PEPFAR U.S. President's Emergency Plan for AIDS Relief **Haiti**

Country Operational Plan

(COP/ROP) 2021

Strategic Direction Summary

May 2021

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List of Acronyms	Acronym Expansion
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APR	Annual Program Results
ART	Antiretroviral Therapy
ASP	Above-site Programming
ASRH	Adolescent sexual and reproductive health
C/ALHIV	Children and Adolescents Living with HIV
CAST	Country Accountability and Support Team
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distribution
CHW	Community Health Worker
CLHIV	Children Living with HIV
CLM	Community-Led Monitoring
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
CODB	Cost of Doing Business
COP	Country Operational Plan (PEPFAR)
COP21	2021 Country Operational Plan
CQI	Continuous Quality Improvement
DATIM	Data for Accountability, Transparency and Impact (PEPFAR Reporting System)
DDD	Decentralized Drug Distribution
DDP	Community Drug Dispensation Point
DHS	Demographic and Health Survey
DOT	Directly Observed therapy
DPMMT	Pharmacy, Drug, and Traditional Medicine Directorate of the Ministry of Health (Direction de la Pharmacie, du Medicament, et de la Medecine Traditionnelle)
DR	Dominican Republic
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (Program for AGYW vulnerable to HIV)
DSD	Differentiated Service Delivery
DTG	Dolutegravir (ARV)
EID	Early Infant Diagnosis
eLMIS	Electronic logistics management information system
EMR	Electronic Medical Record
EPOA	Enhanced Peer Outreach Approach
FBO	Faith-Based Organizations
FCI	Faith and Communities Initiatives
FP	Family planning
FSW	Female Sex Workers
FTE	Full-Time Equivalent

List of Acronyms	Acronym Expansion
FY	Fiscal Year
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GF	The Global Fund for AIDS, TB and Malaria
GNI	Gross National Income
GoH	Government of Haiti
HAPHIA	Haiti Population-based HIV Impact Assessment
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
HTG	Haitian Gourdes (currency)
HTS	HIV Testing Services
IBBS	Integrated Biological and Behavioral Survey
IBERS	Institute of Social Welfare and Research (Institut du Bien-Etre Social et de Recherches)
IM	Implementing Mechanism
IPs	Implementing Partners
IPV	Intimate partner violence
ISMEs	Implementation Subject-Matter Experts
KP	Key Populations
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex people
LIS	Laboratory Information System
LNSP	National Public Health Laboratory [Laboratoire National de Santé Publique]
MAST	Ministry of Social Affairs (Ministère des Affaires Sociales et du Travail)
MER	Monitoring, Evaluation, and Reporting Database
MESI	National HIV Integrated Reporting System (Monitoring Evaluation et Surveillance Intégrée)
MMD	Multi-month dispensing (of medication)
MoH	Ministry of Health
MSM	Men who have sex with men
MSPP	Haiti's Ministry of Health (Ministère de la Santé Publique et de la Population)
MUSO	Cash-saving groups (Mutuelles de Solidarité)
NSRN	National Specimen Referral Network
OHMASS	Organisation Haïtienne de Marketing Social pour la Santé (local branch of PSI in Haiti, that was the principal recipient for the GF grants until Dec. 2020)
OU	(PEPFAR) Operating Unit
OVC	Orphans and Vulnerable Children
PAHO	Pan American Health Organization
PBFW	Pregnant and Breastfeeding Women
PCAGs	Peer-Led Community Adherence Groups
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV

List of Acronyms	Acronym Expansion
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PNLS	National HIV/AIDS Control Program (Programme de Lutte contre les IST VIH/SIDA)
POART	PEPFAR Oversight and Accountability Response Teams (Reporting meetings)
PrEP	Pre-exposure prophylaxis (for HIV)
PT	Proficiency Testing
PWID	People Who Inject Drugs
QA	Quality Assessment
QMS	Quality Management Systems
SALVH	Haiti's HIV case-based surveillance system (Suivi Actif Longitudinal du VIH/SIDA en Haiti)
S/GAC	Department of State's Office of the U.S. Global AIDS Coordinator
SI	Strategic Information
SID	Sustainability Index Dashboard
SIMS	Site Improvement Monitoring Systems
SISNU	National Health Reporting System (Systeme d'Information Sanitaire Unique)
SMS	Short Messaging System (using mobile devices)
SNADI	National integrated health supply chain and distribution system (Système National de Distribution et d'Approvisionnement en Intrants)
SNU	Sub-national unit (geographic)
SOP	Standard operating procedures
STI	Sexually Transmitted Infections
TA	Technical Assistance
TAT	Turn-around Time
TB	Tuberculosis
TLD	Tenofovir/Lamivudine/Dolutegravir fixed-dose ARV combination
TPT	Tuberculosis Preventive Therapy
U=U	Undetectable = Untransmittable
UEP	Study and programming unit of the Ministry of Health (Unite d'etude et de Programmation)
UCMIT	National Coordination Unit for infectious and transmissible diseases of the Ministry of Health (Unite de Coordination des Maladies Infectieuses et Transmissibles)
U.S.	United States
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USD	U.S. Dollars (currency)
USG	United States Government
VACS	Violence Against Children Survey
VL	Viral Load
VLS	Viral Load Suppression

List of Acronyms	Acronym Expansion
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

1.0 Goal Statement: Optimizing quality of client-centered services for epidemic control in Haiti

In COP21, the overarching goal of the PEPFAR-Haiti investments is to support the Government of Haiti (GoH) in its efforts towards epidemic control. To achieve this goal, PEPFAR-Haiti will optimize case identification to find the unidentified, untreated, or not virally suppressed people living with HIV (PLHIV) and scale-up of quality ART services at facility and community service points. In COP21, PEPFAR-Haiti will continue providing seamless HIV care, treatment, and preventive services within the facility-community settings to maintain people on uninterrupted treatment through client-centered service provision and prevent new HIV infections.

The program will pursue targeted and client-centered differentiated service delivery approaches for reliable and convenient ART refills including six-month (up to 12-month in exceptional cases) scripting and dispensing (MMD) at facility and community levels, key communication interventions, as well as effective use of outreach workers through embedding telehealth platforms in their service delivery. PEPFAR-Haiti will also focus on enhancing the quality of services offered by adherence counselors given the high attrition among newly initiated ART clients.

As part of the continued program shifts, all outreach workers and counselors will support site-specific prevention of treatment of interruption, back-to-care and viral load (VL) monitoring activities at both facility and community levels. A suite of prevention of treatment interruption and back-to-care activities for different groups such as men 20-39, among others, will be rolled out in sites with observably high interruptions in treatment rates and volumes.

Given the observed gaps in treatment, viral load suppression, and related outcomes among children (<15 years), PEPFAR-Haiti will optimize the orphans and vulnerable children (OVC) case management platform by strengthening collaboration between clinics and community outreach points to ensure: all HIV-exposed children are tested for HIV (index testing); all diagnosed children and adults living with HIV (C/ALHIV) are effectively linked and stay on treatment by ensuring that they are enrolled in OVC programs and access psychosocial, food, economic strengthening and other OVC services; both C/ALHIV and their parents achieve viral suppression; and vulnerable AGYW are enrolled in OVC or DREAMS programs as appropriate, and adolescent and young mothers are retained with their infants in the prevention of mother-to-child transmission (PMTCT) cascade. In addition, PEPFAR-Haiti will support the transition of eligible children to DTG 10mg effective June 2021.

Further, PEPFAR-Haiti will optimize its PMTCT platform to enhance tracking of mother-baby pairs using community cadres. Outreach/community services will be effectively rolled out to support pregnant and breastfeeding women (PBFW) as part of PEPFAR-Haiti's efforts to enhance testing of infants (Early Infant Diagnosis (EID) at less than two months, ensuring that HIV-positive infants are initiated and retained on ART and that HIV-positive children have viral load tests done on time and are kept virally suppressed. The program will strengthen the quality of counseling services in both the telehealth and outreach platforms. Given that the majority of the PBFW are within the 15-24-year age groups, the program will optimize its DREAMS platform by embedding PMTCT cascade aspects in its DREAMS and OVC package of services.

Given the low viral load coverage and suboptimal suppression rates among children and PBFW, PEPFAR-Haiti will continue to expand community viral load monitoring with dedicated services for children and

PBFW as well as Key Populations (KPs). This will be complemented by enhanced viral load literacy campaigns via counselors, digital and non-digital platforms, as well as client group messages. The program will strengthen the capabilities of service providers to ensure they offer and monitor client viral loads, with a focus on the previously/currently unsuppressed. Service providers will be equipped to pay more attention to the viral load data in the electronic medical record (EMR) to ensure clients are effectively tracked. Viral load monitoring will also be embedded as a critical component of reinforced adherence counseling. These efforts will be implemented as part of the site-level viral load minimum program requirements coupled with monthly reviews and course corrective measures. PEPFAR-Haiti will optimize the OVC and DREAMS platforms to serve as important conduits to ensure that children and PBFW have access to viral load monitoring and are suppressed.

Tuberculosis (TB) remains a major cause of mortality among PLHIV. The program has significant gaps in TB screening of ART clients and related case-finding. Tuberculosis Preventive Therapy (TPT) initiation and completion rates are suboptimal. In COP21, PEPFAR-Haiti will strengthen site-level program requirements for oversight of TB through targeted review and course corrective sessions within the broader QA/CQI framework. The focus will also be on increasing the coverage of sites participating in CQI to 100% and ensuring that, at minimum, 90% of sites pass proficiency testing (PT).

In COP21, PEPFAR-Haiti will further scale up Pre-Exposure Prophylaxis (PrEP) in all sub-national units (SNUs) with special consideration for specific population groups. PEPFAR-Haiti will expand uptake of PrEP, for both short and long-term use, among young women (using the DREAMS platforms and all other service access points), PBFW in high-risk relationships (given the high rates/volumes of newly identified HIV-positive PBFW), older men and women engaged in high-risk practices, key populations (with a focus on increasing coverage among older key populations), as well as other high-risk HIV-negative partners of index cases. To ensure increased uptake, PEPFAR-Haiti will complementarily focus on increasing awareness, demystifying PrEP, and emphasizing the benefits as part of broader efforts to prevent new transmissions.

Sustaining epidemic control in Haiti requires having robust systems. In COP21, PEPFAR-Haiti will continue strengthening the client-level and aggregate health information systems and ensure their interoperability with the laboratory and supply chain information systems which are currently in development. PEPFAR-Haiti will prioritize the strengthening of laboratory capabilities (especially sample collection and transportation, and reduction of turnaround times (TAT) at the community level) and related diagnostic network optimization efforts. Development of the laboratory information system (LIS) is currently being supported in COP20. On the supply chain front, PEPFAR-Haiti, in collaboration with the Global Fund (GF) and GoH, will continue supporting the development of a modernized, sustainable, government-led client-centered, resilient and adaptive supply chain model coupled with complementary logistics management information system (eLMIS).

PEPFAR-Haiti will engage with implementing partners weekly to review and course-correct at the site and above site levels to ensure sufficient progress towards the above-stated overarching aspects of the portfolio. PEPFAR-Haiti will conduct quarterly multi-stakeholder sessions (inclusive of Community-Led Monitoring [CLM] initiative for improved service quality) to discuss program results and quality, and strategize on required/needed course corrective measures at both policy and programmatic levels. The CSO Observatory, which is implementing the CLM initiative, will provide results of their monitoring to PEPFAR and the National HIV/AIDS Control Program (PNLS) during specific program monitoring sessions and will

participate in discussions to find appropriate solutions. PEPFAR-Haiti will also facilitate quarterly PEPFAR Oversight and Accountability Response Teams (POARTs) with S/GAC, the Country Accountability and Support Team (CAST), and implementation subject-matter experts (ISMEs) as part of the broader learning and accountability agenda for the operating unit (OU).

PEPFAR-Haiti will continue to prioritize strong working relationships with the Ministry of Health to implement a supportive policy environment for HIV services which will require the implementation of a well-coordinated assistance approach to the GoH that relies on high levels of collaboration and cooperation between PEPFAR, government, the Global Fund, UNAIDS, and civil society organizations (CSO).

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	11,616,131		1,833,948		1,899,206		1,122,442		1,138,025		2,920,808		2,701,702		UNAIDS/ SPECTRUM 2021
HIV Prevalence (%)		1.34		0.21		0.21		0.91		0.61		2.06		2.65	UNAIDS/ SPECTRUM 2021
AIDS Deaths (per year)	1,777														UNAIDS/ SPECTRUM 2021
# People living with HIV	154,713		2,681		2,795		8,889		5,280		79,899		55,169		UNAIDS/ SPECTRUM 2021
Incidence Rate (Yr)		0.43													UNAIDS/ SPECTRUM 2021
New Infections (Yr)	4,784														UNAIDS/ SPECTRUM 2021
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	4,615														UNAIDS/ 2021
Orphans (maternal, paternal, double)															

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	%	
Notified TB cases (Yr)	13,383														WHO
% of TB cases that are HIV infected	624	15.47													MESI 2020
Estimated population size of men who have sex with men *	38,300	11													PLACE Study 2016
Men who have sex with men HIV Prevalence		12.9													IBBS 2014
Estimated population size of female sex workers	40,400														
Female sex worker HIV Prevalence		8.7													IBBS 2014

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

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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	11,616,131	1	154,713	152,858	119,517	75	82	765,061	20,845	19,030
Population <15 years	3,733,154	0.14	5476	5002	3,526	73	56.05	85,420	1,485	1,294
Men 15-24 years	1,138,025	0.3	5,280	5,018	2043	38%	70	40,537	831	721

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 (#)
Men 25+ years	2,593,533	2.8	53,075	-	30,125	57%	80	139,771	7,082	6,665
Women 15-24 years	1,113,692	0.8	8,310	-	4,496	54%	69	172,830	2,225	1,944
Women 25+ years	2,812,035	3.2	77,091	-	50,889	66%	80	335,971	9,690	9,039
Men who have sex with men	38,300	12.9	-	-	-	-	-	2023	222	215
Female sex workers	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 154,713 people living with HIV (UNAIDS Spectrum, 2021). The country also has the highest incidence of tuberculosis in the region, further compounding the HIV epidemic.

Haiti's national HIV prevalence is approximately 1.34%, with higher prevalence in major cities, and among men who have sex with men, female sex workers, and populations in prisons and other closed settings. The Haiti Demographic and Health Survey (DHS) 2016-2017 shows that HIV prevalence among adults (15-49 years old) remained stable at 2%. HIV incidence has seen a minimal decline from 8,800 new cases annually to 7,300 in the past 10 years (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 help refine estimates of HIV prevalence, viral load suppression (VLS), and other specific information such as ARV resistance.

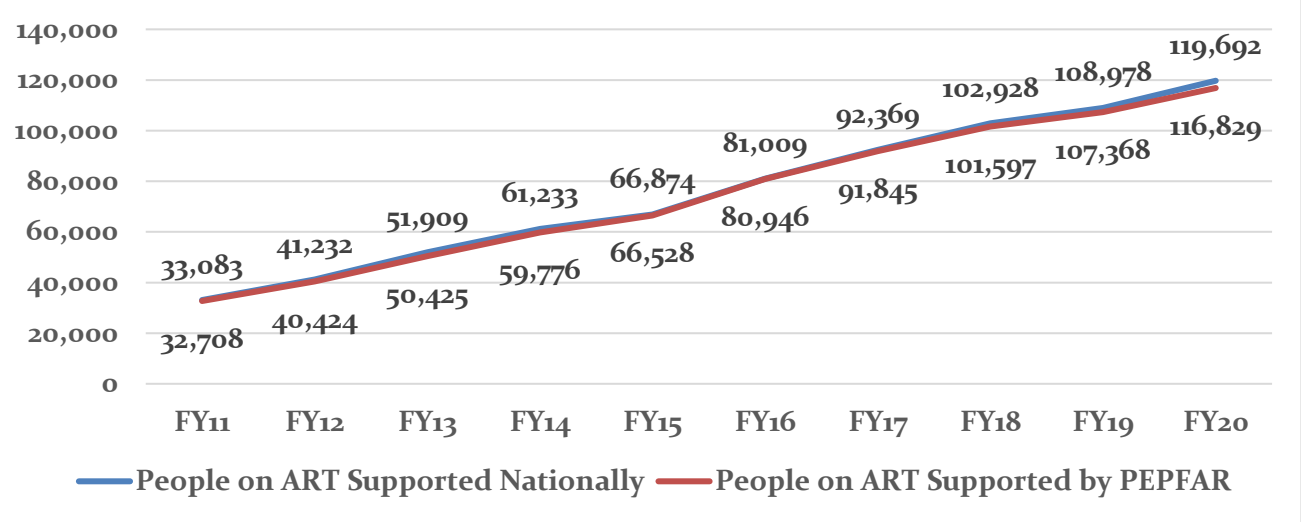
Haiti's steady population growth (11.6 million in 2021) has outpaced infrastructure development, especially within the health system. Human resources for health are sparse, with persistent emigration of skilled health cadres causing severe shortages. Attrition among healthcare providers at PEPFAR-supported 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 facing continuous political and economic instabilities. Civil unrest, kidnappings, and sporadic violence are on the rise, affecting access to the health services that do exist.

The Government of Haiti, along with Implementing Partners (IPs), continue aggressively scaling core components of the HIV program to meet the targets by 2030. Ninety percent (90%) of adult PLHIV know their status, with only 79% of children living with HIV (CLHIV) are aware of their status. Among adult males, knowledge of HIV serostatus is lower than among women (73% vs 84%). Improvements in and expansion of targeted testing to all facilities within the program's network drove Haiti's overall testing yield increase to 3.2% in FY21 from 2.3% in FY18. The proportion of HIV-positive results (HTS_TST_POS) from index testing increased from 15% in FY18 to 30% in FY21.

As of March 2021, the growth in treatment trends continues with more than 123,717 PLHIV active on ART with PEPFAR support, representing approximately 90% of those aware of their status, and approximately 85% of the total PLHIV in Haiti. The linkage of new HIV-positive patients to ART continues to improve and crested at more than 95% in FY21 Q1. However, 95% of all new positives need to be linked to and retained on ART and approximately 11,524 new clients need to be enrolled in care and treatment to reach treatment targets and close existing treatment gaps in COP21.

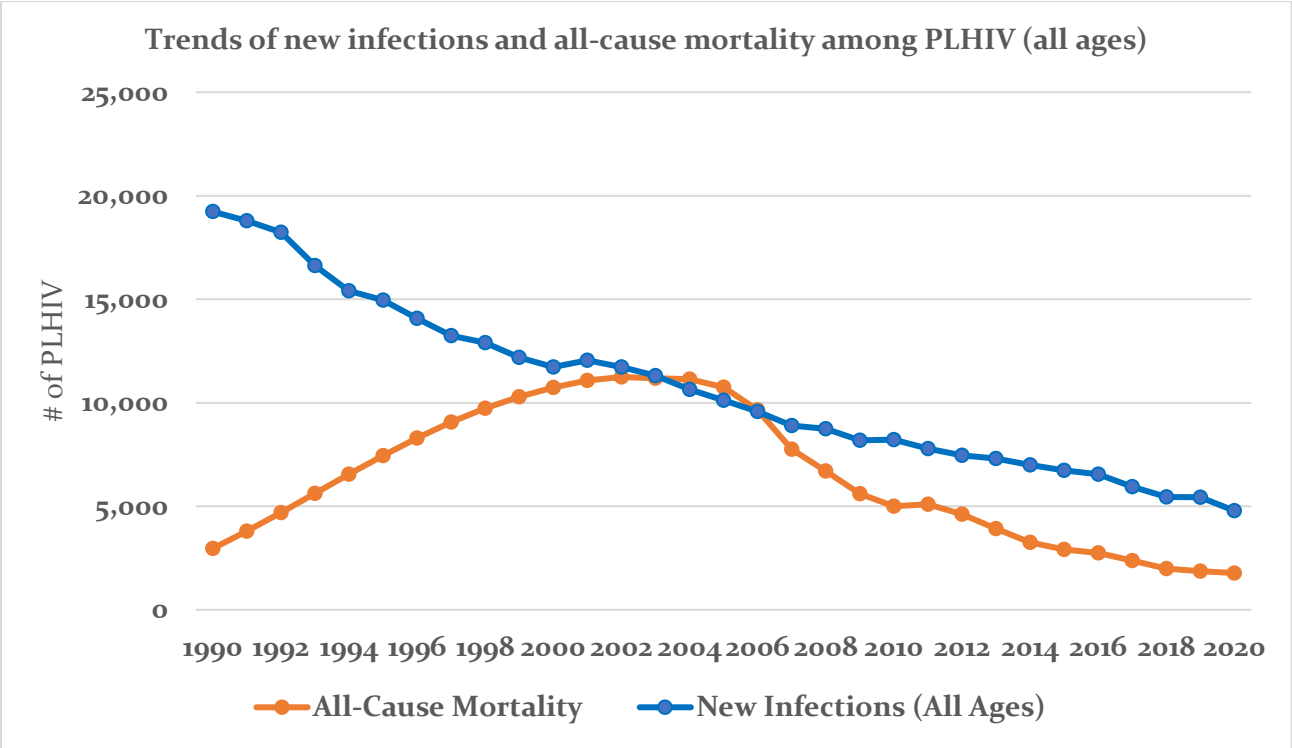
PEPFAR-Haiti continued to scale VL testing in COP20/FY21, with increased sample processing capacity at the central level and expanded geographic coverage of the sample referral system. PEPFAR-supported facilities performed 95,362 VL tests in FY20 compared to 90,000 in FY19. The magnitude of growth was negatively impacted by civil unrest, which stunted demand creation from patients and providers. Contingency planning to sustain VL testing growth for increased coverage, among other gains made in the HIV response, is a primary focus in preparation for COP21. VLS remains a significant challenge. In FY20, the adult suppression rate was 85% for men and women, while pediatric suppression was 70%. Adult interventions including VL classes for clients with detectable VL will be scaled up in preparation for COP21, with continued regimen optimization and adherence support for caregivers to address pediatrics.

Figure 2.1.3 National and PEPFAR Trend for Individuals Currently on Treatment (TX_CURR)



* PEPFAR trend line reflects the number of people living with HIV active on treatment with direct support from PEPFAR, including joint support from the Global Fund and PEPFAR-Haiti. Source of data: MESI and DATIM

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



Source of data: UNAIDS Spectrum, 2021

2.2 New Activities and Areas of Focus for COP21, Including Focus on Continuity of Treatment

In FY20, PEPFAR-Haiti scaled up 6-month drug dispensing to over 60% of eligible ART clients across the country. Similarly, PEPFAR-Haiti intensified community delivery of ARVs and initiated community drug dispensation points (DDP) as part of efforts to bring services closer to the clients through differentiated service delivery models. At the end of FY20, 51% of all ART clients received ART services at the community level, mostly via home delivery. In COP20 and COP21, PEPFAR-Haiti will expand and optimize community distribution platforms with functional DDPs in various accessible settings and with the introduction of Peer-Led Community Adherence Groups (PCAGs) for mobile ARV dispensation within the community. Part of the optimization efforts will include the collection of VL samples, including dried blood spot (DBS) for children and adults, and improved dissemination of VL results at community distribution points. Infants DBS will be used for EID testing and monitoring. Also embedded in the plan will be VL literacy sessions. Other already existing complementary services will continue to be offered at the community distribution points. Similarly, PEPFAR-Haiti will optimize MMD by offering six-month refills to 95% of all eligible clients, including age-related appropriate length of MMD for children.

The focus will be placed on the prevention of treatment interruption through activities improving treatment literacy, Undetectable = Untransmittable (U=U) campaigns, and better linkage of psychosocial support with treatment to improve outcomes. Aggressive patient tracking will continue, with an emphasis on addressing causes of treatment interruption, and loss to follow-up (LTFU) will be minimized with the implementation of packages of services tailored to age groups, especially young adults who have a higher LTFU rate. Lessons learned from the Faith and community initiatives (FCI) will be integrated in targeted

services to reach men, improve children's viral suppression, and ameliorate overall continuity of and adherence to treatment. The engagement of civil society organizations (CSOs), particularly PLHIV and key population associations, will be a key component of the COP21 overall strategy. The CSO observatory established during COP19 will continue to be supported in COP21 with the Ambassador's small grants program, to ensure that clients' feedback and needs are properly addressed.

To enhance treatment outcomes among children, PEPFAR-Haiti will also optimize the current OVC portfolio to cater to the needs of vulnerable adolescent PBFW, C/ALHIV, and other exposed or at-risk children and adolescents. The OVC platform will be linked to the PMTCT cascade strengthening activities (testing of women, testing of HIV exposed infants, linkage to ART for the identified adults and children, OVC-type support to HIV exposed infants, and their caregivers, VL literacy and monitoring elements, among others). Further, PEPFAR-Haiti will support rollout of pediatric DTG 10 mg to all eligible children on ART.

2.3 Investment Profile

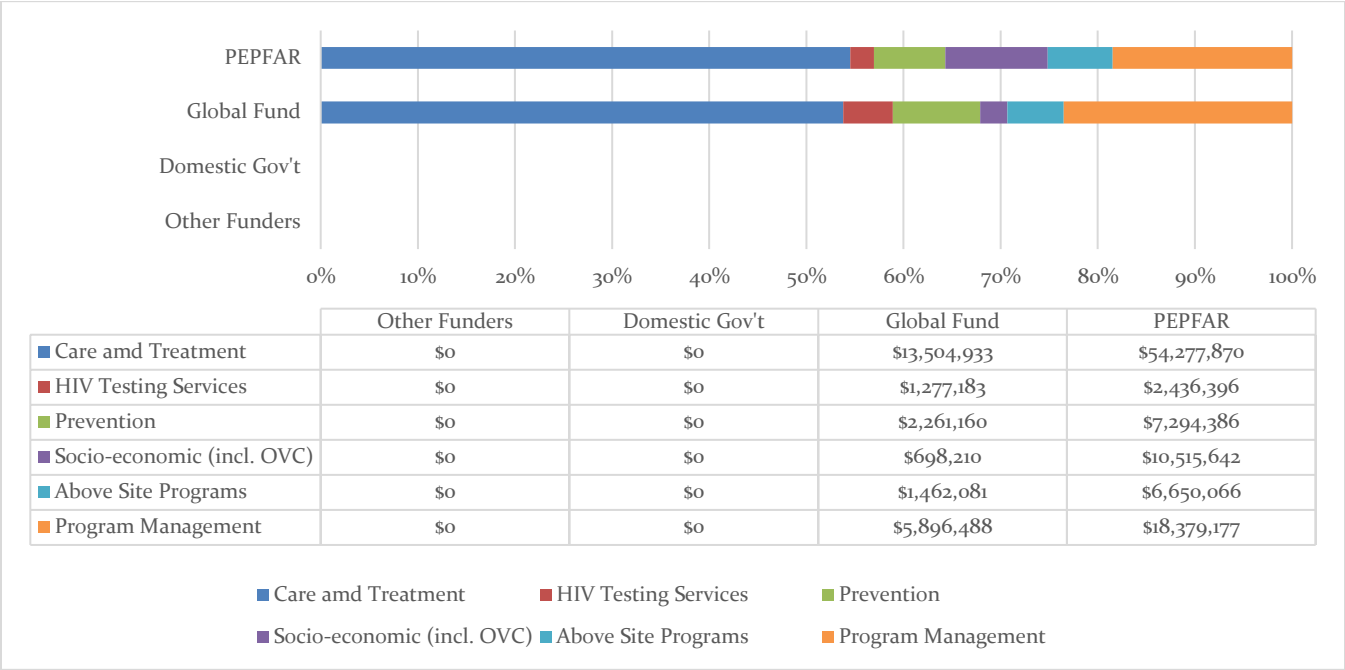
Haiti's socio-political-economic situation continued to deteriorate, including fuel shortages and the devaluation of the local currency from 40 Haitian Gourdes (HTG) to one U.S. dollar (USD) in 2015 to 85 HTGs to one USD in April 2021. These factors continue to weaken the already fragile economic conditions in Haiti, directly affecting available revenue for investment in the HIV response.

Domestic health financing remains stalled at 4.1% of the national budget for FY20-21 with 77.6% of the MSPP's operating budget covering salary support for human resources for health (HRH). 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 GoH to earmark specific resources for health system development or the HIV program.

As such, PEPFAR-Haiti investments continue to drive the HIV response in Haiti. PEPFAR-Haiti resources account for over 70% of the national response, see Table 2.3.1. These investments are complemented by the Global Fund (23%) and the MSPP (approximately 2%). PEPFAR-Haiti continues to work closely with the Global Fund's Country Coordinating Mechanism (CCM) to avoid duplication of resources in pursuit of the national HIV and AIDS response goals. World Vision is now the new Principal Recipient for the Global Fund.

As shown in Table 2.3.1, the greatest total PEPFAR investments are in clinical care, treatment and support, HIV case identification, prevention, OVC, and health system strengthening (above-site interventions). These investments include both direct service delivery (DSD) and technical support.

Figure 2.3.1: Annual Investment Profile by Program Area for FY21



	Other Funders	Domestic Gov't	Global Fund	PEPFAR
Care amd Treatment	$0	$0	$13,504,933	$54,277,870
HIV Testing Services	$0	$0	$1,277,183	$2,436,396
Prevention	$0	$0	$2,261,160	$7,294,386
Socio-economic (incl. OVC)	$0	$0	$698,210	$10,515,642
Above Site Programs	$0	$0	$1,462,081	$6,650,066
Program Management	$0	$0	$5,896,488	$18,379,177

Table 2.3.2 highlights investments in commodities. PEPFAR-Haiti and the Global Fund continue to provide support for specific commodities governed by the 60%/40% funding arrangement. In FY22, the GoH has committed to absorbing 10% of national targets for ARVs. In COP21, PEPFAR-Haiti will also jointly support the procurement of rapid test kits (RTKs), lab reagents, and VL commodities. The Global Fund will procure all condoms and lubricants for the national program, see Table 2.3.2.

Table 2.3.2: Annual Procurement Profile for Key Commodities

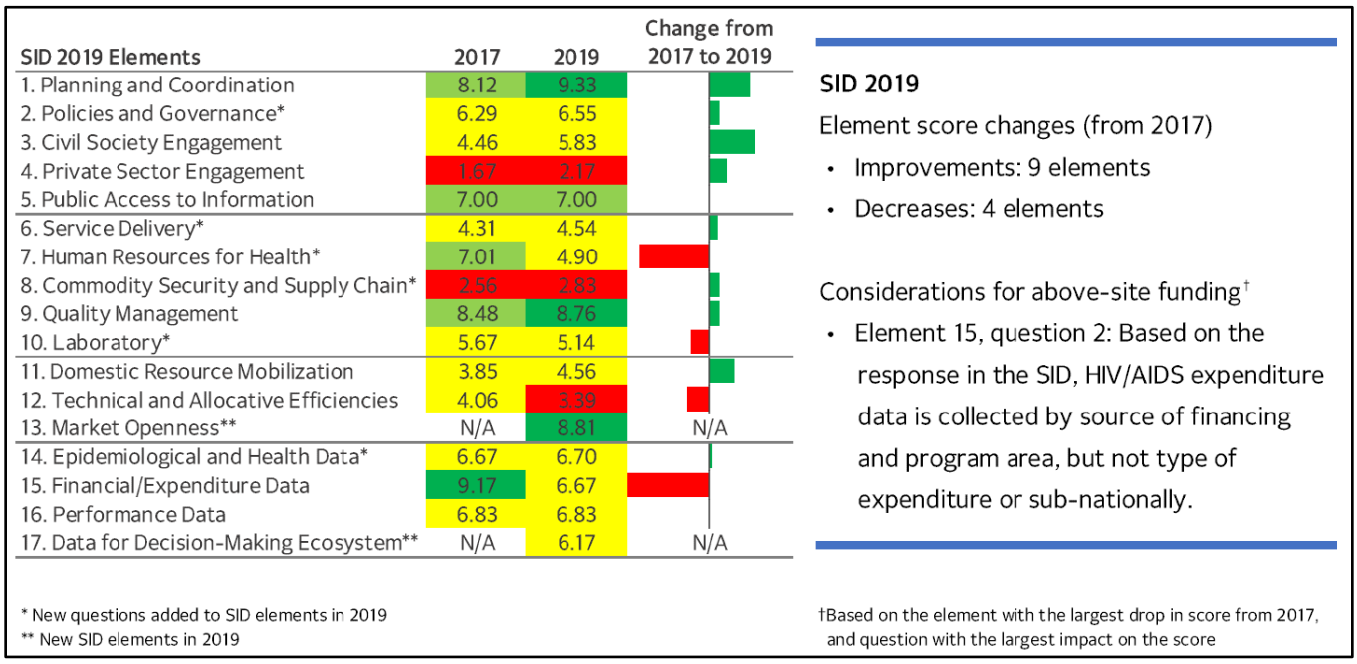
Table 2.3.2 Annual Procurement Profile for Key Commodities (COP21/FY2022)		
Commodity Category	Total Expenditure PEPFAR	Total Expenditure Global Fund
ARVs	$ 11,141,992	$ 5,250,241
Rapid test kits	$ 679,994	$ 1,215,004
Lab reagents Viral load Commodities	$ 3,681,990 (Included)	$ 1,818,363
PrEP	$ 1,170,461	$ 16,665
Condoms & Lubricants (Global Fund)	$ -	$ 628,847
OI	$ 1,411,617	$ 389,607
Other commodities TB/HIV	$ 462,731	$ Included in OI
Total	**$17,137,168**	**$ 9,318,727**

2.4 National Sustainability Profile Update

The Haiti Sustainability Index and Dashboard 2019 (SID 4.0) development exercise was updated in September 2019 through a consultative process which included the MSPP (PNLS and the Study and

Programming Unit (UEP)), the then Global Fund Principal Recipient (OHMASS), civil society, PEPFAR IPs, UNAIDS, as well as other multilateral organizations.

Figure 2.4.1: 2017-2019 Sustainability Index Dashboard Comparison



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 heightened political instability in recent years. Core activities such as budget approval and expenditure planning by Parliament have been adversely affected by governmental instability.

Private Sector Engagement

The MSPP has started a process to leverage domestic private resources to support educational messaging about HIV, ART, and VLS for the population. Haiti's civil society forum is increasingly inclined to embrace the notion of social responsibility through its supporting and supportive actions. Furthermore, PEPFAR-Haiti is improving the healthcare systems in COP20 and COP21 through the partnership with private sector entities for the community drug dispensation points (DDP). PEPFAR-Haiti will support, in COP21, training of private clinics for the reporting of HIV indicators.

Human Resources for Health (HRH)

The MSPP has developed and validated an HRH transition plan designed to address the sustainable financing of HRH in Haiti. The transition plan provides a general framework for the gradual transfer of donor-paid health workers' salaries to the national system, especially of those assigned to HIV to ensure the continuity of health services. In addition, the MSPP developed and validated an HIV task-sharing plan for the transition/absorption of HIV staff in FY20. Continued emphasis on the role of polyvalent

community health workers (CHWs) and peers in service delivery is an important contingency measure to offset this deficiency. **Commodity Security and Supply Chain**

Donor coordination with the MSPP on national forecasting, quantification, and supply planning to ensure integrated commodity security will continue in COP21. PEPFAR and the Global Fund remain the two donors that support the MSPP for the procurement and distribution of commodities for the national HIV/AIDS program. Currently, the country procurement profile denotes a 60/40 split of commodity needs between PEPFAR and the Global Fund, respectively. The Global Fund will procure all third line ARV regimens, and all condoms and lubricants to support the national program. Donor discussions will continue during COP21, at the highest level of the Global Fund, to develop a seamless approach to manage ARV commodities locally and effectively support the national program. As a part of this seamless ARV management strategy, in FY21, the USG and the Global Fund agreed to continue supporting the national ARV quantification exercise, develop a joint supply and procurement plan based on the 60/40 split.

Co-warehousing PEPFAR- and the 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-savings to the national HIV/AIDS program under both donors' budgets. The PEPFAR-Haiti team stands ready to collaborate and advocate for the continuation of commodity co-warehousing practices in COP21. The outcome of the warehouse facility RFP process and the national warehouse strategy will guide GF's decisions on the continuation of the co-warehousing practices. PEPFAR-Haiti remains an active member of the Steering and Technical Committees supporting the MSPP in 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 local private sector organizations.

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) has been considered for Haiti. As a result, a plan and timeline describing the most effective and efficient technical options for a phased approach to transition the warehousing functions to 3PL were developed in FY20 and a request for proposal (RFP) was published. This new supply chain model will be implemented in COP21.

Transition to Indigenous 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. In COP20, about 32% of USAID funding and 50% of the CDC funding went to local organizations. The operating unit has a number of mechanisms which will be awarded in COP21. This will determine the actual amount which will go towards local organizations. This amount is projected to be no less than the COP20 level.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

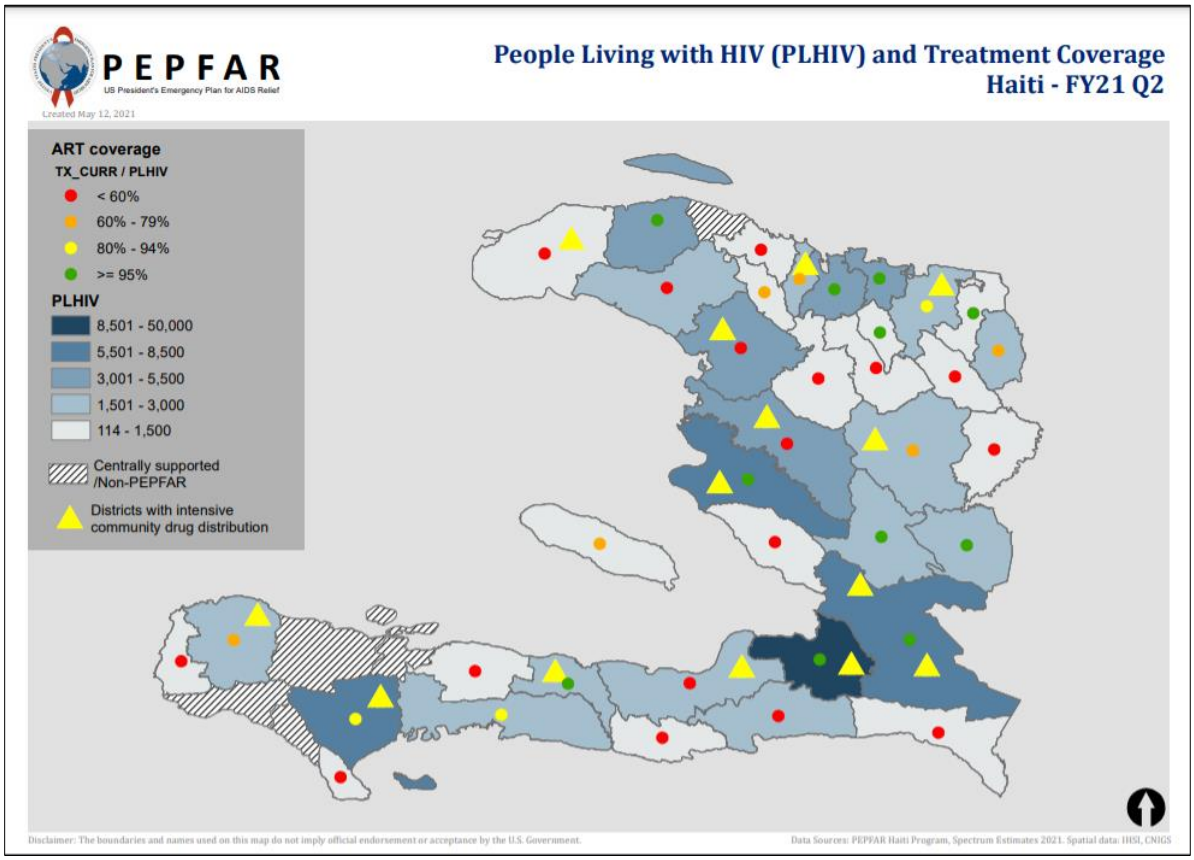
Analysis of programmatic and financial data shows an overall alignment of investments with both the geographic location of people living with HIV and the population enrolled on ART. PEPFAR-supported sites and services are located in areas with a high burden of HIV, resulting in a higher volume of people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

In COP21, the PEPFAR-Haiti 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. Started in COP19 and continued in COP20, fixed DDPs are being 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 COP20, PEPFAR-Haiti is starting the PCAGs, an added option for mobile community drug delivery. All of these initiatives will be reinforced in COP21 to increase access to ART and mitigate the impact of frequent roadblocks and security issues, of stigma and of COVID-19, all negatively impacting health-seeking behaviors and clinics/hospitals' attendance.

In addition to ART coverage, the PEPFAR-Haiti 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 in the North Department will increase the sample processing capacity by 2,000 tests per month and is expected to reduce turn-around time (TAT) by approximately to 10days, barring external factors such as roadblocks, protests, etc. The national sample referral network will continue to provide census coverage nationally ensuring every person living with HIV has access to VL testing.

As the 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

Engagements with the Host Government

As part of the COP21 development process, PEPFAR-Haiti held an initial meeting with the Minister of Health and the General Director of MSPP to brief them on the planning level details (primarily the budget, challenges, and priorities for COP21), the planning process, and timelines for COP21. Technical level engagements were done with the PNLS/UCMIT to discuss priorities and agree on proposed strategies and approaches for epidemic control in Haiti. A multi-stakeholder retreat was held on February 4-5, 2021, to review epidemiologic data, key global and country-specific planning guidance along with the program context, results, and gaps for prevention, care, treatment, and above-site investments. On April 16, PEPFAR-Haiti held a meeting with PNLS/UCMIT to confirm alignment of PEPFAR strategies for COP21 and MSPP's priorities. A follow-on multi-stakeholder meeting was conducted on April 19, 2021. During this meeting, the PEPFAR-Haiti team presented the proposed COP21 strategy, targets, and budget. The meeting provided in-country stakeholders an opportunity to provide additional feedback on the proposed COP21 direction. It served as a precursor to the virtual planning meeting (VPM) on April 28-29, 2021 in which select stakeholders participated.

In COP21, the PNLS/UCMIT will continue to facilitate quarterly review meetings with PEPFAR-Haiti, and selected stakeholders, via the National Monitoring board. The PEPFAR-Haiti team will continue to participate in all planned and ad hoc national-level technical clusters. In addition to the weekly, bi-weekly, and monthly agency-specific meetings with IPs focused on budget and technical issues (including site level analysis), PEPFAR-Haiti will continue to conduct quarterly all-PEPFAR IP meetings to discuss technical and strategic implementation priorities and course-corrective measures. PEPFAR-Haiti will continue to meet at least once every quarter with the MSPP senior leadership to discuss strategic priorities and overarching progress towards epidemic control in Haiti with a focus on ensuring the sustainability of the response.

External Development Partners

USG Haiti is a member of the Country Coordinating Mechanism (CCM) and continuously shares financial and programmatic information with the Global Fund and CCM members. PEPFAR-Haiti has standing routine meetings with the Global Fund to engage on areas of shared interest, such as commodities and supply chain management. PEPFAR-Haiti will also institute quarterly coordination meetings with UNAIDS and the World Bank. PEPFAR-Haiti will continue to participate in UN Coordination and other donor meetings, as appropriate.

Civil Society/Community Engagement

PEPFAR-Haiti convened a meeting in January 2021 with the newly-formed CSO Observatory and Federation of PLHIV associations, as well as members of the existing CSO forum, to solicit inputs for COP21. The CSO community was apprised of the planning level letter (PLL) details, COP21 guidance, programmatic data, among other strategic and process issues for COP21. In addition, the CSOs highlighted their priorities for COP21 at the same meeting. Further, CSO members participated in the COP21 in-country strategic retreat during the week of February 1-5, 2021, during which they further elaborated on their priorities for COP21. A follow-up meeting was held with CSOs on April 7, 2021. PEPFAR-Haiti provided feedback on issues raised by the CSOs during the multi-stakeholder meeting on April 19, 2021. Written feedback was also shared with

CSOs. Seven Civil Society representatives participated in the COP21 virtual planning meetings on April 28 and 29, 2021. The draft Strategic Direction Summary (SDS) was also shared with stakeholders, including CSOs, for their inputs. From FY21 onward, PEPFAR-Haiti will conduct quarterly meetings with the CSO with an emphasis on Community-Led Monitoring (CLM) and use of results for lobbying and advocacy at multiple levels, sharing of implementation progress and challenges with a focus on VL monitoring coverage and literacy, interruption in treatment, PrEP, among other aspects of the portfolio.

Other Stakeholders

PEPFAR-Haiti will continue to engage primarily with its Implementing Partners (IPs). During COP21 planning, PEPFAR held meetings with IPs to discuss FY20 performance, priorities, and progress in FY21, as well as the overarching aspects of COP21. PEPFAR-Haiti is yet to engage meaningfully with the business sector in Haiti. However, the team recognizes that the business sector could play a critical role in last-mile delivery or through public-private pharmacy/lab/information system and supply chain models. A step towards this approach is the partnership with some private pharmacies and other entities to serve as DDPs to increase access for ART. Similarly, the team recognizes the potential to closely collaborate with institutions of higher learning in both technical assistance and service delivery models. This would support the GoH to exercise its primary role to create a viable operating environment through policy development, implementation, and oversight. The team will continue to explore ways in which the private health care sector in Haiti could play an increasing role in epidemic control efforts to complement and augment those of the public health care sector. Similarly, the team will engage GoH on how best to harness the capabilities of the private sector.

3.0 Geographic and Population Prioritization

Table 3.1 Current Status of ART Saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP20	# Current on ART (FY20)	# of SNU COP19 (FY20)	# of SNU COP20 (FY21)
Attained	-	-	-	-
Scale-up Saturation	52	85,017	13	13
Scale-up Aggressive	16.30	11,383	6	6
Sustained	25.4	20,023	17	17
Central Support	3.87	4,435	6	6

In COP21, PEPFAR-Haiti will continue to focus on twenty (20) priority arrondissements (districts). These prioritized SNUs represent at least 90% of ART patients nationally, with 53% of the current ART cohort accessing ART and other services in six of the 20 SNUs. As mentioned earlier, PEPFAR-Haiti's prevention, care, treatment, and above-site investments are aligned to the underlying population and epidemiologic profile.

In COP21, PEPFAR-Haiti seeks to increase treatment coverage across the 20 SNUs by age and sex through minimizing interruptions in treatment, strengthening back-to-care activities, treatment continuation of newly initiated clients. Tailored packages will be developed to address the needs of specific population sub-groups by SNU and at the site level.

In addition to the geographic prioritization, PEPFAR-Haiti will prioritize younger age groups (<40 years), including children, where there are significant gaps in ART coverage and VLS. As such, in all the 20 SNUs, PEPFAR-Haiti will expand community VL monitoring and literacy activities, including continued

mentoring of health care workers. PEPFAR-Haiti will also optimize the OVC/DREAMS platforms across all targeted SNUs to increase prevention, testing, linkage, ART initiation, and treatment continuity, as well as ensuring access to VL monitoring.

Building on FY21 efforts, PEPFAR-Haiti will offer mobile clinic services within the Haiti-DR border areas for PLHIV crossing the Haiti-Dominican Republic (DR) border. PEPFAR-Haiti will also incorporate special packages, with extended MMD (greater than 6 months of ART and OI drugs) for clients who plan to spend a long period of time in the DR, community VL (finger-prick DBS) sample collection, routine 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 10% case finding gap and 17% treatment gap, there are over 16,000 individuals not yet aware of their HIV status and 13,034 people living with HIV in Haiti not currently engaged in HIV care according to the latest national data (SALVH, December 2020). While the main strategy for COP21 will focus on finding clients with interrupted treatment to bring them back to care, the program will continue with optimized and smart targeted case finding to identify the undiagnosed and link them to care.

Optimized case finding

To facilitate a heightened focus on continuity of treatment, HIV testing will continue to be scaled down but optimized nationally. PEPFAR-Haiti will secure its testing volume at a level of 380,772 tests in COP21. The Global Fund will complement the procurement to cover national targeted needs for testing for pregnant women, adolescent girls and young women, OVC, TB suspects, and confirmed cases, people presenting with STI, and key populations and their contacts. PEPFAR-Haiti, the Global Fund, and UNAIDS will continue to work with the MSPP to appropriately address non-targeted testing such as mandatory testing before surgical procedures or required for delivery of medical certificates. 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 for populations with the greatest case finding gaps: men and children. For the latter group, HIV-exposed infants born to HIV-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, sero-different couples, and potentially pregnant women:

Self-testing scale-up will be completed in CO21. Self-testing will continue to be distributed to key populations, serodiscordant couples, hard-to-reach men, and, potentially, pregnant women in non-PEPFAR supported antenatal facilities without access to HIV testing. In COP21, PEPFAR-Haiti, in collaboration with the MSPP, will continue expanding assisted self-testing, to reach more people among these groups by scaling up the distribution to 60,000 self-tests.

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 key populations and have demonstrated their capacity to bring a higher yield of positives. All non-prison key populations sites will continue to implement social networking strategies or Enhanced Peer Outreach Approach (EPOA). In FY20, PEPFAR-Haiti in collaboration with the PNLS and the CSOs launched a vast capacity building program to ensure that all key population sites met the minimum requirement for safe and ethical index testing. In COP21, CLM will be encouraged to provide bidirectional feedback from clients/patients to healthcare providers regarding index testing implementation, intimate partner violence (IPV), and stigma and discrimination. PEPFAR-Haiti will support refresher training on IPV prevention and management for healthcare providers.

Linkage to Treatment

Linkage to treatment has improved to a satisfactory level through FY21 Q1 and Q2. Unlinked clients, however, 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 good patients more challenging while building trust between patient and provider. The "Easy Start" core components include revamped post-test counseling to improve treatment literacy, intensified psychosocial support, entry into an ART treatment agreement detailing the importance of compliance and adherence, and continued client engagement for continuity of treatment over time and in between follow-up visits. The PEPFAR-Haiti team added to it: i) the "ART treatment agreement" developed by a high-performing partner continuity of treatment results, and ii) continued client engagement. This new Easy Start package, introduced at every PEPFAR-supported facility from FY20, is being offered in the community by CHWs and peer educators in COP20 and COP21 implementation. The "Easy Start" approach will be tailored to meet the specific health needs of key populations.

A major component of service packages for both linkage and continuity of treatment is consistent non-stigmatizing and non-discriminatory service delivery. Haiti DHS 2016-2017 revealed that up to 60% of health care providers would not eat food prepared or 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 implementing partner monitoring to follow comprehensive care guidance are critical to improving durable linkage and continuity of treatment to reach epidemic control. The Easy Start package will be specifically adapted to address stigma and discrimination from the initial encounter with a client and throughout the continued engagement to prevent treatment interruption and improve treatment adherence.

4.2 Retaining clients on treatment and ensuring viral suppression

Continuity of treatment 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) Focus and scale client-centered HIV service delivery to improve treatment continuity while preventing interruption, and

ii) Continue intensive efforts to return clients previously diagnosed and who interrupted treatment or services.

PEPFAR-Haiti will focus on client-centered approaches as the main component to improve treatment continuity. The Easy Start program will be reinforced in all PEPFAR sites, offering new clients a customized ART orientation, completed with an ART patient agreement and a peer navigator to stem loss to follow-up during the first 90 days. Treatment literacy and U=U campaigns will improve clients' understanding and adherence to treatment. As part of the Easy Start Approach, messaging (including messages of hope) at enrollment will be reinforced to empower clients in making informed decisions about their treatment and take the lead in the efforts to achieve viral suppression. We will facilitate the full use of the ART enrollment agreement and continue to measure its outcome during implementation. Together with the CSOs, and the PLHIV representatives, PEPFAR-Haiti will support the revision of pre-enrollment guidelines and job aids for ART orientation at enrollment, to ensure appropriate literacy level and language options, as well as positive messaging about treatment, beginning at diagnosis.

As the basis for the enhanced client-centered approaches, the focus will be placed on understanding clients and their potential barriers to treatment continuity. We will support the implementation of a national psychosocial guide, and validation of new psychosocial forms for systematic routine baseline psychosocial assessment at pre-ART enrollment whether enrolled at the site or community level, as well as routine re-assessment of ART clients at least every 6 months. This will help in establishing clients' profiles to better tailor interventions for specific categories, addressing any changes in needs to monitor and manage co-morbidities to avoid preventable deaths, and leveraging OVC resources for better outcomes among children. The PEPFAR-Haiti team will make certain with IPs that appropriate human resources are available to support the workload of psychosocial and community activities at the sites.

Since clients reported forgetting their appointments is the main reason for missing appointments, a special emphasis will be placed on routinizing reminder calls from the site staff to clients to remind clients of appointments and refill dates. In between clinical visits, calls or visits will be done to inquire about patient well-being, reinforce treatment literacy, and keep offering DSD, including early refill, to prevent treatment interruption.

Six months of antiretroviral (ART) drugs will be offered to 95% of eligible clients. Revised SOPs on Multimonth dispensing (MMD) for ART and OI prophylaxis drugs will be done and sites will reinforce regular communication with clients on MMD. The community drug dispensation program – one of the cornerstones to maintaining and returning clients to care and decongesting clinics to reduce overall wait time - will continue to expand in FY21 and FY22.

PEPFAR-Haiti will reinforce the network of community drug dispensation points to address some of these client-cited barriers. By using existing sites in the community (pharmacies, grocery stores, pPLHIV associations offices) with extended/flexible hours, clients can collect their ART earlier or later in the day. Commercial sites may 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 started in COP20 is the standard 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 can conduct home visits or meet clients at locations of their choosing to deliver meds and conduct a mobile health

check, which may include the collection of specimen samples for VL monitoring using finger pricks, based on the client preference and feasibility at the meeting point. Peer mobile devices will 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 client tracing. This flexible service delivery approach not only serves clients daily but also can be leveraged for contingency planning during periods of unrest when clients cannot easily access facilities or fixed DDPs.

For COP21/FY22, PEPFAR-Haiti will ensure that all partners provide appropriate support to a peer approach in the program. Peers will maintain their essential role for the PEPFAR program addressing sub-population categories such as key populations and in the CAGs. In addition, support groups for clients will need to be led by peers, with the help of a health care provider, social worker, psychologist, or community nurse. Peers will be engaged to review the suitability of the content of support group messaging, and to design job aids for treatment adherence and continuity.

Best practices learned from FCI activities during COP19 and COP20 will be continued in COP21, addressing the needs of people seeking alternative care, and ensuring that they stay on treatment, promoting a positive attitude towards people living with HIV within faith-based and other organized communities, and disseminating new messages of hope, and additional information about the availability of effective antiretroviral therapy (ART) free of charge.

Analysis of data shows that treatment interruption rates with the highest rates of patient loss are 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 the 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 the linkage of OVC and pediatric services, as well as initiatives targeting children for viral suppression in COP21.

In COP21, Haiti will continue the Return to Care and Retention Surge campaigns initiated in FY19 and continued in FY20/21, coupled with the expansion of complementary community services and contingency plans.

The “Welcome Back” Return to Care Campaign is an aggressive patient tracking and tracing initiative to find clients who recently interrupted their treatment, starting with the most recent during the last 6 months of care. This campaign is marked by weekly data monitoring, closer supervision of implementation partners and sites, clear guidance in the MSPP circular with the input and feedback from CSO and PLHIV associations. PEPFAR-Haiti used data from this effort to describe clients' loss to care and better understand reasons for 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, leveraging community outposts, and boosting activities to prevent treatment interruptions.

For better results, tracing efforts will start early after a missed appointment, and intensive efforts would be deployed so that clients do not experience extended periods without ART, and can reintegrate the treatment cohort within 20 days of the missed date. In accordance with national guidelines, people who interrupted treatment but agree to restart when engaged, and promise to come back to the site can receive

ART supply immediately in the community. Intensive multi-layered psychosocial follow-up will be carried out with clients found who promise to return, and also with those who refuse to continue treatment.

As a central point of the program, CQI activities will be mandated systematically at all sites, using the HealthQual methodology. Best practices will be recorded on the national CQI electronic tool (called SIGHH), and PEPFAR-Haiti will support the MSPP in convening regular HealthQual meetings at the national and sub-national (departmental) levels. PEPFAR-Haiti will also ensure routine CSO engagement on CQI.

4.3 Prevention, specifically detailing programs for priority programming

HIV and violence prevention for adolescent girls and young women and OVC

PEPFAR-Haiti remains the main contributor to OVC activities in Haiti and continues to work closely with the PNLS and Institut du Bien-Etre Social et de Recherches (IBESR), the government entity responsible for OVC under the Ministry of Social Affairs (MAST). In COP21 PEPFAR-Haiti will commit 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-positive adults at risk of poor continuity of treatment rates or with detectable VL, HIV exposed infants, children of prisoners and female sex workers, and survivors of violence against children and children of adolescent girls and young women.

The program will continue to actively identify children of HIV-positive mothers who have not yet been tested and refer them for testing. CHWs will be working with clinical teams to identify biological children of people living with HIV and refer them for testing.

To reach 95% continuity of treatment rates, the program will focus on the following activities:

a) Update and review the Memorandum of Understanding (MOU) between clinical and OVC IPs, b) Recruit OVC coordinators to link OVC and clinical service activities to operationalize the MOUs, c) Reinforce bidirectional training of clinical and OVC teams for increased understanding of their respective programs and increase referrals, and d) Develop and/or improve case management tools across implementing partners. 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) and also through the patient support system (PSUPP). These systems will ensure that a multi-layered package of services is offered to OVCs. and the program will also align these platforms and EMR/MESI to enable bidirectional information sharing for both OVC and clinical partners.

The OVC program will continue to work closely with the clinical program to ensure 95% viral suppression for infected children. Activities will be geared towards scaling up directly observed therapy (DOT) for children who are new on treatment, age-appropriate kids clubs, and status disclosure which have demonstrated positive results.

The program will also support the PMTCT cascade through the following: a) Track of mother-baby pairs by facilitating effective linkage between facilities and community health care providers at delivery for follow-up services b) Prioritize HIV-positive pregnant adolescent girls and young women for economic strengthening activities, and c) Promote peer support through community young mother's clubs.

Access to education has been an important element of the PEPFAR-Haiti OVC program as it promotes resiliency among adolescent girls and reduces vulnerability. Household Economic Strengthening (HES) is

facilitating the transition for many families from PEPFAR-Haiti support and 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 gender-based violence (GBV) and decrease HIV risk. Other HES activities include vocational training, and credit towards small enterprises, etc. Other interventions aimed at risk reduction include access to comprehensive adolescent sexual and reproductive health (ASRH) 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, IPs will work with MAST, IBESR, and the PNLS to link 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-positive parents and guardians, clinical settings such as STI, ANC, and through collaboration with key population partners and faith and community leaders. The program is working with partners to ensure proper reporting on the recent changes in the OVC MER indicators.

PEPFAR initiated DREAMS programming in Haiti in COP17. Districts within the departments of Artibonite, North, and West were selected based on the high positive yields of HIV testing among adolescent girls and young women aged 10-14, 15-19, and 20-24, and a high prevalence of gender-based violence (GBV) as reported by the 2017 DHS. Four districts are currently targeted: Port-au-Prince, Cap Haitian, Dessalines, and Saint-Marc. A package of services layered by age band (10-14 and 15-19 and 20-24) 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 assets building; and HES. For COP21, the program will increase its target from 25,000 to 26,597. Services will be enhanced to include PrEP for young women aged 18-24. PrEP will be available only for high-risk young women that are over 18 because of policy limitations.

The Haiti DREAMS program aims at improving completion of services for all adolescent girls and young women by:

a) Reinforcing partnerships between community and clinical partners to ensure completion of services such as HTS, family planning (FP), and adolescent sexual and reproductive health (ASRH), b) Expanding safe spaces to improve access to services, c) Close monitoring and better engagement by mentors of DREAMS girls, especially the older ones to ensure they remain in the program, and d) Scaling up of economic strengthening activities ("mutuelle de solidarité" or cash savings groups (MUSO), vocational training, financial literacy, and bridge to employment) to improve continuity of treatment rates.

The Haiti DREAMS program will continue to identify the most vulnerable adolescent girls and young women (out-of-school adolescent girls and young women) and expand in new communes within the four districts to improve geographical coverage. The DREAMS coordinator plays an important role in improving the coordination of interventions between partners and agencies.

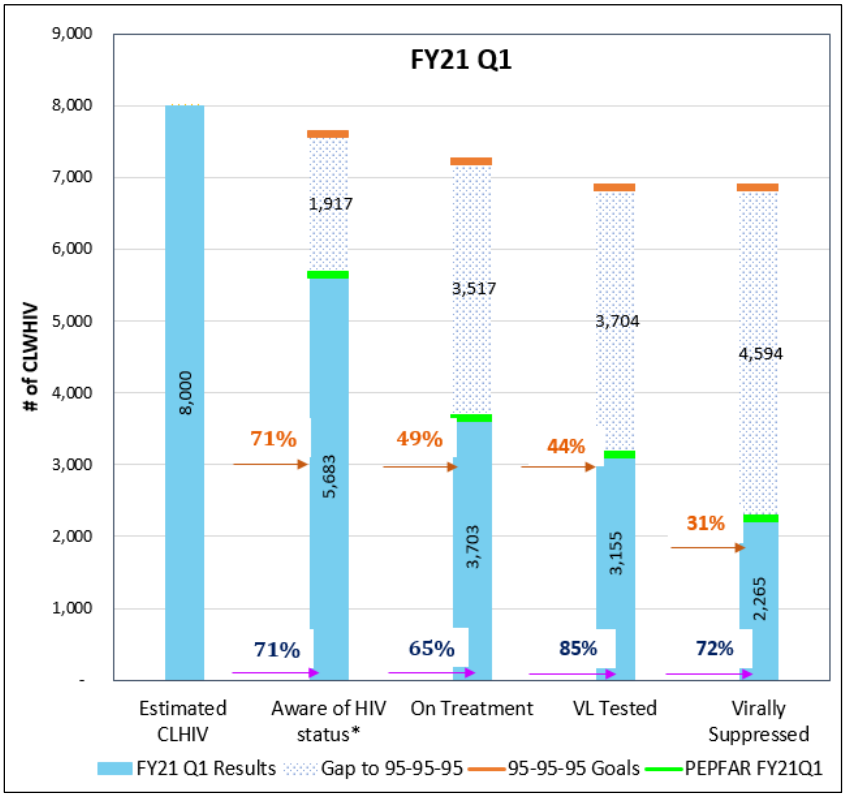
PEPFAR-Haiti will continue to work with the GoH and its partners to roll out the response to the Violence against Children Survey (VACS). The OVC program is coordinating with other partners involved in projects

related to child protection, human rights, and human trafficking to address issues raised by the VACS, including settings for post-rape care and networking with the GoH, UNICEF, and other key stakeholders.

Children

The most recent 2021 estimate by UNAIDS indicates that 8,000 Haitian children are living with HIV and 5,683 are diagnosed, suggesting a gap of 1,917 to reach the first 95. As of FY21 Q1, 3,703 children living with HIV were active on ART, which represents 49% achievement towards the second 95% treatment goal for children living with HIV.

Figure 4.3.1: 2021 Haiti National Pediatric Clinical Cascade



The program will improve all elements of the cascade.

The program will scale up index testing for biological children of people living with HIV by continuing retrospective chart audits aiming for 100% completeness, and test all children with undocumented HIV status, and continue positive messaging for parents. It will also require systematic use of a standardized screening tool in OPD and IPD in high burden settings. Full roll-out of the screening tool is expected by the end of FY21. High coverage and monitoring of HIV testing in high yield settings such as malnutrition and TB clinics will also be undertaken.

Continuity of treatment remains one of the biggest concerns for the pediatric population. Various interventions that aim at improving treatment continuation will be scaled up:

a) Age-appropriate disclosure, b) Family-based DSD model (extended clinic hours, and weekend hours for children, adolescents, and their families, reminder calls by clinic staff, scaling up MMD and CDD), c) Improved support to be provided through case management approaches, including linkage with OVC services for children and adolescents who need enhanced support, and d) scale-up of HES after

identification of those with greatest needs. The Zvandiri model (Community Adolescent Treatment Supporters, known as CATS) is being considered to improve the continuity of treatment among adolescents.

Pediatric viral suppression is steadily increasing but still far from the 95% goal. To improve VLS, the program will strengthen the management of infants and children especially those with high VLs:

a) Case conferencing with clinical, psychosocial, and OVC teams, b) Designated pediatric care and treatment focal point at sites, c) Scale-up DOTS for children who are not yet virally suppressed, d) Age-appropriate treatment literacy for clients and caregivers and additional counseling support when initiating new drugs or formulations, e) Linkage of caregiver or child to peer support and strong collaboration with OVC services, and f) HES incentives through the OVC program.

DTG 5 mg for use with infants and children weighing at least 3 kg was approved by the GoH and introduced in March 2021. Scaling up and transitioning using DTG 10 mg will be effective for all eligible children by COP21.

Key Populations

Men who have sex with men (MSM) and female sex workers (FSW) are disproportionately impacted by HIV in Haiti, with prevalence levels significantly higher than the general population, 12.9% and 8.7% (Integrated Biological and Behavioral Survey (IBBS), 2014), respectively. An updated national HIV prevalence for MSM and commercial sex workers (CSW) is expected with the Global Fund-financed new IBBS, planned to start in FY22. 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 for people in state custody, people in prisons, and in other closed settings. With the increased number of people identifying themselves as transgender, the positivity rate (21.11%), and the poor linkage to care (68%), PEPFAR-Haiti will explore and initiate transgender-friendly services in the key populations' packages.

In COP21, PEPFAR-Haiti will continue to support high-impact core interventions for key populations including targeted prevention messages and HTS, combination prevention services extended to clients of CSW, condom, and lubricant promotion and distribution, and use of peer navigators to enhance adherence and continuity of treatment of HIV-positive key populations. The overall strategies will continue to engage key population-led organizations in program implementation. LGBTQ organizations will be involved in CDDP 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 key population sites in all geographic departments. At the start of COP21, all PEPFAR 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 CSW's access to quality HIV services. In COP19 and COP20, specific interventions were 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.

In COP21, PEPFAR-Haiti will continue to support the above-mentioned activities for improvement and extension. The HIV program will seek more collaboration with the voodoo sector to support an anti-stigma and anti-discrimination campaign against key populations.

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

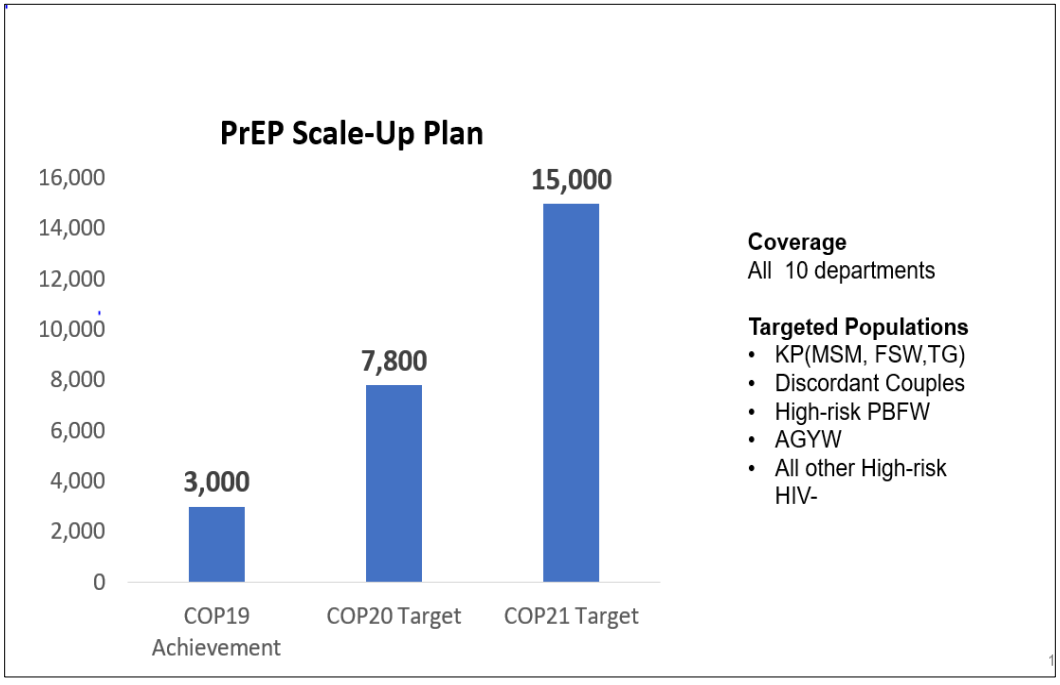
In regards to coverage, the program will continue to strengthen the capacity of local key populations-led organizations to identify new hotspots to provide key populations-friendly services and to scale up innovative, evidence-based strategies to achieve epidemic control for key populations including utilization of local social networks to identify undiagnosed individuals living with HIV and link them to HIV services. The latter will be done primarily through the full roll-out of the 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 key populations friendly services. The "Easy Start" approach will be adapted to meet key populations' specific needs.

PEPFAR-Haiti will continue to collaborate with the PNLS to ensure that the different HIV-related guidelines incorporate a comprehensive package of evidence-based HIV-related recommendations for all key populations, and also build the capacity of the community key populations-led organizations to potentially become grantees in the future.

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

PrEP Expansion

Figure 4.4.1: PrEP: COP21 Projected Performance



With the support of PEPFAR-Haiti, the MSPP launched the PrEP initiative in FY19 in selected sites and continued the expansion of PrEP throughout the country during the following 2 years. In COP 21, PrEP is

expected to be available in all the 10 geographical departments, with the contribution of both PEPFAR and GF. The National AIDS Program will continue to lead site activation for PrEP services and will provide supportive supervision along with USG staff and the technical assistance (TA) partner. Discussions are ongoing to update the PrEP guidelines to include non-key populations high-risk groups in the eligible populations and offering PrEP on-demand as another alternative for men who have sex with men. PrEP services will also be expanded to target young women as vulnerable populations.

ARV Optimization and Effective Implementation of Multi-month Dispensation

PEPFAR-Haiti and the 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 adults and children weighing 20 kg or more includes TLD as the preferred regimen, while children under 20 kg will be treated under current WHO guidelines, including the introduction of pediatric DTG. Given the suboptimal VLS among children, PEPFAR-Haiti will ensure all treated pediatric clients are no longer treated with nevirapine-based regimens by the end of COP20/FY21. With the ongoing risk of insecurity and violence, PEPFAR-Haiti aims to offer 6-month MMD to 95% of the eligible treatment cohort, specifically with two 90-day bottles or one 180-day bottle along with OI prophylaxis drugs. Coordination is ongoing with the Global Fund who is responsible for supplying part of ARV commodities for the country.

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

TB remains the primary opportunistic infection for people living with HIV in Haiti. During FY20, the program managed 1,678 co-infected 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 registers, lack of site staff training, the burden of pills, and the absence of full integration between TB and HIV services. In COP21, a granular site management approach will continue to scale up TPT with better integration in the DSD 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. The MSPP is exploring with PEPFAR and the Global Fund the use of a short-course combination of isoniazid and rifapentine for 4 weeks for better compliance and adherence in patients> 14 years old. A once-weekly combination of isoniazid and rifapentine for 12 weeks would be the recommendation for children between 2-14 years old.

TB screening is another area of concern to be addressed since the program has identified gaps in the effective screening of patients on ART. 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 TB/HIV coinfection. FY20 data show that 78% of the ART patients were screened for TB. EMR form and module allow health care providers to actively screen for the four symptoms (cough, fever, night sweats, and weight loss) are included in the clinical assessment tool. However, the completion and reporting of these forms are not systematic. The PEPFAR-Haiti team will further engage the SI team to ensure that completing the TB screening section is mandatory in the electronic form and no patient chart or record can be saved without these specific variables. During FY22, the USG team will continue to work with IPs 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 specimens sent to the lab and those with positive specimen results initiate TB treatment as per MoH guidelines.

Targeted and specific site visits, including virtual 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 and lessons learned.

Viral Suppression

By the end of FY20, only 74% of the treatment cohort had a viral load test and children fared worse with less than 69 % suppression. The FY21 completion of the TLD transition, 6-month MMD, and ART regimen optimization including cessation of nevirapine-based regimens for children will address a significant proportion of virally unsuppressed clients. The program will reinforce health care provider capacity through training or even assigning pediatricians to deliver high quality of care for children to improve VLS.

Implementing partners will continue scaling up patient education ("Viral Load classes") and U=U campaign so that PLHIV can understand the relationship between adherence, VLS, and reduction of transmission risk. U=U messages will be reviewed with the participation of community-based organizations and PLHIV associations to ensure integration of positive messages about treatment and the inclusion of all population groups. This will create demand for VL testing, which will help close the remaining coverage gaps.

IPs will reinforce the prevention aspects for new enrollees on ART to achieve VLS. IPs will make sure providers follow guidelines for clinical appointments, and assess the needs of other services such as VL specimen collection, psychosocial support. Patients will receive appropriate therapeutic education.

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 VL classes but also more frequent VL and regimen monitoring for switching where required. The goal is to achieve 95% VLS rates nationally by the end of COP21. With the 6-month MMD strategy to be fully implemented, site medical staff will have more time to review patient 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 point of care (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 the 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 everyone has access to VL testing.

The PEPFAR-Haiti team will continue to work with the 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 the 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 IPs who actively participate in CQI-HEALTHQUAL routinely demonstrate higher performance in continuity of treatment and viral suppression. Given the current context in Haiti with frequent restrictions of movements, virtual visits and coaching of sites will be performed, by phone or internet platform, as an alternative when physical visits are not possible.

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 share challenges with the larger partner management and technical teams. Building on past months' experiences, virtual meetings will be held as an alternative, whenever movement is restricted. Partner meetings will be convened in person or virtually on a quarterly basis, 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, under the guidance of the clinical TA partner. 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, the 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 collaborates with various donors to achieve broader health supply chain objectives in the country. For instance, the USG collaborates with the Global Fund and the MSPP on forecasting and quantification, procurement of ARVs based on 60%/40% split between PEPFAR and the Global Fund, supply chain infrastructure development, as well as Unusable Pharmaceutical Product Management (UPPM). PEPFAR-Haiti also works closely with UNFPA on the procurement of MCH products. However, the USG will discontinue the procurement of MCH related commodities at the end of COP20/FY2021. MoH has been informed of this decision and UNFPA will continue supporting the procurement of MNCH products. In FY20, PEPFAR-Haiti worked closely with the World Bank on the distribution of PPEs in response to COVID19.

In COP21, PEPFAR-Haiti and the Global Fund will procure ARVs (including 180-count TLD bottles), RTKs, EID, and VL commodities. Further, in line with the pediatric ART optimization agenda, PEPFAR-Haiti will collaborate with the Global Fund to procure pediatric DTG 10 mg and transition all eligible children effective July 2021. In COP21, PEPFAR will support Hepatitis B testing for PrEP clients, as per national guidelines. PEPFAR-Haiti does not have access to the Condom Fund in COP21 and hence the Global Fund

will continue with the procurement of condoms in FY22. PEPFAR-Haiti will complement the Global Fund in distributing the condoms to enhance access to the needy populations in high burden areas. Based on the available resources from PEPFAR-Haiti and the Global Fund, no funding gaps or stock-outs are projected for any commodity during COP21.

4.6 Collaboration, Integration, and Monitoring

a. Strengthening cross technical collaboration and implementation across agencies and with external stakeholders, including the Global Fund and MoH

PEPFAR-Haiti will continue working with the MSPP, especially the 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 the 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.

PEPFAR-Haiti will continue to support the MSPP's efforts to increase the accountability of healthcare workers in providing stigma- and discrimination-free services to all clients, including PLHIV and key populations. We also endorse the MSPP's efforts to streamline HRH support from PEPFAR and the Global Fund 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 Global Fund, French and Canadian governments, WHO/PAHO, and UNAIDS, as well as key CSOs and PLHIV associations, will be essential to achieving epidemic control in Haiti.

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

PEPFAR-Haiti will continue supporting the PNLS in monitoring the HIV/AIDS clinical cascade from diagnosis, linkage to care and treatment, continuity of treatment, 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, IP 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 the 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 a performance improvement plan (PIP) 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 (including virtual engagement as an alternative when physical visits are not possible) for compliance assessment and performance monitoring.

At the national level, PEPFAR-Haiti will work closely with the 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 (HIS) 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 (LIS) and logistics management information system (LMIS) 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.

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 (HIV case-based longitudinal surveillance system).

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

In COP21, 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 the 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 12-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: 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-

Haiti program in terms of retention in care. The program will also scale drug distribution in community and peer-led community adherence groups (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: During COP20, extended clinic hours were made available to clients before or after regular work hours, during some weekdays, at PEPFAR-supported sites in districts with the highest HIV burden. In some districts, clinics were opened 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. For COP21, those activities will be scaled up based on the location and client's needs following the PLR assessment in understanding the reasons for missed appointments.

4. Men's clinics and men's corners: Men's clinics and men's corners started in FY20 will continue in COP21 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 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 the MSPP-trained and certified mobile clinic staff and CHWs. PEPFAR-Haiti will also work with the PNLS to transition to finger-prick methods for DBS sample collection, obviating the need for phlebotomy services.

6. Viral load (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. Newly diagnosed clients will also be enrolled into Viral Load classes to promote early 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. CHWs, 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 psychosocial 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 key populations will continue at the 25 implementing sites with a focus on men who have sex with men and other key populations.

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 COP21 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 the MSPP and donors. In addition to the observatory, a national review board, which will include CSO, the MSPP, and donor representatives will review program data and challenges every quarter.

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

Many of the systems barriers from COP20 are still applicable for COP21 implementation in addition to escalating security challenges that limit client access to care:

- Limited availability of population-level epidemiological data at the district level;
- The limited capacity of the 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 the PEPFAR-Haiti 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 levels to generate timely and accurate data and information to manage clinical services and HIV programs, including SALVH, i-Santé, MESI, and its applications, SISNU, LMIS, and LIS.

Relevant above-site and above service delivery activities were 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						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY21)	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	81,897	66,831	1313	90,294	5,277	116%
Scale-Up Aggressive	25,221	20,371	194	17,859	6,476	87%
Sustained	27,713	21,411	-	22,460	1,946	77%
Central Support	6001	0	4,801	0	0	0
Total	154,713	108,613	6,308	130,613	13,699	

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)	FY22 Target
Priority Populations – PP_PREV			
Cap-Haïtien	-	-	4,064
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			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY22 Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY22 Target) OVC*
Cap-Haïtien	-	10,970	8,930
Acul-du-Nord	-	4,508	3,583
Anse D'Hainault	-	107	84
Anse-à-Veau	-	216	173
Aquin	-	1,677	1,336
Arcahaie	-	189	153
Bainet	-	160	129

Table 4.7.4 Targets for OVC and Linkages to HIV services			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY22 Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY22 Target) OVC*
Baradères	-	0	0
Belle-Anse	-	300	238
Borgne	-	534	425
Cap-Haitien		10,970	8,930
Cayes	-	3,026	2,410
Cerca-la-Source		438	347
Chardonnières		245	193
Corail			
Croix-des-Bouquets	-		
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

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

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*
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 COP21, PEPFAR-Haiti will implement POC EID testing in selected sites in the southern departments, using existing GeneXpert machines. To address the system gap ineffective medical waste management, the MSPP, with support from the Global Fund, 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 PEPFAR-Haiti team will work with the MSPP to ensure appropriate waste management measures are available at the potential EID GeneXpert sites before 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 TAT, affected by external factors in the country, such as roadblocks, protests, etc. The national sample referral network will continue to provide timely specimen transport to all the centralized labs to ensure that every people living with HIV 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. Nine key system barriers have been identified alongside the appropriate interventions and actions needed to overcome them during COP20 and COP21. The proposed activities address outstanding programmatic gaps and fast-track attainment of epidemic control. The 33 above-site activities outlined in Table 6, respond to the critical SID 3.0 elements for Haiti and are considered key gaps in the current health system affecting the achievement of sustained 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 the capacity of service delivery and information systems for better coverage, adherence, and treatment continuation of PLHIV. Innovations in differentiated service models and drug delivery mechanisms include 6-month MMD, community-based drug distribution, DDPs, and community-based tracking through PLR. In COP20 and COP21, PCAGs 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.

<u>Key barriers 1 to 4</u>. Limited local financial support to strengthen weak laboratory systems in order to ensure: a) timely and quality of clinical laboratory services for HIV patients; b) efficient specimen transport system and reduced turnaround time to return test results for timely HIV patient management; c) CD4 testing capacity for PLHIV with advanced disease; and d) support for lab information systems for central labs for the timely return of results to providers.

Failure to ensure proper and timely delivery of laboratory services compromises HIV epidemic control. PEPFAR-Haiti will continue to assist the MSPP in improving the quality of laboratory services including

sample transportation via the national 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, and lab equipment maintenance that includes, besides repair services, certification and calibration of some lab instruments.

Various interventions were carried out in COP19 and COP20 to enhance the capacity of the Haiti laboratory tiered network and point of care testing sites. In COP20, the laboratory of Hopital Universitaire Justinien (HUJ) in the North department was capacitated as a third central lab for processing of VL and EID tests to service the northern region.

An increase in access to VL testing will continue to be a focus for the program in COP21 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. PEPFAR-Haiti will continue to support LNSP in increasing access for better coverage with the expansion of the GeneXpert lab network for VL and EID to selected PEPFAR-supported sites with an emphasis on mother-infant pairs, and guiding efforts for community collection of VL and EID samples. The partnership with the Global Fund will continue for the procurement of VL commodities. LIS and SRN will be improved to reduce TAT. PEPFAR-Haiti will also support the use of SMS technology for quick return of results directly to clients, while respecting confidentiality.

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 continue to 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 the MSPP to develop and implement recommendations for optimization of VL and EID testing for timely and adequate patient management.

iii) *Optimized national specimen referral network (NSRN)*. In COP20, Haiti will complete the transition started in COP19, of the specific EID specimen transport network (fully supported by PEPFAR) to the national specimen referral network (NSRN), 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, which already ensures national coverage for VL tests, TB, and diseases surveillance. In COP21, 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 monthly to allow monitoring the TAT for VL and EID and track results.

In COP21, LNSP, with PEPFAR support, will also contribute to the national TB program's expansion of the GeneXpert network and the integration of the LF-LAM rapid test into the TB diagnostic algorithm, to improve detection of TB, notably for PLHIV with advanced disease.

In addition, PEPFAR-Haiti will support the LNSP in its efforts for continuous quality improvement by:

i) strengthening the national proficiency testing (PT) program to monitor the accuracy of test results at PEPFAR-supported sites, especially HIV tests;

ii) supporting quality management systems (QMS) at the three central VL and EID labs (LNSP, R.Merieux lab of IMIS, and HUJ), departmental labs, and GeneXpert sites for TB and EID to ensure accurate and reliable VL and EID test results; and

iii) create a community of practice to discuss challenges and share best practices.

<u>Key barrier 5</u>. Limited capacity of MoH to develop policies, guidelines, SOPs, training materials, and serve as the technical lead to HIV service delivery and healthcare systems in Haiti

i) In COP21, PEPFAR-Haiti will continue providing support to the MSPP entities, including among others, PNLS/UCMIT, and departmental health directorates, to plan, coordinate, and manage the HIV program and the delivery of HIV services. The MSPP will regularly update the national norms, guidelines, and policies, and ensure they are properly implemented throughout the country. Additionally, the PNLS will be capacitated to ensure regular harmonization of indicators and tools across the PEPFAR-supported sites.

ii) PEPFAR-Haiti will continue supporting technical assistance for MSPP, implementing partners and sites with a particular focus, in COP21, on continuous quality improvement. HealthQual principles will be adapted and implemented to differentiated service delivery models, particularly community-based approaches, to ensure quality standards in client-centered approaches.

iii) PEPFAR-Haiti will continue to assist the MSPP in the national commodities forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of ARVs, lab commodities and equipment, and other essential commodities at all geographic levels of the country in FY21 and FY22.

iv) As part of the national supply chain system (SNADI), PEPFAR-Haiti will provide support to: 1) strengthen the capacity of the regional/departmental warehouse and distribution model (CDAI) in the South Department; 2) Operationalize the 3PL active distribution of essential medicine and priority program products of MoH to all sites in the South Department CDAI; 3) Build capacity to the up-coming UNGA (Central Unit for Supply Chain Management) as milestone of the SNADI Implementation.

v) Patient safety is a paramount goal of the PEPFAR-Haiti program. During FY19 through FY21, the USG assisted the MSPP/DPM in developing a national strategic UPP management plan. In addition, the USG funded the completion of a national UPP quantification exercise and the development of a national operational plan for the management and final disposal of UPPs locally. In FY21, the MSPP validated and approved this national UPP operational plan, paving the way for its immediate implementation and the transfer of responsibilities to the MSPP for the management and final disposal of UPPs. The USG will continue in FY22 to provide financial and technical assistance to the MSPP in implementing this national UPP operational plan.

vi) PEPFAR-Haiti will support the integration of the HIV system into larger HMIS and support the public and high-level officials' access to HIV information with continued support and training of MoH staff on HIV Dashboard visuals and customization of HIV indicators and data analysis for the needs of government officials meetings.

vii) Implementing a HRH transition plan. PEPFAR-Haiti will continue providing TA to the MSPP Department of Human Resources (DRH) on developing a pathway to transition HRH from USG to the domestic budget. Currently, the MSPP has validated the transition plan and implementation has started with the DRH beginning to select eligible health professionals to be transitioned to the national budget during FY2021. In COP21, the transition of PEPFAR staff to the domestic budget will continue.

Key barrier 6. Limited availability of skilled workers for efficient task sharing

i) *Qualified human resources for HIV and Task-sharing to serve better serve clients*. In COP21, PEPFAR-Haiti will continue to support curriculum development and implementation of task-shifting training for nurse practitioners, and the integration of HIV specific tasks in the training curriculum for polyvalent CHWs (ASCPs). Through the clinical TA partner, PEPFAR-Haiti will also support the MSPP to establish certification for HIV healthcare providers.

Key barrier 7. Lack of standard procedures to monitor and ensure respect of human rights in health institutions offering HIV services, and lack of awareness about how stigma and discrimination may impact health services offered to PLHIV

Started in COP19, and continuing in COP21, PEPFAR support will also allow the MSPP to dedicate specific resources to protect the rights of PLHIV at health facilities and ensure services are provided free of discrimination.

Key barrier 8. Insufficient financial support and 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 Haitian health system. PEPFAR-Haiti will continue to support a dedicated M&E team at PNLS to perform desk and on-site HIV data validation exercises at all HIV sites in the country to have accurate and reliable data for improving progress toward HIV epidemic control.

ii) Similarly, PEPFAR-Haiti will continue to support training at the site level and SOPs at the central level to improve the reporting of commodity consumption data. Availability of these 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.

Key barrier 9. Suboptimal use of existing technology and data in effort to improve operations and reinforce accountability.

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 strengthen and refine the systems to provide timely data for decision-making.

i) With this in mind, PEPFAR-Haiti will invest in the interoperability of the different platforms and systems including i-Santé, i-Santé Plus, and other EMRs, the national HIV data collection and reporting system (MESI), and its applications (SALVH, PLR, PCPI, SAFE, PSUP, RADAR), LMIS, and SISNU.

ii) PEPFAR-Haiti, in collaboration with the Global Fund, assisted the MSPP/DPMMT during COP19 to develop a national unified supply chain system by implementing a national unified paper-based LMIS in three geographical departments. A pilot for implementing an e-LMIS (hybrid model) was launched by the Global Fund in November 2019 upon the buy-in of the MSPP. In 2021, the MSPP, through the DPMMT has

expressed its satisfaction towards the model piloted and requested its scale up at national level. By the end of FY21, the Global Fund plans to convert this national unified paper-based LMIS into a SMART PAPER e-LMIS to track key health commodities and strengthen regular monitoring of supply chain performance through facility-level commodity availability.

iii) Started in COP20, and continuing into COP21, PEPFAR-Haiti will support the information system at the centralized labs (LIS), and will ensure interoperability between the LIS and the EMR at sites to allow better management of tests and timely electronic return of VL and EID results directly to sites.

iv) PEPFAR-Haiti will strengthen the comprehensive Patient-Centered Data available in Central Database (SALVH) for improved synergy between programs, and will expand this database to add non-clinical data, vital statistics; and other related program data such as TB. The database will be organized to capture historical relevant additional data and to continue effective de-duplication of data.

v) In COP21, PEPFAR-Haiti will upgrade the IT infrastructure at the national level, to keep up with expansion of data, with a modernization of the national EMR (i-Santé) consolidated server and upgrading the National Data Repository (SALVH).

vi) PEPFAR-Haiti will complete into i-Santé Plus the transition of several functionalities, some that existed in i-Santé, and others not yet available, for useful reports to assist implementation monitoring. The installation of i-Santé Plus will be expanded countrywide.

vii) Automation of manual CT/PMTCT registers at site level will improve accuracy of data, better capture the testing indicators, and alleviate burden for disaggregate reporting.

viii) Started in COP20, PEPFAR-Haiti will continue to support, in COP21, efforts for better accountability in the use of financial and human resources, particularly funding for client support and socio-economics programs, and analysis of these data in light of specific program objectives and standards.

ix) PEPFAR-Haiti will update the national TB register; maintain and update the national TB tracker to cover reporting of TB and MDR-TB cases at PEPFAR-supported sites, and ensure its interoperability with the national HIV data collection and reporting platform (MESI).

x) Collect and analyze on the national health information system (SISNU) accurate ANC1 data at non-PEPFAR supported facilities for improved HIV case finding, management and referral; and ensure interoperability and availability of ANC1 data on MESI.

xi) Facilitate training of private facilities providers on reporting key HIV and TB indicators, and ensure availability of quality reporting data on HIV and TB cases identified at private facilities, in MESI, to monitor progress toward HIV epidemic control, and to use for programmatic decision-making.

In addition, other activities, involving SI, but directly supporting site level activities, have been categorized into the most relevant category. Some key elements are listed below:

i) Provision of ongoing site support country-wide and continuing to operate a Help Desk for all HIV sites in the country.
ii) Maintenance of the site level IT infrastructure for 135 sites to progressively update an obsolete 15-year old infrastructure.
iii) Increased data use and analysis through the expansion of the RADA dashboards to all aspects of the program.

iv) Improving VL monitoring and 3rd 95 with a dashboard available to sites.
v) Enhanced functionalities in PLR for preventing interruption of treatment among clients receiving ARVs in general community drug distribution (CDD) and Drug Dispensation Points (DDP).
vi) Stabilization and expansion of critical prevention programming through the PCPI application; improving the capacity to identify sero-different couples for PrEP referral, and concordant couple who could benefit from tailored adherence services for families and couple.
vii) Integration of vital statistics (natality and mortality) data into the EMR and PLR.
viii) Expansion of biometric coding at site and community levels to reach 100% of active patients.
ix) Continuity of care for patients across the three EMR to fix the current gap of the three EMR not directly exchanging data between them. Coupled with the biometric coding, this is a key component supporting the vision "'Uninterrupted care no matter where", as this will allow clients to retrieve their EMR information at any site where they choose to receive services, without creating duplication, or unnecessary prescription. This will allow a true client-centered approach, providing clients with flexibility to move between sites with a corresponding mobility of their essential medical records for better services and without risk of over-dispensation of medication.

In assessing its capacity to achieve epidemic control in Haiti, PEPFAR-Haiti will build on previous COP systems interventions. Fifteen key system barriers have been identified alongside the appropriate interventions and actions needed to overcome them during COP20 and COP21. The proposed activities address outstanding programmatic gaps and fast-track attainment of epidemic control. The 34 above-site activities outlined in Table 6, respond to the critical SID 3.0 elements for Haiti and are considered key gaps in the current health system affecting the achievement of sustained 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 the capacity of service delivery and information systems for better coverage, adherence, and treatment continuation of PLHIV. Innovations in differentiated service models and drug delivery mechanisms include 6-month MMD, community-based drug distribution, DDPs, and community-based tracking through PLR. In COP20 and COP21, PCAGs 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.

Key barriers 1 to 4. Limited local financial support to strengthen weak laboratory systems in order to ensure: a) timely and quality of clinical laboratory services for HIV patients; b) efficient specimen transport system and reduced turnaround time to return test results for timely HIV patient management; c) CD4 testing capacity for PLHIV with advanced disease; d) support for lab information systems of central labs for timely return of results to providers.

Failure to ensure proper and timely delivery of laboratory services compromise HIV epidemic control. PEPFAR-Haiti will continue to assist MSPP in improving the quality of laboratory services including sample transportation via the national 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 that includes, besides repair services, certification and calibration of some lab instruments.

Various interventions have been carried in COP19 and COP20 to enhance the capacity of the Haiti laboratory tiered network and point of care testing sites. In COP20, the laboratory of Hopital Universitaire

Justinien (HUJ) in the North department was capacitated as a third central lab for processing of VL and EID tests to service the northern region.

An increase in access to VL testing will continue to be a focus for the program in COP21 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. PEPFAR-Haiti will continue to support LNSP in increasing access for better coverage with the expansion of GeneXpert lab network for VL and EID to selected PEPFAR-supported sites with an emphasis on mother-infant pairs, and guiding efforts for community collection of VL & EID samples. The partnership with Global Fund will continue for the procurement of VL commodities. LIS and SRN will be improved to reduce TAT. PEPFAR-Haiti will also support the use of SMS technology for quick return of results directly to clients, while respecting confidentiality.

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 continue to 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 the MSPP to develop and implement recommendations for optimization of VL/EID testing for timely and adequate patient management.

iii) *Optimized national specimen referral network (NSRN)*. In COP20, Haiti will complete the transition started in COP19, of the specific EID specimen transport network (fully supported by PEPFAR) to the national specimen referral network (NSRN), 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, which already ensures national coverage for VL tests, TB, and diseases surveillance. In COP21, 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 monthly to allow monitoring the TAT for EID and VL and track results.

In COP21, LNSP, with PEPFAR's support, will also contribute to the national TB program's expansion of the GeneXpert network and the integration of LF-LAM rapid test into the TB diagnostic algorithm, to improve detection of TB, notably for PLHIV with advanced disease.

In addition, PEPFAR-Haiti will support LNSP in its efforts for continuous quality improvement by:

iv) strengthening the national proficiency testing (PT) program to monitor the accuracy of test results at PEPFAR-supported sites, especially HIV tests;
v) supporting quality management systems (QMS) at the 3 central VL and EID labs (LNSP, R.Merieux lab of IMIS, and HUJ lab), departmental labs, and GeneXpert sites for TB and EID to ensure accurate and reliable VL and EID test results; and
vi) create a community of practice to discuss challenges and share best practices.

<u>Key barrier 5</u>. Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as technical lead to HIV service delivery and healthcare systems in Haiti

viii) In COP21, PEPFAR-Haiti will continue providing support to the MSPP entities, including among others, PNLS/UCMIT, and departmental health directorates, to plan, coordinate and manage the HIV program and the delivery of HIV services. MSPP will regularly update the national norms, guidelines, and policies and ensure they are properly implemented throughout the country. Additionally, PNLS will be capacitated to ensure regular harmonization of indicators and tools across the PEPFAR-supported sites.

ix) PEPFAR-Haiti will continue supporting technical assistance for MSPP, implementing partners and sites with a particular focus, in COP21, on continuous quality improvement. HealthQual principles will be adapted and implemented to differentiated service delivery models, particularly community-based approaches, to ensure quality standards in client-centered approaches.

x) 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 ARV, lab commodities and equipment, and other essential commodities at all geographic levels of the country in FY21 and FY22.

xi) PEPFAR-Haiti, in collaboration with the Global Fund, assisted the MSPP/DPMMT during COP19 to develop a national unified supply chain system by implementing a national unified paper-based LMIS in three geographical departments. A pilot for implementing an e-LMIS (hybrid model) was launched by Global Fund in November 2019 upon the buy-in of the MSPP. In 2021, the MSPP, through the DPMMT has expressed its satisfaction towards the model piloted and requested its scale up at national level. By the end of FY21, the Global Fund plans to convert this national unified paper-based LMIS into a SMART PAPER e-LMIS to track key health commodities and strengthen regular monitoring of supply chain performance through facility-level commodity availability.

xii) As part of the national supply chain system (SNADI), PEPFAR-Haiti will provide support to: 1) strengthen the capacity of the regional/departmental warehouse and distribution model (CDAI) in the South Department; 2) Operationalize the 3PL active distribution of essential medicine and priority program products of MOH to all sites in the South Department CDAI; 3) Build capacity to the up-coming UNGA (Central Unit for Supply Chain Management) as milestone of the SNADI Implementation.

xiii) PEPFAR-Haiti will support the integration of the HIV system into larger HMIS and support the public and high-level officials' access to HIV Information with continued support and training of MOH staff on HIV Dashboard visuals and customization of HIV indicators and data analysis for the needs of government officials meetings.

<u>Key barrier 6 & 7.</u> Limited availability of skilled workers for efficient task sharing and decrease in external donor funded resources for HIV

ii) *Qualified human resources for HIV and Task-sharing to serve better serve clients*. In COP21, PEPFAR-Haiti will continue to support curriculum development and implementation of task-shifting training for nurse practitioners, and the integration of HIV specific tasks in the training curriculum for polyvalent CHWs (ASCPs). Through the clinical TA partner, PEPFAR-Haiti will also support MSPP to establish certification for HIV healthcare providers.

iii) *Implementing a HRH transition plan*. PEPFAR-Haiti will continue providing TA to the MSPP Department of Human Resources (DRH) on developing a pathway to transition HRH from USG to the domestic budget. Currently, the MSPP has validated the transition plan and implementation has started with the DRH beginning to select eligible health professionals to be transitioned to the national budget during FY2021. In COP21, the transition of PEPFAR staff to the domestic budget will continue.

Key barrier 8. Lack of standard procedures to monitor and ensure respect of human rights in health institutions offering HIV services, and lack of awareness about how stigma and discrimination may impact health services offered to PLHIV

Started in COP19, and continuing in COP21, PEPFAR support will also allow the MSPP to dedicate specific resources to protect the rights of PLHIV at health facilities and ensure services are provided free of discrimination.

Key barrier 9 & 10. Insufficient financial support and lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve PEPFAR program. Lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve the 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 a dedicated M&E team at PNLS to perform desk and sites HIV data validation exercises at all HIV sites in the country to have accurate and reliable data for improving progress toward HIV epidemic control.

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.

Key barrier 11. 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 through FY21, the USG assisted the MSPP/DPM in developing a national strategic UPP management plan. In addition, the USG funded the completion of a national UPP quantification exercise and the development of a national operational plan for the management and final disposal of UPPs locally. In FY21, the MSPP validated and approved this national UPP operational plan, paving the way for its immediate implementation and the transfer of responsibilities to the MSPP for the management and final disposal of UPPs. The USG will continue in FY22 to provide financial and technical assistance to the MSPP in implementing this national UPP operational plan.

Key barrier 12 to 14. Limited interoperability of TB-tracker with the national HIV information systems; Insufficient coverage denominator for ANC1 visits to adequately target PMTCT programming; and Limited oversight of health activities implemented by private clinics across the country.

In COP21, PEPFAR-Haiti will provide support for:

i) Updating the national TB register; maintaining and updating the national TB tracker to cover reporting of TB and MDR-TB cases at PEPFAR-supported sites, and ensuring its interoperability with the national HIV data collection and reporting platform (MESI)

ii) Collect and analyze on the national health information system (SISNU) accurate ANC1 data at non-PEPFAR supported facilities for improved HIV case finding, management and referral; and ensure interoperability and availability of ANC1 data on MESI

iii) Facilitate training of private facilities providers on reporting key HIV and TB indicators, and ensure availability of quality reporting data on HIV and TB cases identified at private facilities, in the national HIV system, MESI, to monitor progress toward HIV epidemic control, and to use for programmatic decision-making

Key barrier 15. Sub optimal use of existing technology and data in effort to improve operations and reinforce accountability.

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 strengthen and refine the systems to provide timely data for decision-making.

xii) With this in mind, PEPFAR-Haiti will invest in the interoperability of the different platforms and systems including i-Santé, i-Santé Plus, and other EMRs, the national HIV reporting system, MESI, and its applications (SALVH, PLR, PCPI, SAFE, PSUP, RADAR), LMIS and SISNU.

xiii) Started in COP20, and continuing into COP21, PEPFAR-Haiti will support the information system at the centralized labs (LIS), and will ensure interoperability between the LIS and the EMR at sites to allow better management of tests and timely electronic return of VL and EID results directly to sites.

xiv) PEPFAR Haiti will strengthen the comprehensive Patient-Centered Data available in Central Database (SALVH) for improved synergy between programs, and will expand this database to add non-clinical data, vital statistics; and other related program data such as TB. The database will be organized to capture historical relevant additional data and to continue effective de-duplication of data.

xv) In COP21, PEPFAR-Haiti will upgrade the IT infrastructure at the national level, to keep up with expansion of data, with a modernization of the national EMR (I-Santé) consolidated server and upgrading National Data Repository (SALVH).

xvi) PEPFAR-Haiti will complete into I-Santé Plus the transition of several functionalities, some that existed in I-Santé, and others not yet available, for useful reports to assist implementation monitoring. The installation of I-Santé Plus will be expanded countrywide.

xvii) Automation of manual CT/PMTCT registers at site level to improve accuracy of data, better capture the testing indicators, and alleviate burden for disaggregate reporting.

xviii) Started in COP20, PEPFAR-Haiti will continue to support, in COP21, efforts for better accountability in the use of financial and human resources, particularly funding for client support and socio-economics programs, and analysis of this data in light of specific program objectives and standards.

In addition, other activities, involving SI, but directly supporting site-level activities, have been categorized into the most relevant category. Some key elements are listed below:

x) Provision of ongoing site support country-wide and continuing to operate a Help Desk for all HIV sites in the country
xi) Maintenance of the site level IT infrastructure for 135 sites to progressively update a 15 year old infrastructure with obsolete materials
xii) Increased Data use and Analysis through the expansion of the RADA dashboards to all aspects of the program
xiii) Improving VL monitoring and 3rd 95 with a dashboard available to sites
xiv) Enhanced functionalities in PLR for preventing interruption of treatment among clients receiving ARVs in general community drug distribution (CDD) and Drug Dispensation Points (DDP)
xv) Stabilization and expansion of critical prevention programming through the PCPI application; improving the capacity to identify sero-different couples for PrEP referral, and concordant couple who could benefit from tailored adherence services for families and couple.
xvi) Integration of vital statistics (natality and mortality) data into the EMR and PLR
xvii) Expansion of biometric coding at site and community level to reach 100% of active patients
xviii) Continuity of care for patients across the 3 EMR to fix the current gap of the 3 EMR not exchanging data between them directly. Coupled with the biometric coding, this is a key component supporting the vision "'Uninterrupted care no matter where", as this will allow clients to retrieve their EMR information at any site where they choose to receive services, without creating duplication, or unnecessary prescription. This will allow a true client-centered approach, providing clients with the flexibility to move between sites with a corresponding mobility of their essential medical records for better services and without risk of over-dispensation of medication.

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 and thus have repurposed some existing positions to meet program needs.

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 2021.

CDC has 14 LES vacancies. They are in different phases of the human resources processes (position description classification, recruitment, and clearances for positions offered). USAID has four LES vacancies and one US Personal Services, Contractor.

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	COP18	Scale-Up: Saturation	APR19	47%	66%	77%	117%	68%	190%	65%	38%	109%	84%	82%	75%
	COP19	Scale-Up: Saturation	APR20		117%	-	-	-	-	80%	-	-	90%	-	87%
	COP20	Scale-Up: Saturation	APR21	86%	120%	141%	164%	94%	263%	91%	53%	152%	117%	113%	105%
	COP21	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Saint-Marc	COP18	Scale-Up: Saturation	APR19	82%	118%	112%	84%	73%	91%	95%	91%	114%	117%	168%	108%
	COP19	Scale-Up: Saturation	APR20	-	82%	-	-	-	-	118%	-	-	136%	-	126%
	COP20	Scale-Up: Saturation	APR21	186%	268%	255%	132%	116%	147%	151%	145%	182%	187%	267%	176%
	COP21	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Dessalines	COP18	Scale-Up: Saturation	APR19	36%	30%	38%	59%	74%	70%	55%	42%	107%	83%	89%	68%
	COP19	Scale-Up: Saturation	APR20	-	54%	-	-	-	-	69%	-	-	88%	-	78%
	COP20	Scale-Up: Saturation	APR21	51%	41%	53%	93%	118%	110%	88%	66%	169%	131%	141%	107%
	COP21	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Cap-Haitien	COP18	Scale-Up: Saturation	APR19	44%	93%	62%	76%	40%	51%	49%	86%	46%	68%	162%	67%

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
	COP19	Scale-Up: Saturation	APR20	-	87%	-	-	-	-	72%	-	-	76%	-	75%
	COP20	Scale-Up: Saturation	APR21	73%	152%	102%	102%	57%	69%	67%	118%	63%	94%	221%	93%
	COP21	Scale-Up: Saturation	APR22	158%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Cayes	COP18	Scale-Up: Saturation	APR19	26%	68%	88%	101%	40%	64%	70%	52%	37%	73%	101%	67%
	COP19	Scale-Up: Saturation	APR20	-	62%	-	-	-	-	72%	-	-	91%	-	82%
	COP20	Scale-Up: Saturation	APR21	106%	275%	353%	116%	46%	77%	81%	60%	43%	85%	117%	84%
	COP21	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Gonaives	COP18	Scale-Up: Saturation	APR19	25%	25%	27%	26%	15%	26%	25%	24%	31%	40%	56%	33%
	COP19	Scale-Up: Saturation	APR20	-	36%	-	-	-	-	59%	-	-	66%	-	61%
	COP20	Scale-Up: Saturation	APR21	47%	49%	51%	47%	25%	44%	43%	41%	53%	69%	97%	57%
	COP21	Sustained	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Port-de-Paix	COP18	Scale-Up: Saturation	APR19	50%	14%	69%	46%	47%	23%	46%	40%	43%	65%	114%	56%
	COP19	Scale-Up: Saturation	APR20	-	50%	-	-	-	-	70%	-	-	83%	-	75%
	COP20	Scale-Up: Saturation	APR21	64%	18%	89%	66%	68%	33%	68%	58%	63%	95%	167%	82%
	COP21	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	COP18	Scale-Up: Aggressive	APR19	166%	174%	406%	270%	179%	133%	200%	165%	156%	292%	403%	244%

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
Acul-du-Nord	COP19	Scale-Up: Saturation	APR20	-	201%	-	-	-	-	223%	-	-	284%	-	254%
	COP20	Scale-Up: Saturation	APR21	276%	282%	666%	378%	254%	197%	288%	237%	223%	419%	578%	352%
	COP21	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Aquin	COP18	Scale-Up: Aggressive	APR19	52%	160%	163%	115%	87%	73%	76%	85%	78%	89%	207%	92%
	COP19	Scale-Up: Aggressive	APR20	-	88%	-	-	-	-	83%	-	-	108%	-	-
	COP20	Scale-Up: Saturation	APR21	71%	217%	221%	196%	149%	123%	128%	144%	132%	151%	353%	155%
	COP21	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fort-Liberte	COP18	Scale-Up: Aggressive	APR19	147%	170%	151%	56%	49%	63%	52%	43%	47%	78%	104%	69%
	COP19	Scale-Up: Aggressive	APR20	-	128%	-	-	-	-	66%	-	-	77%	-	74%
	COP20	Scale-Up: Aggressive	APR21	205%	238%	215%	84%	78%	97%	81%	68%	72%	122%	161%	106%
	COP21	Scale-Up: Saturation	APR22	300%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Jacmel	COP18	Scale-Up: Aggressive	APR19	14%	35%	40%	19%	21%	20%	25%	36%	16%	33%	78%	31%
	COP19	Scale-Up: Aggressive	APR20	-	27%	-	-	-	-	46%	-	-	59%	-	51%
	COP20	Scale-Up: Aggressive	APR21	13%	35%	40%	30%	32%	31%	39%	54%	25%	50%	119%	47%
	COP21	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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
Mole-Saint-Nicolas	COP18	Scale-Up: Saturation	APR19	16%	21%	28%	39%	35%	90%	26%	10%	61%	36%	29%	30%
	COP19	Scale-Up: Aggressive	APR20	-	64%	-	-	-	-	36%	-	-	50%	-	45%
	COP20	Scale-Up: Aggressive	APR21	18%	24%	31%	51%	47%	121%	34%	13%	80%	48%	39%	39%
	COP21	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Ouanaminthe	COP18	Scale-Up: Aggressive	APR19	18%	14%	22%	8%	27%	13%	21%	22%	25%	36%	41%	28%
	COP19	Scale-Up: Aggressive	APR20		37%	-	-	-	-	34%	-	-	39%	-	37%
	COP20	Scale-Up: Aggressive	APR21	34%	28%	40%	16%	38%	19%	30%	31%	37%	52%	59%	41%
	COP21	Scale-Up: Aggressive	APR22	150%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Hinche	COP18	Scale-Up: Aggressive	APR19	67%	68%	105%	40%	37%	32%	44%	33%	52%	58%	44%	49%
	COP19	Scale-Up: Aggressive	APR20	-	57%	-	-	-	-	44%	-	-	52%	-	49%
	COP20	Scale-Up: Aggressive	APR21	121%	122%	191%	63%	59%	48%	70%	53%	82%	91%	69%	78%
	COP21	Sustained	APR22	150%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Jeremie	COP18	Scale-Up: Aggressive	APR19	12%	19%	31%	78%	64%	233%	62%	15%	120%	68%	40%	58%
	COP19	Scale-Up: Aggressive	APR20	-	40%	-	-	-	-	69%	-	-	86%	-	75%
	COP20	Scale-Up: Aggressive	APR21	24%	39%	61%	107%	82%	306%	83%	20%	160%	89%	54%	78%
	COP21	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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
Loascahobas	COP18	Scale-Up: Aggressive	APR19	59%	84%	52%	37%	18%	37%	63%	46%	36%	77%	66%	63%
	COP19	Scale-Up: Aggressive	APR20	-	78%	-	-	-	-	64%	-	-	78%	-	72%
	COP20	Scale-Up: Aggressive	APR21	119%	168%	104%	49%	25%	51%	85%	63%	49%	105%	90%	87%
	COP21	Sustained	APR22	100%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Gros-Morne	COP18	Sustained	APR19	26%	30%	29%	38%	126%	145%	23%	14%	143%	21%	14%	29%
	COP19	Sustained	APR20	-	19%	-	-	-	-	21%	-	-	27%	-	24%
	COP20	Sustained	APR21	47%	55%	52%	61%	205%	235%	38%	22%	231%	34%	22%	48%
	COP21	Sustained	APR22	100%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

APPENDIX B – Budget Profile and Resource Projections

PEPFAR-Haiti uses visuals and tables generated from the approved version of the consolidated FAST, inclusive of ARPA funding.

Table B.1.1 COP21 Total Planning Level

Applied Pipeline	New Funding	Total Spend
US $5,190,560	**US $104,819,440**	**US $110,010,000**

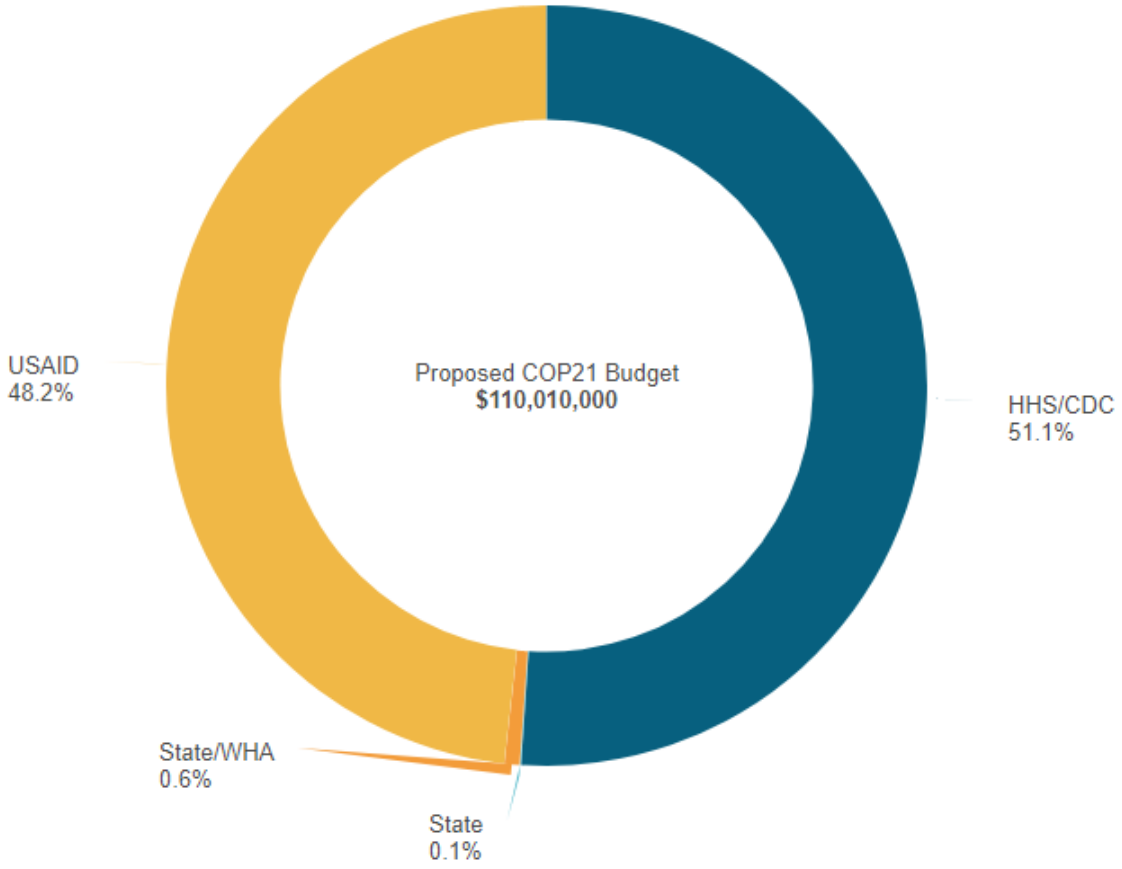
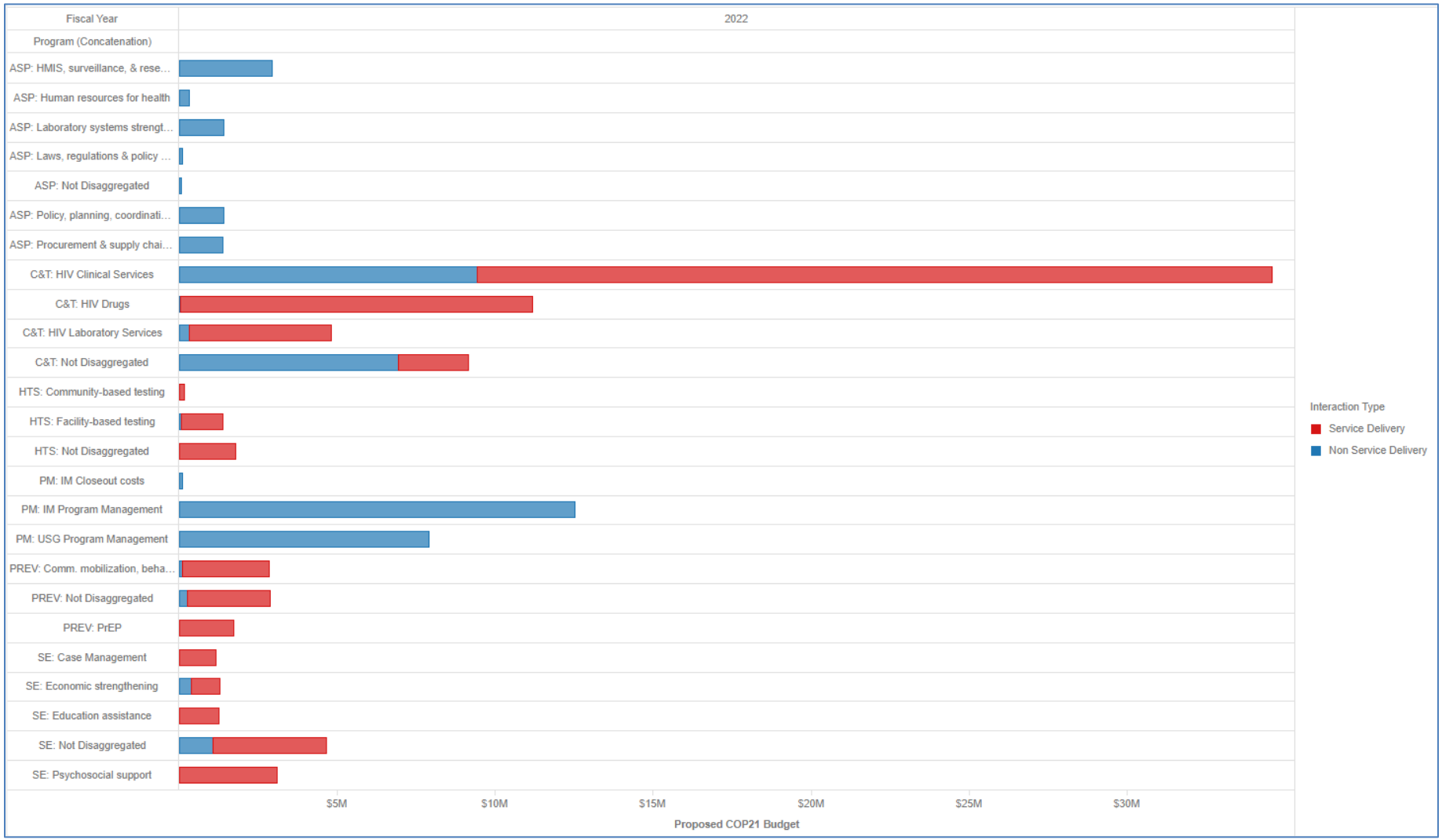


Table B.1.2: COP21 Budget by Program Area



Program	Fiscal Year	2022					
	Metrics	Proposed COP21 Budget			Percent of COP 21 Proposed Budget		
	Subprogram	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		**$46,607,983**	**$63,402,017**	**$110,010,000**	**42.37%**	**57.63%**	**100.00%**
C&T	**Total**	**$16,684,728**	**$43,061,246**	**$59,745,974**	**27.93%**	**72.07%**	**100.00%**
	HIV Clinical Services	$9,415,441	$25,176,600	**$34,592,041**	27.22%	72.78%	**100.00%**
	HIV Drugs	$37,000	$11,141,992	**$11,178,992**	0.33%	99.67%	**100.00%**
	HIV Laboratory Services	$300,000	$4,518,306	**$4,818,306**	6.23%	93.77%	**100.00%**
	Not Disaggregated	$6,932,287	$2,224,348	**$9,156,635**	75.71%	24.29%	**100.00%**
HTS	**Total**	**$67,000**	**$3,265,926**	**$3,332,926**	**2.01%**	**97.99%**	**100.00%**
	Community-based testing		$150,000	**$150,000**		100.00%	**100.00%**
	Facility-based testing	$67,000	$1,321,807	**$1,388,807**	4.82%	95.18%	**100.00%**
	Not Disaggregated		$1,794,119	**$1,794,119**		100.00%	**100.00%**
PREV	**Total**	**$348,973**	**$7,098,417**	**$7,447,390**	**4.69%**	**95.31%**	**100.00%**
	Comm. mobilization, behavior & norms change	$108,018	$2,748,515	**$2,856,533**	3.78%	96.22%	**100.00%**
	Not Disaggregated	$240,955	$2,632,789	**$2,873,744**	8.38%	91.62%	**100.00%**
	PrEP		$1,717,113	**$1,717,113**		100.00%	**100.00%**
SE	**Total**	**$1,449,340**	**$9,976,428**	**$11,425,768**	**12.68%**	**87.32%**	**100.00%**
	Case Management		$1,164,205	**$1,164,205**		100.00%	**100.00%**
	Economic strengthening	$380,388	$900,000	**$1,280,388**	29.71%	70.29%	**100.00%**
	Education assistance		$1,260,437	**$1,260,437**		100.00%	**100.00%**
	Not Disaggregated	$1,068,952	$3,572,769	**$4,641,721**	23.03%	76.97%	**100.00%**
	Psychosocial support		$3,079,017	**$3,079,017**		100.00%	**100.00%**
ASP	**Total**	**$7,549,668**		**$7,549,668**	**100.00%**		**100.00%**
	HMIS, surveillance, & research	$2,924,574		**$2,924,574**	100.00%		**100.00%**
	Human resources for health	$300,000		**$300,000**	100.00%		**100.00%**
	Laboratory systems strengthening	$1,402,786		**$1,402,786**	100.00%		**100.00%**
	Laws, regulations & policy environment	$100,000		**$100,000**	100.00%		**100.00%**

Program	Fiscal Year	2022					
	Metrics	Proposed COP21 Budget			Percent of COP 21 Proposed Budget		
	Subprogram	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
	Not Disaggregated	$61,486		**$61,486**	100.00%		**100.00%**
	Policy, planning, coordination & management of disease control programs	$1,398,800		**$1,398,800**	100.00%		**100.00%**
	Procurement & supply chain management	$1,362,022		**$1,362,022**	100.00%		**100.00%**
PM	**Total**	**$20,508,274**		**$20,508,274**	**100.00%**		**100.00%**
	IM Closeout costs	$100,700		**$100,700**	100.00%		**100.00%**
	IM Program Management	$12,517,567		**$12,517,567**	100.00%		**100.00%**
	USG Program Management	$7,890,007		**$7,890,007**	100.00%		**100.00%**

Table B.1.3: COP21 Resource Allocation by Program and Beneficiary

Fiscal Year	2022													
Program	**C&T**		**HTS**		**PREV**		**SE**		**ASP**		**PM**		**Total**	
Beneficiary	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**	**Proposed COP21 Budget**	**% to Total**
Total	**$59,745,974**	**100%**	**$3,332,926**	**100%**	**$7,447,390**	**100%**	**$11,425,768**	**100%**	**$7,549,668**	**100%**	**$20,508,274**	**100%**	**$110,010,000**	**100%**
Females					$1,419,823	19%	$1,391,927	12%					**$2,811,750**	**3%**
Key Pops	$4,835,428	8%	$681,530	20%	$1,088,908	15%	$421,440	4%					**$7,027,306**	**6%**
Non-Targeted Pop	$53,291,397	89%	$2,591,396	78%	$3,628,994	49%	$2,933,625	26%	$7,549,668	100%	$20,493,274	100%	**$90,488,354**	**82%**
OVC	$160,785	0%			$1,080,178	15%	$6,678,776	58%			$15,000	0%	**$7,934,739**	**7%**
Pregnant & Breast feeding Women	$658,364	1%			$34,487	0%							**$692,851**	**1%**
Priority Pops	$800,000	1%	$60,000	2%	$195,000	3%							**$1,055,000**	**1%**

APPENDIX C – Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Fully implemented at all PEPFAR-supported sites. Overall linkage for COP19/FY20 is 96%.
2. Rapid optimization of ART by offering TLD to all people living with HIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are >4 weeks of age and weigh >3 kg, and removal of all NVP- and EFV-based ART regimens.	Transition from TLE to TLD completed, NVP-based regimen removed. TLD and other DTG-based regimens offered to all eligible PLHIV weighing >=20 kg (including children, adolescents, and women of childbearing potential). 87% of all ART clients (20+ kg) are currently on TLD-based regimen. Haiti is in the process of introducing DTG 5 mg (using ped DTG 5mg until ped DTG 10mg becomes available).
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	Adopted, and on-going implementation, and scale-up of MMD and CDD in COP19/FY20. As part of the COVID response, the MSPP authorized 3MMD for newly enrolled and unstable clients. Advocacy will be needed to institutionalize this policy after the COVID-19 crisis and to ensure that new patients transition smoothly from 3 to 6 MMD with demonstrated adherence.
4.All eligible people living with HIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	TPT and cotrimoxazole are already implemented at all sites as part of the HIV clinical care package. IPs pending to complete investigation on the complete people living with HIV cohort to ensure that people who did not complete TPT course previously will repeat it.
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 VL testing and results delivered to caregiver within 4 weeks.	VL/EID Diagnostic network optimization activities completed. Mapping completed. Partial readiness assessment (done at 50%) for sites/hubs selected to integrate EID in TB POC GeneXpert. RFP submitted, and order placed for equipment for a regional lab in the North department (Hopital Universitaire Justinien) for EID/VL testing. Equipment to arrive in COP20/FY21 Q1. Service interruptions were reported due to multiple equipment failures, delays in repairs due to lack of spare parts in the country, severe lab contamination resulting in complete shutdown, and staff infected of COVID-19 at both labs.
Testing	
1.Scale-up of index testing and self-testing, ensuring	On-going implementation of index testing with the

Minimum Program Requirement	Status and issues hindering Implementation
consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV-positive biological parent should be offered testing for HIV.	minimum standards, ensuring consent procedures, confidentiality, IPV prevention and management 100% of children of Index patients are offered HIV testing. Index testing is the largest contributor to <15 HTS_TST_POS. Implementation and scale-up of self-testing underway.
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 adolescent girls and young women in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	Prevention services offered to high-risk clients, including PrEP. Ongoing implementation of PrEP in all geographic departments.
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	Ongoing implementation. Ongoing collaboration between OVC and clinical partners to improve pediatric and adolescent case finding, linkage to care, continuity of treatment toward viral suppression. Violence prevention curricula targeting adolescent girls 9-14 are being used.
Policy and systems	
1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention	Fully implemented since 2003.
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.	Intensification of IP performance monitoring and virtual site visits. Web-based electronic platform for CQI (HealthQual) activities monitoring is used at all PEPFAR –supported sites. PLHIV associations engaged in client monitoring and adherence. CSO Observatory is being organized under the leadership of UNAIDS.
3. Evidence of treatment and VL literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and healthcare providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and	Ongoing implementation. U = U messages ongoing for the general population. Viral Load Class ongoing at all PEPFAR-supported sites. Education sessions ongoing for people living with

Minimum Program Requirement	Status and issues hindering Implementation
prevention.	HIV beneficiaries. Engagement of people living with HIV at selected sites initiated in some districts. ARVs and Treatment Literacy with messages including messages of hope translated into Creole and disseminated via mass media.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	Full transition from 2 international NGOs to local IPs completed in FY20. Four new cooperative agreements issued for four (4) local partners. Ongoing process to recruit more local IPs.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	Ongoing. New budget approved in June 2020 after an eight month delay, with the health budget increased to 10.9%, (mostly linked to COVID pandemic situation). Stewardship role of the MSPP for the national HIV response, in terms of policies and guidelines.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Ongoing reporting from sites through the national MESI platform, and as a result of tracking with PLR. Ongoing review by partners and sites.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Up and running fully since 2018.