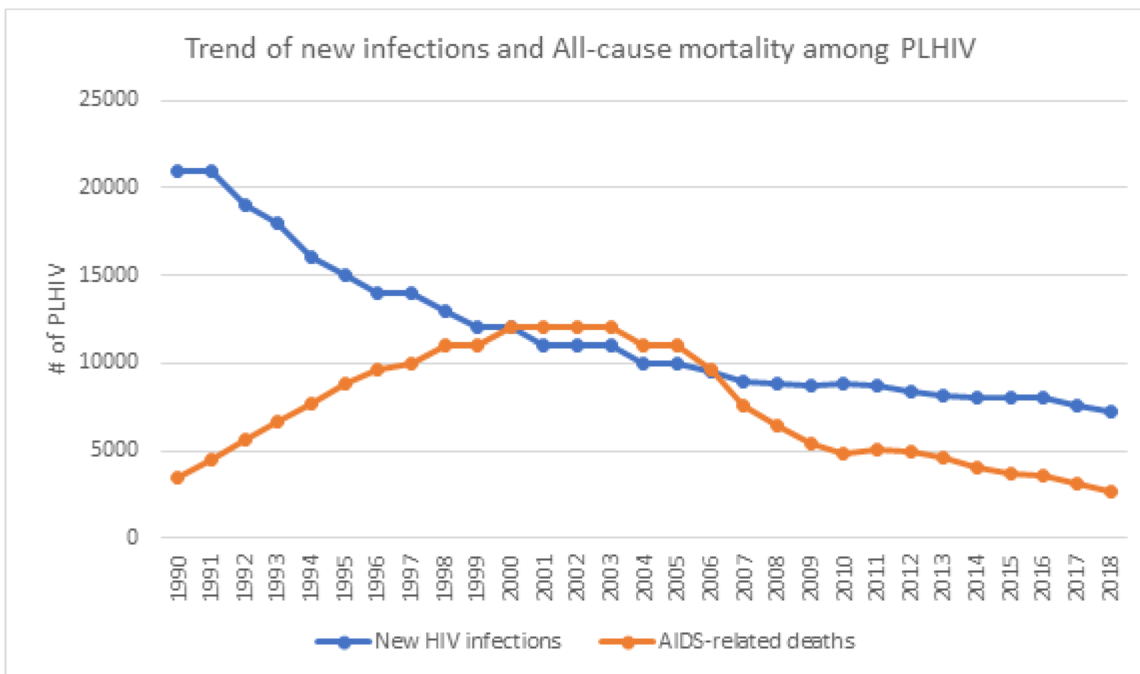
PEPFAR Haiti continued to scale VL testing in FY19, with increased sample processing capacity at the central level and expanded geographic coverage in the sample referral system. PEPFAR-supported facilities performed 99,773 VL tests in FY19 compared to 90,000 in FY18. The magnitude of growth was negatively impacted by civil unrest, which stunted demand creation from patients and providers. Contingency planning to sustain VL testing growth for increased coverage is a primary focus in preparation for COP 20. VL suppression remains a significant challenge. In FY19, adult suppression rate was 80% for men and women, while pediatric suppression was 59%. Adult interventions including viral load classes for clients with detectable VL will be scaled in preparation for COP 20, with regimen optimization and adherence support for caregivers to address pediatrics.

Figure 2.1.3 National and PEPFAR Trend for Individuals Currently on Treatment



* PEPFAR trend line reflects the number of PLHIV active on treatment with direct support from PEPFAR, including joint support from Global Fund and PEPFAR.

Figure 2.1.4 Trend of New Infections and All-Cause Mortality among PLHIV



2.2 New Activities and Areas of Focus for COP20, Including Focus on Client Retention

In COP20, the PEPFAR Haiti program will scale and optimize new strategies starting in COP19. Client-centered approaches will be enhanced with differentiated service delivery models, particularly additional community drug distribution points and the implementation of peer-led community ART groups, the expansion of 6-month MMD to 95% of ART patients, and the availability of extended clinic hours. Focus will be placed on prevention of treatment interruption through activities improving treatment literacy, Undetectable = Untransmittable (U=U) campaigns, and better linkage of psycho-social support with treatment to improve outcomes. Aggressive patient tracking will continue, with an emphasis on addressing causes of treatment interruption, and LTFU will be minimized with the implementation of packages of services tailored to age groups, especially young adults who have a higher LTFU rate. Faith and community initiatives will be optimized to reach men, improve children's viral suppression, and ameliorate overall retention and adherence to treatment. Engagement of civil society organizations, particularly PLHIV and Key Population (KP) associations, will be a key component of the COP20 overall strategy. The CSO observatory will be established during COP19 and will continue to be supported in COP20 with the Ambassador's small grants program, to ensure that clients' feedback and needs are properly addressed.

2.3 Investment Profile

Haiti's socio-political-economic situation continues to deteriorate, including fuel shortages and the devaluation of the local currency from 40 Haitian Gourdes (HTGs) to one U.S. dollar (USD) in 2015 to 97 HTGs to one USD in March 2020. These factors continue to weaken the already fragile economic conditions in Haiti, directly affecting available revenue for investment in the HIV response.

Domestic health financing remains stalled at 5.3% of the national annual budget, with 88% of the MSPP operating budget covering salary support for human resources for health. This limited investment cannot optimally support health infrastructure needs. The lack of resources, outside of contributions in the form of limited personnel salaries and the availability of public facilities, leaves almost no room for the Government of Haiti (GOH) to earmark specific resources for health system development or the HIV program.

PEPFAR is the primary funder for HIV programming (75%) with significant contributions from the Global Fund (23%), and an estimated MSPP investment at 2%. PEPFAR Haiti continues to work closely with the Global Fund (GF)'s Country Coordinating Mechanism (CCM) to avoid duplication and to leverage GF resources for strategic alignment with PEPFAR goals. The GF grant continuation is currently under replenishment and a new principal recipient is yet to be named. The grant continuation and above allocation request are being developed in close collaboration with the PEPFAR Haiti team.

Figure 2.3.1: Annual Investment Profile by Program Area

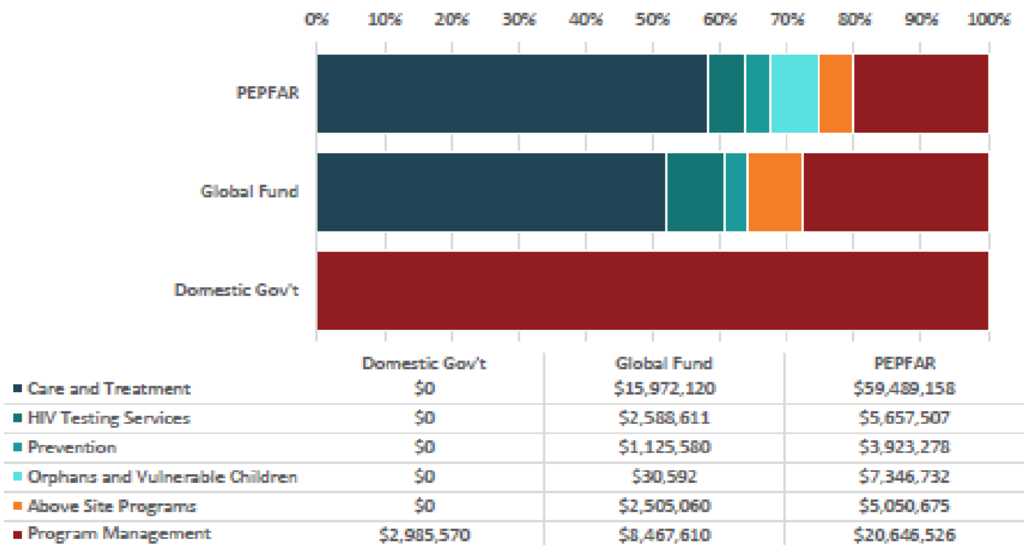


Table 2.3.2: Annual Procurement Profile for Key Commodities

Table 2.3.2 Annual Procurement Profile for Key Commodities						
Commodity Category	**Total Expenditure PEPFAR**	**Total Expenditure GF**	**% PEPFAR**	**% GF**	**% Host Country**	**% Other**
ARVs	$ 7,733,734.61	$ 7,387,427.39	51%	49%	-	-
Rapid test kits	$ 609,983.75	$ 860,682.45	41%	59%	-	-
Other drugs	$ 224,169.68	$ 281,965.70	44%	56%	-	-
Lab reagents Viral Load Commodities	$ 2,381,488.20 (Included)	$ 607,449.83 $ 891,322.33	61%	39%	-	-
Condoms	$ -	$ -	-	-	-	-
VMMC kits	$ -	$ -	-	-	-	-
MAT	$ -	$ -	-	-	-	-
Other commodities (GF: Lubricants)	$ 371,083.02	$ 128,228.22	74%	26%	-	-
Total	$ 11,320,459.26	$ 10,157,075.93	53%	47%	-	-

2.4 National Sustainability Profile Update

The PEPFAR Haiti team and stakeholders completed a PEPFAR Sustainability Index and Dashboard (SID) exercise in 2019, which followed a similar process as the one completed in 2017. The two PEPFAR SID workshops included participation of the MSPP, through PNLS and UEP, civil society, and other multilaterals. UNAIDS was a key partner to plan and conduct the SID process.

Figure 2.4.1: 2017-2019 Sustainability Index Dashboard Comparison

SID 2019 Elements	2017	2019	Change from 2017 to 2019
1. Planning and Coordination	8.12	9.33	
2. Policies and Governance*	6.29	6.55	
3. Civil Society Engagement	4.46	5.83	
4. Private Sector Engagement	1.67	2.17	
5. Public Access to Information	7.00	7.00	
6. Service Delivery*	4.31	4.54	
7. Human Resources for Health*	7.01	4.90	
8. Commodity Security and Supply Chain*	2.56	2.83	
9. Quality Management	8.48	8.76	
10. Laboratory*	5.67	5.14	
11. Domestic Resource Mobilization	3.85	4.56	
12. Technical and Allocative Efficiencies	4.06	3.39	
13. Market Openness**	N/A	8.81	N/A
14. Epidemiological and Health Data*	6.67	6.70	
15. Financial/Expenditure Data	9.17	6.67	
16. Performance Data	6.83	6.83	
17. Data for Decision-Making Ecosystem**	N/A	6.17	N/A

* New questions added to SID elements in 2019
** New SID elements in 2019

SID 2019

Element score changes (from 2017)

- Improvements: 9 elements
- Decreases: 4 elements

Considerations for above-site funding†

- Element 15, question 2: Based on the response in the SID, HIV/AIDS expenditure data is collected by source of financing and program area, but not type of expenditure or sub-nationally.

†Based on the element with the largest drop in score from 2017, and question with the largest impact on the score

The figure above summarizes the changes in the Sustainability Index since 2017. There were improvements in nine elements and declines in four elements. The elements with the greatest growth were planning and coordination and civil society engagement. Note that even for elements with positive growth, the domain may still be an area of weakness in Haiti. For example, despite improvements, private sector engagement remains suboptimal. The elements with the largest decline were human resources for health and financial and expenditure data. The latter elements were heavily impacted by the political instability that has plagued Haiti for the past few years. Core activities such as budget approval and expenditure planning by parliament have been adversely affected by the instability of the government.

Private Sector Engagement

MSPP has started a process to leverage domestic private resources to support educational messaging about HIV, ART, and Viral Suppression for the population. Haiti's civil society forum is increasingly inclined to embrace the notion of social responsibility through their supporting/supportive actions.

Human Resources for Health (HRH)

MSPP has developed an HRH plan but suboptimal implementation perpetuates high attrition of health care workers, prolonged vacancies and limited diversity of health cadres for task-shifting in rural areas. Sub-optimal supply of HRH for effective task-sharing makes difficult the implementation of MSPP-issued guidance to reinforce task-sharing. Continued emphasis on the role of community health workers and peers in service delivery is an important contingency measure to offset this deficiency. Additionally, reaffirming the endorsement of trained nurses providing HIV clinical services, for both adults and children is important.

Commodity Security and Supply Chain

Donor coordination with MSPP on national forecasting, quantification, and supply planning to ensure integrated commodity security will continue in COP20. PEPFAR and Global Fund remain the two donors that support MSPP for the procurement and distribution of commodities for the national HIV/AIDS program in Haiti. Currently, the country procurement profile denotes a 65/35 split of commodity needs

between PEPFAR and GF respectively. In COP19, discussions were initiated to allow for an increase in GF contribution for commodities in COP20. It is now envisaged that GF will procure up to 40% of ARV drugs, all third line ARV regimens, and all condoms and lubricants. Donor discussions are continuing during COP19, at the highest level of GF, about the operationalization of those procurement changes planned for COP20. It is important to note that failure to receive GF's approval for the new grant, with these proposed shifts included, could have a negative impact on the PEPFAR program and its response to the HIV epidemic in Haiti.

Supply chain system strengthening: The USG remains an active member of the Steering and Technical Committees that support the MSPP technically and financially for the creation of the unified national supply chain system. In addition, the USG continues to remodel its supply chain management to enhance donor collaboration and the participation of a larger pool of the local private sector organizations.

Donor collaboration: Co-warehousing PEPFAR- and Global Fund-financed HIV/AIDS products under the PEPFAR supply chain mechanism generates multiple benefits including initiation of a unified national supply chain system and cost-saving to the national HIV/AIDS program under both donor's budgets. During COP19, this practice aims to facilitate the transition of GF inventory and prevent stock disruption during the change of HIV/AIDS Grant Principal Recipient (PR). The PEPFAR Haiti Team stands ready to collaborate and advocate for the continuation of commodity co-warehousing practices in COP20. It is also an opportunity to explore an expanded joint distribution from a central warehouse to the health institutions (rather than from central warehouse to the sub-recipient level) for the upcoming years.

Public-private partnership: Building on the successful integration of local private sector organizations in countrywide distribution of USG commodities, the engagement of additional local organizations in supply chain management as third-party logistics (3PL) is being considered. In COP19 technical consultations for the development of best approaches for the outsourcing of warehousing management are planned. A plan and timeline describing the most effective and efficient technical options for a phased approach to transition the warehousing functions to 3PL are to be available for implementation in COP20. Also, this transition plan will include an organizational change management component that looks to build personnel awareness of and buy-in into the initiative as well as retaining technical capacity and critical skills that were built under the program for nearly two decades.

Transition to Indigenous Partners

Progress is being made in transitioning to local implementing partners. As of March 2020, four new mechanisms have been awarded by USAID to local organizations and CDC transitioned three international agreements to local partners and reinforced MSPP capacity. In COP20, 50% of PEPFAR Haiti program funding will go to local organizations. Compared with COP18 amounts, this represents a shift from 0% to 32% for USAID (excluding supply chain), and from 63% to 82% for CDC.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

Analysis of programmatic and financial data shows an overall alignment of investments with both the geographic distribution of PLHIV and the population enrolled on ART. PEPFAR-supported sites and services are located in areas with a high burden of PLHIV, resulting in a higher volume of people being enrolled on ART in these areas.

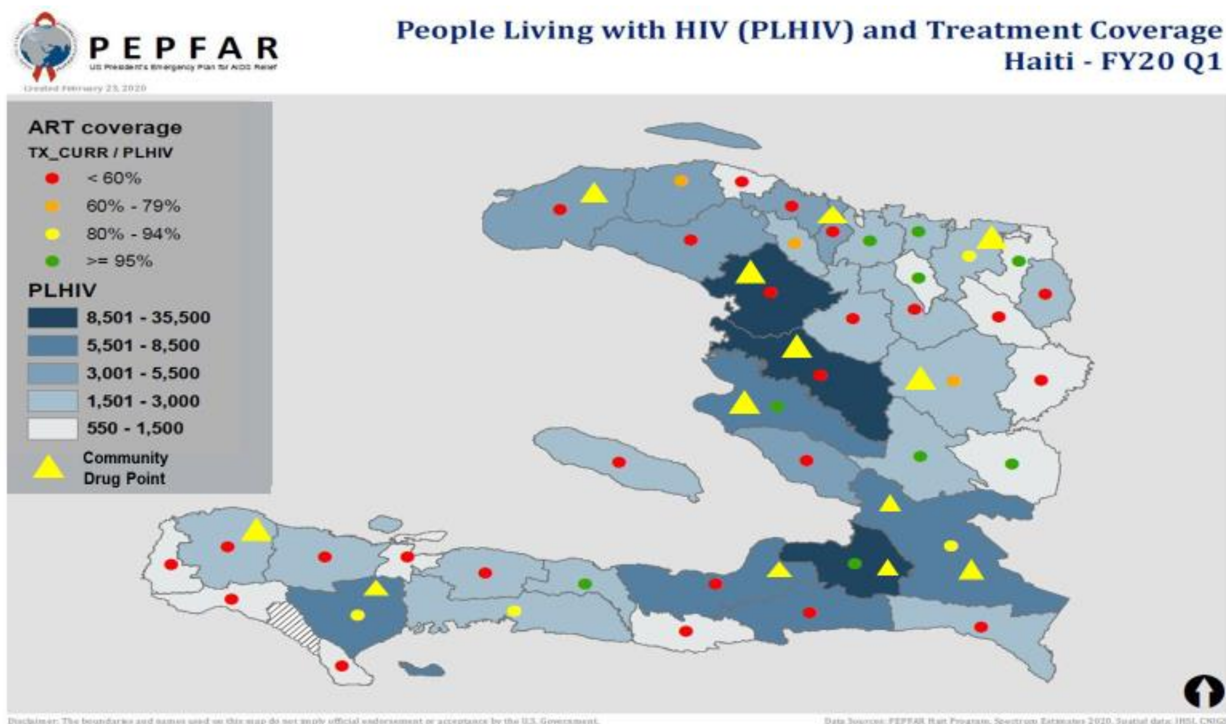
In COP20, the PEPFAR team will maintain this geographic alignment as we scale our community service delivery models (see Figure 2.4.1). Yellow triangles in the referenced figures indicate districts where

community drug delivery is happening, mostly at clients' homes. In COP19 and COP20, community drug distribution fixed points will be established in areas of high HIV burden, SNUs with disproportionately high loss to follow-up, and areas with less than 60% ART coverage indicating unmet need.

In addition to ART coverage, the PEPFAR team will continue to align VL monitoring capacity with the increased demand generated from treatment acceleration. The addition of a fifth high-throughput machine for centralized testing will increase the sample processing capacity by 1,000 and will reduce turn-around time by 7 days, barring external factors (e.g. roadblocks, protests, etc.). The national sample referral network will continue to provide census coverage nationally ensuring every PLHIV has access to VL testing.

As MSPP and PEPFAR Haiti continue to identify innovations in implementation during periods of unrest, the team will ensure contingency plans do not compromise the geographic alignment offered through core programming.

Figure 2.4.2. Alignment of PEPFAR investments geographically to disease burden



2.6 Stakeholder Engagement

The PEPFAR Haiti team engaged stakeholders, including the host country government, the GF and its principal recipient (PR) and sub-recipients (SRs), and PLHIV associations and other civil society organizations (CSOs) at multiple points in the COP20 development process. Stakeholders were involved in several stages of the development of the COP from January through March 2020, including joint and individual meetings with the MSPP, the National HIV Control Program (PNLS), and PEPFAR Implementing Partners (IP).

In January 2020, the Haiti OGAC Chair, PEPFAR Program Manager (PPM) and PEPFAR Haiti team, reviewed the Planning Level Letter and discussed challenges of HIV care in Haiti. The team subsequently

engaged stakeholders, Implementing Partners (IPs) and civil society to identify how PEPFAR-funded activities in COP19 and COP20 should close existing gaps and accelerate progress to HIV epidemic control. Other key messages discussed with stakeholders during the COP20 planning process included targeted HIV testing, increasing demand for VL, improving retention and adherence, contingency planning and scaling up service delivery in a flat or decreased funding environment. Stakeholder input was integrated into COP20 planning and is reflected in this document.

3.0 Geographic and Population Prioritization

Table 3.1: Current Status of ART Saturation

Table 3.1 Current Status of ART Saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP20	# Current on ART (FY19)	# of SNU COP19 (FY20)	# of SNU COP20 (FY21)
Attained	-	-	-	-
Scale-up Saturation	50	54412	12	13
Scale-up Aggressive	16.41	17457	5	6
Sustained	29.57	31494	17	17
Central Support	3	3273	5	5

In COP20, PEPFAR Haiti will continue to focus on 20 priority arrondissements (districts). The 20 scale-up districts/cluster (Saturation and Aggressive) prioritized for COP20 represent 90% of ART patients nationally.

Program data analysis revealed 5-6 priority districts with the greatest unmet need that account for 53% of the ART cohort. These districts will be prioritized for differentiated service delivery models and community programming to address existing program gaps.

In COP 20, the program will prioritize the young adults' age groups (20-39) of both sexes, which show a higher proportion of treatment interruption, men to be reached, linked and retained in care, and children and adolescents, as they have the lowest viral suppression rates. Tailored packages will be developed to address the needs of each specific population sub-groups. PEPFAR Haiti will also focus on prevention activities for adolescent girls and young women.

Additionally, the PEPFAR Haiti program will continue exploring options and strategies to address the needs of PLHIV crossing the Haiti-DR border, focusing on i) HIV positive individuals engaged in bidirectional travel across the border and ii) HIV positive clients living in one country but accessing services and ARTs in the bordering country. In COP20, PEPFAR Haiti will expand services with mobile clinics and at sites close to the Haiti/DR border to provide tailored services to patients engaged in cross-border activities. PEPFAR Haiti will also incorporate special packages, with extended multi-month dispensing (greater than 6 months of ART and OI drugs) and community VL (finger-prick DBS) sample

collection and health checks (weight, blood pressure, glucose monitoring, and OI symptom checker – fever, night sweats, cough, candida, and syndromic STI management).

4.0 Client Centered Program Activities for Epidemic Control

4.1 Finding the missing and getting them on treatment

With a 16% case finding gap and 24% treatment gap, there are over 35, 000 PLHIV in Haiti not currently engaged in HIV care. While the main strategy for COP 20 will focus on finding clients with interrupted treatment to bring them back, the program will continue with optimized and very targeted case finding to identify the undiagnosed and link them to care.

Optimized case finding

To facilitate a heightened focus on retention, HIV testing will be scaled down nationally. PEPFAR Haiti will reduce its testing volume by 75% in COP20 by supporting HIV tests for approximately 225,000 people, compared to almost 774,000 people tested, for a target of over 816,000, in FY19. To cover national targeted needs for testing for pregnant women, AGYW, OVC, TB suspects, and confirmed cases, people presenting with STI, and Key populations and their contacts, Global Fund will increase their proportion of overall test procurement by about 200,000 in 2021. PEPFAR Haiti, the Global Fund and UNAIDS will continue to work with MSPP to appropriately address non-targeted testing such as mandatory testing before surgical procedures or required for delivery of medical certificates. Haiti's population-based HIV Impact Assessment (HAPHIA) results will help further guide targeted testing initiatives. Nationally, testing will be targeted, using a screening algorithm to identify clients at greatest risk for HIV. The tests will also be prioritized to populations with the greatest case finding gaps – men and children. For the latter group, HIV-exposed infants born to positive women will be included. The prioritized case-finding modalities will be index testing, TB and STI testing, and PMTCT testing. Specificities of some modalities are discussed below.

Self-Testing for Key Populations, Serodiscordant couples, and potentially pregnant women:

COP20 will see scaled-up self-testing in keeping with PNLS-issued self-testing guidelines in FY18. Self-testing will continue for key populations, serodiscordant couples, and, potentially, for pregnant women in non-PEPFAR supported antenatal facilities, who do not have easy access to HIV testing. In COP20, PEPFAR Haiti, in collaboration with MSPP, will continue expanding assisted self-testing, doubling the target to reach 20,000 self-tests to be distributed, in order to reach more people among these groups.

Social Networking Strategies/Enhanced Peer Outreach Approach for Key Populations:

In addition to Index Case Contact Testing, other adapted networking testing approaches have been implemented for KPs and have demonstrated their capacity to bring a higher yield of positives. The number of KP sites implementing social networking strategies or Enhanced Peer Outreach Approach (EPOA) increased from 3 sites in April 2018 to all 25 non-prison KP sites since April 2019. These approaches have resulted in improved testing yields at all sites, and these strategies will be continued and reinforced in COP20. In response to OGAC's request for countries to halt index testing for KPs, the National AIDS Control Program (PNLS) and several KP-led organizations have prepared and disseminated, as of FY20 Q2, a document highlighting the different approaches and procedures of implementing index testing alongside with other social networking strategies to close the first 95 gaps among KP. This document also includes an assessment of the current state of index testing

implementation and the importance to reinforce the WHO "5 Cs" during providers' interactions with the clients.

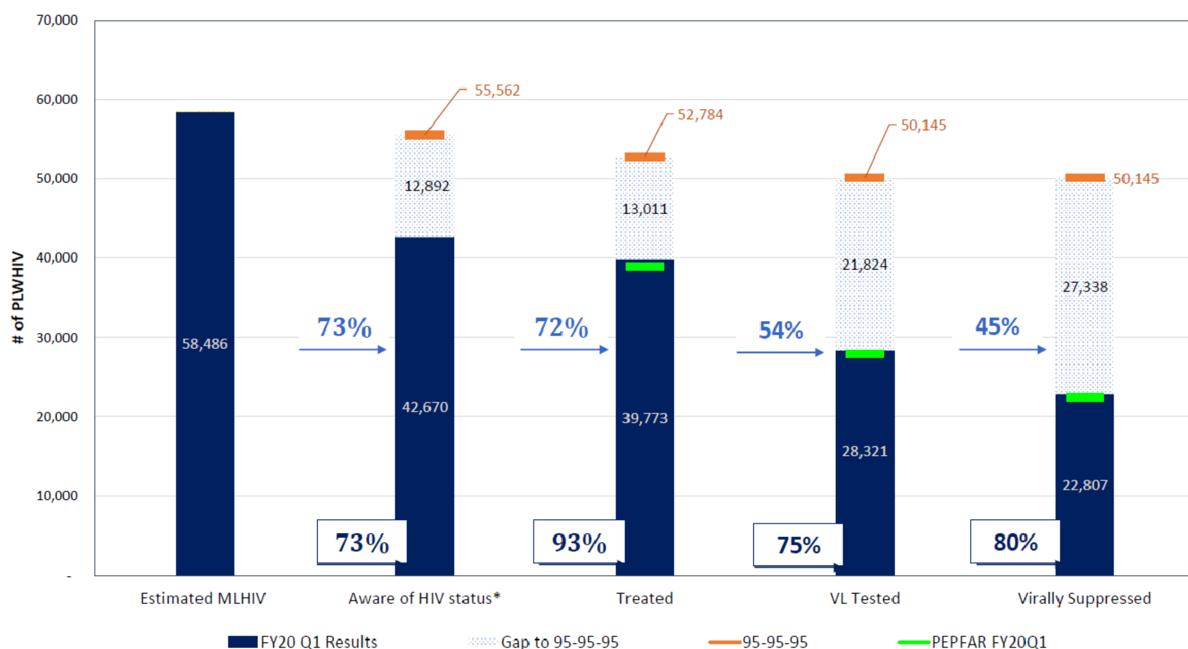
Linkage to Treatment

Linkage to treatment remained suboptimal through FY20 Q1. Unlinked clients pose a risk for onward transmission and increased HIV-associated morbidity and mortality. The Easy Start package will address treatment literacy gaps that make the treatment of well patients more challenging while building trust between patient and provider. The "Easy Start" approach was suggested by civil society organizations (CSO) during the COP19 planning meeting. Core components include revamped post-test counseling to improve treatment literacy, intensified psycho-social support, entry into an ART treatment agreement detailing the importance of compliance and adherence, and continued client engagement for retention over time and in between follow-up visits. The PEPFAR team added to it: i) the "ART treatment agreement" developed by a high-performing partner with good retention results (Catholic Mission Board [CMMB]), and ii) the continued client engagement. This new Easy Start package, starting at every PEPFAR facility in COP 19, will be also offered in the community by community health workers and peer educators by COP20 implementation.

A key component of service packages for both linkage and retention is consistent non-stigmatizing and non-discriminatory service delivery. The recent DHS in Haiti reveals that up to 60% of providers would not eat food prepared/served by an HIV-positive person. Increased community engagement including civil society monitoring is key to addressing stigma in HIV service delivery. Friendly, welcoming services to clients and intense partner monitoring to follow comprehensive care guidance are critical to improve durable linkage and retention to reach epidemic control. The Easy Start package will be specifically adapted to address stigma and discrimination from the first encounter with clients and throughout the continued engagement and aims to prevent treatment interruption and improve adherence to treatment.

Closing the Gap for Men

Figure 4.1.1: 2019 Haiti National Clinical Cascade for Men



Gap analysis in Haiti demonstrates a testing and treatment gap for men. PEPFAR Haiti will scale-up male-friendly best practices to sites in high-burden districts with identified gaps in testing, treatment retention, and viral load suppression. The identification of 12,892 undiagnosed men is essential to interrupting ongoing transmission. Reaching men through faith-based communities and traditional leaders, including voodoo leaders, will be promoted extensively with the Faith and Community Initiatives (FCI) ambition funding. Specific faith-based implementing partners will work with churches or community-based faith groups to educate their members about the HIV medical progress in Haiti using the U=U (Undetectable=Untransmissible) campaign. New messages targeting men will be disseminated in the communities by the faith leaders along with the fact that these leaders with their trust relationship with the community members know by virtue the group of men presenting risk markers to get HIV. The program will select a series of message adaptations for faith leaders from the "2018 FBO Mapping and Gap Analysis Document". The Haiti program will expand the self-testing strategy in COP 20, targeting young men, particularly MSM, and informal sex workers not reached by conventional peer-approaches.

Key male-friendly investments also include a centered approach where male peer-navigators fast track male clients to receive comprehensive care and reduce time at the facility. The additional efforts to make services "male-friendly" will focus on integrating men into existing services as part of a package of other services including STI screening, condom distribution, and TB screening. ARV dispensation and self-testing will be available at selected male-dominated workplaces, transport hubs, industries or sports events in priority SNUs. Male peers and community members will be integrated into the care and psychosocial teams. The service package will include one-on-one client coaching on ART adherence and differentiated service delivery options. Viral load classes targeting men who have not achieved viral suppression will be put in place. These classes are led by "viral load champions," previously detectable men who have achieved viral suppression.

In COP19, several men's clinics were opened to offer tailored and appropriate services to men, with a special focus on 24-35 years old who have the highest loss to follow up. These clinics will also interface with community drug dispensation (CDD) programming and peer-led community adherence groups (PCAGs) to further extend the reach to men. CAGs, men's clinics, and CDDs will address known barriers for men by providing flexible hours, outpatient clinics on Saturdays, decreasing wait times and offering mobile services ['meet you where you are'] services for hard-to-reach men.

4.2 Retaining clients on treatment and ensuring viral suppression

Retention continues to be the rate-limiting factor in closing the treatment gap, while case finding challenges are disproportionately affecting men and children. To address these challenges, PEPFAR Haiti will:

i) Prioritize returning previously diagnosed and lost clients to care; and
ii) Focus and scale client-centered HIV service delivery to improve retention and prevent treatment interruption.

Haiti will continue the Return to Care and Retention Surge campaigns initiated in FY19 with the expansion of complementary community services and contingency plans in COP20.

The "Welcome Back" Return to Care Campaign is an aggressive patient tracking and tracing initiative to find recently lost clients starting with those lost during the last 6 months of care. This campaign is marked by weekly data monitoring, closer supervision of partners and sites, clear guidance in the MSPP circular, and input and feedback from CSO and PLHIV associations. Through FY20 Q1, 20,000 clients

were successfully returned to care via this initiative. PEPFAR Haiti used the data from this effort to describe clients lost to care and better understand reasons for LTFU and treatment interruption. These findings and patient feedback were used to design client-centered service packages as a part of the Retention Surge. These service packages seek to reduce attrition and client loss through more customized services tailored to the needs of the individual client.

Findings from the Welcome Back campaign revealed that up to 20% of lost clients we reached did not want to return to a facility for care. An additional 5% of clients were seeking alternatives to traditional facility-based services and up to 45% of lost clients cited time and financial hardship as barriers to remaining in care. The service packages in the Retention Surge will expand in COP20 to increase client options for services including leveraging community outposts, and to boost activities to prevent treatment interruptions. The Easy Start program will be extended in all PEPFAR sites, offering new clients a customized ART orientation, complete with an ART patient agreement and a peer navigator to stem loss in the first 90 days. Treatment literacy and U=U campaigns will improve clients' understanding and adherence to treatment. Multi-month dispensation for up to 6 months will be offered to 95% of clients, earlier in their treatment program. In addition to the existing components of retention surge, COP20 will see the continued expansion of the community drug dispensation program – the cornerstone to maintaining and returning clients to care and decongesting clinics to reduce overall wait time.

PEPFAR Haiti is using COP19 acceleration funds to establish a network of community drug dispensation points, which will be expanded to 25 points nationwide, to address some of these client-cited barriers. By using existing sites in the community (pharmacies, grocery stores, PLHIV associations offices) with extended hours, clients can collect their ARTs earlier or later in the day. The commercial sites also remove the stigma associated with drug pick-up points that exclusively serve PLHIV, while the PLHIV associations offer flexibility, leveraging PLHIV networks to better reach clients.

An additional component of the community program is the peer-led community adherence groups (PCAGs). These groups are led by experienced treatment clients who have achieved viral suppression and can act as peer mentors to new or hard-to-reach/keep clients. These peers, equipped with scales, lancets, DBS cards, and symptom check questionnaires can conduct home visits or meet clients at locations of their choosing to deliver meds and conduct a mobile health check. In addition to weight and OI/STI syndromic assessment, these peers can conduct VL monitoring using finger pricks alongside glucose and blood pressure checks – or some subset of these services based on the clients' preference and feasibility at the meeting point. Peer mobile devices (smartphones and tablets) can be used to geocode and tag different locations where clients are served to improve the accuracy of locating information. Mobile devices will also be used to transmit client information to the facility-based EMR as well as the patient linkage and retention (PLR) tool for real-time patient tracking.

This flexible service delivery approach not only serves clients daily but can be leveraged for contingency planning during periods of unrest when clients cannot easily access sites (both facility and community fixed drug distribution points). Partners already using these approaches had higher retention performance in FY19 (CMMB).

FCI activities, proven effective in other countries, have started in Haiti in COP19/FY20Q2, and will continue in COP20, addressing the needs of people seeking alternative care, and ensuring that they stay on treatment. FCI activities will also be paramount in the Retention Surge in general, by promoting a supportive attitude towards PLHIV within faith-based and other organized communities, and by disseminating new messages of hope, and basic information about the availability of effective antiretroviral therapy (ART) free of charge.

Analysis of data shows that treatment interruption rates show the highest rates of patient loss occurring among young adults aged 20-39-years and among children under 10 years of age. The service package for the young adult age groups will include messaging using social media and use of expert-clients of similar age in support groups, as well as age-appropriate peers in the community to remove barriers due to generational differences. For children less than 10 years, the focus will be placed on linkage of OVC and pediatric services, as well as FCI initiatives targeting children for viral suppression in COP20.

4.3 Prevention, specifically detailing programs for priority programming

HIV and violence prevention for AGYW and OVC

PEPFAR Haiti remains the main contributor to OVC activities in Haiti and continues to work closely with PNLS and Institut du Bien-Etre Social et de la Recherche (IBESR), the government entity responsible for OVC under the Ministry of Social Affairs (MAST). In COP20 PEPFAR Haiti will devote its OVC resources to close the gap and help reach epidemic control in the pediatric population. Children that will be prioritized for OVC enrollment will include: C/ALHIV, children of HIV+ adults at risk of poor retention or with detectable viral load, HIV exposed infants, children of prisoners and female sex workers and survivors of violence against children. The program will continue to actively identify children of infected mothers that have not yet been tested and will refer them for testing. Case management of individual beneficiaries of the OVC program is being enhanced through existing mobile phone-based case monitoring tools, called the Open Data Kit (ODK), to ensure a multi-layered package of services is offered to OVCs. The ODK platform will be rolled out to all implementing partners in all districts implementing DREAMS activities to ensure that layering of services for these beneficiaries can be tracked by the start of FY21. The program will also align ODK, the OVC case management tool, and EMR/MESI to enable bi-directional information sharing for both OVC and clinical partners.

Access to education has been an important element of the PEPFAR Haiti OVC program as it promotes resiliency among adolescent girls and reduces vulnerability. The ratio of girls to boys receiving educational support is currently 51:49, and the dropout rate for girls is below 1%. Household Economic Strengthening (HES) is facilitating the transition for many families from PEPFAR Haiti support and is reducing dependency on OVC education programs. The Savings Group program aims to empower young women and their families through social and economic strengthening and consequently helps to reduce GBV and decrease HIV risk. Other HES activities include vocational training, credit towards small enterprises, etc. Other interventions aimed at risk reduction include access to comprehensive adolescent sexual and reproductive health services, encompassing access to condoms and family planning methods, and linkages to HIV testing services (HTS) for a strengthened continuum of care, particularly focused and scaled-up in areas of high HIV prevalence. In addition to those activities, implementing partners will work with MAST, IBESR and PNLS to link violence GBV survivors to medical, legal and psychological services- particularly in the DREAMS districts. The OVC program will also work with boys and girls aged 9-14 at risk of violence and HIV in high burden areas. Identification and enrollment will be through school-based referrals, out of school high-risk children, and HIV negative children of HIV+ parent/guardian. The already approved and adapted DREAMS curriculum will be used to support this intervention.

PEPFAR initiated DREAMS programming in Haiti in COP17. Districts within the departments of Artibonite, North, and West were selected based on high yields of HIV testing among adolescent girls and young women (AGYW) ages 10-14, 15-19, and 20-24, and high prevalence of gender-based violence (GBV) as reported by the 2017 DHS. Four districts are currently targeted - Port au Prince, Cap-Haitien, Dessalines, and Saint Marc. A package of services layered by age band (10-14 and 15-19) has been designed

to address the specific needs of these age groups, with an emphasis on prevention. The main components of the package are access to secondary education; positive parenting for caregivers; community-based GBV prevention, including schools with social services for violence survivors; comprehensive adolescent sexual and reproductive health education and counseling; social asset building; and HES. For COP20, the program will increase its target from 17,016 to 20,050 and will also enroll AGYW 20-24 age group. Services will be enhanced to include PrEP for adult young women. PrEP will be available for high-risk AGYW that are over 18 because of policy limitations. The screening tool will be revised to better identify risk factors in the 20-24 age group.

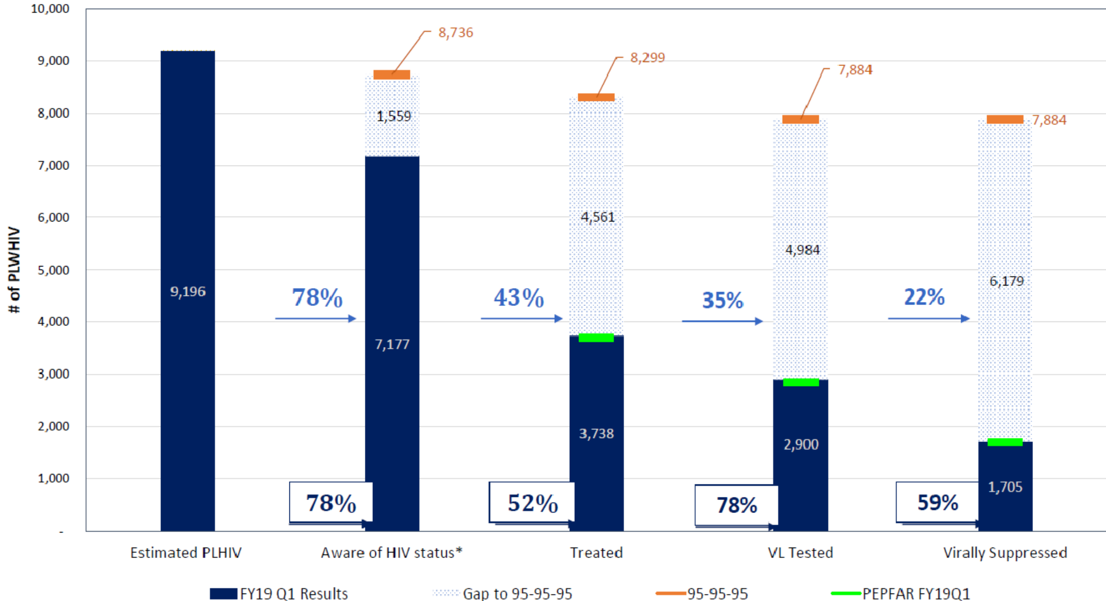
The Haiti DREAMS program will continue to identify the most vulnerable AGYW (out of school AGYW), and will expand in new communes within the four districts to improve geographical coverage, particularly in the Cap Haitian district. Based on lessons learned from the previous fiscal year, the program will focus on improving primary package completion rates. MOUs have been signed between clinical and DREAMS partners to ensure that referrals are closed and services that are required are provided in a timely matter. The DREAMS coordinator will be hired and will improve coordination of interventions between partners and agencies.

PEPFAR will continue to work with the GOH and its partners to roll out the response to the Violence against Children Survey (VACS). The OVC program is coordinating with other partners involved in projects related to child protection, human rights, and human trafficking to address issues raised by the VACS survey, including settings for post-rape care and networking with the GOH, UNICEF, and other key stakeholders. For COP20, legal services for victims of sexual violence will be provided through leveraging an existing partner funded under the USAID Office of Democracy and Governance.

Children

The most recent estimate by UNAIDS indicates that 9,196 Haitian children are living with HIV and 7,177 are diagnosed, suggesting a gap of 1,559 undiagnosed children. As of FY120Q1, 3,738 children living with HIV (CLHIV) were active on ART, which represents 52% achievement towards the 95% CLHIV treatment goal.

Figure 4.3.1: 2019 Haiti National Pediatric Clinical Cascade



Linkage to ART treatment is strong amongst children, but they face similar challenges to adults with retention and fare even worse with viral suppression. PEPFAR Haiti will improve the technical capacity of sites to manage and retain HIV-infected pediatric clients through targeted training on pediatric service delivery strategies. Cross-training with OVC providers, as well as leveraging OVC services for pediatric clients in need across all implementing partners will quickly close retention gaps.

As discussed in section 4.2, the focus of COP20 will be to bridge the gap among the pediatric population by ensuring enrollment of HIV+ children in OVC programs and improve their clinical outcomes. The program will continue formalizing the community/clinical interface through MOUs and SOPs and ensure that community health care workers (CHWs) work with sites regularly, proactively trace patients that have missed appointments and interrupted treatment and improve treatment literacy and adherence support delivered by CHWs and peers through home visits. OVC programs will work closely with pediatric care and treatment teams to improve viral load coverage and suppression. PEPFAR Haiti will also establish custom OVC indicators for retention, adherence and viral suppression for routine tracking of clinical outcomes among enrolled HIV positive OVC. As already started in the previous fiscal year, the program will scale up support to non-suppressed patients through the supervision of regimen optimization, treatment literacy and addressing socioeconomic factors. The expected outcome will be to substantially increase the percentage of virally suppressed HIV positive children for FY21.

Pre-teen and adolescent support groups will be established within facilities as well as in communities using FCI ambition funds. This expanded psycho-social support will not only improve compliance with care but also begin establishing community peer models that adolescent clients and young adults can leverage well into adulthood. PEPFAR Haiti will continue scaling up parenting/caregiver curricula and support to address difficult issues such as stigma, disclosure, and adherence by improving parent-child communication.

The program will also work with implementing partners to ensure that pediatric formulations for ARV drugs remain available where needed and that children over 20 kg are switched to TLD as recommended by national guidelines.

PEPFAR Haiti has begun discussions with PNLS about the possibility of introducing DTG 5mg in the near future for the pediatric population. When drugs become available and with WHO approval, PNLS will update their guidelines to reflect the new recommendation.

Key Populations

As described above, in response to OGAC's request for countries to halt index testing for KPs, the PNLS and several KP-led organizations jointly created a summary of approaches and procedures for protecting clients' rights. The document also includes an assessment of the current state of index testing implementation and the importance of reinforcing the WHO "5 Cs" during provider-client interactions.

MSM and FSW are disproportionately impacted by HIV in Haiti, with prevalence levels significantly higher than the general population; 12.9% and 8.7% (IBBS 2014), respectively. An updated national HIV prevalence for MSM and commercial sex workers (CSW) is expected with the new GF-financed IBBS, planned to start in FY20, with preliminary results available in FY20 Q3. Additionally, the PEPFAR Haiti program includes prisoners and their family members among the priority populations given the continuing burden of HIV and TB co-infection in prison settings.

In COP20, PEPFAR Haiti will continue to support high-impact core interventions for KP including targeted prevention messages and HIV testing services (HTS), combination prevention services extended

to clients of CSW, condom/lubricant promotion and distribution, and use of peer navigators to enhance adherence and retention of HIV-positive KP. The overall strategies will continue to engage KP-led organizations in the program implementation. LGBTQ organizations will be involved in community drug distribution and take part in the task force to retain patients in care and bring back those LTFU. PrEP has been rolled-out and is available in all KP sites in the West and North departments. At the start of COP20, all KP sites and selected general population sites will offer PrEP.

The previous IBBS, PLACE studies, the results of the latest stigma poll (2017), and recent CSO consultations indicated that stigmatization and violence hindered MSM and CSWs' access to quality HIV services. In COP19 and COP20, specific interventions will be added to tackle stigma and discrimination, including:

i) Creation of CSO-led observatory to monitor quality care, stigma and discrimination index at the site level;
ii) Engaging faith communities to decrease stigma with the dissemination of new messages of hope and 'mystery clients' to assess the quality of care given at the site level; and
iii) Ensuring that all staff contracts have an anti-stigma and anti-discrimination clause, which if violated will result in disciplinary action, including termination.

At the community level, PEPFAR Haiti will continue to sensitize law enforcement officials, including the Haitian National Police (HNP), about the rights of KP to ensure they have access to supportive, respectful, and appropriate services, including for GBV.

In regards to coverage, the program will continue to strengthen the capacity of local KP-led organizations to provide KP-friendly services and to scale-up innovative, evidence-based strategies to achieve epidemic control for KP including utilization of local social networks to identify undiagnosed individuals living with HIV and link them to HIV treatment services. The latter will be done primarily through the full roll-out of peer-outreach approach, improved fidelity of index testing, expansion of self-testing and mobile outreach activities to increase coverage in areas with limited access to KP friendly services.

PEPFAR Haiti will continue to collaborate with PNLS to ensure that the different HIV-related guidelines incorporate KP and will continue to build capacity of the community KP-led organizations to potentially become grantees in the future.

4.4 Additional country-specific priorities listed in the planning level letter

Haiti-Dominican Republic Cross-border Collaboration and Coordination

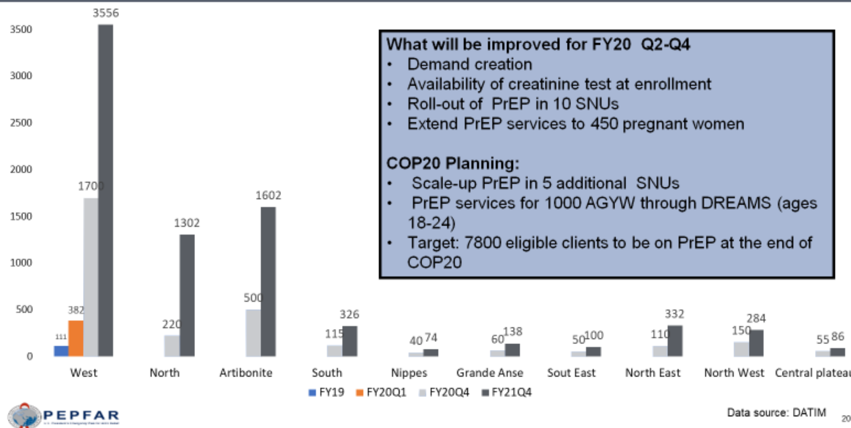
The Haiti and Dominican Republic (DR) PEPFAR programs will establish a coordinating body to work to improve referrals across the island and improve efforts to retain in treatment those PLHV that cross the Haiti-DR border, building on a model used to coordinate TB cross-border programming. In COP19, joint site visits at the border and facility site visits within each country have been programmed. As stated in the previous section, the population of concern for both countries include i) HIV positive individuals of Haitian descent engaged in bidirectional travel across the border and ii) HIV positive clients living in one country but accessing services and ARTs in the bordering country. Continuing into COP20, guidance will be developed in both countries to provide the needed supply of ART and potential referral locations to PLHIV with imminent departure to Haiti or DR. A referral network will be developed among CBO/CSO organizations to provide cross-border referrals and case management support to bolster community-level follow-up for PLHV and supportive services to stay in care. The team will collaborate to ensure the

interoperability of technology to ensure that providers in both countries have access to their patients' clinical information in order to ensure high-quality patient-centered care.

PrEP Expansion

Figure 4.4.1: PrEP: COP19 Achievement to Date and COP20 Projected Performance

With the support of PEPFAR Haiti, MSPP launched PrEP in FY19 in selected sites and will continue the expansion of PrEP throughout the country. In COP20, five additional SNUs will be added and PrEP services will be expanded to target adolescent girls and young women (AGYW).



TLD Transition, ARV Optimization and Effective Implementation of Multi-month Dispensation

PEPFAR Haiti and MSPP are committed to delivering quality care and treatment services to PLHIV, notably by ensuring that patients are receiving optimal ARV regimens. ARV optimization for children weighing 20 kg or more will include TLD, while children under 20 kg will be treated in accordance with current WHO guidelines. Given the suboptimal viral suppression among children, PEPFAR Haiti will ensure all treated pediatric clients are no longer on nevirapine-based regimens. With the ongoing risk of insecurity and violence, PEPFAR Haiti aims to have 95% of the treatment cohort on 6-month dispensation – specifically with two 90-day bottles or one 180-day bottle. Existing 30-day bottles will be consumed by the end of FY20.

TB/HIV activities: Tuberculosis Preventive Therapy (TPT) and TB screening

Tuberculosis remains the primary opportunistic infection for people living with HIV in Haiti. During FY19, the program managed 3,550 coinfected patients. TPT (Isoniazid and Vitamin B6) is offered to all eligible HIV positive patients according to the current MOH guidelines. The program has identified gaps and barriers to TPT initiation and/or completion such as the absence of TPT register, lack of site staff training, and the burden of pills. In COP20, a granular site management approach is planned to scale-up TPT with better integration in the differentiated service models of care. The plan will include a series of training sessions on TB/HIV guidelines and reporting. Innovative practices will encourage sites to have a TB champion to monitor TB activities and to integrate TPT benefits in all support groups or other peer-

driven interventions. PEPFAR supply chain implementing partners will ensure availability of fixed and combined INH+ cotrimoxazole pills and is exploring with Global Fund the use of a short-course combination of once-weekly isoniazid and rifapentine for 12 weeks (3HP) for better compliance.

TB screening is another area of concern to address since the program has identified gaps in effective screening of patients on antiretroviral treatment. Systematic TB screening for ART patients is an important step for a prompt TB diagnosis, leading to adequate TB treatment and consequently reducing the morbidity and mortality associated with the TB/HIV coinfection. The FY19 data show that 74% of the ART patients were screened for TB. The Electronic Medical Record (EMR) forms allow the healthcare providers to actively screen for the four symptoms (cough, fever, night sweats, and weight loss) included in the clinical assessment tool, however, the completion and reporting of these forms are not systematic. The PEPFAR team will work with the SI team to ensure that completing the TB screening section is mandatory in the electronic form. During COP 20, the USG team will continue to work with implementing partners for additional guidance in terms of systematic TB screening and accurate reporting for all ART patients at least once during a semi-annual period. Finally, the program will ensure that all the patients screened positive have specimen sent to the lab and those with positive specimen results initiate TB treatment.

Targeted and specific site visits will be conducted to assess progress on TPT and TB screening activities. The USG team will also use partner meetings as a platform to share TB/HIV implementation best practices.

Viral Suppression

While 80% of tested ART clients had suppressed viral load in Haiti by the end of FY19, only 74% of the treatment cohort had a test and children fared worse with less than 55% suppression. The FY20 completion of the TLD transition, 6-month multi-month dispensation and ART regimen optimization including cessation of nevirapine-based regimens for children will address a significant proportion of virally unsuppressed clients.

IPs will continue scaling patient education ("Viral Load classes") and U=U campaign so that PLHIV understand the relationship between adherence, viral suppression, and reduction of transmission risk. This will create demand for VL tests, which will help close the remaining coverage gaps.

IPs will continue reviewing high viremia weekly reports for patients with persistent VL above 1,000 copies/mL. Not only will these clients benefit from viral load classes but also more frequent VL and regimen monitoring for switching where required. The goal is to achieve 95% Viral Suppression rates nationally by the end of FY21. With the 6-month MMD strategy to be fully implemented, site medical staff will have more time to review patients' charts to take adequate measures.

Laboratory Optimization

PEPFAR Haiti's analysis of VL, EID, and GeneXpert TB testing demonstrates full capacity utilization of VL and EID testing and underutilization of TB testing using GeneXpert (both for HIV-coinfected and HIV-negative patients). Initial plans to leverage GeneXpert for POC EID testing will be implemented as the country improves the medical waste management systems. Additionally, a fifth high-throughput machine for centralized testing will be positioned in the North department to increase sample processing capacity and further reduce turnaround time, affected by external factors in the country (e.g. roadblocks, protests, etc.). The national sample referral network will continue to provide census coverage nationally ensuring every PLHIV has access to VL testing.

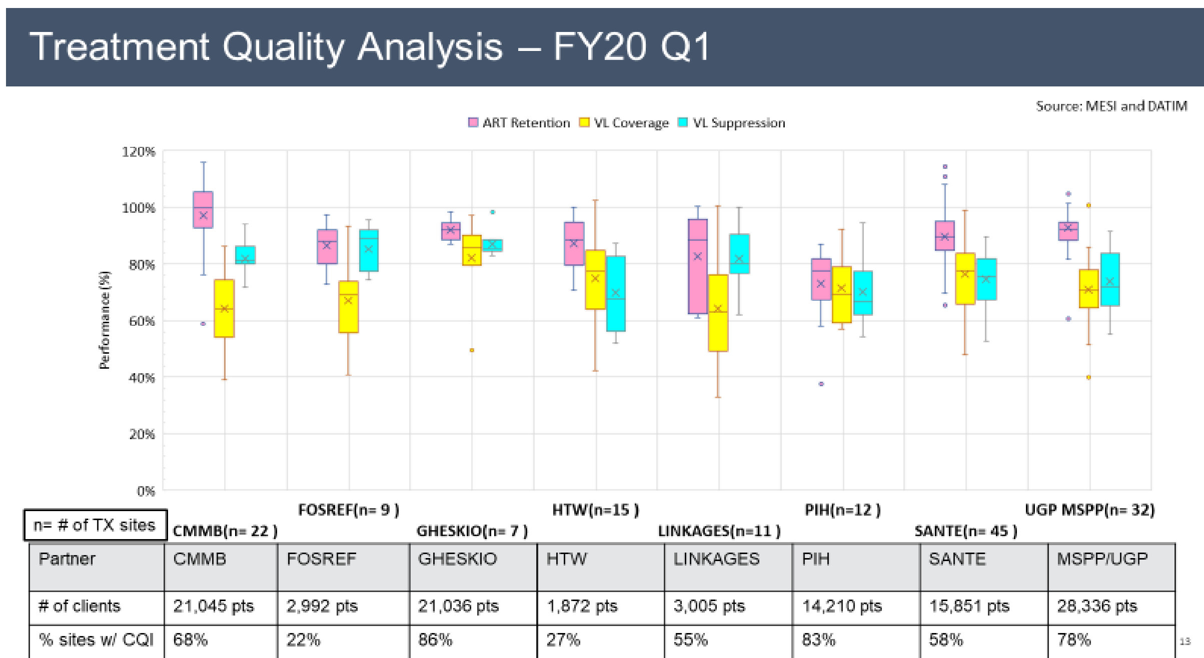
While Haiti has embraced DBS for VL testing, venous blood draws limit the use of this technique outside of clinical settings where phlebotomy services are available. In COP20, the finger prick-based DBS method will ease sample collection as it is rolled out and task shifting will increase at the community level to improve access to and coverage of VL testing. The PEPFAR Haiti team will continue to work with MSPP to transition sample collection by phlebotomy to finger prick at the facility level and fast track patients for care.

Improving Oversight and Accountability of Partners and Granular Site Management

PEPFAR Haiti will build on the intensified partner management approaches launched in FY19. Partners will continue monthly data submissions for performance review and monitoring. We will continue leveraging the interoperable information systems (existing site EMRs, HIV program monitoring and case-based surveillance, patient tracking app) and increasing client use of the existing biometric unique identifier systems for deduplication.

The PEPFAR interagency team will also increase partner site visits in collaboration with the MSPP, specifically PNLS. These site visits will include SIMS and/or granular site management (GSM) assessments based on performance data and barriers. Site visits will also include a review of the existing continuous quality improvement (CQI-HEALTHQUAL) data and plans for that site. Performance data reveal sites and implementing partners who actively participate in CQI-HEALTHQUAL routinely demonstrate higher performance in retention and viral suppression.

Figure 4.4.2: Treatment Quality Analysis FY20 Q1



Partner	CMMB	FOSREF	GHESKIO	HTW	LINKAGES	PIH	SANTE	MSPP/UGP
# of clients	21,045 pts	2,992 pts	21,036 pts	1,872 pts	3,005 pts	14,210 pts	15,851 pts	28,336 pts
% sites w/ CQI	68%	22%	86%	27%	55%	83%	58%	78%

USG teams based in other geographic regions of the country will return regularly to the central office in Port-au-Prince to provide performance updates, exchange best practices and shared challenges with the larger partner management and technical teams. Partner meetings will be convened in-person quarterly, to share implementation findings, fixes, and persistent challenges. PEPFAR Haiti will also encourage temporary staff exchanges between sites for staff in low performing sites to directly learn best practices from high performing sites in a hands-on approach. This active partner engagement and exchange will allow for course correction quickly and uniformly where universal challenges are addressed with practical

solutions. Partners with consistent underperformance and or sites that are chronically non-compliant will be placed on performance improvement plans and may be subject to reduced target share and funding.

Agencies will also work to strengthen the capacity of local partners' business and fiscal management procedures. With the shift to increased local partners and operating challenges in the Haiti context, direct collaboration between agency business officials and partner management teams is essential to building and strengthening the local partner landscape and their capacity for sustainable programming.

4.5 Commodities

PEPFAR Haiti, MSPP, and other stakeholders successfully coordinated the procurement of new antiretroviral (ARV) formulations and achieved the established targets for the transition of ART patients to TLD during COP18. The PEPFAR Haiti program procured and distributed bottles of TLD 180 and 90 count tabs to all USG supported sites to facilitate the implementation of MMD strategy to improve patient retention and provide for "return to care" patients. The collection of phased-out adults NVP-based regimens from PEPFAR Haiti supported sites was completed late in FY20 Q2 due to political instability and roadblocks conditions throughout the country during FY19 Q4 and FY20 Q1. In addition, ARV optimization, including transitioning the small volume of patients on ARV regimens that are not consistent with WHO and MSPP guidelines, was prioritized during COP19. The ARV procurement planning was well coordinated between PEPFAR Haiti and the Global Fund during COP19 and will continue in COP20 to ensure timely and adequate availability of commodities while minimizing potential waste of legacy ARV regimens.

In COP20, PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of antiretroviral formulations at all geographic levels of the country. No funding gaps or stock-outs are projected for any commodity during COP20.

4.6 Collaboration, Integration and Monitoring

a. Strengthening cross technical collaborations and implementation across agencies and with external stakeholders, including the GFATM and MOH

PEPFAR Haiti will continue working with MSPP, specially PNLS, the Global Fund, UNAIDS, WHO/PAHO, and civil society to coordinate programming and resources to maximize efficiencies and avoid duplication of effort. There is currently good technical collaboration and information sharing among the government and the donor community. We will continue with partner performance review and site visits jointly with MSPP/PNLS.

Domestic resource mobilization continues to be a concern in Haiti. The contribution of the GoH was estimated at 3% of the total expenditure for HIV/AIDS and delays in finalizing a budget due to political instability have consequently delayed expenditures. While MSPP has expressed willingness to absorb some HRH expenses and HIV and non-HIV health commodities, lapsed parliament and frequent changes in leadership have stalled the realization of these goals.

PEPFAR Haiti will continue to support MSPP's efforts to increase the accountability of health care workers in providing stigma- and discrimination-free services to all clients, including PLHIV and KP. We also endorse the MSPP's efforts to streamline HRH support from PEPFAR and GF and to improve task

sharing to qualified health cadres for increasing roles in services, such as nurses for management of ART, and community health workers for enhanced outreach and engagement with clients.

Reinforced monitoring and accountability, coupled with continuous leverage of other donor efforts, including the GF, French & Canadian Governments, WHO/PAHO and UNAIDS, as well as key civil society organizations and PLHIV associations, will be essential to achieving epidemic control in Haiti.

b. Strengthening IP management and monitoring and implementation of innovative strategies across the cascade, with fidelity and at scale, to improve impact within shorter time periods

PEPFAR Haiti will continue supporting MSPP/PNLS in monitoring the HIV/AIDS clinical cascade from diagnosis, linkage to care and treatment, retention, and viral suppression by population group and geographic location. Findings will be used to identify program weaknesses along the cascade for immediate action. Specific activities include frequent (weekly and biweekly) monitoring of problematic sites, as well as monthly monitoring of all other facilities for key indicators and quarterly data review meetings. The frequent (weekly and biweekly) reviews of key indicators began in FY19 Q3.

As previously described, IPs' performance is monitored by results shared monthly by all HIV sites in an aggregated format on the National HIV Monitoring System (MESI). Partners are assessed on core MER indicators that directly impact the clinical cascade. They also share best practices under the leadership of PNLS to address challenges within the program. USG agencies will alert partners of their underperformance (typically achieving less than 25% of their annual target per quarter) and work with them to course correct. Persistent underperformance will result in PIPs and potentially funding and target shifts as needed.

PEPFAR Haiti agency teams will continue to hold collaborative workshops with their respective IPs to review performance on key indicators and provide guidance on activities with limited results.

At the USG level, the interagency team will continue with technical working groups to discuss challenges and potential solutions. We will also intensify the frequency of site visits for compliance assessment and performance monitoring.

At the national level, PEPFAR Haiti will work more closely with MSPP to review the quarterly results and ensure data quality and validation in the patient-level reporting systems (EMRs and MESI). Support will include participation in joint supervision visits to track implementation of strategies with fidelity, analysis of data at the finer age/sex disaggregation to monitor attainment and ensure progress toward epidemic control, and co-hosting meetings to share best practices, collaborate, learn and adapt for impact. The team will also leverage CSOs and findings from their monitoring system to improve the client experience.

c. Improving integration of key health system interventions, including HRH and laboratory (VL) activities across the cascade

The PEPFAR Haiti program will continue to reinforce its ties with other health programs under the MSPP organigram. The HIV program will continue to streamline its workforce in multiple areas by integrating interventions with existing facilities' services and apparatus.

Health Information Systems is an area of successful synergy and integration into cross-cutting service delivery. In COP20, PEPFAR Haiti and the MSPP will extend the interoperability of the existing systems to the laboratory information system and logistics management information system currently being procured through the Global Fund. This effort will increase the ability to cross-match variables from

clinical care, commodities management and laboratory systems for quality assurance and data analysis for M&E.

Prior year integration of the laboratory testing instruments into the SCC-LIS system for VL and EID testing improved testing efficiency, reduced transcription errors, and facilitated the reporting of accurate VL and EID testing. In COP20, PEPFAR Haiti will continue to provide support to maintain the existing SCC-LIS and sample tracking systems while further integrating LIS client results with EMRs for importation into SALVH (case-based surveillance system).

d. Improving quality and efficiencies of service delivery through improved models of care delivery across community and facility sites

In COP20, PEPFAR Haiti will continue to identify PLHIV, link to and retain them on treatment to achieve epidemic control. The following strategies will be used to improve quality and efficiencies of service delivery across community and facilities:

1. Multi-Month Dispensing (MMD): As previously described, MMD will be extended to a 6-month supply for 95% of the treatment cohort. Nine to twelve-month MMD will be offered to mobile populations crossing often or residing in the Dominican Republic or traveling to countries outside of Haiti.

2. Community Drug Distribution (DAC): In addition to MMD, patients will increasingly transition to community-drug distribution as an effort to reduce wait times and decongest health facilities (if clients are interested in this option). Community-based ART distribution will help address a major challenge for the PEPFAR program in terms of retention in care. The program will also scale community drug dispensation fixed points in the community and peer-led community adherence groups or CAGs using PLHIV associations and LGBTQ groups. In the latter, drugs brought directly to the client will be accompanied by a health check and will use the group's networks to offer more flexibility to clients.

3. Extended clinic hours: Extended clinic hours will be available before or after regular work hours during some weekdays at PEPFAR sites in districts with the highest HIV burden. Clinics will also be open during at least one weekend per month to facilitate access to services for hard-to-reach populations or patients who are too busy to attend clinics at regular hours.

4. Men's clinics and men's corners: Men's clinics and men's corners started in FY20 will continue in COP20 in SNUs with the highest gaps in coverage in Cap-Haitien, Port-au-Prince, Cayes, and Artibonite. Assessments are ongoing to ensure the efficiency and efficacy of this new initiative. This will allow men to have a dedicated establishment where they feel empowered to seek services in an environment that is conducive to them.

5. Collection of VL samples at the community level: Currently in Haiti, VL and EID testing coverage and suppression rates are suboptimal for the program. To address the coverage issues, especially in SNUs with high VL coverage gaps, community-level VL sample collection will be initiated by MSPP-trained and certified mobile clinic staff and community health workers. PEPFAR Haiti will also work with the MSPP/PNLS to transition to finger-prick methods for DBS sample collection, obviating the need for phlebotomy services.

6. VL suppression: Patients with a detectable VL or persistent high viremia will be offered individual VL counseling and/or group support clubs led by peer mentors, and enrollment into a Viral Load Class to improve the treatment literacy and adherence to treatment. ART optimization is also ongoing for these clients including resistance testing and a regimen switch where indicated.

7. Task sharing: Routine patient follow-up care will be largely done by nurses so physicians can prioritize complex cases. Community Health Workers, including peer navigators, will continue offering HIV services outside of the facility and provide updated tracking information on defaulters and clients in DSD models. They will work with psycho-social staff to provide appointment reminders, linkage to support programs and accompaniment services.

9. Improving patient-provider relationships: In addition to the CSO-led monitoring program to reduce stigma and discrimination, peer navigators will assist in improving patient-provider relationships through accompaniment and direct interface management including linguistic subtleties, literacy barriers (pictograms vs written instructions based on client literacy) and treatment literacy (interpreting results and identifying goals for VL, adherence, etc.).

10. Social networking and enhanced peer outreach approach (EPOA): The EPOA and social networking approach for KPs will continue at the 25 implementing sites with a focus on MSM and other KP.

e. Supporting community-led monitoring of treatment services with minimum quarterly meetings to review reported observations and recommendations with representatives and follow up as needed

The CSO groups have already started to put in place an independent CSO observatory, in coordination with UNAIDS and technical support from other international entities. The CSO observatory will be supported in COP19 and COP20 with the Ambassador's small grants, along with a network of ombudsmen, to improve the monitoring of the quality of services provided throughout the country. The observatory will be managed by a non-PEPFAR partner to ensure its independence, impartiality, and objectivity. The observatory will meet regularly and will report observations and recommendations directly to MSPP and donors. In addition to the observatory, a national review board, which will include CSO, MSPP, and donor representatives will review program data and challenges on a quarterly basis.

f. Ensuring above service delivery activities are mapped to key barriers and measurable outcomes

Many of the systems barriers from COP19 are still applicable for COP20 implementation in addition to escalating security challenges that limit client access to care:

- Limited availability of population-level epidemiological data at the district level;
- Limited capacity of MSPP to develop policies, guidelines, SOPs, training materials, and serve as technical assistance lead to HIV service delivery partners in Haiti;
- Lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve PEPFAR program;
- Limited MSPP capacity to lead efficient forecasting and optimization of HIV treatment commodities and essential medicines; and
- Fragile health information systems at the national and site level to generate timely and accurate data and information to manage clinical services and HIV programs, including SALVH, iSante, MESI, and its applications, SISNU, LMIS, and LIS.

Relevant above-site and above service delivery activities are identified and aligned with the key barriers identified through the program review for reaching epidemic control. Section 5.0 provides more details on how PEPFAR Haiti activities are mapped to key barriers and measurable outcomes related to reaching epidemic control.

g. Use of unique identifiers across sites and programs in clinical settings

Haiti introduced the unique identification system through Biometric Coding (BC) in 2016 as part of its strategy to support continuity of care among a population that has become increasingly mobile.

PEPFAR Haiti has supported the installation of the BC system at 145 PEPFAR sites and will continue oversight for the enrollment of all new and existing patients in the system. BC data from individual sites are currently consolidated into a unique national server. Sites can access the data through an interface to identify duplicates, address clients' preferences, and ensure proper continuing of treatment.

4.7 Targets for scale-up locations and populations

Standard Table 4.7.1 ART targets by Prioritization for Epidemic Control

Table 4.7.1 ART Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage	Target current on ART (APR FY21) *TX_CURR*	Newly initiated (APR FY21) *TX_NEW*	ART Coverage (APR 21)
Attained	-	-	-	-	-	-
Scale-Up Saturation	78,093	76,994	-	90,055	12,368	116%
Scale-Up Aggressive	211,65	10,717	6,215	17,854	4,959	84%
Sustained	45,345	21,435	-	26,380	1,452	58%
Central Support	4,697	0	4,697	0	0	0
Total	149,300	109,146	10,912	134,289	18,779	

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate (SNUs) and disease burden	Coverage Goal (in FY21)	FY21 Target
Priority Populations – PP_PREV			
Cap-Haïtien	-	-	4,054
Cayes	-	-	2,555
Croix-des-Bouquets	-	-	902
Dessalines	-	-	1,051
Gonaïves	-	-	3,452
Léogâne	-	-	2,251
Ouanaminthe	-	-	4,503
Port-au-Prince	-	-	24,451
Port-de-Paix	-	-	1,952
Saint-Marc	-	-	8,705
TOTAL			53,876

Table 4.7.4 Targets for OVC and Linkages to HIV services

Table 4.7.4 Targets for OVC and Linkages to HIV Services			
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC (FY21Target) OVC_SERV**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY21 Target) OVC***
Cap-Haïtien	-	9,622	7,698
Acul-du-Nord	-	4,253	3,382
Anse D'Hainault	-	101	81
Anse-à-Veau	-	204	163
Aquin	-	1,582	1,260
Arcahaie	-	178	144
Bainet	-	151	121
Baradères	-	0	0
Belle-Anse	-	283	227
Borgne	-	504	402
Cayes	-	2,855	2,273
Cerca-la-Source	-	413	327
Chardonnières	-	231	183
Corail	-	38	30
Croix-des-Bouquets	-	1,484	1,181
Dessalines	-	9,239	7,356
Fort-Liberté	-	1,394	1,110
Gonaïves	-	4,114	3,276
Grande-Rivière-du-Nord	-	722	574
Gros-Morne	-	295	236

Hinche	-	3,622	2,877
Jacmel	-	832	662
Jérémie	-	722	574
La Gonâve	-	31	26
Lascahobas	-	2,189	1,744
Léogâne	-	805	641
Limbé	-	361	287
Marmelade	-	897	715
Miragoâne	-	1,074	854
Mirebalais	-	4,692	3,734
Môle-Saint-Nicolas	-	869	691
Ouanaminthe	-	503	399
Plaisance	-	597	476
Port-au-Prince	-	24,327	19,340
Port-de-Paix	-	7,981	6,352
Port-Salut	-	397	315
Saint-Louis-du-Nord	-	81	66
Saint-Marc	-	10,481	8,325
Saint-Raphaël	-	441	351
Trou-du-Nord	-	1,485	1,184
Vallières	-	172	137
TOTAL	-	**100,222**	**79,7474**

4.8 Cervical Cancer Program Plans – not applicable.

4.9 Viral Load and Early Infant Diagnosis Optimization

In COP20, PEPFAR Haiti will implement POC EID testing in selected sites in the southern departments, using existing GeneXpert machines. To address the system gap in effective medical waste management, MSPP with support from GF is developing a waste management plan that will include the procurement of high capacity incinerators and the establishment of service contracts with local waste transport companies to ensure proper disposal of the GeneXpert cartridges that are potentially toxic for the aquatic flora. Hence, Haiti will continue with centralized EID testing and increase access to POC EID testing in the southern departments. The team will work with the MSPP to ensure appropriate waste management measures are available at the potential EID GeneXpert sites prior to its implementation.

The addition of a high-throughput machine for centralized VL and EID testing in the North geographic region will increase the sample processing capacity and further reduce the turnaround time, affected by external factors in the country (e.g. roadblocks, protests, etc.). The national sample referral network will continue to provide timely specimen transport to all the centralized labs to ensure that every PLHIV on treatment in the country has access to VL testing.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

In assessing its capacity to achieve epidemic control in Haiti, PEPFAR Haiti will build on previous COP systems interventions. A total of seven (7) key system barriers have been identified alongside the appropriate interventions and actions needed to overcome them during COP19 and COP20. The proposed activities address outstanding programmatic gaps and fast track attainment of epidemic control. A total of 27 above-site activities outlined in Table 6 respond to the SID 3.0 elements on which Haiti scored lowest in 2019 and are considered key gaps in the current health system, which affect the achievement of sustained epidemic control. In COP20, the budget allocated to these above-site activities represents 7% ($ 5,975,643) of the total budget activities ($84,594,168). This level of funding of the above-site activities aligns with PEPFAR Haiti program's strategy to achieve epidemic control. Systems investments are analyzed in light of past strategic shifts and previously identified barriers to epidemic control.

PEPFAR Haiti systems investments in recent years have focused on adapting and building capacity of service delivery and information systems for better coverage, adherence, and retention of PLHIV. Innovations in differentiated models of care and drug delivery mechanisms include 6-month MMD, community-based drug distribution, community drug dispensing points, and community-based tracking through PLR. In COP20, peer-led community ART groups will be added to offer additional flexibility to clients. Despite gains in these areas, system-level challenges and barriers remain across the continuum of care.

1&2. Weak laboratory system to ensure: a) quality of clinical laboratory services for HIV patients, and b) efficient samples transport system and reduced turnaround time to return test results for timely HIV patient management

The laboratory system plays a key role in attaining epidemic control. Failure to ensure proper and timely delivery of laboratory services may compromise HIV epidemic control. PEPFAR Haiti will continue to assist MSPP in improving the quality of laboratory services including sample transportation via the notational specimen referral network (NSRN), expansion of quality-assured VL testing, support to the laboratory information system for the timely return of test results and optimization of laboratory protocols that ensure proper placement of lab equipment, lab equipment maintenance and repair services. Various interventions will be carried out in COP19 and COP20 to enhance the capacity of the Haiti laboratory tiered network and point of care testing sites.

An increase in access to VL testing will continue to be a focus for the program along with improvements to testing quality and results readiness for clinical decision-making. PEPFAR Haiti aims to have 100% of all eligible ART patients tested. The partnership with the GF will continue for the procurement of VL commodities.

Systems-level barriers impacting PEPFAR Haiti's ability to expand VL include:

i) Procurement and training on maintenance of VL lab equipment: PEPFAR Haiti will provide training and mentorship on maintenance and repair services to LNSP technicians, including providing an additional rented VL instrument to meet the testing needs according to the laboratory instrument mapping exercise recently performed and providing commodities.

ii) Policy recommendations for decentralization of lab testing: Building off ongoing work to cost and analyze differentiated models of care, PEPFAR Haiti will work with MSPP to develop and implement recommendations for optimization of VL/EID testing for timely and adequate patient management.

iii) Optimized specimen referral networks (SRN): Haiti currently has two SRNs - the EID network, which is fully supported by PEPFAR (specimens from all sites are sent to IMIS and LNSP); and a VL, TB, and surveillance supported network partly funded by PEPFAR with multilateral support from the World Bank, WHO-PAHO, and the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (CDC) Global Health Protection Program. In COP19, the PEPFAR team will ensure the integration of both transport systems into one and will provide support for the provision of services without interruption. In COP20, PEPFAR will continue to contribute to the support of the national SRN for VL and EID, providing census coverage and ensuring that all PLHIV on treatment and all exposed infants have access to a VL or EID test.

iv) Actionable information on VL/EID results: The VL/EID dashboard being developed will be made available to all networks on a monthly basis to allow monitoring the TAT for EID and VL and track results.

3. Limited capacity of MSPP to develop policies, guidelines, standard operating procedures (SOPs), and training materials and serve as technical assistance lead to HIV service delivery partners in Haiti

i) The National HIV/AIDS program lacks population-level data to support decision-making in the context of HIV epidemic control at the different levels of the health system. The HAPHIA (population-based HIV impact assessment) aims to provide this level of detail and is currently being conducted. The data collection started in 2019. Preliminary results of the HAPHIA will be used to refine the implementation of COP20 interventions - most importantly, the information related to population-based VL coverage and suppression will be availed.

The HAPHIA results and recommendations will be disseminated at all levels of the health system including key stakeholders.

ii) In COP20, PEPFAR Haiti will continue providing technical assistance and overall support to MSPP entities, including PNLS, LNSP, and departmental entities, to plan, coordinate and manage the HIV program and the delivery of HIV services. MSPP/PNLS/LNSP will update the approved norms, guidelines and policies and ensure they are properly implemented throughout the country. Starting in COP19, and continuing in COP20, PEPFAR support will also allow MSPP to dedicate specific resources to protect rights of PLHIV clients and ensure services are provided free of discrimination. Additionally, PNLS and LNSP will be capacitated to ensure regular harmonization of indicators and tools across the PEPFAR-supported sites.

iii) Task-sharing: PEPFAR Haiti will continue to support curriculum development and implementation of task-shifting trainings for nurse practitioners and community health workers (ASCPs)

iv) Developing a transition plan: PEPFAR Haiti will continue providing technical assistance to the MSPP Department of Human Resources (DRH) on HRH rightsizing and developing a pathway to transition HRH from USG to the domestic budget. In this regards, HRH inventory will be conducted in Q2, and Q4 of COP20 to assess the distribution of health cadres to health facilities in districts most affected by the epidemics, and to analyze the cadre mix in health facilities with high performance towards achieving the 95-95-95 2030 goals and comparing it with the cadre mix of health facilities with low performance.

4. Lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve PEPFAR program

i) Data quality is the centerpiece for good programmatic decision-making. Therefore, skilled human resources are required at all levels of the Haiti health system. PEPFAR Haiti will continue to support program managers at the national and departmental levels and health care providers to improve their skills. PEPFAR Haiti will strengthen the capacity of the MSPP to continue to perform HIV data validation exercises at all HIV sites in the country to have accurate and reliable data for improving progress toward HIV epidemic control. These technical capacities will be extended to the departmental level through regular formative supervision.

ii) Similarly, PEPFAR Haiti will continue to support training at the site level and SOPs at the central level to improve the reporting of commodities consumption data. Availability of this data on a timely basis will improve forecasting to support 6-month MMD, and allow triangulation of data for better quantification exercises and decision making.

iii) PEPFAR Haiti, in collaboration with GF, will assist MSPP during COP19 to develop a national unified supply chain system by implementing a national unified paper-based LMIS. By the end of FY20, PEPFAR Haiti will support the development of an e-LMIS to track key health commodities and strengthen regular monitoring of supply chain performance through facility-level commodity availability.

iv) PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise which aims to ensure the timely and uninterrupted availability of the new ART formulations at all geographic levels of the country in FY20 and FY21.

5. Lack of operational unused pharmaceutical products (UPP) management plan to guide the disposal of all UPP waste in Haiti.

Patient safety is a paramount goal of the PEPFAR Haiti program. During FY19 and FY20, the USG assisted MSPP/DPM in developing a national strategic UPP management plan. In addition, the USG funded the completion of a national UPP quantification exercise as another prerequisite for the development of a national operational plan for the management and final disposal of UPPs locally. Upon validation by MSPP of the strategic plan and the UPP quantification report, the USG and other stakeholders are discussing a plan to support MSSP with the development and implementation of a UPP national operational plan.

6. Limited civil society engagement and limited information on impact of stigma against PLHIVs and KPs

PEPFAR Haiti has been striving for the past 4 years to foster more civil society engagement. In COP19, several activities will start to better coordinate the participation of PLHIV peers in the HIV response. Specifically, the UNAIDS-designed stigma index survey will be supported by PEPFAR Haiti in COP19 to gather important information on perceived stigma and discrimination, which will be used for programmatic decisions aimed at improving clients' experience and outcomes. Data collection, analysis, and preliminary reports are expected to be completed in COP19 implementation. However, the dissemination of the final report will be done at the beginning of COP20.

7. Fragile Health Information Systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs -- this includes SALVH, iSante, MESI, and its applications, SISNU, LMIS, and LIS.

Over the past several years, PEPFAR Haiti supported the GOH to build a robust health information system to manage the HIV/AIDS program. These systems are at different levels of maturation. Current efforts are underway to refine the systems; for example, individual-level data from sites must match aggregated data reported to the national database. With this in mind, PEPFAR Haiti will invest in the interoperability of the different platforms/systems including the iSante, LIS, SALVH, MESI, and its applications, LMIS and SISNU.

i) IT infrastructure and interoperability: PEPFAR Haiti will maintain IT infrastructure allowing the networking of all the PEPFAR supported sites and the exchange of data between them and with the central server. This support includes the monitoring of a Help Desk and the operations of a response team handling site-level issues, hardware, software, supplies, and security requirements.

ii) Completion of the migration of iSante Plus to an open system platform with support from international experts and the transfer of knowledge to local personnel: The finalized version of iSante Plus will include collection forms, reports, and linkage to other platforms and functions supporting PEPFAR policies installed at all ART sites.

iii) Maintenance of existing functionalities and inclusion of advanced functionalities as well as finer analysis on the National Consolidated HIV Database (MESI) used by sites across the country to allow the national program to continue to operate:

- Case-Based Surveillance (SALVH), which has served as a repository of de-duplicated HIV cases since the beginning of the epidemic;
- An aggregated web-based HIV Reporting System allowing facility-based monthly reporting and availability of data to be reported on DATIM; and

- Mobile tracking systems (PLR, PS, and Safe) allowing geolocation of patients and continuity of care at the community level including ART community-based distribution and tracking of patients and their contacts.

iv) Support TB Tracker to cover reporting of TB and MDR-TB cases: The PEPFAR Haiti team, in collaboration with PNLT, will ensure that all PEPFAR-supported sites are using TB Tracker for planning and providing HIV testing and follow-up to TB cases in their catchment area. The team will also ensure that the 72 TB sites outside the PEPFAR/GF network are appropriately networked to PEPFAR sites for HIV testing of TB patients.

v) PEPFAR Haiti will continue to support the information system at the centralized labs to allow better management of tests and timely electronic return of VL/EID results directly to sites via email.

6.0 USG Operations and Staffing Plan

The PEPFAR Haiti team closely reviewed its staffing footprint and organizational structures to maximize effectiveness and efficiency. Our review placed special emphasis on how our teams could improve partner performance reviews and remediate actions.

Due to the socio-political environment in Haiti and the complete reorganization of the U.S. Embassy Human Resources section, PEPFAR Haiti still has several vacancies to fill. These vacancies are expected to be filled by the end of the calendar year 2020.

CDC has 12 LES vacancies and 1 USDH vacancy. USAID has two LES vacancies and will hire two new US Personal Services Contractors to fill USDH positions that have been vacant for two years.

APPENDIX A - PRIORITIZATION

Table A.1 SNU Prioritization to Reach Epidemic Control

SNU	COP	Prioritization	Results reported	*Attained: 90-90-90 (81%) by Each Age and Sex Band to Reach 95-95-95 (90%) Overall*											
				0-9	Male 10-14	Female 10-14	Male 15-19	Female 15-19	Male 20-24	Male 25-49	Male 50+	Female 20-24	Female 25-49	Female 50+	Total
Port-au-Prince	COP17	Scale-Up: Saturation	APR 18	47%	66%	77%	117%	68%	190%	65%	38%	109%	84%	82%	75%
	COP18	Scale-Up: Saturation	APR 19		117%	-	-	-	-	80%	-	-	90%	-	87%
	COP19	Scale-Up: Saturation	APR 20	86%	120%	141%	164%	94%	263%	91%	53%	152%	117%	113%	105%
	COP20	Scale-Up: Saturation	APR 21	53%	27%	74%	125%	116%	197%	107%	73%	205%	130%	83%	114%
Saint-Marc	COP17	Scale-Up: Saturation	APR 18	82%	118%	112%	84%	73%	91%	95%	91%	114%	117%	168%	108%
	COP18	Scale-Up: Saturation	APR 19	-	82%	-	-	-	-	118%	-	-	136%	-	126%
	COP19	Scale-Up: Saturation	APR 20	186%	268%	255%	132%	116%	147%	151%	145%	182%	187%	267%	176%
	COP20	Scale-Up: Saturation	APR 21	111%	120%	124%	88%	124%	107%	138%	140%	192%	215%	125%	138%
Dessalines	COP17	Scale-Up: Saturation	APR 18	36%	30%	38%	59%	74%	70%	55%	42%	107%	83%	89%	68%
	COP18	Scale-Up: Saturation	APR 19	-	54%	-	-	-	-	69%	-	-	88%	-	78%
	COP19	Scale-Up: Saturation	APR 20	51%	41%	53%	93%	118%	110%	88%	66%	169%	131%	141%	107%
	COP20	Scale-Up: Aggressive	APR 21	34%	19%	23%	195%	125%	79%	102%	103%	193%	134%	102%	113%
Cap-Haitien	COP17	Scale-Up: Saturation	APR 18	44%	93%	62%	76%	40%	51%	49%	86%	46%	68%	162%	67%
	COP18	Scale-Up: Saturation	APR 19	-	87%	-	-	-	-	72%	-	-	76%	-	75%
	COP19	Scale-Up: Saturation	APR 20	73%	152%	102%	102%	57%	69%	67%	118%	63%	94%	221%	93%
	COP20	Scale-Up: Saturation	APR 21	34%	58%	48%	72%	69%	56%	72%	94%	92%	97%	109%	86%

Cayes	COP17	Scale-Up: Saturation	APR 18	26%	68%	88%	101%	40%	64%	70%	52%	37%	73%	101%	67%
	COP18	Scale-Up: Saturation	APR 19	-	62%	-	-	-	-	72%	-	-	91%	-	82%
	COP19	Scale-Up: Saturation	APR 20	106%	275%	353%	116%	46%	77%	81%	60%	43%	85%	117%	84%
	COP20	Scale-Up: Saturation	APR 21	90%	159%	213%	90%	60%	66%	97%	106%	62%	42%	78%	91%
Gonaives	COP17	Scale-Up: Saturation	APR 18	25%	25%	27%	26%	15%	26%	25%	24%	31%	40%	56%	33%
	COP18	Scale-Up: Saturation	APR 19	-	36%	-	-	-	-	59%	-	-	66%	-	61%
	COP19	Scale-Up: Saturation	APR 20	47%	49%	51%	47%	25%	44%	43%	41%	53%	69%	97%	57%
	COP20	Sustained	APR 21	32%	25%	29%	42%	37%	39%	43%	45%	80%	67%	52%	53%
Port-de-Paix	COP17	Scale-Up: Saturation	APR 18	50%	14%	69%	46%	47%	23%	46%	40%	43%	65%	114%	56%
	COP18	Scale-Up: Saturation	APR 19	-	50%	-	-	-	-	70%	-	-	83%	-	75%
	COP19	Scale-Up: Saturation	APR 20	64%	18%	89%	66%	68%	33%	68%	58%	63%	95%	167%	82%
	COP20	Scale-Up: Saturation	APR 21	67%	11%	67%	55%	104%	29%	81%	86%	101%	105%	106%	92%
Acul-du-Nord	COP17	Scale-Up: Aggressive	APR 18	166%	174%	406%	270%	179%	133%	200%	165%	156%	292%	403%	244%
	COP18	Scale-Up: Saturation	APR 19	-	201%	-	-	-	-	223%	-	-	284%	-	254%
	COP19	Scale-Up: Saturation	APR 20	276%	282%	666%	378%	254%	197%	288%	237%	223%	419%	578%	352%
	COP20	Scale-Up: Saturation	APR 21	90%	95%	215%	146%	172%	89%	215%	258%	179%	278%	298%	240%
Aquin	COP17	Scale-Up: Aggressive	APR 18	52%	160%	163%	115%	87%	73%	76%	85%	78%	89%	207%	92%
	COP18	Scale-Up: Aggressive	APR 19	-	88%	-	-	-	-	83%	-	-	108%	-	-
	COP19	Scale-Up: Saturation	APR 20	71%	217%	221%	196%	149%	123%	128%	144%	132%	151%	353%	155%
	COP20	Scale-Up: Saturation	APR 21	41%	71%	67%	76%	91%	50%	80%	146%	88%	81%	133%	90%
Fort-Liberte	COP17	Scale-Up: Aggressive	APR 18	147%	170%	151%	56%	49%	63%	52%	43%	47%	78%	104%	69%

	COP18	Scale-Up: Aggressive	APR 19	-	128%	-	-	-	-	66%	-	-	77%	-	74%
	COP19	Scale-Up: Aggressive	APR 20	205%	238%	215%	84%	78%	97%	81%	68%	72%	122%	161%	106%
	COP20	Scale-Up: Saturation	APR 21	180%	188%	188%	100%	183%	161%	171%	168%	183%	233%	220%	201%
Jacmel	COP17	Scale-Up: Aggressive	APR 18	14%	35%	40%	19%	21%	20%	25%	36%	16%	33%	78%	31%
	COP18	Scale-Up: Aggressive	APR 19	-	27%	-	-	-	-	46%	-	-	59%	-	51%
	COP19	Scale-Up: Aggressive	APR 20	13%	35%	40%	30%	32%	31%	39%	54%	25%	50%	119%	47%
	COP20	Scale-Up: Aggressive	APR 21	11%	17%	24%	22%	46%	26%	41%	84%	39%	48%	66%	48%
Mole-Saint-Nicolas	COP17	Scale-Up: Saturation	APR 18	16%	21%	28%	39%	35%	90%	26%	10%	61%	36%	29%	30%
	COP18	Scale-Up: Aggressive	APR 19	-	64%	-	-	-	-	36%	-	-	50%	-	45%
	COP19	Scale-Up: Aggressive	APR 20	18%	24%	31%	51%	47%	121%	34%	13%	80%	48%	39%	39%
	COP20	Scale-Up: Aggressive	APR 21	14%	14%	19%	37%	60%	96%	65%	25%	102%	47%	28%	43%
Ouanaminthe	COP17	Scale-Up: Aggressive	APR 18	18%	14%	22%	8%	27%	13%	21%	22%	25%	36%	41%	28%
	COP18	Scale-Up: Aggressive	APR 19		37%	-	-	-	-	34%	-	-	39%	-	37%
	COP19	Scale-Up: Aggressive	APR 20	34%	28%	40%	16%	38%	19%	30%	31%	37%	52%	59%	41%
	COP20	Scale-Up: Aggressive	APR 21	30%	18%	29%	23%	103%	34%	73%	66%	118%	119%	68%	88%
Hinche	COP17	Scale-Up: Aggressive	APR 18	67%	68%	105%	40%	37%	32%	44%	33%	52%	58%	44%	49%
	COP18	Scale-Up: Aggressive	APR 19	-	57%	-	-	-	-	44%	-	-	52%	-	49%
	COP19	Scale-Up: Aggressive	APR 20	121%	122%	191%	63%	59%	48%	70%	53%	82%	91%	69%	78%
	COP20	Sustained	APR 21	84%	69%	120%	55%	125%	54%	89%	96%	148%	109%	72%	97%
Jeremie	COP17	Scale-Up: Aggressive	APR 18	12%	19%	31%	78%	64%	233%	62%	15%	120%	68%	40%	58%
	COP18	Scale-Up: Aggressive	APR 19	-	40%	-	-	-	-	69%	-	-	86%	-	75%

	COP19	Scale-Up: Aggressive	APR 20	24%	39%	61%	107%	82%	306%	83%	20%	160%	89%	54%	78%
	COP20	Scale-Up: Aggressive	APR 21	20%	23%	40%	86%	117%	220%	79%	35%	209%	83%	35%	77%
Loascahobas	COP17	Scale-Up: Aggressive	APR 18	59%	84%	52%	37%	18%	37%	63%	46%	36%	77%	66%	63%
	COP18	Scale-Up: Aggressive	APR 19	-	78%	-	-	-	-	64%	-	-	78%	-	72%
	COP19	Scale-Up: Aggressive	APR 20	119%	168%	104%	49%	25%	51%	85%	63%	49%	105%	90%	87%
	COP20	Sustained	APR 21	100%	93%	57%	94%	214%	63%	125%	125%	98%	139%	104%	125%
Gros-Morne	COP17	Sustained	APR 18	26%	30%	29%	38%	126%	145%	23%	14%	143%	21%	14%	29%
	COP18	Sustained	APR 19	-	19%	-	-	-	-	21%	-	-	27%	-	24%
	COP19	Sustained	APR 20	47%	55%	52%	61%	205%	235%	38%	22%	231%	34%	22%	48%
	COP20	Sustained	APR 21	32%	30%	27%	36%	195%	124%	30%	13%	206%	26%	13%	38%

APPENDIX B – Budget Profile and Resource Projections

B1. COP20 Planned Spending in Alignment with Planning Level Letter Guidance

Table B.1.1: COP20 Budget by Program Area

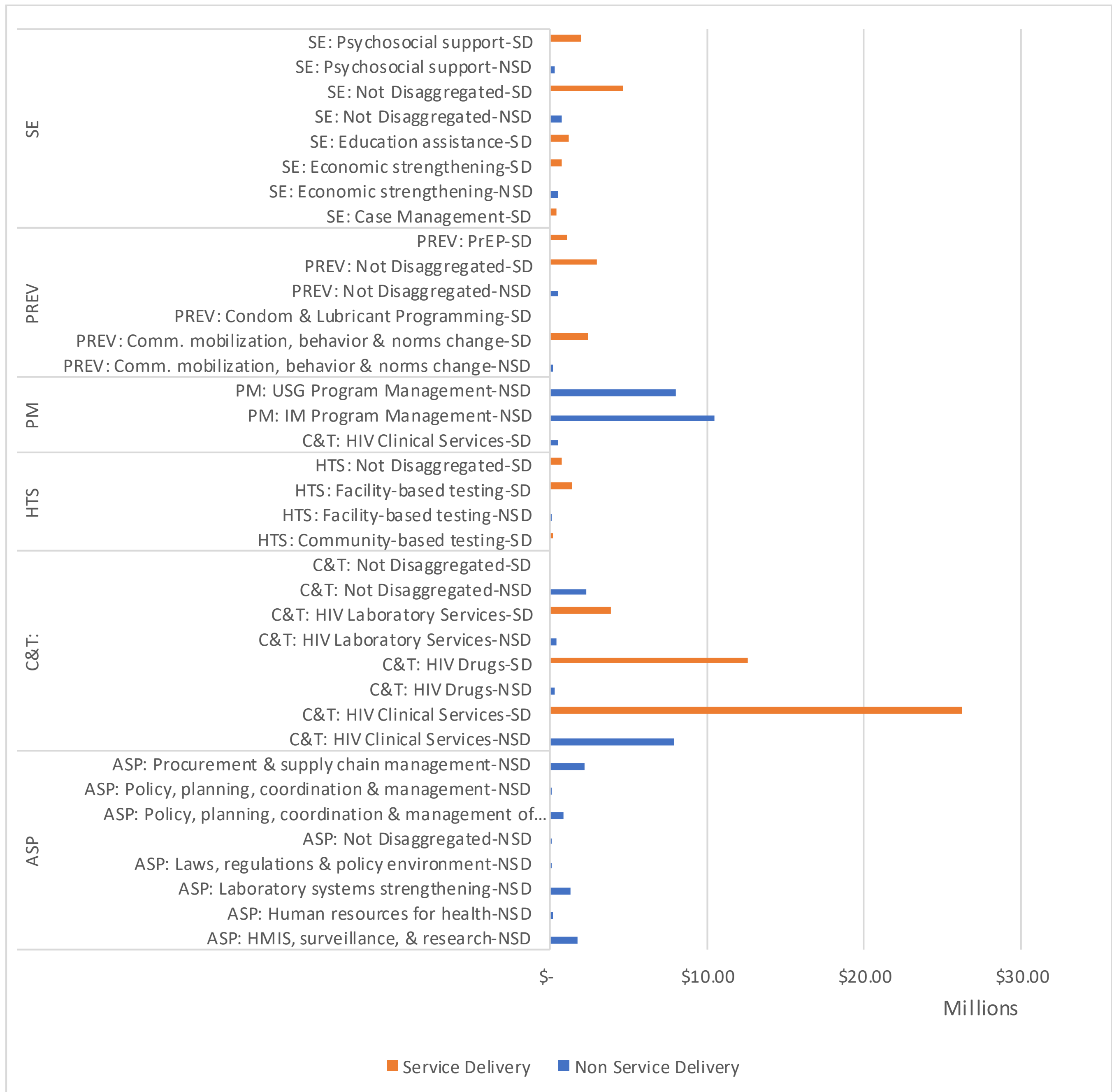


Table B.1.2 COP20 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$US 19,501,319	**$US $80,252,213**	**$US $99,753,532**

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	$ 2,177,086
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	$ 328,066
HVOP	Other Sexual Prevention	$ 3,638,907
HVCT	Counseling and Testing	$ 2,302,492
HBHC	Adult Care and Support	$ 6,000,986
PDCS	Pediatric Care and Support	$ 2,133,723
HKID	Orphans and Vulnerable Children	$ 8,905,980
HTXS	Adult Treatment	$ 25,756,645
HTXD	ARV Drugs	$ 10,790,974
PDTX	Pediatric Treatment	$ 4,447,386
HVTB	TB/HIV Care	$ 4,434,448
HLAB	Lab	$ 418,339
HVSI	Strategic Information	$ 404,597
OHSS	Health Systems Strengthening	$ 1,771,170
HVMS	Management and Operations	$ 6,241,419
TOTAL		**$ 79,752,218**

APPENDIX C – Tables and Systems Investments for Section 6.0

Table 6-E (Entry of Above Site Programs Activities)								
Funding Agency	PrimePartner	COP20 Program Area	COP20 Beneficiary	COP20 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP20 Benchmark
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP21	MOH needs to start developping these policies based on analysis and programatic priorities
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP21	
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Lack of Operational UPP managment plan to guide disposal of all UPP waste in Haiti.	COP20	COP21	
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	Lack of skilled care providers and field data personel to gather quality data for proper decision-making to improve PEPFAR program	COP20	COP21	
USAID	DAI Global, LLC	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, MESI and its applications, SISNU, LMIS and LIS)	COP18	COP20	
USAID	Management Sciences For Health, Inc.	ASP: Policy, planning, coordination & management-NSD	Non-Targeted Pop: Not disaggregated	National strategic plans, operational plans and budgets	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP20	

SRE Tool-E (Entry of Surveillance, Surveys, Research and Evaluation Activities)					
SRE Tool-E (Entry of Surveillance, Surveys, Research and Evaluation Activities)					
Funding Agency	**Prime Partner**	**COP20 Program Area**	**COP20 Beneficiary**	**Activity Description**	**Filter Here - Select Surveillance, Research and Evaluations**
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Under the leadership of the Ministry of Health and in collaboration with other national stakeholders, conduct a joint national forecasting and quantification exercise of HIV care and treatment commodities for Adults (96%), HIV pediatrics prevention and care & treatment (4%) and essential medicines (opportunistic and infection)using integrated data from health care institutions ensuring national commodity security. Conduct two semi-annual supply plan reviews for procurement accuracy and update as well as four quarterly analysis based on consumption data and inventory level to better measure epidemic control.	Forecasting, supply chain plan, budget, and implementation
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Under the leadership of the Ministry of Health and in collaboration with other national stakeholders, conduct a joint national forecasting and quantification exercise of HIV related Lab commodities and equipment using integrated data from health care institutions ensuring national commodity security. Conduct two semi-annual supply plan reviews for procurement accuracy and update as well as four quarterly analysis based on consumption data and inventory level to better measure epidemic control. Coordinate quarterly CAGIL meetings for analysis and decision making at the national level.	Forecasting, supply chain plan, budget, and implementation
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Ensure efficiency of supply chain activities such as : 1) Quality control and review of commodity procurement (including FHI360 testing of commodity received and incident management) for prevention, care and treatment program activities according to existing data validation protocol. 2) Produce and disseminate communication materials such as job aids, fact sheets, success stories, videos and training of project staff and external partners/stakeholders on PSM and USGD work and on-time submission of reports (annual, quarterly, monthly and adhoc) for project performance monitoring. 3) Monitoring and evaluation activities including site visits to validate patients and stock data accuracy.	Forecasting, supply chain plan, budget, and implementation
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Improve disagregated patient centered data accuracy until the last mile at the community distribution points through: 1) Upscale of SYGDOCC/LMIS enabling PSM to triangulate clinical and treatment data by IPs and site disaggregated by age (<3mos; 3-6mos; >6mos), sex and targeted group. 2) Under the leadership of MOH and in Collaboration with Global Fund, serve as the designated representative managing the Procurement Planning and Monitoring Report. Capture commodities orders and shipment data at the national level, to improve supply chain visibility and predictions of in-country stock levels. 3) Training of PEPFAR supported and other national HIV/AIDS sites on the upscale LMIS tool to facilitate national data collection and reporting. 4) Continue with the performance based incentive activity to reward IPs, departmental and site personnel on constant efficient supply chain management.	Forecasting, supply chain plan, budget, and implementation

USAID	DAI Global, LLC	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Ensure all PEPFAR sites are using TB tracker for planning and for providing HIV testing and follow-up to TB cases in their catchment area. Ensure that 72 TB sites which are outside of PEPFAR/GF network are appropriately networked to PEPFAR sites for HIV testing for TB patients.	HMIS systems
USAID	Management Sciences For Health, Inc.	ASP: Policy, planning, coordination & management-NSD	Non-Targeted Pop: Not disaggregated	Provide technical Assistance to MOH/DRH to start with the HRH migration activities regarding the transition of staff . Hold quarterly review meeting of the established transition plan.	National strategic plans, operational plans and budgets

APPENDIX D – Minimum Program Requirements

<table>
<tr><td rowspan="4">Care and Treatment</td><td>1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.

Haiti program adopted the “Test and Start” strategy in June 2016 and implemented it in all PEPFAR-supported sites.</td></tr>
<tr><td>2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.

By October 1, 2020, the TLD transition will be completed at all PEPFAR-supported sites, including moving clients on DTG-based regimens to TLD. ARV optimization for children weighing 20 kg or more will include TLD while children under 20 kg will be treated in accordance with WHO guidelines. Niverapine-based regimen will be phased out for all pediatric patients.</td></tr>
<tr><td>3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.

Fully adopted and implemented at all PEPFAR-supported sites. As of December 2019 only 19% of ART patient are still on 1-2 month dispensing, 47% are on 3-5 MMD and 34% on 6 MMD. The target for 6MMD by September 2020 is set at 95%. Per the MSPP SOP, 3 MMD is given to patients returning to care after LTFU, even before returning to facilities.</td></tr>
<tr><td>4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.

Adopted and fully implemented at all PEPFAR-supported sites.</td></tr>
</table>

	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 10 days for EID and 21 days for VL. *Diagnostic of the Network Optimization activities completed and revealed an underutilization of TB testing using GeneXpert. Plan to leverage GeneXpert for POC EID testing underway as the country improves medical waste management systems. Roll out of finger prick-based DBS at the community level with CHW started in COP19, will contribute to improve VL coverage and testing.*
Case Finding	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 must be tested for HIV. *PEPFAR Haiti expanded index testing services to all facilities within the program's network resulting in an increase of HIV positivity yield. Discussion underway with CSO and the National AIDS program to ensure proper protection of patient rights including confidentiality privacy. Plan to scale up assisted self-testing in all districts for COP20.*
Prevention and OVC	1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices) *PrEP implementation has already started and will be available is offered at all KP sites and selected general population sites to all eligible highrisk individuals at all districts in COP20.*

	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. *The OVC program will facilitate case finding for at-risk children, link those testing positive to treatment, monitor retention, viral load coverage and suppression for HIV infected children. HIV and GBV risk reduction for 9-14 HIV negative children will be supported through mentor-led kids club using approved curricula.*
Policy & Public Health Systems Support	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. *Haiti HIV program service delivery is fully fee-free at all PEPFAR-supported sites.*
	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. *HealthQual activities will be scaled up at all sites.*
	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. *The Haiti Program through the Acceleration Funds Initiative and the ambition Funds (FCI) will support the Viral Load class initiative, U=U campaign, and the dissemination of new messages of hope.*
	4. Clear evidence of agency progress toward local, indigenous partner direct funding. *As of March 2020, four new mechanisms to local organizations have been awarded by USAID to local partners, shifting from 0% to 32% in FY20 while CDC transitioned 3 international agreements to local partners and reinforced MSPP capacity.*

	5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. *Discussions are underway with the Government of Haiti to identify, mobilize, and increase domestic resources for the HIV program.*
	6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. *The Haiti Program has a robust monitoring and reporting electronic system that captures morbidity and mortality data. During COP19, a thorough analysis of mortality data looking at the profile of reported deaths will be completed.*
	7. Scale-up of case-based surveillance and unique identifiers for patients across all sites. *The Haiti program electronic-based surveillance system is fully operational and collects HIV-TB data from all PEPFAR-supported sites.*