Haiti Country Operational Plan

(COP) 2022

Strategic Direction Summary

April 2022

PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Contents

***Military PSNU data are nonpublic.**

1.0 Vision and Goal Statement: Surge, Attain, and Sustain

The vision of PEPFAR Haiti for COP2022 is to "Surge, Attain, and Sustain" (hereafter referred to as SAS). In its simplicity, the vision articulates the emerging needs of a maturing program in a very challenging context. The vision is anchored on multi-level, interdependent, value-creating partnerships among stakeholders, including Haiti's Ministry of Public Health and Population (MSPP), PEPFAR, Global Fund (GF), civil society organizations (CSOs), United Nations (UN), other multilateral organizations, as well as people living with and affected by HIV and AIDS. Multi-level coordination, collaboration, and ownership of the response are a necessity as the country edges towards epidemic control. The Haiti program is situated in a complex web of social, political, economic, and environmental constraints that peaked again during the period July to December 2021. During this period, the incumbent President of Haiti was assassinated. The country experienced another devastating earthquake which greatly affected the southern peninsula. Rampant gang activity, located in a declining economy, caused severe fuel shortages that disrupted the availability, access, and use of social, health, and economic services. This complexity was exacerbated by the COVID-19 pandemic.

As a result, the program witnessed more interruptions in treatment in FY2022 Q1 (October-December 2021) and recorded negative treatment growth for the first time since 2019. Viral load testing coverage fell from 82% in Q4 of FY2021 to 76% in FY2022 Q1. Viral load suppression (VLS) stagnated at 87% during the same period. The quality and success of FY2022 implementation having a bearing on COP2022, Haiti's data-driven vision for COP2022 is to **"Surge, Attain, and Sustain"**. The PEPFAR program must maintain its resolve, flexibility, adaptability, and innovation if the 95*95*95 goals are to be achieved. At the end of the COP2022, the program expects to reach 95*95*85 and to reach the 95*95*95 goals by the end of COP23.

As part of a two-pronged COP2022 strategy, the program seeks to return to care at least 70% of all clients who experienced an interruption in treatment in FY2022 Q1 through targeted surge activities while scaling up viral load (VL) testing among eligible clients and promoting viral load suppression-focused activities. Building on this, the second prong is geared toward guaranteeing continuity of treatment, viral load coverage and suppression by reinforcing and enhancing the patient experience through complementary, person-centered, quality, equitable, and integrated services, with an emphasis on respect of human rights. To sustain the first, second, and third 95, the program will assure the availability, access, and utilization of quality, equitable, complementary HIV prevention, treatment, and TB services. Effective implementation of these two prongs hinges on enduring and resilient laboratory, strategic information, supply chain, leadership, and governance systems. The SAS strategy is focused on underserved men and women, including adults (15-39 years), children (0-14 years), key populations, among other vulnerable groups. In this vein, eliminating the facility and community divide is critical.

Most of the policies necessary for success have been implemented down to the site level. MSPP has provided the Community Led Monitoring (CLM) Initiative access to all the sites for data collection and feedback. To mitigate the gaps for viral load and exposed-infant diagnosis (EID) testing, PEPFAR will work closely with MSPP and the approving authority to accelerate a policy shift that will allow community sample collection for VL and EID by polyvalent community health workers ASCP.

To improve coverage of viral load testing and suppression, more so among children, pregnant women, young adults 15-29, and key populations, PEPFAR-Haiti will reinforce centralized EID and VL testing capacity through staffing, strengthen governance aspects at national and subnational levels, update and develop guidelines and procedures, as well as training and supervision of cadres. Furthermore, working with MSPP and GF, PEPFAR will enhance the decentralization of GeneXpert machines as well as the use of the GeneXpert for EID and viral load testing among infants, children, pregnant, and breastfeeding women, and the non-virally suppressed population. PEPFAR is also working closely with MSPP and GF to improve testing capacity and ensure testing needs are met through network optimization of 15 points of care machines. The program will continue to expand community-based dried blood spots (DBS) sample collection for VL and EID. Guidelines and procedures for community based VL sample collection will be updated in FY2022. In the same vein, PEPFAR will strengthen the community of practice between laboratory and facility-level service providers to address challenges and share best practices. The existing number of the Extension for Community Healthcare Outcomes (ECHO) spoke sites will be expanded. Weekly ECHO sessions will continue to provide a base for course correction, improvement, and collaboration.

To enhance client access to their VL results, the program will accelerate the completion of the LIS and EMR interface to request and return results. The program will support the laboratory information system (LIS) for the new central lab in the southern region, basic LIS for GeneXpert, and expand the SMS technology for the return of results. Enhancing the client-service provider treatment literacy (with a focus on VL) remains a critical component of the program. The program is embedding elements – in the EMRs, through service provider training and client engagements - that will trigger the demand to review and make use of the VL results as part of person-centered care.

To improve viral load suppression among children, the program will complete the transition to pediatric dolutegravir (DTG10) in FY2022. In the same vein, the program will strengthen treatment of infants and children, especially those with high VL through case conferencing with clinical, psychosocial, and OVC teams; designate pediatric focal point persons at sites; reinforce retention strategies for children and adolescents living with HIV (CALHIV) through age-appropriate treatment literacy for clients/caregivers and provide additional counseling support when initiating new drugs or formulations (DTG 5/10 mg). In addition, the program will provide linkage between caregivers or children to peer support and strong collaboration with OVC services as well as household economic strengthening incentives through the OVC program. For adults, the program will include currently active PLHIV to contribute to psycho-social support activities. Each network of community drug dispensation points will have PLHIV staff at each site, responsible for engaging clients within support groups on an ongoing basis, supported by a social worker or other relevant staff at the site. The program will also implement targeted activities for young adults to enhance continuity of treatment and viral load suppression.

Recency testing is a priority as the program approaches 95 * 95 * 95. Recency assays will help define clusters of recent HIV acquisition and guide national and subnational efforts to address outbreaks. Under the leadership of MSPP, PEPFAR-Haiti will adapt, adopt, and or develop standard operating procedures and guidelines for recency testing. Using agreed criteria based on existing epidemiological and program data, specific sites for recency testing will be selected in FY2022 (10-12 sites). Site evaluations will also be conducted in FY2022, along with a quantification of the required resources. With the support of PEPFAR, an electronic database,

situated within the currently existing HMIS architecture, will be deployed. Such a database will allow stakeholders to have (near) real-time information for decision-making. PEPFAR-Haiti will also procure recency test kits and facilitate capacity-building efforts in selected sites and at the national level. MSPP will oversee the supervision and quality control aspects of the initiative with support from PEPFAR.

The Haiti program will continue to use the HealthQual methodology to support continuous quality improvement (CQI)efforts at the site level, in the 10 departments and at the national level. Inter and intra-departmental meetings will be held twice a year under the leadership of MSPP. Additionally, PEPFAR-Haiti will support sites to analyze data collected on existing electronics applications and EMRs to do client- profiling and help prevent interruption in treatment while enhancing routine follow-up of all clients.

The program also uses social workers and psychologists to facilitate healthy client interactions and follow-ups. In addition, the program currently has 30 fixed community Drugs Dispensing Points (DDPs) as part of an integrated effort to enhance client access to services, including seven DDPs open during FY2022. Through combined PEPFAR and GF support, up to 30 additional DDPs will be activated. DDPs are located within several types of sites within the community, and include private pharmacies, clinics, PLHIV associations, KP associations, voodoo temples, among others. PEPFAR is working closely with in-country stakeholders to optimize community drug distribution (CDD) and selected DDPs in a manner that allows clients to access multiple services concurrently, including VL. Furthermore, the Haiti program will continue to expand multi-month dispensing (MMD) of ART. For patients who cross the border to DR, expansion of MMD for up to a year, coupled with virtual psychosocial support, will continue to be implemented on a case-by-case basis. Under these circumstances, viral load-related testing needs will also be assessed on a patient-to-patient basis.

Haiti is one of the few countries with an adaptable EMR system that provides valuable patient-level information routinely. Data in MESI, the National HIV Monitoring System, is updated routinely at the site level. This facilitates continuous quality improvement (CQI) efforts at the site, departmental, and national levels, as well as for PEPFAR. These data informed the development of the current surge of the SAS strategy. The PEPFAR team is currently reviewing site- and partner-level data on a weekly/bi-weekly basis to facilitate the surge and appropriate course of corrective actions. Every quarter, the PEPFAR team facilitates programmatic reviews with all stakeholders in the country. The GF has also initiated a similar process. This is in addition to MSPP-led programmatic reviews with Implementing Partners and donors. These processes offer an opportunity for timely remedial action.

Community-led monitoring (CLM) was expanded to 41 sites in FY2021 and 65 sites in FY2022. The platform has been useful in identifying critical gaps in service delivery at the site and above the site levels. At the beginning of FY2022, the CLM results were discussed with MSPP, PEPFAR, and UNAIDS. This was followed by specific sessions with the PEPFAR implementing partners. Going forward, the results of the CLM will be shared every quarter with all in-country stakeholders. Follow-up visits will be implemented at sites depending on findings from the initial visits as well as to share recommendations, and to verify if there have been improvements. The CLM will ensure that PEPFAR is informed in advance about the method of site selection, receives initial report on findings as soon as they are ready, and review the recommendations and remediation plan to be proposed for sites improvements to ensure their alignment with contractual

procedures. Expansion of the CLM will be guided by the need to cover a representative number of sites across the country in a manner that allows the results to be generalized and guide course corrective actions. To assure the independence of the CLM, the CSOs will maintain the lead role in the CLM data collection, data analysis, and feedback and engagement with PEPFAR-Haiti, health facilities, visited, and PNLS. To complement PEPFAR COP2022 funding, UNAIDS is expected to continue providing technical assistance to the CSO Observatory implementing partner. Furthermore, as part of the strategic expansion of the CLM coverage, GF will provide a yet-to-be confirmed resource envelope for CLM activities. The CLM activities will augment the current quality control efforts at the site and above the site level to enhance the quality of services offered to the Haitian population at large.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden, and country profile

Haiti is a low-middle 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). Almost a quarter (24.5%) of the country's 11.4 million people live on less than $1.90 each day (UNDP, 2020). Haiti has the highest HIV burden in the Caribbean region, with an estimated 150,000 people living with HIV (UNAIDS Spectrum, 2022). The country also has the highest incidence of tuberculosis in the region (0.45 per 1,000 uninfected population in 2020), further compounding the HIV epidemic (UNAIDS, 2021).

The steady population growth (11.4 million in 2020) has outpaced the development of infrastructure, especially within the health system. Human resources for health are scarce, with persistent emigration of skilled health cadres causing severe and recurrent shortages. Attrition among healthcare providers at PEPFAR-supported facilities, PEPFAR-supported implementing partners, and PEPFAR-Haiti's locally engaged staff is also a challenge. Furthermore, 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 increasing, affecting access to the health services that exist.

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	11,745,892		1,832,915		1,898,299		1,127,016		1,147,058		2,981,438		2,759,166		UNAIDS, 2022
HIV Prevalence (%)		1.29		0.15		0.15		0.78		0.34		2.63		1.98	UNAIDS, 2022
AIDS Deaths (Per year)															
# PLHIV	151,134		2,666		2,774		8,762		3,957		78,427		54,548		UNAIDS, 2022
Incidence Rate (Yr.)		1.29		0.15		0.15		0.78		0.34		2.63		1.98	UNAIDS, 2022
New Infections (Yr.)															
Annual births															
% Of Pregnant Women with at least one ANC visit	91														DHS, 2018
Pregnant women needing ARVs	3,784														UNAIDS, 2022
Orphans (maternal, paternal, double)															
Notified TB cases (Yr.)	13,383														WHO, 2020
% Of TB cases that are HIV infected															
% Of Males Circumcised															
Estimated Population Size of MSM*	38,300														IBBS, 2014
MSM HIV Prevalence		12.9													IBBS, 2014
Estimated Population Size of FSW	40,400														
FSW HIV Prevalence															
Estimated Population Size of PWID		8.7													IBBS, 2014
PWID HIV Prevalence															
Estimated Size of															

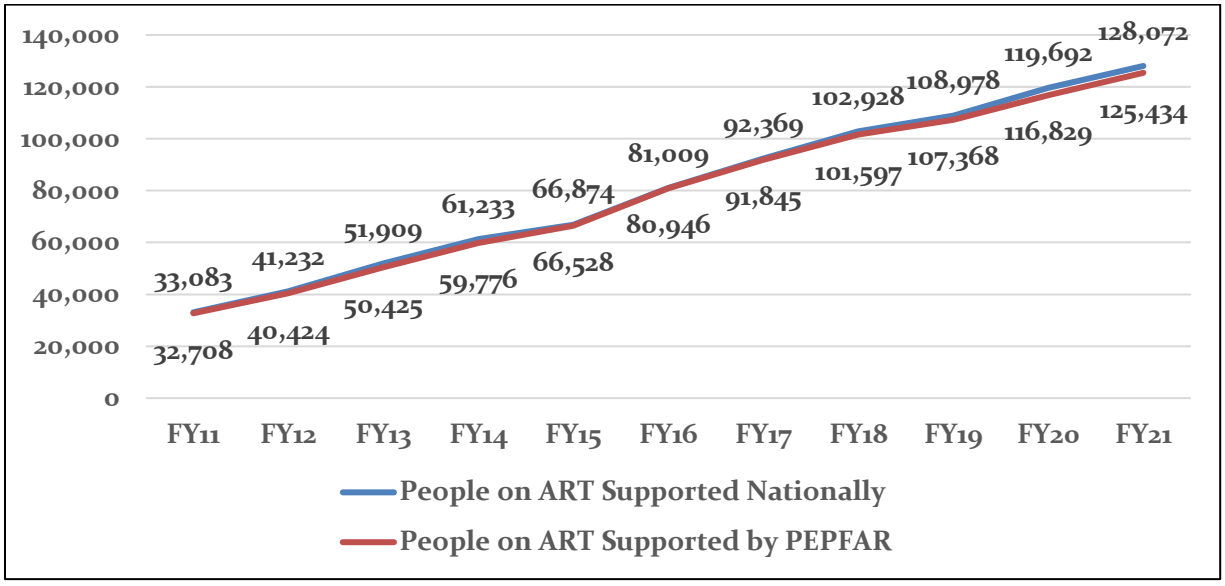
Table 2.1.1 Host Country Government Results															
	Total		<15				15-24				25+				*Source, Year*
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Priority Populations (specify)															
Estimated Size of Priority Populations Prevalence (specify)															
	**If presenting size estimate data would compromise the safety of this population, please do not enter it in this table. Cite sources*														

Haiti's national HIV prevalence is approximately 1.9%, with a higher prevalence in the major cities and among men who have sex with men, female sex workers, and populations in prisons. HIV incidence (Figure 2.1.4) has seen a minimal decline from 8,800 new cases annually to 7,300 in the last 10 years (UNAIDS 2020). The widespread practice of multiple concurrent partnerships and the inequitable social conditions of women and young people are considered key enablers of HIV transmission. Women are disproportionately affected by HIV, accounting for more than half of infections in adults.

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	11,745,892	1.29	151,134	134,840	134,018	87	87	469,905	15,814	15,434
Population <15 years	3,731,214	0.15	5,440	3,831	4,718	94	78	33,434	459	590
Men 15-24 years	1,127,016	0.78	8,762	6,810	6,816	100	94		535	513
Men 25+ years	2,759,166	1,98	54,548	49,801	46,668	99.4	95	49,811	5,029	5,054
Women 15-24 years	1,127,016	0.78	8,762	6,810	10,606	99.4	95	7,806	1,518	1,432
Women 25+ years	2,981,438	0.78	78,427	71,203	70,203	90	83	71,203	7,237	7,275
MSM	38,300	12.9			2,804		98	14,135	213	119
FSW	40,400	8.7			4,373		95	35,886	211	124
PWID										
Priority Pop (specify)										

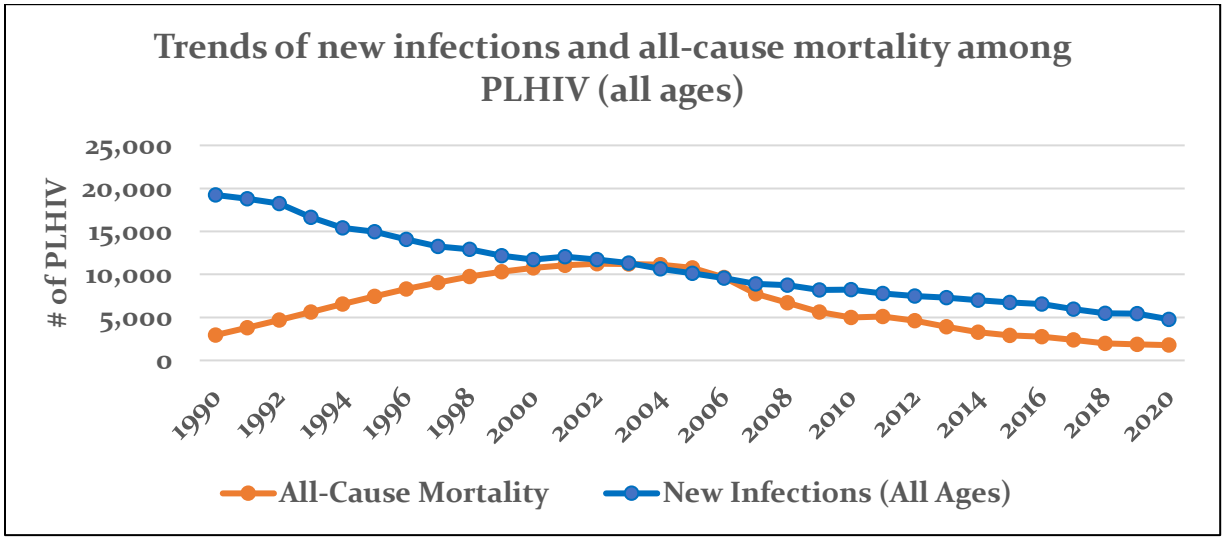
Figure 2.1.3 Updated National and PEPFAR Figure

Trend for Individuals currently on Treatment



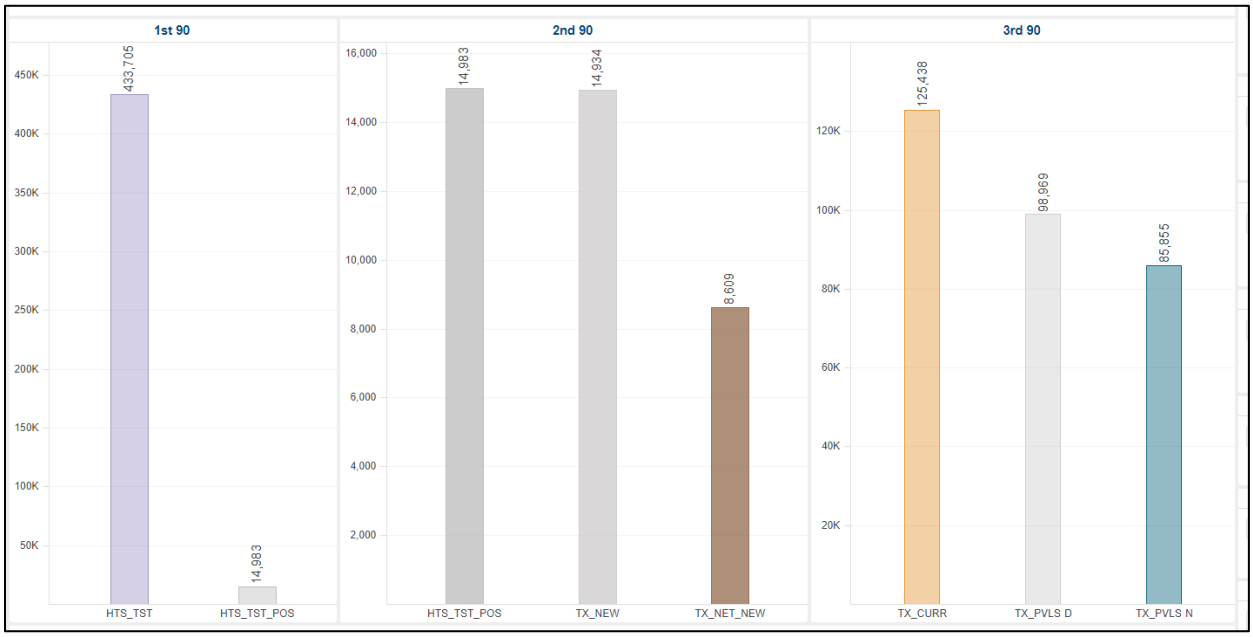
Source: MESI and DATIM

Figure 2.1.4 Updated Trend of Infections and All-Cause Mortality Among PLHIV



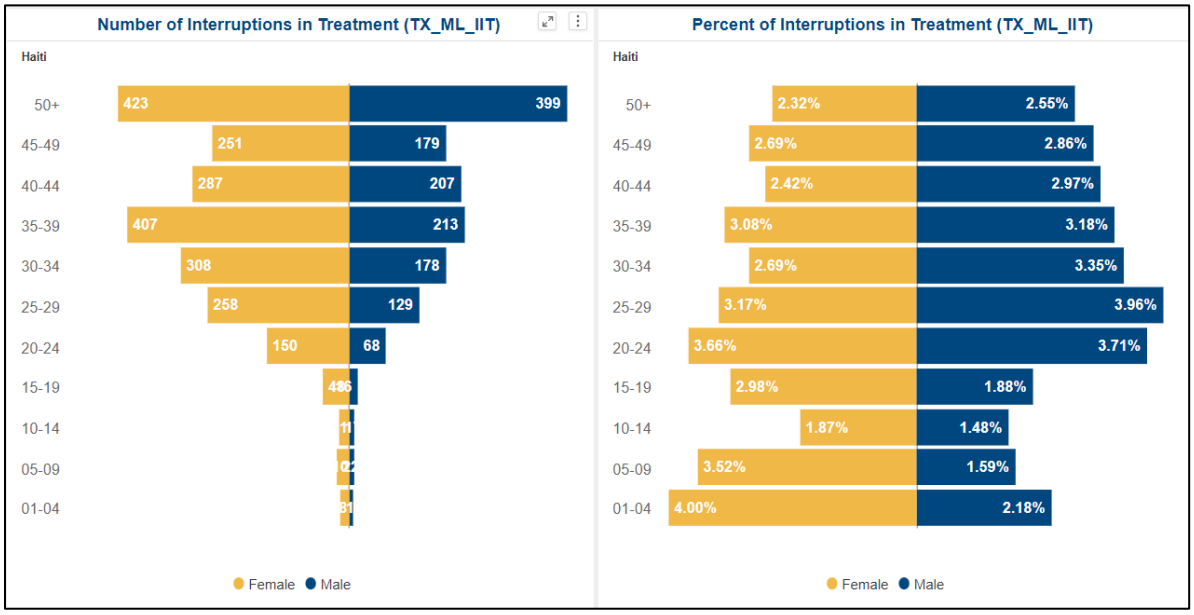
Source: UNAIDS, 2021

Figure 2.1.5 Assessment of the growth of the ART program in FY2021



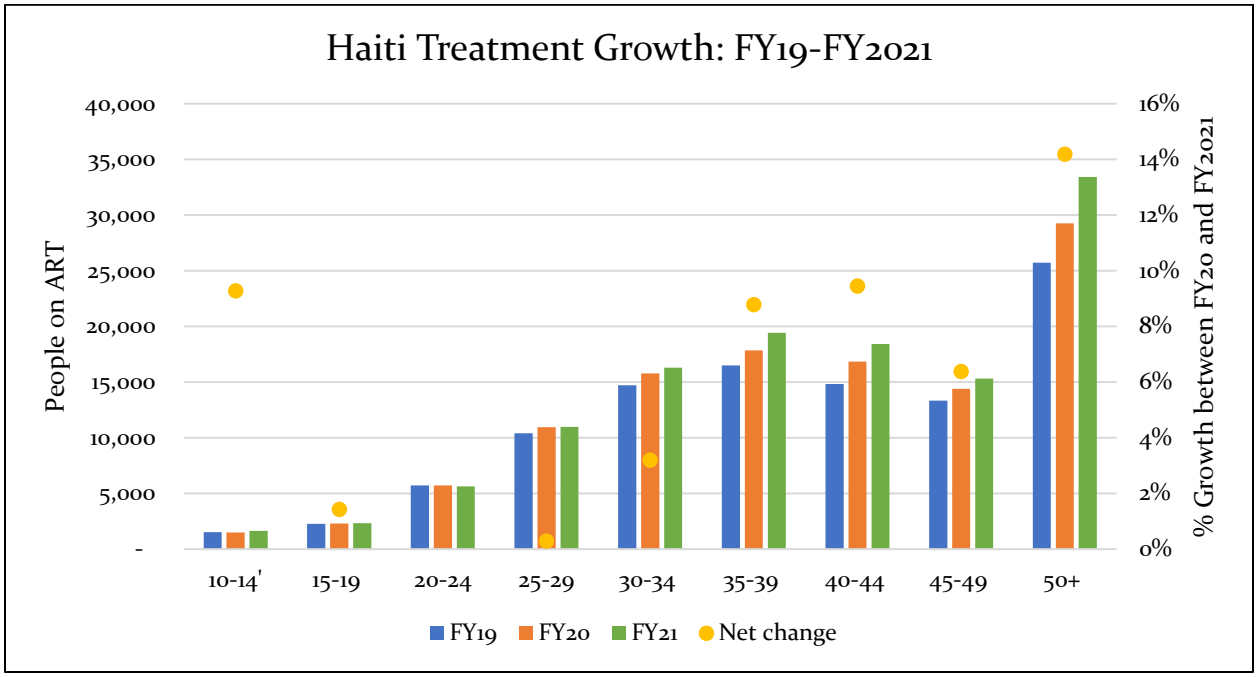
Source: DATIM/Panorama

Figure 2.1.6 Clients experiencing an interruption in treatment, FY2022 Q1



Source: DATIM/Panorama

Figure 2.1.7 Net change in HIV treatment by sex and age bands 2020 Q4 to 2021 Q4



Source: DATIM/Panorama

2.2 New Activities and Areas of Focus for COP2022, Including Focus on Client ART Continuity

For COP2022, PEPFAR-Haiti will focus on preventing treatment interruption and expanding people-centered interventions. Already in COP2021, PEPFAR-Haiti is optimizing medication availability by systematically offering to clients an "Early Refill" of their medication, to mitigate the negative impact of socio-political instability in the country. In FY20 and FY2021, PEPFAR-Haiti intensified antiretroviral (ARV) community delivery and initiated fixed community drug dispensation points (DDP) as part of efforts to bring services closer to clients through differentiated service delivery models. As of December 2021, PEPFAR-Haiti was leading in multi-month distribution (MMD) of ARVs, with 70% of beneficiaries on 6-month MMD and another 27% of beneficiaries on 3 or more months of MMD. In COP2021 and COP2022, PEPFAR-Haiti will continue to optimize community distribution platforms with functional DDPs in various accessible settings and with the expansion 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 using dried blood spots (DBS) for children and adults, and improved dissemination of VL results at community distribution points. Infant DBS will be used for EID testing and monitoring. Also included in the plan will be VL literacy sessions. Other complementary services already existing will continue to be offered at community distribution points.

The focus placed on the prevention of treatment interruption will encompass activities to improve treatment literacy, Undetectable = Untransmittable (U=U) campaigns, and better linkage of psychosocial support with treatment to improve outcomes. Interruption in treatment (IIT) will be minimized with the implementation of packages of services tailored to age groups, especially

young adults who have a higher IIT rate. Aggressive patient follow-up will continue, with an emphasis on addressing the causes of treatment interruption for patients brought back to treatment, including mobile and migrant populations. The lessons learned from successful interventions will be integrated into targeted services to reach men, improve viral suppression, and enhance overall treatment adherence. The engagement of civil society organizations (CSOs), particularly PLHIV and key population associations, will be a key component of the COP2022 overall strategy. PEPFAR will continue to support CLM in COP2022 to ensure that clients' feedback and needs are properly addressed and, furthermore, inform models of service provision.

To improve treatment outcomes among children, PEPFAR-Haiti will complete the rollout of pediatric DTG10 mg to all eligible children on ART during COP2021/FY2022. Further, in COP2021 and COP2022, PEPFAR-Haiti will also optimize the current OVC portfolio to cater to the needs of vulnerable adolescent pregnant and breastfeeding women (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 identified adults and children, OVC-type support to HIV exposed infants, and their caregivers, VL literacy and monitoring elements, among others). PrEP services will be expanded and tailored to support the needs of PBFW and adolescent girls and young women (AGWY).

The people-centered approach will be key in PEPFAR-Haiti's COP2022 implementation. This will be achieved by ensuring that people enter an informed partnership with providers about their treatment with the ART agreement; by facilitating data analysis to help address risk factors and prevent interruptions in treatment; by linking VIP cards to the supply chain to better support delivery of drugs; and by helping most vulnerable patients with the treatment of most common co-morbidities, among others. Further, community stakeholders and direct beneficiaries will participate in the design and improvement of services with the introduction of CQI community of practice in the form of collaborative spaces and continued implementation of community-led monitoring.

2.3 Investment profile

The sociopolitical and economic situation continues to deteriorate thus directly affecting the available revenue for investment in the HIV response. Domestic health financing remains stalled at 4.1% of the national budget for FY2021-22 with close to 80% of the MSPP's operating budget covering salary support for human resources for health (HRH). This limited revenue collection and health investment cannot optimally support the health infrastructure and sector needs. The small proportion of GoH allocated resources leaves almost no room for the MSPP to allocate specific resources for the development of the health system or the HIV program.

According to the 2022 HIV Resource Alignment Report, PEPFAR is contributing 79% to the Haitian HIV response. The GF supports nearly 18% of the response. The contribution of the Government of Haiti stands at 2%. As part of the 2020 Global Fund grant making process, the Government of Haiti committed to contributing to 4% of ARV needs during the 2021-2023 period.

Table 2.3.1: Investment Profile (Funding Landscape) for HIV Programs

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2022
Care and Treatment	$81,463,918	1%	14%	73%	12%	
HIV Care and Clinical Services	$56,134,805	0%	18%	82%	0%	
Laboratory Services Incl. Treatment Monitoring	$5,547,755	0%	10%	90%	0%	
Care and Treatment (Not Disaggregated)	$19,981,378	4%	1%	46%	49%	
HIV Testing Services	$5,981,995	0%	22%	56%	22%	
Facility-Based Testing	$2,578,544	0%	46%	54%	0%	
Community-Based Testing	$284,797	0%	47%	53%	0%	
HIV Testing Services (Not Disaggregated)	$3,118,654	0%	0%	58%	42%	
Prevention	$13,884,114	0%	21%	54%	25%	
Community mobilization, behavior and norms change	$4,014,248	0%	29%	71%	0%	
Voluntary Medical Male Circumcision	$0					
Pre-Exposure Prophylaxis	$1,718,889	0%	0%	100%	0%	
Condom and Lubricant Programming	$911,416	0%	100%	0%	0%	
Opioid Substitution Therapy	$0					
Primary Prevention of HIV & Sexual Violence	$25,250	0%	100%	0%	0%	
Prevention (Not Disaggregated)	$7,214,311	0%	12%	40%	48%	
Socio-economic (incl. OVC)	$12,445,521	0%	7%	92%	1%	
Case Management	$1,501,197	0%	11%	89%	0%	
Economic Strengthening	$1,280,388	0%	0%	100%	0%	
Education Assistance	$1,260,437	0%	0%	100%	0%	
Psychosocial Support	$3,117,743	0%	1%	99%	0%	
Legal, Human Rights, and Protection	$681,498	0%	100%	0%	0%	
Socio-economic (Not Disaggregated)	$4,804,258	0%	1%	97%	3%	
Above Site Programs	$13,134,879	17%	13%	57%	13%	
HRH Systems	$500,000	0%	0%	100%	0%	
Institutional Prevention	$0					
Procurement and Supply Chain Management	$1,362,022	0%	0%	100%	0%	
Health Mgmt Info Systems, Surveillance, and Research	$4,061,881	0%	28%	72%	0%	
Laboratory Systems Strengthening	$1,570,284	0%	11%	89%	0%	
Public Financial Management Strengthening	$0					
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$1,758,800	0%	20%	80%	0%	
Laws, Regulations and Policy Environment	$100,000	0%	0%	100%	0%	
Above Site Programs (Not Disaggregated)	$3,981,912	57%	0%	2%	42%	
Program Management	$18,544,277	0%	52%	48%	0%	
Implementation Level	$18,544,277	0%	52%	48%	0%	
Total (incl. Commodities)	**$145,454,704**	**2%**	**16%**	**70%**	**11%**	
Commodities Only	**$30,028,108**	**0%**	**37%**	**63%**	**0%**	
% of Total Budget	*21%*					

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available. PEPFAR regional program data were not available disaggregated by country for 2018-2019.

Table 2.3.2: Investment Profile (Funding Landscape) for HIV Commodities

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2022
Antiretroviral Drugs	$13,187,573	0%	38%	62%	0%	
Laboratory Supplies and Reagents	$3,705,794	0%	41%	59%	0%	
CD4	$0					
Viral Load	$1,838,466	0%	0%	100%	0%	
Other Laboratory Supplies and Reagents	$1,867,328	0%	80%	20%	0%	
Laboratory (Not Disaggregated)	$0					
Medicines	$1,010,408	0%	11%	89%	0%	
Essential Medicines	$510,273	0%	21%	79%	0%	
Tuberculosis Medicines	$209,814	0%	0%	100%	0%	
Other Medicines	$230,320	0%	0%	100%	0%	
Commodities	$2,793,654	0%	77%	23%	0%	
Condoms and Lubricants	$944,525	0%	100%	0%	0%	
Rapid Test Kits	$1,849,129	0%	66%	34%	0%	
VMMC Kits and Supplies	$0					
Other Commodities	$0					
Health Equipment	$520,657	0%	0%	100%	0%	
Health Equipment	$0					
Service and Maintenance	$520,657	0%	0%	100%	0%	
PSM Costs	$8,035,073	0%	28%	72%	0%	
Total Commodities Only	$30,078,108	0%	37%	63%	0%	

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available. PEPFAR regional program data were not available disaggregated by country for 2018-2019.

The PEPFAR program leverages resources from other USG funding streams, see Table 2.3.3.

Table 2.3.3 Annual USG Non-PEPFAR-Funded Investments and Integration

Table 2.3.3 Annual USG Non-PEPFAR-Funded Investments and Integration						
Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution		Objectives
USAID MCH	$14,000,000	$9,700,000	5	$7,113,058		MATERNAL HEALTH USAID will continue to focus on reaching rural underserved groups to deliver high-impact interventions while incorporating the MNCH-COVID guidance provided by the GOH when applicable. CHILD HEALTH USAID will scale up high-impact interventions to address the main drivers of neonatal and infant mortality. Immunization/Vaccination: USAID will continue to support ongoing efforts to improve immunization coverage and to ensure vaccine services in the 164 facilities and their related communities.
USAID TB						
USAID Malaria						
Family Planning	$8,000,000	$6,750,000	4	$6,913,058		REPRODUCTIVE HEALTH/FAMILY PLANNING (RH/FP) USAID will improve access to FP services by women and men to meet increasing demand and continue to prioritize access to long-acting reversible contraceptives (LARCs) and long-acting permanent methods (LAPMs). Through Project Santé & the Integrated Service Delivery Project, USAID will continue to mentor and provide refresher training to RH providers and continue to support the MSPP strategy of Departmental Mobile Units.
CDC (Global Health Security)	$1,200,000				$24,154,757 Supply chain as a Cross-Cutting infrastructure for commodities, logistics, and quantification.	Supporting Haiti's Ministry of Health in GHSA Core Four pillars: Disease surveillance and outbreak response, including the establishment of routine surveillance for priority diseases and the development of information technology tools and systems. Emergency management, ensuring countries have the knowledge and resources they need, including emergency operations centers that can mount a fast, coordinated response when outbreaks occur. Safe laboratory systems and diagnostics, building the capacity to identify disease threats close to the source and inform decision-making. Developing the workforce, training front-line responders, laboratorians, disease detectives, emergency managers, and other health professionals who are responsible for taking the lead when crisis strikes.
Other (specify)	$2,500,000	$850,000	2	$5,900,000		NUTRITION

Table 2.3.3 Annual USG Non-PEPFAR-Funded Investments and Integration						
Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution		Objectives
USAID Nutrition						USAID will prioritize integrated nutrition services, integrated social and behavioral change communication, links with health service delivery, and food fortification and security.
Other (specify) ARPA GH (COVID)	$20,600,000	$8,110,000	5	$2,430,000		COVID-19 USAID provides lifesaving care and treatment to severe cases of COVID-19, through the distribution of ventilators, oxygen therapy and ecosystem support. USAID has helped hospitals develop the capacity to generate their own oxygen on site. Beginning in 2021, USAID has administered vaccines in rural, hard-to-reach areas and has generated demand for vaccines. USAID will also support the establishment of an emergency operations center.
Total	**$46,300,000**	**$25,410,000**				

2.4 National Sustainability Profile Update

Planning and coordination, quality management, market openness, financial/expenditure data, and performance data were highlighted as the main sustainability strengths during the SID process.

Planning and Coordination

During the last 13 years, MSPP, through PNLS, has made progress in its capacity to plan and coordinate the HIV response in Haiti. The multi-year, multisectoral national strategic plan for HIV is updated on time to address new challenges, and the current one extends until 2023. MSPP continues to provide leadership and consistently facilitates participatory processes with technical assistance from development partners. This was the highest-ranked element (10/10), increasing from 9.33 in 2019, see Table 2.3.4.

Quality Management

Quality management is well integrated at the different levels of the Haiti health care system. The General Director of MSPP chairs the quality management effort at the national level. With support from the national HealthQual committee and their respective networks, health facilities develop continuous quality improvement (CQI) activities to address weaknesses and improve health services. Where gaps are identified, implementing partners and sites design quality improvement plans to address identified challenges. Quality improvement initiatives in the country are data-driven. Data is available at the facility, network, departmental, and national levels and help with course corrective actions at all levels. National and departmental HealthQual meetings are held on a semi-annual and annual basis to facilitate cross-partner, cross-site learning, collaboration, and improvements. Quality management remains the foundation of the Haiti response despite the decrease in the score from 8.76 (dark green) in 2019 to 8.05 (light green) in 2021.

Market Openness

Market openness remains one of the greatest strengths of the Haiti program. The score for this element increased from 8.81 to 9.04. The current national strategy and activities are client-centered with community platforms to anchor the response and provide ongoing support. There are no harmful policies that limit the ability of licensed local providers to provide certain direct clinical services.

Financial / Expenditure Data

The availability of tools such as REDES (French acronym for Resources and Expenditure on HIV/AIDS) has ensured the availability and utility of health-related financial data. In the same vein, various MSPP expenditure reports have also recently become available to the public. The score for this element improved from 6.67 (2019) to 7.50 (2021).

Performance Data

MSPP, through PNLS, continues to make service delivery data collection and quality assurance a priority. The government maintains an integrated health information system, SALVH (French acronym for the Haitian Active Case-based Longitudinal HIV Surveillance System), with the support of donors, including PEPFAR. The program will shift focus towards enhanced use of the data across all levels. The score for this element improved from 6.83 (2019) to 7.50 (2021).

Overall, considering that the SID 5.0 evaluation covers the period 2020-2021 – situated within the COVID-19 pandemic - it is notable that Haiti has seen an improvement in the score of eight of the 17 'sustainability elements' (with two remaining stable), see Table 2.3.4 below.

Table 2.3.4 2021 SID scores for Haiti

SUSTAINABILITY DOMAINS and ELEMENTS	2015 (SID 2.0)	2017 (SID 3.0)	2019 (SID 4.0)	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	8.33	8.12	9.33	10.00
2. Policies and Governance	5.41	6.29	6.55	5.62
3. Civil Society Engagement	5.76	4.46	5.83	5.83
4. Private Sector Engagement	3.19	1.67	2.17	1.85
5. Public Access to Information	8.00	7.00	7.00	7.00
National Health System and Service Delivery				
6. Service Delivery	4.49	4.31	4.54	6.87
7. Human Resources for Health	6.08	7.01	4.90	5.32
8. Commodity Security and Supply Chain	3.10	2.56	2.83	3.04
9. Quality Management	9.05	8.48	8.76	8.05
10. Laboratory	6.71	5.67	5.14	5.59
Strategic Financing and Market Openness				
11. Domestic Resource Mobilization	1.94	3.85	4.56	3.93
12. Technical and Allocative Efficiencies	2.38	4.06	3.39	3.10
13. Market Openness	N/A	N/A	8.81	9.04
Strategic Information				
14. Epidemiological and Health Data	5.81	6.67	6.70	5.97
15. Financial/Expenditure Data	5.42	9.17	6.67	7.50
16. Performance Data	6.29	6.83	6.83	7.50
17. Data for Decision-Making Ecosystem	N/A	N/A	6.17	5.43

The main sustainability vulnerabilities include domestic resource mobilization, commodity security and involvement of the supply chain, private sector involvement, and technical and allocative efficiencies, as detailed below.

Domestic Resource Mobilization (**3.93 -** Emerging sustainability and needs some investment)

One of the greatest threats to the sustainability of the HIV response in Haiti is the lack of domestic financial resources. This element remained yellow with the score decreasing from 4.56 (2019) to 3.93 (2021). Haiti public revenue collection is low and has historically been lower than that of its peers. The IMF has estimated Haiti's public revenue as a share of Gross Domestic Product (Rebased GDP) at 6.6%. The estimates for the neighboring countries are far higher, that is, 14% for the Dominican Republic and 30% for Jamaica. Despite the work of advocacy groups over the last few years, the HIV response is still heavily funded almost exclusively through international support. PEPFAR, Global Fund, and other donors provide more than 95% of all HIV-related resources in the country. Despite having an approved national health policy and a health master plan, the country does not have an explicit budget for HIV. This is further hindered by the ongoing socio-political crisis in the country, low public revenue collection, and the current inoperative state of the legislative branch of the government.

Commodity Security and Supply Chain (**3.04** - Unsustainable and requires significant investment)

The overall score for this element increased from 2.83 (2019) to 3.04 (2021). The score for this element remains very low (red) and poses a substantial sustainability gap. Health products (including ARVs, rapid test kits, and other essential health products) are procured from PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Since 2019, MSPP has led national quantification, forecasting, and supply planning activities. The Ministry continues to provide strategic guidance in the drive towards an integrated national supply chain system. The integrated system is financed by GFATM and PEPFAR.

Private sector involvement (**1.85** - Unsustainable and requires significant investment)

This remains one of the biggest gaps in the country, with limited traction in all SID exercises and further deterioration since the 2017 analysis. In the past two years, the score decreased from 2.17 (2019) to 1.85 (2021). For the 2021 SID, there was participation from private sector players. Furthermore, there was consensus on the true meaning of the private sector (exclusion of all implementing partners funded by PEPFAR and GFATM). Given the anticipated decline in traditional donor funding, creating functional private sector relationships is a necessity.

Given the funding landscape, the Government of Haiti (GoH) will have to create an enabling environment that promotes the participation of the private sector in the delivery of health services. Options include tax policies and incentives designed to encourage corporate social responsibility efforts by private sector companies. The dialogue could be initiated with the private sector to create the much-needed momentum for greater participation of the private sector in the HIV response in Haiti. This could be jointly led by the Ministry of Home Affairs and Ministry of Economy and Finance (MEF) with support from UNAIDS and other like-minded multilateral and CSO players. Other countries have benefited from encouraging the participation of the private sector in the last mile distribution of health commodities (or supply chain in its diverse forms) as well as other broader public-private sector partnerships to support various health-related interventions.

Technical and allocative efficiencies (**3.10** - Unsustainable and requires significant investment)

This remains a gap for the country's HIV response. However, the PNLS, with support from international partners, has developed a new model of care by advocating a mixed approach (community and institutional) of care for PLHIV, which will go a long way in addressing some of the observed gaps.

To ensure sustainability is at the forefront of the PEPFAR FY 2023 programming strategy, ninety percent (90%) of the CDC and 43% of USAID's (excluding supply chain) COP2022 resources will be channeled through indigenous partners. This will be coupled with the establishment of sufficient capacity and capability of these local partners to ensure successful, long-term, local partner engagement and impact.

2.5 Alignment of PEPFAR investments geographically with disease burden

PEPFAR-supported sites and services are in areas with a high burden of HIV, resulting in a higher volume of people being enrolled on ART in these areas.

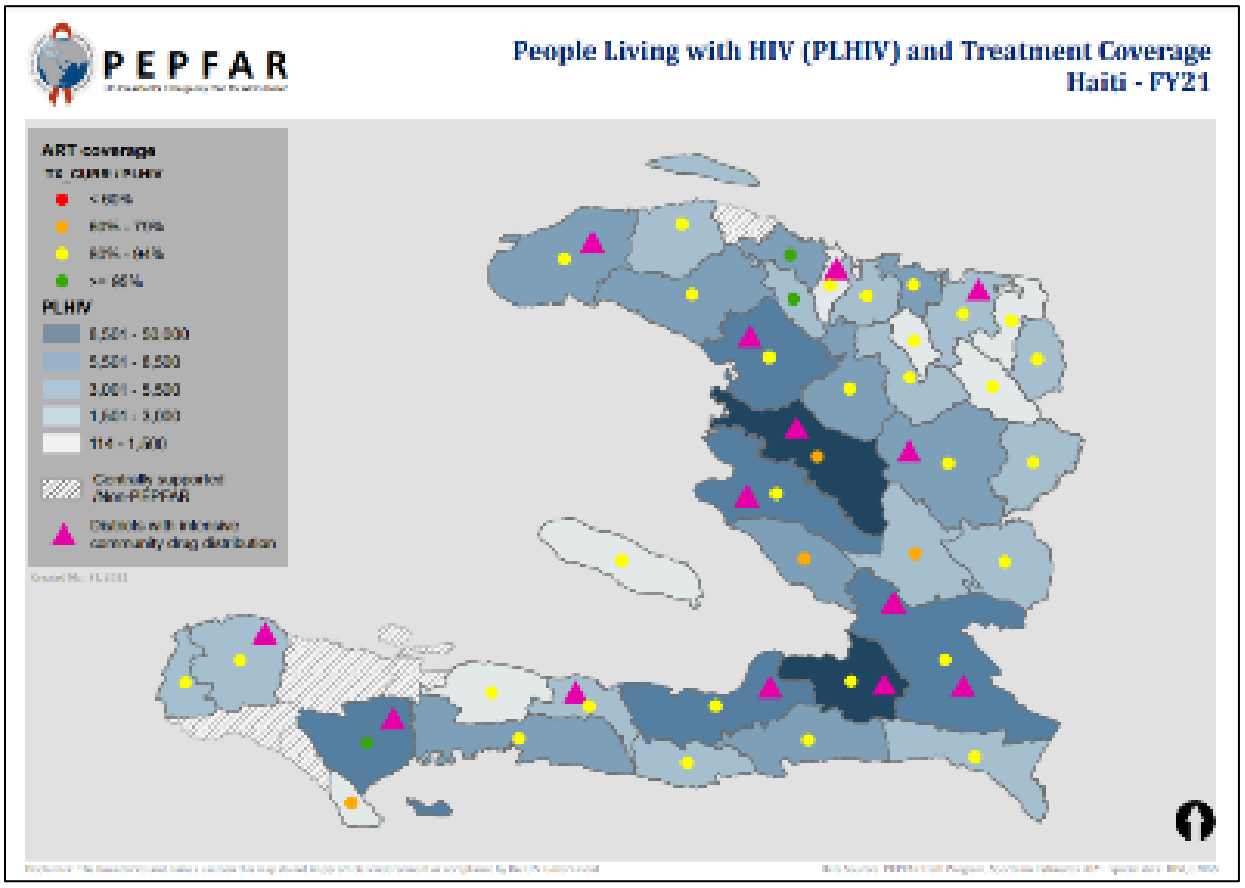
In COP2022, PEPFAR-Haiti will maintain this geographic alignment coupled with the focused expansion of community service delivery models anchored in existing facility-based services.

PEPFAR-Haiti will continue to expand the distribution of community drugs to complement facility-based services. Given the complexity of the Haitian environment, facilities and community activities are necessary, but insufficient, to guarantee equitable access to decent service for clients. In this vein, PEPFAR will enhance the utility of the 30 fixed DDPs. PEPFAR and GF will support the establishment and implementation of at least 30 new DDPs to reduce the unmet need for services.

Through dedicated GeneXpert machines and optimization of the lab network for the 15 point of care (POC) machines, PEPFAR will improve VL and EID coverage nationally to ensure that all people living with HIV have access to VL testing. Additionally, GF will support CD4 testing capacity across the country, targeting newly identified clients, which will help with advanced disease detection and management.

Under the leadership of MSPP, PEPFAR, GF, and other stakeholders will continue to adapt through innovations to continuously offer quality services during periods of unrest.

Figure 2.5.1: Total PLHIV by SNU and coverage of total PLHIV with ART



Source: UNAIDS (2021) and MESI

2.6 Stakeholder Engagement

Engagements with the Host Government

As part of the COP2022 development process, PEPFAR-Haiti held an initial meeting with the General Director and senior leadership of MSPP to discuss their priorities for COP2022. PNLS/UCMIT articulated the technical and strategic priorities and advanced suggestions on strategies and approaches necessary to identify programmatic gaps. This was followed by a meeting to present the details of the COP2022 planning level letter (primarily the budget, challenges, and priorities), the planning process, and timelines for COP2022. A multi-stakeholder session was held on January 26 to allow all stakeholders to discuss the contents of the COP2022 planning level letter. This was followed by the three-day in-country retreat held between February 9-11, 2022. The retreat reviewed epidemiological data, key global and country-specific planning guidance along with program context, results, and gaps for prevention, care, treatment, and above-site investments. The COP2022 planning meeting brought together delegates from PEPFAR-Haiti and Headquarters, GF, UN, CSOs, and MSPP. The planning meeting, held between March 21-23, 2022, reviewed the proposed strategies and activities to realize the 'Surge, Attain, and Sustain' strategy. During this meeting, the PEPFAR-Haiti team also presented the proposed COP2022 targets and budget. This meeting provided all parties to the COP2022 process an opportunity to harmonize ideas on the direction for COP2022.

PEPFAR-Haiti continues to engage with PNLS/UCMIT, GF, UNAIDS, CSOs, and other stakeholders quarterly to review the performance of the program. The PEPFAR-Haiti team will continue to participate in all planned and ad hoc national-level technical clusters. PEPFAR-Haiti will continue to meet at least once every quarter with the MSPP senior leadership and technical leads to discuss strategic priorities and overarching progress toward epidemic control in Haiti with a focus on ensuring the sustainability of the response. PNLS/UCMIT will host quarterly HIV Monitoring Board Meetings to which PEPFAR, GF, UNAIDS, CSO representatives, and additional stakeholders as necessary will participate to discuss and analyze the state of different elements within the programmatic response to HIV.

External Development Partners

US Government Haiti is a member of the Country Coordinating Mechanism (CCM) and continuously shares financial and programmatic information with the Global Fund and CCM members. During the COP2022 retreat, stakeholders expressed a lack of clarity regarding the collaboration and complementarities between PEPFAR and GF. GF and PEPFAR held a series of meetings between February and March to discuss the entire portfolio and ensure complementarity of the investments. PEPFAR-Haiti and GF agreed to conduct quarterly meetings to review progress and take stock of the current investments. PEPFAR-Haiti will continue to participate in UN Coordination and other donor meetings, as appropriate. This enhanced donor coordination proved to be a significant achievement of the COP2022 planning process.

Civil Society/Community Engagement

In FY2022 Q1, PEPFAR-Haiti, together with MSPP and UNAIDS, met with the CSO Observatory to discuss the CLM results and plans for the broader dissemination of the results to the implementing partners. At this meeting, it was also agreed that quarterly meetings will be held to review and discuss the CLM outputs. PEPFAR-Haiti convened a meeting in January 2022 with

the CSO Observatory and Federation of PLHIV associations, as well as members of the CSO forum, to solicit inputs for COP2022. On January 26, 2022, the CSO community was apprised of the planning level letter (PLL) details, COP2021 guidance, programmatic data, among other strategic and process issues for COP2022 together with the rest of the in-country stakeholders. Further, CSO members participated in the COP2021 in-country strategic retreat during the week of February 9-11, 2022, during which they further elaborated on their priorities for COP2022. Their input was also incorporated in the Strategic Direction Summary (SDS). PEPFAR-Haiti will continue to conduct quarterly meetings with the CSO community with an emphasis on community-led monitoring and use of results for identifying bottlenecks and correcting them.

Other Stakeholders PEPFAR-Haiti continues to engage routinely with its Implementing Partners (IP). During the planning of COP2022, PEPFAR held meetings with IPs to discuss FY2021 performance, priorities, as well as strategies, and approaches for COP2022. In addition to the weekly, biweekly, 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 has not yet engaged meaningfully with the business sector in Haiti. However, the team recognizes that the private 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 to ART and other prevention services. 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 the GoH on how best to harness the capabilities of the private sector.

2.7 Stigma and Discrimination

The 2021 Stigma Index Survey and the results of the CLM continue to show how stigma and discrimination impact the access and utilization of HIV services in Haiti. The CLM documents the challenges that clients, especially key populations (KPs), experience with service providers. In COP2022, PEPFAR-Haiti will support MSPP in monitoring the legal environment related to HIV and developing a favorable legal environment, SOPs, guidance, and proposing solutions, with the collaboration of CSOs and the Federation of PLHIV association and other HIV partners, to protect the rights of PLHIV in general, and to address human rights issues in the context of health services delivery.

As advanced by CSOs, PEPFAR and GF will work with their IPs to ensure that each network combats stigma and discrimination as well as provide other harm reduction efforts. In this, the CLM will remain an important part of the programming for documenting harmful acts, including those at the client-service provider interface. All networks will report on specific activities and actions taken to curtail harmful behavior. Additionally, PNLS will continue to ensure that dedicated cadres enforce respect for human rights and non-discriminatory HIV services at health facilities as well as at the community level. Furthermore, PEPFAR and GF agreed to exclude markers or identifiers for KPs in the registers due to issues of stigma and discrimination.

3.0 Geographic and Population Prioritization

In COP2021 and COP2022, PEPFAR-Haiti will continue to focus on twenty (20) priority arrondissements (districts). These prioritized sub-national units (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. PEPFAR-Haiti's prevention, care, treatment, and above-site investments are aligned to the underlying population and epidemiologic profile.

In COP2022, PEPFAR-Haiti seeks to increase treatment coverage in the 20 SNUs across all ages and sexes by minimizing interruptions in treatment, strengthening back-to-care activities, and continuing treatment of newly initiated clients. Tailored packages will be developed to address the needs of specific population subgroups by SNU and at the site level.

In addition to geographic prioritization, PEPFAR-Haiti will prioritize younger age groups (<40 years), including children, where there are significant gaps in the coverage of ART 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 ensure access to VL monitoring.

Building on FY2021 and FY2022 efforts, PEPFAR-Haiti will continue to 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 (more than 6 months of ART and OI drugs) for clients who plan to spend a long period in the DR, VIP card, collection of community VL samples (finger-prick DBS), routine health checks (weight, blood pressure, glucose monitoring, and common OI symptom checker and syndromic STI management.

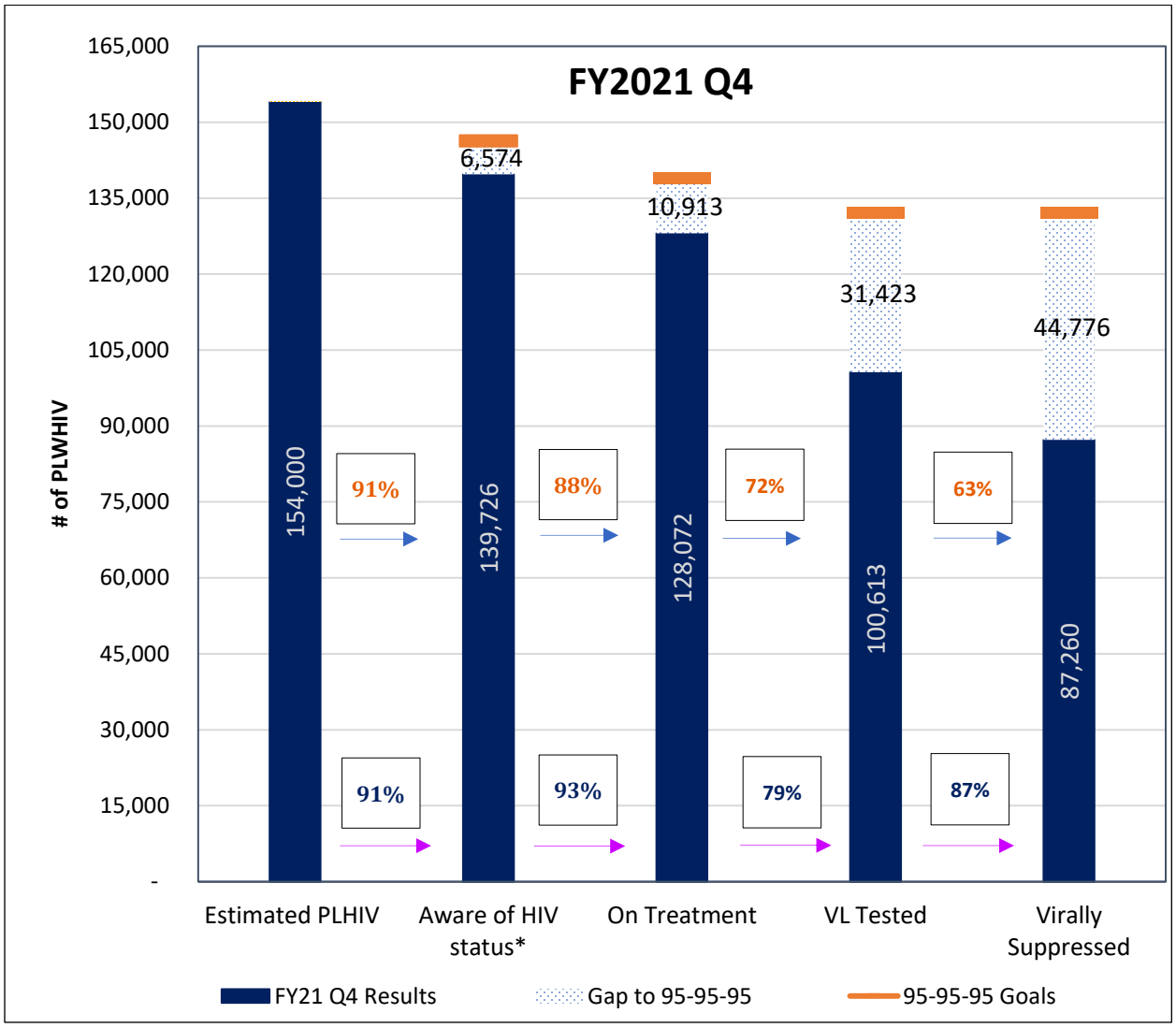
In COP2022, PEPFAR-Haiti will ensure that supported sites provide PLHIV with a phone number to call for assistance if they have questions about their treatment, need an unexpected refill of medication, or need to modify their next appointment. Furthermore, the PEPFAR Haiti team will collaborate as needed with the PEPFAR DR team to assess and close gaps in the HIV continuum of care for individuals needing support for ART after crossing international borders between Haiti and the Dominican Republic.

Table 3.1 Current Status of ART saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP2022	# Current on ART (FY2021)	# Of SNU COP2021 (FY2022)	# Of SNU COP2022 (FY23)
Attained				
Scale-up Saturation	52	67,510	13	13
Scale-up Aggressive	16	19,240	6	6
Sustained	25	38,029	17	17
Central Support	3	6,342	6	6

4.0 Client-Centered Program Activities for Epidemic Control

Figure 4.0.1 Overview of the 95/95/95 cascade, FY2021



Source: UNAIDS (2021) and MESI

4.1 – 4.4 COP2022 Client-centered program activities for Epidemic Control.

4.1 Finding people with undiagnosed HIV and getting them started on treatment

With a 9% case finding gap and 12% treatment gap, there are about 7,000 individuals not yet aware of their HIV status, and over 17,000 people living with HIV in Haiti are not currently engaged in HIV care according to the latest national data (UNAIDS HIV Estimates 2021 & SALVH, December 2021). While the main strategy for COP2022 will focus on preventing interruption in treatment, the program will continue with targeted case finding to identify the undiagnosed and link them to care.

Optimized case-finding

To facilitate a greater focus on continuity of treatment, HIV testing will continue to be optimized nationally. The Global Fund will complement the procurement of HIV test kits to cover national targeted needs for testing for pregnant women, adolescent girls, and young women, OVC, TB suspects, confirmed cases, people presenting with STI, and key populations and their sexual and social 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 (Haiti Population-based HIV impact Assessment) results might help further guide targeted testing initiatives.

Nationally, the test will be targeted, using a screening algorithm to identify clients at the greatest risk of 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 according to the testing algorithm and including determination of final HIV status after weaning. The prioritized case-finding modalities will be index testing, TB and STI testing, and PMTCT testing and will be conducted in a safe and ethical manner. To address gaps in EID, in COP2022 PEPFAR-Haiti will prioritize delivering early PMTCT testing and related services to ensure that pregnant women are tested for HIV in the first prenatal visit. In COP2022, PEPFAR-Haiti will continue to collaborate with the national TB program to ensure HIV testing of all TB patients. Specificities of some other testing modalities are discussed below.

Self-Testing for Key Populations, Sero-different Couples, and, potentially, pregnant women

The self-testing scale-up will be completed in COP2021. Self-testing kits will continue to be distributed to key populations, sero-discordant couples, hard-to-reach men, and, potentially, pregnant women in non-PEPFAR supported antenatal facilities without access to HIV testing. In COP2022, PEPFAR-Haiti, in collaboration with the MSPP, will continue expanding assisted self-testing, to reach more people among these groups by increasing the distribution to 55,000 self-tests.

Social and Sexual Networking Strategies 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 population sites will continue to implement Social Network Strategies or Enhanced Peer Outreach Approach (EPOA). In FY20, PEPFAR-Haiti in collaboration with PNLS and 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 COP2022, CLM will continue to provide bidirectional feedback from clients/patients to healthcare providers on the implementation of index tests, intimate partner violence (IPV), and stigma and discrimination. Sites must ensure that every candidate for index testing is screened for IPV and is informed of their right of refusal.

Recency Testing

In COP2022, PEPFAR Haiti will also introduce recency testing as a surveillance tool to detect patterns in recent and long-term infections in those who are diagnosed and help guide the HIV response. PEPFAR-Haiti will support MSPP developing SOPs and guidelines for recency surveillance implementation in the country. During FY2022, MSPP, with PEPFAR support, will select specific sites, based on existing epidemiological and program data, for evaluations and quantification of the required resources. In COP2022, PEPFAR-Haiti will procure recency test

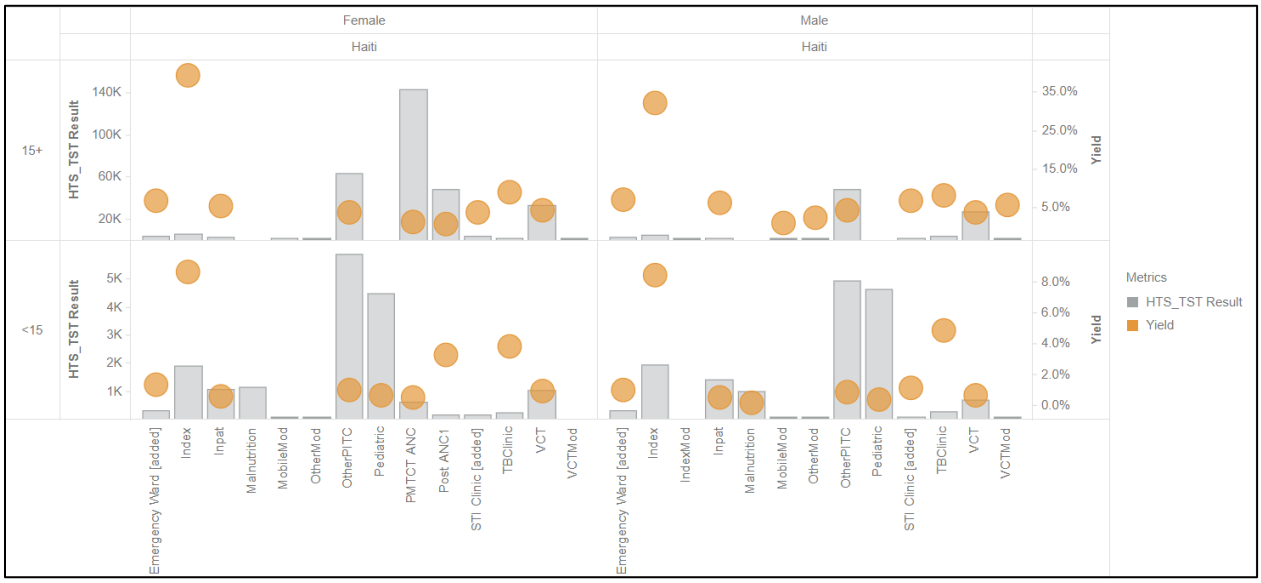
kits and start implementation in the targeted sites. Capacity -building will be reinforced at the national level and MSPP will ensure quality assurance, with support from PEPFAR.

Linkage to Treatment

The linkage to treatment improved to an excellent level through FY2022 Q1, reaching almost 100%. The Easy Start package will address the treatment literacy gaps that make treatment of people more difficult while building trust between patient and the 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 included the following components in addition to the CSO's initial inputs: i) the 'ART treatment agreement" developed by a high-performing partner with good continuity of treatment results and ii) continued client involvement, to complete the package. This new Easy Start package, introduced at every PEPFAR-supported facility since FY20, is being offered by community health workers (CHWs) and peer educators in FY22 and will continue in COP2022 implementation. The "Easy Start" approach will be tailored to meet the specific health needs of key populations including transgender persons and prisoners. Additionally, newly diagnosed persons will receive, with their consent, the support of either a peer, companion/treatment escort (accompagnateur), or staff to provide ongoing support to adherence from treatment initiation. PEPFAR-Haiti will continue to support the 'Telephone Bleu", a hotline that people can call for general information about HIV or specific information about HIV treatment. Furthermore, starting in FY2022, PEPFAR-Haiti will ensure that supported sites empower their PLHIV clients by providing them with a phone number to reach the site's staff if they have questions about their treatment, experience symptoms, or need to modify their next appointment.

A major component of service packages for both linkage and continuity of treatment is consistent non-stigmatizing and non-discriminatory service delivery. Haiti's DHS 2016-2017 revealed that more than 60% of people healthcare providers would not eat food sold by an HIV-positive person. The 2017 Stigma Poll also revealed similar stigmatizing attitude with 70% of people declaring that they would not use the same restroom as someone living with HIV. Increased community participation, including monitoring by civil society, is key to addressing stigma in HIV service delivery. Friendly, welcoming services to clients and intense partner monitoring to follow comprehensive care guidance are critical to improving durable linkage and continuity of treatment to reach epidemic control. All PEPFAR-supported sites will ensure that they have an easy-to-navigate system to receive, record, and address patient complaints. Patients who do not wish to continue at a specific site should receive appropriate support and flexibility for transfer to another site of their choice. Choice of their treatment site is up to patients and transfers must be done without difficulty or reluctance from the site.

Figure 4.1.1 Test volume and Yield by Modality and age / sex, FY2021



Source: DATIM/Panorama

4.2 Ensuring viral suppression and ART continuity

Continuity of treatment continues to be the rate-limiting factor in closing the treatment gap. Concomitantly, viral suppression rates remain suboptimal, especially among younger age groups. 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 experienced an interruption in treatment or other complementary services.

iii) Ensure high-quality HIV services with appropriate clinical evaluations and psychosocial support, optimized treatment regimen, and enhanced monitoring of treatment success.

PEPFAR-Haiti will continue to focus on client-centered approaches as the main component to improve treatment continuity. The Easy Start program will be reinforced in all PEPFAR sites to prevent IIT 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, the messaging (including messages of hope) at enrollment will be reinforced to empower clients to make informed decisions about their treatment and take the lead in the efforts to achieve viral suppression. PEPFAR-Haiti 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, in COP2021, 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 improved client-centered approaches, the focus will be placed on understanding clients and their potential barriers to the continuity of treatment. PEPFAR-Haiti 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 establish client profiles to better tailor interventions to specific populations, addressing any changes in needs to monitor and manage comorbidities to avoid preventable deaths, and leveraging OVC resources for better outcomes among children. Existing information systems will be updated to assist the functionality of client profiling and help identify risk factors based on previous behaviors. The PEPFAR-Haiti team will ensure that appropriate human resources are available to support the workload of psychosocial and community activities at the sites.

The continued full implementation of the Early Refill Strategy will be a fundamental intervention in COP2022. 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 early refill dates (one week and one day before appointments). In between clinical evaluations, calls or visits will be done to inquire about patient well-being, reinforce treatment literacy, and keep offering DSD models, to prevent treatment interruption.

Six months of antiretroviral drugs (ART) will be offered to all eligible clients. Revised national SOPs for multi-month dispensing (MMD) for ART and opportunistic infection (OI) prophylaxis drugs to be completed by PNLS will be implemented, and the sites will reinforce regular communication with clients on MMD between clinical evaluations. The community drug dispensation (CDD) 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 FY2023.

PEPFAR-Haiti will strengthen the network of community drug distribution points to address some of these client-cited barriers. By using existing sites in the community (pharmacies, grocery stores, PLHIV 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. Clients will have the possibility to receive clinical services, including drug distribution, in other sites other than their affiliated site.

An additional component of the community program, started in COP2020COP2020, 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's 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.

Peers/CHW’s mobile devices will also be used to transmit client information to the facility-based EMR, via the patient linkage and retention (PLR) tool for real-time client tracing. This flexible service delivery approach not only serves clients daily but can also be leveraged for contingency planning during periods of unrest when clients cannot easily access facilities or fixed DDPs.

For COP2022/FY23, PEPFAR-Haiti will ensure that all partners provide appropriate support for a peer approach in the program. Peers will maintain their essential role in the PEPFAR program

addressing subpopulation categories such as key populations and in the CAGs. In addition, support groups for clients will be led by peers, with the help of a healthcare 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. To reduce issues of stigma and confidentiality, peer workers and CHW delivering medications to patients at home or in the community must receive training on patient privacy and confidentiality.

Best practices learned from Faith and Community Initiative (FCI) activities will be continued in COP2022, 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.

Concerns about privacy violations are a key barrier to engaging and retaining clients in care. In COP2022, PEPFAR-Haiti will work with MSPP and IPs to have all clinical and non-clinical staff at health facilities to sign a confidentiality clause that defines disciplinary actions for breaches of patient privacy.

Data analysis shows that treatment interruption rates with the highest patient loss are occurring among young adults aged 20 to 39 years and among children under 10 years of age. The service package for the young adult age groups will include messaging using social networks 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 of age, the focus will be on the linkage of OVC and pediatric services, as well as initiatives aimed at children for viral suppression in COP2022.

In COP2021 and COP2022, Haiti will revamp the Return to Care and Retention Surge campaigns initiated in FY19, coupled with the expansion of complementary community services and contingency plans, including involving civil society organizations in achieving the re-engagement of at least 70% of people experiencing interruptions in treatment in FY2022 Q1.

The “Welcome Back” Return to Care Campaign is an aggressive tracing initiative to find clients who recently interrupted their treatment, starting with the most recent during the last 6 months of care, and to provide them with people-centered service packages to bring them back to treatment and prevent further interruption. This campaign is marked by weekly data monitoring, closer supervision of implementation partners and sites, guidance from MSPP with the input and feedback from CSO and PLHIV associations, and a welcoming non-judgmental attitude from providers towards people returning on treatment. PEPFAR-Haiti used data from this effort to describe clients' loss to care and better understand the reasons for treatment interruption. These findings and patient feedback were used to design people-centered service packages as a part of the retention surge to reduce attrition and loss through services tailored to the individual client, leveraging community outposts, and increasing activities to prevent treatment interruptions.

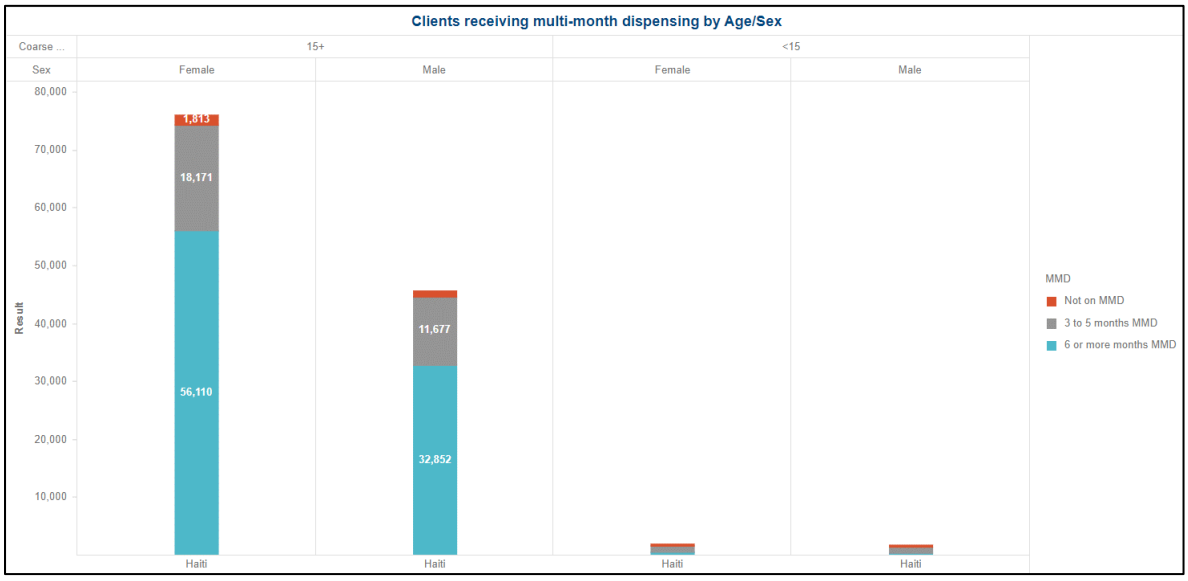
For better results, tracking efforts will begin early after a missed appointment, and intensive efforts will be deployed so that clients do not experience extended periods without ART and can reintegrate into the treatment cohort within 15 days after the missed date. According to national guidelines, people who interrupted treatment but agreed to restart when engaged and promise to return to the site can receive ART supplies immediately in the community. Intensive multi-layered

psychosocial follow-up will be carried out with clients found who promise to return, and with those who refuse to continue treatment.

As a central point of the program, CQI activities will be systematically mandated at all sites, using the HealthQual methodology. Best practices will be recorded in 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. The issues reported by the CSO Observatory and by the Stigma Index Survey will be integrated as areas for CQI activities. PEPFAR-Haiti will also ensure the routine participation of local CSOs and beneficiaries in CQI with the introduction of CQI collaborative spaces.

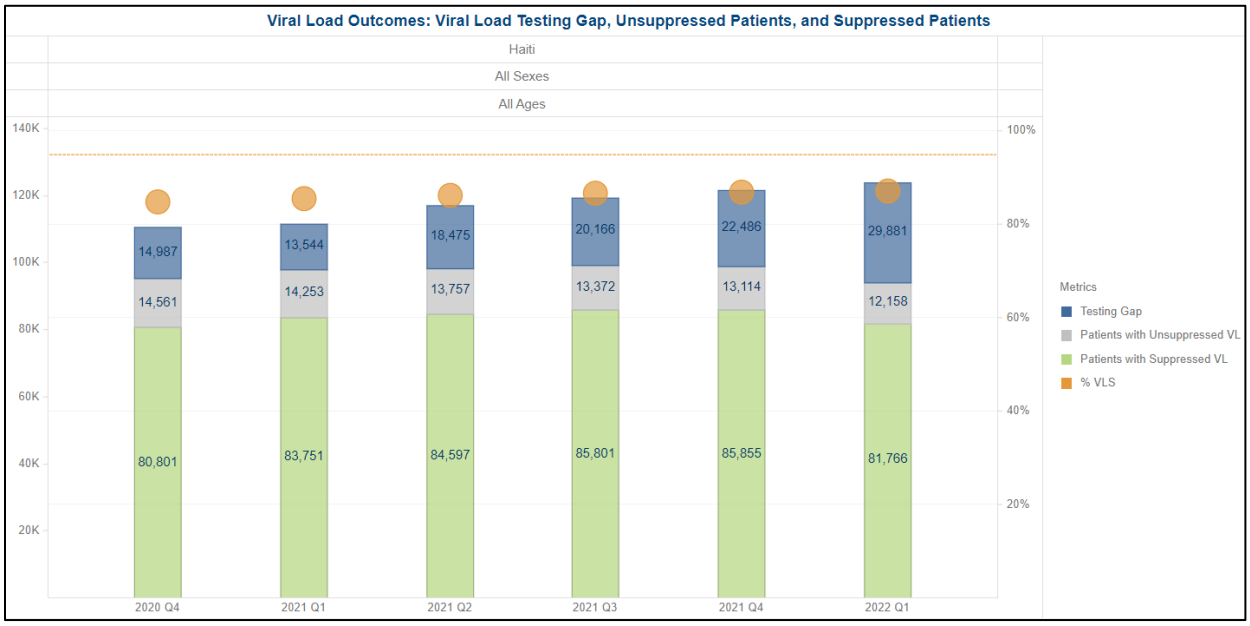
The quality of individual HIV services will be reinforced by training and certification of different cadres of HIV providers. In COP2021 and COP2022, PEPFAR-Haiti will emphasize ensuring that clinical evaluations and psychosocial evaluations respect guidelines and recommendations for optimal care of clients. Regular review of medical files will be conducted at the site level to prevent avoidable mortality and ensure an optimal treatment regimen for each client. Starting in COP2021 and continuing in COP2022, newly diagnosed PLHIV will benefit from a viral load test as a baseline measurement, and strict monitoring of viral load will continue after ART initiation as prescribed by national guidelines, to assess the success of the ART treatment and adjust quickly when necessary. GF will continue to support CD4 testing capacity across the country, targeting newly identified clients, which will help with advanced disease detection. In COP2022, PEPFAR-Haiti will procure essential commodities for management of advanced HIV disease. Psychosocial assessment will be done at baseline and repeated throughout treatment to prevent and address potential issues that may arise and hinder treatment success. All PEPFAR-support high-volume sites will continue to have on staff a psychologist and a social worker. All PEPFAR Implementing Partners will have a psychologist within the network to directly support needs of lower volume sites, that do not have a dedicated psychologist, and to coach staff on basic psychological needs of people served at these sites. All newly diagnosed persons will be enrolled in a viral load class, which is a support group to reinforce understanding of treatment and adherence since initiation.

Figure 4.2.1 Number of Clients Receiving MMD, FY2021



Source: DATIM/Panorama.

Figure 4.2.2 Viral load outcomes, FY2021 and FY2022 Q1



Source: DATIM/Panorama

4.3 Prevention

HIV and violence prevention for AGYW and OVC

PEPFAR-Haiti remains the main contributor to Orphans and Vulnerable Children (OVC) activities in Haiti and continues to work closely with PNLS and Institut du Bien-être Social et de la Recherche (IBESR), the government entity responsible for OVC under the Ministry of Social Affairs (MAST). In COP2022, PEPFAR-Haiti will dedicate its OVC resources to close the gap and help reach epidemic control in the pediatric population. Children who will be prioritized for OVC enrollment include C/ALHIV, children of HIV+ adults at risk of poor retention or with detectable viral load, HIV exposed infants, especially those that are at high risk of acquiring HIV, children of prisoners and female sex workers, and survivors of violence against children and children of adolescent girls and young women (AGYW).

The program will continue to actively identify children of HIV infected mothers that have not yet been tested and will refer them for testing. Community health workers (CHWs) will work with a clinical team to identify biological children of PLHIV and refer them for testing.

To reach 95% retention rates, the program will focus on the following activities:

a) Reinforce application of updated Memorandum of Understanding (MOU) between the clinical and OVC implementing partners, b) recruit OVC coordinators to link OVC and clinical activities and operationalize MOUs, c) reinforce bidirectional training of clinical teams and OVC for increased understanding of 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 data systems to ensure a multi-layered package of services is offered to OVCs. The program will also align tools supporting services to beneficiaries (Open Data Kit (ODK), Programme de support aux Patients (PSUP) tool, the OVC

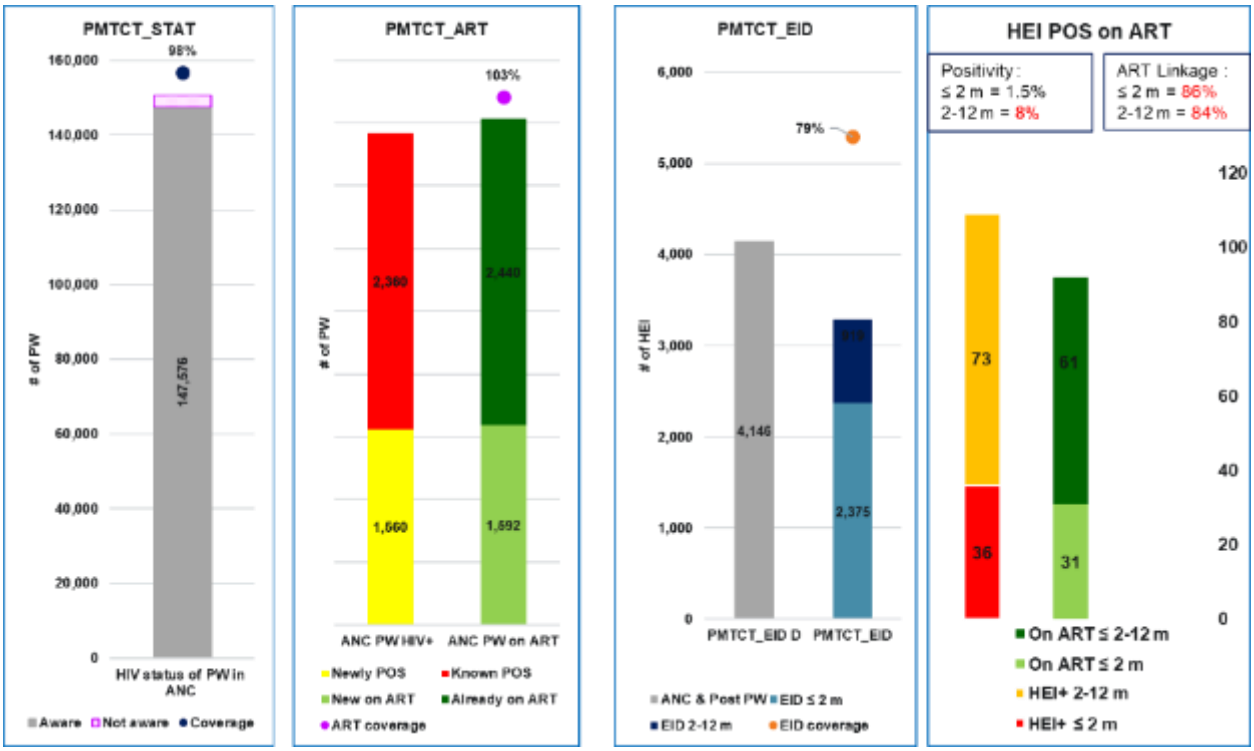
case management tool, the OVC platform) and EMR/MESI to enable bi-directional information sharing for both OVC and clinical partners. Furthermore, all data will feed the dashboard of an integrated OVC platform to make better-informed decisions.

The OVC program will continue to work closely with the clinical program to ensure 95% viral suppression for HIV infected children. Activities will focus on scaling up directly observed therapy (DOTS), age-appropriate kid's clubs, and status disclosure which have been shown to give positive results.

The program will also support the PMTCT cascade through the following:

a) tracking of mother-baby pairs by facilitating effective linkage between facilities and community cadres at delivery for follow-up services b) prioritizing HIV positive pregnant AGYW for economic strengthening activities, c) support mothers' clubs and d) promote peer support through community young mother's clubs.

Figure 4.3.1: PMTCT cascade



Source: DATIM

Access to education has been an important element of the PEPFAR-Haiti OVC program as it promotes resiliency among adolescent girls and reduces their vulnerability. Household Economic Strengthening (HES) is facilitating the transition of many families from PEPFAR-Haiti support and is reducing the 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, credit toward small enterprises, etc. Other interventions aimed at reducing risk include access to comprehensive adolescent sexual and reproductive health services, including access to condoms and family planning methods, and linkages to HIV testing

services (HTS) for a strengthened continuum of care, particularly targeted and scaled-up in areas of high HIV prevalence. In addition to these activities, implementing partners will work with MAST, IBESR, and PNLS to link survivors of GBV violence with medical, legal, and psychological services, particularly in the "Determine, Resilient, Empowered, AIDS-free, Mentored, and Safe" (DREAMS) arrondissements. The OVC program will also work with boys and girls aged 9-14 at risk for violence and HIV in high-risk areas. Identification and enrollment will be through school-based referrals, out-of-school high-risk children, and HIV-negative children of HIV+ parents/guardians, clinical settings and through collaboration with key population (KP) partners and faith and community leaders. The program is working with partners to ensure proper reporting on recent changes in the OVC MER indicators.

Since the initiation of DREAMS programming in Haiti in COP202017, arrondissements within the departments of Artibonite, North, and West were selected based on high yields of HIV testing among adolescent girls and young women (AGYW) ages 10-14, 15-19, and 20-24, and high prevalence of gender-based violence (GBV) as reported by the 2017 DHS. Four arrondissements are currently targeted: Port au Prince, Cap-Haitian, Dessalines, and Saint-Marc. A package of services layered by age band (10 14, 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 asset building; and HES. For COP2022, the program set its target of AGYW who complete at least the primary package to 27,018. Services will be enhanced to include PrEP for AGYW 18-24. PrEP will be available for high-risk AGYWs that are over 18 years old due to policy limitations.

The Haiti DREAMS program aims at improving the completion of services for all AGYW by:

a) strengthening partnerships between community and clinical partners to ensure completion of services such as HTS, family planning, and sexual and reproductive health (SRH), 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, d) scaling up of economic strengthening activities (MUSO, adapted vocational training after a market assessment, financial literacy and bridge to employment).

PEPFAR-Haiti has introduced in COP2021 the "Transforming masculinities" approach, the community norms change (CNC) intervention addressing harmful gender norms and toxic concepts of masculinities that reinforce gender inequality and gender-based violence. In COP2022, this new intervention will be scaled up in districts where the program works.

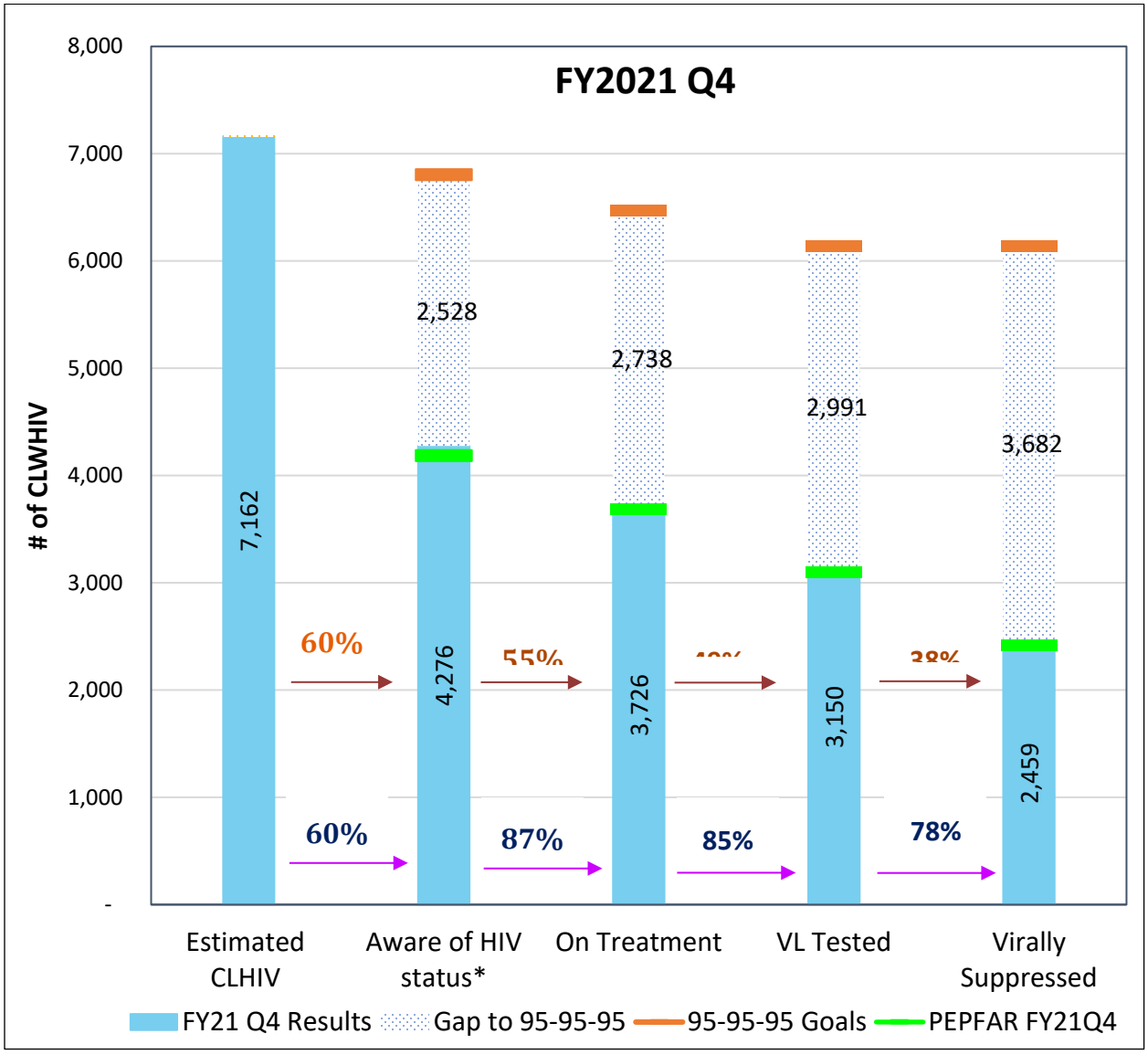
The Haiti DREAMS program will continue to identify the most vulnerable AGYW (out-of-school AGYW), focusing on quality implementation of the program, and will consider the expansion of the program to new high-burden communes once saturation is achieved in the geographic areas currently served.

PEPFAR will continue to work with the GoH and its partners to implement the response to the Violence against Children Survey (VACS). The OVC program continue to coordinate with other partners involved in projects related to child protection, human rights, and human trafficking to address the issues raised by the VACS survey, including settings for post-rape care and networking with GOH, UNICEF, and other key stakeholders.

Children

The most recent UNAIDS estimate for 2021 indicates that 7,162 Haitian children are living with HIV and 4,276 are diagnosed, suggesting a gap of 2,528 to reach the first 95. As of FY2021 Q4, 3,726 children living with HIV were active on ART, which represents 87% achievement towards the second 95% treatment goal for children living with HIV at the program level (and only 55% at the national level). The continuation of treatment remains one of the main concerns for the pediatric population.

Figure 4.3.2 2021 Haiti National Pediatric Clinical Cascade



Source: UNAIDS (2021) and MESI

The program will improve all elements of the cascade. The program will scale up family index testing for biological children of PLHIV by continuing retrospective chart audits aiming for 100% completeness, testing all children with undocumented HIV status, and continuing positive messaging for parents. Through OVC support and within communities where they work, case

managers will help identify all biological children of HIV-infected parents and refer them for HIV testing. With the support of MSPP, PEPFAR will also require the systematic use of a standardized screening tool in pediatric out-patient and inpatient departments in high-load settings. A complete roll-out of the screening tool is expected by the end of FY2022. High coverage and monitoring of HIV testing in high-response settings such as ANC, Emergency Departments, and TB clinics will also be carried out. The continuation of treatment remains one of the main concerns for the pediatric population. Various interventions aimed at improving the continuation of treatment will be scaled up.

Key Populations

Men who have sex with men (MSM) and female sex workers (FSW) are disproportionately affected by HIV in Haiti, with prevalence levels significantly higher than the general population; 12.9% and 8.7% (IBBS 2014), respectively. An updated national HIV prevalence for MSM and commercial sex workers (CSW) is expected with the new GF-financed Integrated Bio-Behavioral Survey (IBBS), planned to start in FY2022, Additionally, the PEPFAR-Haiti program includes prisoners among key populations and their family members among the priority populations given the continuing burden of HIV and TB co-infection in prison settings. With the increase in the number of people identified as transgender, PEPFAR-Haiti will initiate transgender-friendly services in the KP packages.

In COP2021, PEPFAR-Haiti will continue to support high-impact core interventions for KP including targeted prevention messages and HIV testing services (HTS), combination prevention services extended to clients of CSW, condom/lubricant promotion and distribution, and use of peer navigators to enhance adherence and retention of HIV-positive KP. PEPFAR will collaborate with PNLS, technical assistance implementing partners, Global Funds, CSO and other key stakeholders to ensure optimal training and coaching for the peers. The overall strategies will continue to support and involve KP-led organizations in HIV programming such as needs assessment, interventions design, implementation, monitoring, evaluation, and learning. LGBTQ organizations will be involved in community drug distribution and will participate in the task force to retain patients in care and bring back those with interruption of treatment. PrEP has been rolled-out and is available in all KP sites in all geographic departments. At the start of COP2022, all PEPFAR sites will offer PrEP.

Previous IBBS, PLACE studies, the results of the latest stigma poll (2017), and recent CSO consultations indicated that stigmatization and violence hindered KP's access to quality HIV services. In the previous COPs, specific interventions were added and scaled-up to tackle stigma and discrimination, including:

i) Creation of a 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.

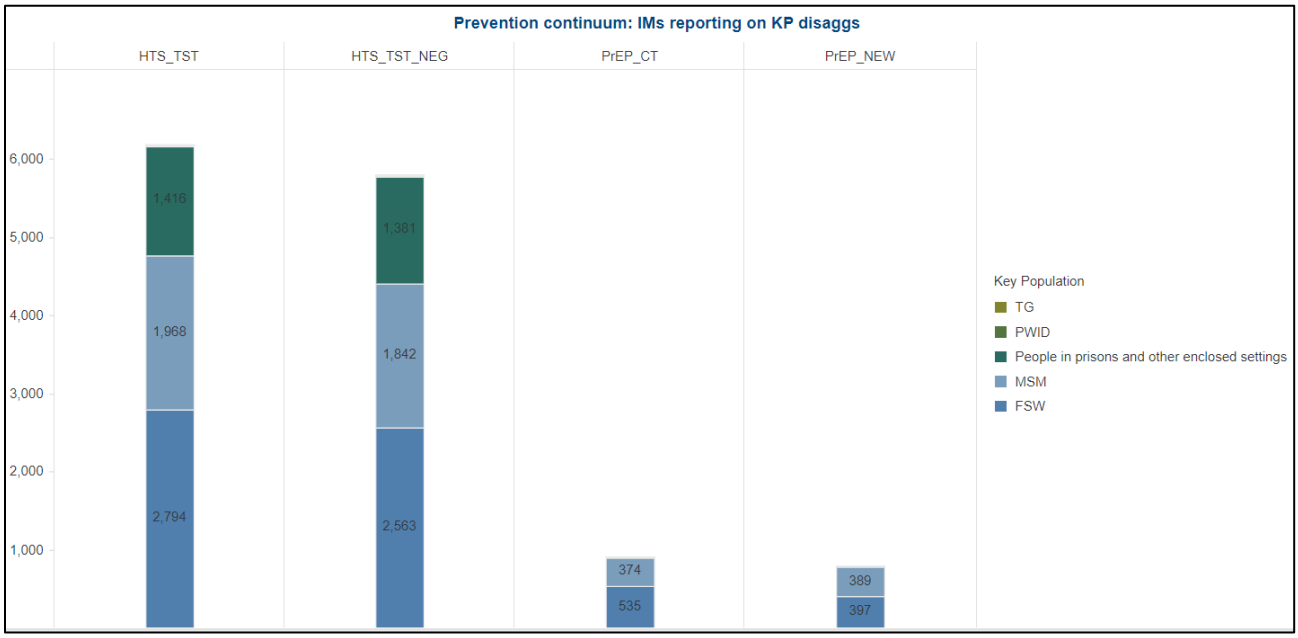
In COP2022, PEPFAR will continue to support activities against stigma for improvement and extension. The HIV program will seek more collaboration with the voodoo sector to support an anti-stigma and anti-discrimination campaign against KP.

At the community level, PEPFAR-Haiti will continue to sensitize law enforcement officials, including the Haitian National Police, about the rights of KP to ensure they have access to supportive, respectful, and appropriate services, including for GBV. Engagement of influencers to endorse anti-stigma and antidiscrimination against KP.

Regarding coverage, the program will continue to strengthen the capacity of local KP-led organizations to provide KP-friendly services and to expand innovative evidence-based strategies to achieve epidemic control for KP, including the utilization of local social networks to identify undiagnosed individuals living with HIV and connect them to HIV treatment 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 KP-friendly services. The 'easy start' approach will be tailored for each KP subgroup. to meet their specific needs.

PEPFAR-Haiti will continue to collaborate with PNLS to ensure that the different HIV-related guidelines incorporate KP and will continue to build the KP-led capacity of the community organizations to potentially become grantees in the future. In addition, PEPFAR-Haiti will also support KP sensitization training of providers to increase KP competency and stigma-free provision of services.

Figure 4.3.3 Prevention continuum by Key Population Group: FY2022 Q1



Source: DATIM/Panorama

4.4 Continued focus on tailoring services, systems, and partnerships to differentiate service delivery to optimize care and reduce interruptions in treatment.

PEPFAR-Haiti will continue to focus on a proactive approach to preventing interruptions in treatment (IIT) and successfully tracing IIT clients and bringing them back to care. It will provide a re-engagement package of care that addresses clients' reasons for IIT in a person-centered way to prevent and minimize the constant cycle of disengagement and re-engagement. PEPFAR-Haiti will scale up differentiated service delivery (DSD) services to promote continuity of treatment from the point of treatment initiation, expanding available options for drug delivery and services Pharmacy cards (VIP cards) and biometrics will be used to better track clients and ensure continuity of treatment. Young adults who are too old for OVC support yet are at high risk for IIT will be offered a package of support services that includes virtual models for engagement/case management.

Assess the causes of the high proportion of TX_ML clients reported as having died

PEPFAR-Haiti will assess the causes of the high proportion of TX_ML clients reported as deaths, particularly among pediatric clients. inbuilding on COP2021 efforts, PEPFAR-Haiti will improve the EMR's capture of death causes by following ICD11, to facilitate recording and analysis of common causes, which will guide actions to prevent avoidable deaths.

ARV Optimization and Effective Implementation of Multi-Month Dispensation

PEPFAR-Haiti and MSPP, in collaboration with GF, are committed to providing quality care and treatment services to people living with HIV, notably by ensuring that patients receive 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. With the ongoing risk of insecurity and violence, PEPFAR-Haiti aims to offer 6-month MMD to all eligible treatment cohort, specifically with two 90-day bottles or one 180-day bottle along with OI prophylaxis drugs.

Tuberculosis Preventive Therapy (TPT) and PLHIV TB Screening

TB remains the primary opportunistic infection for people living with HIV in Haiti. During FY2021, the program managed more than 1,200 co-infected patients. New TPT guidelines, introduced in FY2022 Q2, recommend 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 is recommended for children between 3-14 years old. With these new TPT guidelines, the completion of TPT is expected to significantly improve. However, the program identified other gaps and barriers to the initiation and/or completion such as the absence of TPT registers, the lack of site staff training, the burden of pills, and the absence of full integration between TB and HIV services. In COP2022, a granular site management approach will continue to scale up TPT with better integration into the DSD models of care. The plan will include a series of training sessions on TB/HIV guidelines and reporting. Innovative practices will require sites to have a TB champion to monitor TB activities, coordinate between clinics, and integrate TPT benefits in all support groups or other peer-driven interventions.

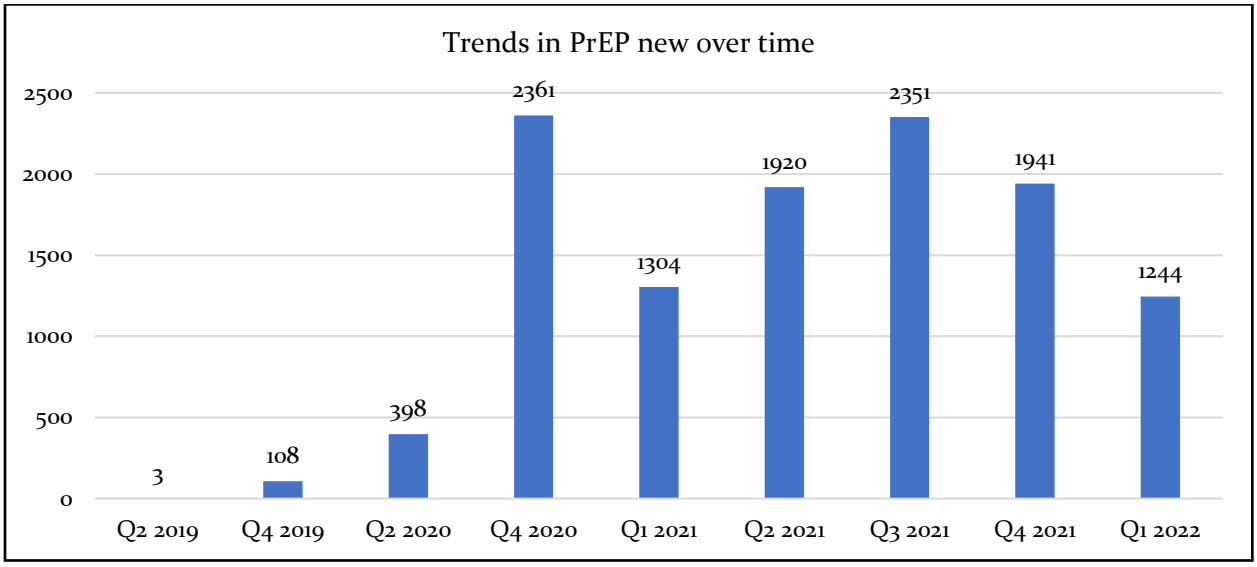
Effective TB screening is another area of concern that needs to be addressed as the program has identified gaps. Systematic TB screening for ART patients is an important step for a prompt

diagnosis of TB, leading to adequate TB treatment and, consequently, reducing the morbidity and mortality associated with TB/HIV coinfection. At the end of FY2021, 74% of the ART patients were screened for tuberculosis. The electronic medical record (EMR) form and module allow health care providers to actively screen for the four symptoms (cough, fever, night sweats, and weight loss) which are included in the clinical assessment tool. However, the completion and reporting of these forms are not systematic. PEPFAR-Haiti will 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 COP2022/FY23, the PEPFAR 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. Innovative approaches for TB screening will be introduced including community TB screening, virtual TB screening, LF-LAM tests. 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 MSPP guidelines.

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

PrEP Expansion

Figure 4.4.1: PrEP New Trends 2019-2022



Source: DATIM

In COP 22, PrEP is expected to be available in all the 10 geographical departments and all PEPFAR-supported sites providing ANC. The National AIDS Program will continue to lead the availability of PrEP services at the sites and will provide supportive supervision along with PEPFAR staff and the technical assistance (TA) partner. PEPFAR will work with PNLS to ensure that every site receives training on PrEP. PrEP guidelines are under revision to include lessons learned from the previous implementation year particularly how to ensure effective PrEP coverage during the instability and insecurity period. PEPFAR-Haiti will work with MSPP to ensure drugs are available at all sites. During COP2022, we will start the implementation of differentiated PrEP services at the community level and tailored to each population subgroup, including integrating

PrEP services within ANC services. PEPFAR-Haiti will conduct assessments for injectable PrEP implementation and will continue to monitor the evidence for the rollout of vaginal ring PrEP. PrEP services will be available and tailored for all high-risk populations such as PBFW, AGYW, and FSW. Working in partnership with community and civil society organizations, PEPFAR will incorporate PrEP messaging into its media campaigns, to increase demand and awareness.4.6 Commodities

Revised procurement profile: The FY22 Q1 first quarter reports that more than 70% of national patients have received ARV drugs from PEPFAR funding. PEPFAR and GF initiated remediation measures, including transitioning the ARV provision for approximately 10,000 patients from PEPFAR to Global Fund funding, to progressively realign the shared procurement split to 60/40 by September 2022. Given supply chain demands including increased commodity prices as well as global freight costs; additional OI drugs, costs related to the upcoming PEPFAR supply chain's IP transition and PSM closeout; and national inflation, PEPFAR faced a financial challenge sustaining the 60% contribution to patients' commodity needs with the COP2022 flat lined budget. Donor coordination efforts led Global Fund to agree to a revised procurement split of 50/50 for some specific commodities for COP2022 only. As part of the successful negotiations, Global Fund will procure all TB preventive therapy commodities, and an additional 10% of the estimated ARV/TLD90 needs for COP2022. The regular 60/40 procurement split. between PEPFAR and GF respectively, will remain in effect for other commodities, such as: rapid test kits, opportunistic infections drugs, laboratory commodities, including viral load and early infant diagnostics. The donors agreed to reevaluate and discuss the country's procurement profile next year in the context of the new GF grant development process. Realignment of the donor's contribution at the procurement level will prevent commodity gaps and service disruptions. Donors will continue supporting the national ARV quantification exercise and planning to strengthen a joint supply and procurement plan.

Condoms: For COP2022, GF is supporting condom and lubricant needs for key populations (MSM, FSW, TG) and youth for the national program. PEPFAR is contributing $800,000 worth of no-logo condoms (20 million) to address the needs of other patients' groups for condoms in the dual context of integrated HIV prevention and family planning. A quantification is envisaged to confirm the estimated unmet needs for any relevant additional population groups.

VL equipment: PEPFAR is currently supporting the replacement and decommissioning of old country-owned viral load machines and is aiming by/around October 1, 2022, to have a total of 5 active rental agreements to support viral load testing at the central level (3), at the decentralized level in the northern region (1), and in the southern region (1). These rental agreements are designed to generate all-inclusive pricing for the total estimated VL tests needed.

Common basket for integrated commodity security (availability) at the country level: Donors are working to conceptualize and develop, under the leadership of the Ministry of Health, a common basket approach toward integrated management of HIV commodities upon their availability in the country. This approach aims to ensure that locally available HIV commodities indistinctly support ART treatment for any patient of the national program. Furthermore, this approach will facilitate the simplification and expansion of the person-centered supply chain.

The simplified and expanded person-centered supply chain for commodity security (accessibility) from a patient perspective:

Political turmoil, road blockages, gang violence, fuel shortage, increased transportation costs resulted in increased population mobility and relocation, longer travel distance to access prescription refills. There is an increased momentum and stakeholder engagement toward a simplified and expanded person-centered supply chain system to allow national access to patients for prescription refills regardless of their geographic location within the country, their affiliation with a particular donor, the implementation network or facility, or their preference toward a facility or a decentralized distribution point for drug dispensing. Initial discussions envisaged leveraging existing PEPFAR investments in two successful initiatives, namely SYGDOCC and the VIP Card. SYGDOCC, the French acronym for Système de Gestion des Données de Consommation et de Calculus (consumption data calculation and management in English) is a locally developed electronic system, adapted to the country's modest infrastructure, used at the facility level allowing PSM to collect and analyze key logistics information to ensure adequate and timely stock replenishment at sites. The VIP Card ensures secure access to patient data to support the continuum of care and flexibility for ART patients subject to frequent mobility. The country team envisions enhancing the VIP Card with supply chain data that would indicate the history of medicines dispensed to the patient (what, how much, when, and where) for informed refill dispensation. This initiative aims to allow for the dual benefit of convenient refills for patients while preventing stock irregularities at the sites, and the central level for better MMD dispensation. Key enablers for timely and successful implementation of the national refill access include: 1) SYGDOCC expansion to all HIV sites will follow a plan which will be finalized and agreed upon in collaboration with all relevant stakeholders; 2) Interoperability of the VIP Card and SYGDOCC, 3) Common basket of HIV commodities conceptualized and implemented by national stakeholders.

Private sector involvement for localization of long-lasting training capacity: PEPFAR 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. For COP2022, PEPFAR intends to advocate for public-private partnership (PPP) for the localization of long-lasting training capacity. High staff attrition and low retention rates are nationwide challenges that have critically worsened with the recent political turmoil and insecurity. Haiti has a limited workforce with supply chain (SC) expertise. Separate training sessions on stock management and LMIS reporting organized by SC IPs that are trying in a parallel and isolated manner to build the capacity of continuously changing facility personnel are revealed to be limited. Under COP2022, this PPP aims to ensure that on one hand, a pre-established school/university in Haiti is committed to the periodic provision of basic SC training to increase the pool of SC professionals progressively and constantly in the country. On the other hand, PEPFAR and other stakeholders of the national supply chain system can ensure the participation of their staff involved in SC management.

4.5 Collaboration, Integration, and Monitoring

Strengthening cross-technical collaborations and implementation across agencies and with external stakeholders, 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 between the government and the donor community. We will continue to hold targeted partner performance reviews and site visits jointly with MSPP. PEPFAR will also continue to engage with the CLM implementer on a quarterly basis to review site-level observations that will contribute to improve the PEPFAR program. 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. We also endorse the efforts to streamline HRH support from PEPFAR and the Global Fund and to improve task sharing to qualified health cadres to increase their roles in services, such as nurse practitioners for the initiation and management of ART, and community health workers for better 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.

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

PEPFAR-Haiti will continue to support 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 underperforming sites, as well as monthly monitoring of all other facilities for key indicators and quarterly data review meetings. The frequent reviews of key indicators continue and are complemented by the new capabilities embedded within the systems-in-use.

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 evaluated on the key 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. PEPFAR implementing 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.

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

The inter-agency team will continue to work with technical working groups to discuss challenges and potential solutions. PEPFAR-Haiti 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 targeted joint supervision visits to track

implementation of strategies with fidelity, regular analysis, and use of data, including CLM, to monitor attainment and ensure progress toward epidemic control, and co-hosting meetings to share best practices, collaborate, learn, and adapt for impact. PEPFAR-Haiti will continue to ensure that implementing partners support alternative energy sources for clinics and hospitals to use EMRs and MESI during working hours.

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

The PEPFAR-Haiti program will continue to strengthen 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 the services.

Health Information Systems (HIS) is an area of successful synergy and integration into cross-cutting service delivery. In COP2022, 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 monitoring and evaluation.

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).

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

In COP2022, PEPFAR-Haiti will implement the following strategies 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 at least 95% of the treatment cohort. Up 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 (CDD): patients will be offered the option of community drug distribution to reduce wait times and decongest health facilities **if** clients are interested in this option. The community-based distribution of ART will help address a major challenge for the PEPFAR-Haiti program in terms of retention in care. Among different modalities of CDD, the fixed DDPs, within private pharmacies/clinics, within PLHIV and KP associations' offices, and other common settings in the community will empower patients with more flexibility to pick up their drugs quickly, in places closer to their own location now, and without the fear of stigma. The program will also scale drug distribution in community and peer-led community adherence groups (PCAGs) using PLHIV associations and KP 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.

4. The VIP card: The VIP card is a client-centered tool to improve the patient care-seeking experience and overall program performance. It is included in the Easy Start and Welcome Back packages of care for mobile populations (including key populations, migrants and released

prisoners). Initially started with COP19 resources, the VIP card allows a seamless patient experience across service delivery sites, as transfers are a common patient reality due mobility stemming from increased insecurity. In COP22, PEPFAR will continue to use the VIP card to respond to treatment continuity needs of mobile populations (including key KP, migrant populations and released prisoners), to easily seek care anywhere in the country, especially in remote areas with limited internet connectivity. VIP card expansion will be grounded in a clear plan to ensure it successfully supports an enduring and acceptable client-centered approach in the Haiti context. PEPFAR Haiti will develop the project plan, budget, and timeline with input from relevant stakeholders and get clearance by S/GAC. The plan will describe the alignment of the VIP card with existing service delivery processes and information systems and address anticipated timeline and costs for development, deployment, and maintenance. The VIP card will be closely monitored to explore feasibility and security as a potential tool to support clients who cross the border between Haiti and the Dominican Republic.

4. Extended clinic hours: During COP2020, extended clinic hours were available to clients before or after regular work hours, during some weeks, at some PEPFAR-supported sites in arrondissements with the highest HIV burden. Some clinics were opened on 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 during regular hours. For COP2022, 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.

5. Men’s clinics and men’s corners: Men’s clinics and men’s corners started in FY2020 will continue in COP2021 in SNUs with the highest gaps in coverage in Cap Haitien, Port-au-Prince, Cayes, and Artibonite. Evaluations 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.

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

7. Suppression of viral load (VL): 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 in viral load classes to promote early adherence to treatment. ART optimization is also ongoing for these clients, including resistance testing and a regimen change, where indicated.

8. Task sharing: Routine patient follow-up care will be largely done by nurses so physicians can prioritize complex cases. Further, nurse practitioners will continue to receive training enabling them to initiate ART for non-complex patients. 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 reminders of appointments, 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 versus 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.

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

CSO are implementing the Community-Led Monitoring Initiative in Haiti with financial support of PEPFAR and technical support from UNAIDS and other international entities. GF is also planning to provide complementary financial support to the CLM. CSO partners will report observations and recommendations directly to MSPP and donors on a quarterly basis. The CSO partners engage with sites and clients and provide feedback to implementing partners to facilitate corrective actions at the network and site levels.

e. Ensuring above-site program activities are mapped to key barriers and measurable outcomes related to reaching epidemic control; and monitored in an ongoing manner

Many of the systems barriers from COP2021 are still applicable for COP2022 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 led to HIV service delivery partners and healthcare systems.
- 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
- Limited availability of skilled workers for efficient task sharing
- Weak laboratory system to ensure quality of clinical laboratory services for HIV patients, efficient samples transport system, and reduced turnaround time for return of test results
- Lack of qualified healthcare 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.
- Suboptimal use of existing technology and data to reinforce person-centered care and improve operations and accountability.
- Limited capacity of MSPP and sites to involve PLHIV beneficiaries and civil society in the improvement of HIV services.

Relevant above-site and above-service delivery activities were identified and aligned with the key barriers identified through the program review to achieve 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.

f. Use of unique identifiers across sites and programs in clinical settings for monitoring

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 to monitor 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. For the remaining sites, PEPFAR-Haiti will work with IPs and sites to ensure that deduplicated BC data are collected for all active patients.

4.6 Targets for scale-up locations and populations

Prioritization Area	Total PLHIV	Expected current on ART (APR FY2022)	Target current on ART (APR FY23) TX_CURR	Newly started (APR FY23) TX_NEW	ART Coverage (APR 23)
Attained					
Scale-Up Saturation	76,669	90,990	91401	2209	119
Scale-Up Aggressive	23,676	19,240	18033	693	76
Sustained	42,035	23,345	26,163	2370	5
Central Support	7,154	6,3420	0	0	0

Table 4.8.2 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate (SNUs) and disease burden	Coverage Goal (In FY2022)	FY2023 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 4.8.3 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY23 Target) OVC_SERV Comprehensive	Target # of OVC (FY23 Target) OVC_SERV Preventative	Target # of active OVC (FY23 Target) OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY23 Target) OVC*
Cap-Haïtien	-	11,666	69	2,865	6,654
Acul-du-Nord	-	4,788	27	0	3,820
Anse D'Hainault	-	109	0	0	88
Anse-à-Veau	-	230	2	0	183
Aquin	-	1,785	10	0	1,427
Arcahaie	-	198	2	0	160
Bainet	-	167	0	0	135
Baradères	-		0	0	
Belle-Anse	-	324	2	0	
Borgne	-	567	4	0	252
Cap-Haitien		11,666	18	0	453
Cayes	-	3,219	2	0	6,654
Cerca-la-Source		466	0	0	2,571
Chardonnières		254	0	0	371
Corail		38	10	0	203
Croix-des-Bouquets	-	1,673	90	3,076	30
Dessalines	-	11,597	8	0	1,336
Fort-Liberté	-	1,570	26	0	7,955
Gonaïves	-	4,634	4	0	1,255
Grande-Rivière-du-Nord	-	809	2	0	3,702
Gros-Morne	-	328	24	0	646
Hinche	-	4,073	6	0	263
Jacmel	-	941	4	0	3,244

Table 4.8.3 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY23 Target) OVC_SERV Comprehensive	Target # of OVC (FY23 Target) OVC_SERV Preventative	Target # of active OVC (FY23 Target) OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY23 Target) OVC*
Jérémie	-	810	0	0	752
La Gonâve	-	31	14	0	645
Lascahobas	-	2,648	6	0	26
Léogâne	-	903	2	0	1,973
Limbé	-	412	6	0	721
Marmelade	-	1,009	6	0	329
Miragoâne	-	1,217	30	0	807
Mirebalais	-	5,279	6	0	973
Môle-Saint-Nicolas	-	978	4	0	4,212
Ouanaminthe	-	567	4	0	780
Plaisance	-	674	517	11,019	451
Port-au-Prince	-	38,304	51	0	539
Port-de-Paix	-	8,989	2	0	18,954
Port-Salut	-	461	0	0	7,178
Saint-Louis-du-Nord	-	86	84	3,661	369
Saint-Marc	-	13,232	2	0	70
Saint-Raphaël	-	497	10	0	7,156
Trou-du-Nord	-	1,674	2	0	398
Vallières	-	191	0	0	1,339
TOTAL	-	127,208	69	2,865	152

4.7 Cervical Cancer Program Plans

Cervical cancer is a significant public health issue in the country and an important concern for PEPFAR-Haiti, CSOs, and MSPP. PEPFAR-Haiti is exploring the opportunity to start cervical cancer screening and cryotherapy services in COP2022. The plan would be to start up on a small-

scale basis covering selected PEPFAR-supported health facilities located in different geographic departments and already offering ART, ANC, PMTCT services. The geographical location of the selected sites would be done to allow patients to be referred to hospitals closer to their homes, which is critical both in terms of financial barriers in transportation costs and the ongoing exceptional insecurity situation in the country. PEPFAR-Haiti will work closely with S/GAC, PNLS and other relevant MSPP units on finalizing plans and timeline for implementation and for the availability of guidelines, policies regarding cervical cancer testing and treatment as well as approved tools for mentoring, monitoring, and reporting.

4.8 Optimization of viral load and early infant diagnosis

4.8.1 All-inclusive pricing

As PEPFAR-Haiti has expanded VL testing programs, we have faced challenges in terms of service provision, data visibility, supply reliability, performance management, commodity costs, and overall system costs. To address these challenges, improve and standardize service levels across the country, PEPFAR-Haiti currently adopts the all-inclusive approach, enabling the shift to an all-inclusive reagent rental model for all VL equipment. The all-inclusive VL/EID testing price includes the placement, maintenance, and repair of the ABBOT m2000 RT/ST platform which will improve the availability of viral load products in Haiti and ensure a functional, efficient, and sustainable molecular laboratory network in Haiti. The goal of inclusive pricing is to improve equipment system performance, reduce cost and support transparent pricing, and enhance supply chain security. The rental agreement will increase network efficiencies and enable better coordinated, uninterrupted provision of timely, high-quality diagnostics test results in the country.

4.8.2 Complementary use of point of care (POC) and centralized instruments, integration of TB / HIV diagnostics, multiplexing.

To address gaps associated with low coverage of VL testing among PBFW, low VL testing coverage and suppression among infants, children, and adolescents, low 2 months EID coverage, and low TB testing, PEPFAR Haiti is currently strengthening and harmonizing the Diagnostic network optimization (DNO) approach to maximize complimentary use of point of care (POC) and centralized instruments, as well as HIV diagnostic integration, by encouraging multiplexing and use of data systems to include SMS to alert patients of the availability of their test results. Haiti laboratory interventions will continue to prioritize DBS testing, a community-based DBS approach. Guidelines and standard operating procedures will be developed to guide all stakeholders in this initiative. Use of DBS for sample collection outside of the facility to avoid many patients coming to the facility for sample collection will continue to be encouraged.

To help increase the testing coverage as well as reduce the turnaround time, PEPFAR in collaboration with the Global Fund will support multiplexing HIV and TB testing in Haiti through GeneXpert machines to simultaneously test for TB, VL and EID. Leveraging these machines initially dedicated to the TB and COVID19 program. Fifteen (15) sites have been selected to integrate EID in the TB GeneXpert POC testing network, 5 sites activated to date in 4 departments including three (3) in Plateau Central (HUM, HST Hinche, and Bon Sauveur de Cange); one Nord-Ouest (HIC Port de Paix); one Sud (HIC Cayes). The remaining POC sites will be activated by the end of FY2022. Additionally, two sites will be equipped to perform the POC VL test for PBFW in Artibonite and Ile de la Gonave.

PEPFAR in collaboration with LNSP and other stakeholders will map the existing GeneXpert machines throughout the country to maximize the optimization process of the laboratory diagnostic network. Additionally, a thorough review of the current sample transportation network will be done to identify the major bottlenecks and provide appropriate solutions to improve it.

4.8.3 Use of data systems to include SMS to alert patients of the availability of their test results

As one of the key client-centered approaches in COP2022, PEPFAR will support a method through SMS to ensure that every client is also immediately alerted of their results being available. All VL and EID results will go on charts with a method to ensure every client is also immediately aware of the availability of results at the facility with proactive counseling at visit to provide viral load literacy and needed follow-up based on results. PEPFAR-Haiti continues to support MSPP and other stakeholders to ensure policies, algorithms, laboratory, and clinical training materials, and quality assurance programs are developed and implemented to support quality-assured LF-LAM testing in coordination with the national TB program.

The surveillance system for HIV recent infections will be implemented during COP2022, building on the existing electronic HIV case-based surveillance system.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

PEPFAR-Haiti will build on previous COP systems interventions. Fifteen key system barriers have been identified along with the appropriate interventions and actions needed to overcome them during COP2021 and COP2022. The proposed activities address outstanding programmatic gaps and fast-track attainment of epidemic control. The activities outlined in Table 6, respond to the critical elements of SID 4.0 elements for Haiti and are considered key gaps in the current health system that affect the achievement of sustained epidemic control. Systems investments are analyzed considering 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, DDP, VIP card, and community-based tracking through PLR. In COP2021 and COP2022, PCAGs will be added to offer additional flexibility to clients.

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

Failure to ensure the proper and timely delivery of laboratory services compromises the control of the HIV epidemic. PEPFAR-Haiti will continue to assist MSPP in improving the quality of laboratory services, including sample transportation via the National Sample 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 out since COP2019 to improve the capacity of the Haiti laboratory tiered network and point of care testing sites.

An increase in access to VL testing will continue to be a focus of the program in COP2022 along with improvements to testing quality and results in 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 to 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 & EID samples. The partnership with the Global Fund will continue for the procurement of VL commodities. LIS and the specimen referral network (SRN) will be improved to reduce TAT. PEPFAR-Haiti will also support the use of SMS technology to quickly return results directly to clients while maintaining confidentiality.

Systems-level barriers that affect the ability of PEPFAR Haiti to expand VL include:

i) *Procurement and training on the 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.

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 COP2022, Haiti will complete the transition started in COP2019 of the specific EID specimen transport network (fully supported by PEPFAR) to the national specimen referral network (NSRN), a network partly funded by PEPFAR with multilateral support from the World Bank, WHOPAHO, 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 COP2022, PEPFAR will continue to contribute to the support of the national SRN for VL and EID, providing census coverage and ensuring that all PLHIV in 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 of the TAT for EID and VL and tracking results.

In COP2022, 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 the detection of TB, notably for PLHIV with advanced disease.

In addition, PEPFAR-Haiti will support LNSP in its efforts to continuously improve quality 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 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

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

iv) Ensure that the South laboratory is functional and strengthen the capacity of the North laboratory

Key barrier 3. The limited capacity of MSPP to develop policies, guidelines, SOPs, training materials, and serve as technical lead to HIV service delivery and healthcare systems in Haiti

i) In COP2022, PEPFAR-Haiti will continue to provide support to 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 able 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 COP2022, on continuous quality improvement and quality assurance. The HealthQual principles will be adapted and implemented to differentiate service delivery models, particularly community-based approaches, to ensure quality standards in client-centered approaches.

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

iii) Logistics Management Information System: Since 2010, PEPFAR-Haiti, in collaboration with the other national stakeholders, has been assisting the MSPP to elaborate a national unified supply chain system (SNADI). PEPFAR-Haiti, in collaboration with Global Fund, supported the MSPP/DPMMT to develop a national unified paper-based LMIS. During COP2020 with PEPFAR support, the MSPP successfully piloted the paper-based LMIS in three departments; namely, the Northeast, the Artibonite and the South. At the request of the MSPP, USAID is assisting the MSPP to expand the paper-based LMIS at the national level during COP2021 and COP2022. In the meantime, during the past years, PSM has locally developed SYGDOCC, an electronic tool adapted to the country's modest infrastructure level to collect from the health institutions key logistics information which is analyzed to ensure adequate and timely replenishment of pharmaceuticals. SYGDOCC is the French acronym for Système de Gestion des Données de Consommation et de Calculs (consumption data calculation and management in English). Initiated under PEPFAR, SYGDOCC has been upgraded using USAID non-HIV funding to support the analysis and replenishment of a more integrated package of health products beyond ARV, OIs, Lab, and RTKs to include family planning, maternal and child health and nutrition related commodities. During COP2021, SYGDOCC is being deployed in PEPFAR sites of the West department. COPP22 will expand SYGDOCC tool deployment to all USG PEPFAR sites. COP2022 planning discussions reveal the interest of other supply chain national stakeholders such as the PNLS and Global Fund in having the tool deployed in all the HIV sites. Lessons learned from the SYGDOCC will also inform discussions at the SNADI level for the selection of a national

e-LMIS adapted to the country context, as a next step to the paper-based LMIS deployment in the medium- to long-term.

iv) Active Distribution: USG continues to be a member of the SNADI Steering and Technical Committees providing technical assistance to the MSPP for decision making. The MSPP wants to adopt a microsystem for distribution and the South department was selected for the first implementation phase Infrastructure damage caused by the August 2021 earthquake as well as gang violence continuously blocking access to the southern region has seriously impeded implementation during this phase. As a result, support for implementation of active distribution in a different department or region seems more practical. The northern region comprising four geographic departments of the North, Northwest, Northeast and Artibonite presents multiple strategic advantages and national stakeholders are collaborating with the MSPP to refocus the distribution implementation support to the northern region. Stakeholders like the Global Fund are assisting the MSPP in assessing multiple departmental warehouses that could potentially facilitate the implementation of this microsystem. In COP2022 PEPFAR will provide technical assistance to the MSPP central and northern departmental levels for:

a) the procurement and contracting of local Haitian transporters located within the northern region for the regular collection and transportation of non-HIV essential medicines from the central warehouses to the departmental warehouses and from the departmental warehouses to the health facilities

b) the oversight and technical management of the regional 3PL contracts.

c) advocacy for donors' funding to support transport of non-USG essential medicines (MNCH, TB, malaria, family planning and condoms) via regional 3PL

d) the collection, analysis and reporting of information related to the active distribution of essential medicines, documenting utilization of private sector logistical capabilities for last mile distribution to healthcare delivery sites, that can facilitate replication of a cost-effective initiative in other geographic departments or regions.

v) Pharmaceutical Waste Management: Support the MSPP/DPMMT to collect and dispose of unusable pharmaceutical products.

Storage capacity at sites is limited while the need to free up space for safe products and prevent inappropriate use of compromised and/or expired drugs remains constant. As part of the 2010 post-earthquake recovery support US government supported the elaboration of a national waste management plan and operational plan. During COP2021, discussions are ongoing for the approval of an MOU between USAID and the MSPP. Implemented under the MSPP leadership, the MOU aims to facilitate the collection of PEPFAR-funded unusable products from sites and their safe transport to designated health facilities with incinerators dedicated for pharmaceutical waste disposal. Technical assistance to MSPP/DPMMT includes support for:

a) the contracting of local Haitian private sector organizations for reverse logistics,

b) the oversight and technical management of 3PL contracts, and

c) the practical training on related waste management practices.

COP2022 will support the full completion of the disposal activities initiated in COP2021.

Key Barriers 4. Limited availability of skilled workers for efficient task sharing and decrease in external donor-funded resources for HIV

i) *Qualified human resources for HIV and Task-sharing to better serve clients*. In COP2022, PEPFAR-Haiti will continue to support the 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 continue with the implementation of a certification process for HIV healthcare providers.

ii) Implementing an 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. In COP2022, MSPP will have a revised HRH transition plan designed to address the sustainable financing of HRH in Haiti. The revised transition plan will provide a general framework for the gradual transfer of donor-paid health workers' salaries to the national budget, especially of those assigned to HIV, to ensure the continuity and sustainability of health services. We will also develop a special status for the health sector that will facilitate the absorption and retention of additional human resources.

Key Barrier 5. 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

PEPFAR Haiti will continue to support and work with the CLM implementer to monitor, advocate for a stigma-free environment and respect for human rights in health institutions. PEPFAR support will also allow the MSPP to dedicate specific resources to protect the rights of PLHIV in health facilities and ensure services are provided free of discrimination. In COP2022, this monitoring by PNLS will be reinforced. PNLS will ensure that patients' bill of rights is visible to patients at HIV sites.

Key Barriers 6. Insufficient financial support and lack of skilled care providers and field data personnel to collect quality data for proper decision-making to improve the 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 cornerstone of good programmatic decision-making. Therefore, skilled human resources are required at all levels of the Haiti health system. PEPFAR-Haiti will continue to perform HIV data validation at all HIV sites in the country to have accurate and reliable data for improving progress toward control of the HIV epidemic control. In COP2022, the focus will be made on improving the quality of data validation by the implementation of a modern methodology involving data triangulation with all available patient-level and aggregate-level data.

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 in 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 7. 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 FY2019 through FY2021, the USG assisted the MSPP/DPM in developing a national strategic UPP management

plan. In addition, PEPFAR 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 FY2021, 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. PEPFAR will continue in FY2023 to provide financial and technical assistance to the MSPP in implementing this national UPP operational plan.

Key Barriers 8. Limited interoperability of the TB tracker with national HIV information systems; and Limited oversight of health activities implemented by private clinics across the country.

In COP2022, 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 monitoring platform (MESI).
ii) Facilitate training of private facility 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 9. Suboptimal use of existing technology and data to reinforce person-centered care and improve operations and accountability.

During the past several years, PEPFAR-Haiti supported the Government of Haiti to build a robust health information system to manage the HIV/AIDS program. This system has reached such a level of maturity that it can be tapped cost-effectively by the program to deliver on its commitment to offer differentiated Person-Centered care and inform real time decision-making.

PEPFAR-Haiti will invest in maintaining existing platforms and infrastructure and leveraging the comprehensive set of data collected on patients throughout his treatment cycle, at all service delivery settings, to offer to both providers and patients value-added functionalities, made possible by the existence of point-of-care information systems feeding data to a national repository.

i) Maintenance of existing platforms and applications

The program will continue to maintain and improve the functionalities that were developed over time and that have enabled the system to reach the current level of usability. The maintenance of existing applications and platforms include:

a) **The National HIV Monitoring System (MESI) and the Central HIV longitudinal case-based surveillance system (SALVH) hosted on MESI.** In COP2022, PEPFAR-Haiti will continue to maintain these elements which represent the core of the national HIV Strategic Information. The SALVH database will continue to capture historical relevant additional data. Additional work will focus on the intensification of records de-duplication, with biometric coding.
b) **Patient Support (PSUP)** is a SALVH-fed application aimed at managing and documenting all types of financial and material support provided to clients. It is currently supporting transactions made for 30,000 beneficiaries and will be taken up to scale to improve accountability of support provided to clients.

c) **Drug Dispensation (DDP) application:** Introduced in FY20 with the roll out of DDPs, the application enables sites and DPPs to share information on patient supplied by DDPs in real time. Sites can also subscribe willing patients to specific DDPs and share with the DDPs all information necessary for a safe and reliable service to PLHIV. This application will continue to be refined to respond to client needs.
d) **Interoperability between EMRs at the site-level** (i-Santé/i-Santé Plus, and other EMRs) **and the Laboratory information systems at central labs performing VL and EID testing:** This will reduce turnaround time for sharing data results.

ii) Automation of manual care and treatment/ANC registers: This initiative launched COP2021 will be pursued to improve data accuracy, better capture testing indicators, and alleviate the burden imposed on the field personnel to provide disaggregate reporting.

iii) Maintenance of i-Santé Plus**:** In COP2022, we will keep updating the national EMR, iSantéPlus to efficiently address PEPFAR and MSPP requirements.

iv) IT infrastructure for the GF-supported sites: PEPFAR will contribute to the modernization of GF-supported sites to provide person-centered services, with differentiated services, early and on-time drug delivery, preemptive calls, and effective tracing of patients. Their reliance on paper-based systems has been a hindrance to implementing all these new approaches endorsed by the National Program. For the strategic information capacitation of their sites, GF has requested PEPFAR's expertise and financial support as part of the exchange to support a higher proportion of ARVs for COP2022.

Key Barrier 10: Limited capacity of MSPP and sites to involve PLHIV beneficiaries and civil society in the improvement of HIV services.

New in COP2022, PEPFAR will help to improve the civil society engagement by expanding CQI Community of Practice to include CSO and service beneficiaries in the form of regional CQI collaboratives. The CQI collaboratives will foster exchanges and cross-fertilization between sites staff, beneficiaries, and civil society in specific areas on common challenges and will stimulate CQI culture, approaches, and use of CQI tools, while allowing the systematic involvement of CSO members and direct PLHIV beneficiaries, in decision making for quality improvement of HIV services, along with HIV sites in a region.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

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 US 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 2022.

CDC has 21 locally-employed staff (LES) vacancies and one USDH vacancy. They are in different phases of the human resources processes (position description classification, recruitment, and clearances for positions offered). USAID has four LES and two US personal services contractor vacancies. As part of the USAID global strategy for a successful local transition, USAID received

approval from S/GAC for three additional positions necessary to further localize the Haiti PEPFAR program including the rapid rollout of required small grants for community-led monitoring.

The Cost of Doing Business is increasing in COP2022 mainly due to i) increased fixed costs for ICASS, CSCS/OBO, and WCF (these increased by approximately 24% in comparison to COP2021). These fixed costs are established by the Embassy.

APPENDIX A - PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

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	COP19	Scale-Up: Saturation	APR19	47%	66%	77%	117%	68%	190%	65%	38%	109%	84%	82%	75%
	COP20	Scale-Up: Saturation	APR20		117%	-	-	-	-	80%	-	-	90%	-	87%
	COP21	Scale-Up: Saturation	APR21	86%	120%	141%	164%	94%	263%	91%	53%	152%	117%	113%	105%
	COP22	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Saint-Marc	COP19	Scale-Up: Saturation	APR19	82%	118%	112%	84%	73%	91%	95%	91%	114%	117%	168%	108%
	COP20	Scale-Up: Saturation	APR20	-	82%	-	-	-	-	118%	-	-	136%	-	126%
	COP21	Scale-Up: Saturation	APR21	186%	268%	255%	132%	116%	147%	151%	145%	182%	187%	267%	176%
	COP22	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Dessalines	COP19	Scale-Up: Saturation	APR19	36%	30%	38%	59%	74%	70%	55%	42%	107%	83%	89%	68%
	COP20	Scale-Up: Saturation	APR20	-	54%	-	-	-	-	69%	-	-	88%	-	78%
	COP21	Scale-Up: Saturation	APR21	51%	41%	53%	93%	118%	110%	88%	66%	169%	131%	141%	107%
	COP22	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Cap-Haitien	COP19	Scale-Up: Saturation	APR19	44%	93%	62%	76%	40%	51%	49%	86%	46%	68%	162%	67%
	COP20	Scale-Up: Saturation	APR20	-	87%	-	-	-	-	72%	-	-	76%	-	75%
	COP21	Scale-Up: Saturation	APR21	73%	152%	102%	102%	57%	69%	67%	118%	63%	94%	221%	93%
	COP22	Scale-Up: Saturation	APR22	158%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Cayes	COP19	Scale-Up: Saturation	APR19	26%	68%	88%	101%	40%	64%	70%	52%	37%	73%	101%	67%
	COP20	Scale-Up: Saturation	APR20	-	62%	-	-	-	-	72%	-	-	91%	-	82%
	COP21	Scale-Up: Saturation	APR21	106%	275%	353%	116%	46%	77%	81%	60%	43%	85%	117%	84%
	COP22	Scale-Up: Saturation	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Gonaives	COP19	Scale-Up: Saturation	APR19	25%	25%	27%	26%	15%	26%	25%	24%	31%	40%	56%	33%
	COP20	Scale-Up: Saturation	APR20	-	36%	-	-	-	-	59%	-	-	66%	-	61%
	COP21	Scale-Up: Saturation	APR21	47%	49%	51%	47%	25%	44%	43%	41%	53%	69%	97%	57%
	COP22	Sustained	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Port-de-Paix	COP19	Scale-Up: Saturation	APR19	50%	14%	69%	46%	47%	23%	46%	40%	43%	65%	114%	56%
	COP20	Scale-Up: Saturation	APR20	-	50%	-	-	-	-	70%	-	-	83%	-	75%
	COP21	Scale-Up: Saturation	APR21	64%	18%	89%	66%	68%	33%	68%	58%	63%	95%	167%	82%
	COP22	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Acul-du-Nord	COP19	Scale-Up: Aggressive	APR19	166%	174%	406%	270%	179%	133%	200%	165%	156%	292%	403%	244%

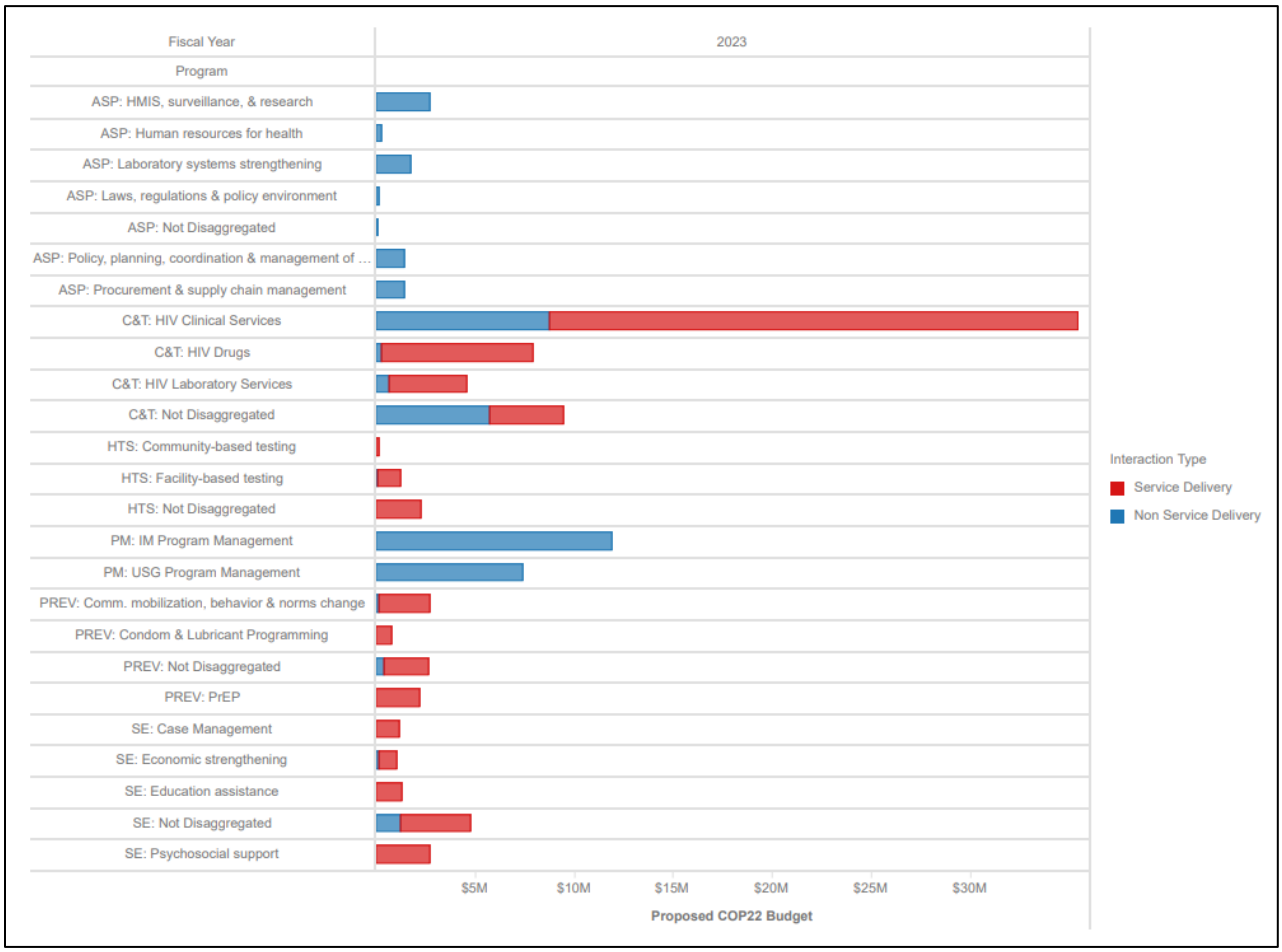
SNU	COP	Prioritization	Results reported	*Attained: 90-90-90 (81%) by Each Age and Sex Band to Reach 95-95-95 (90%) Overall*											
				0-9	Male 10-14	Female 10-14	Male 15-19	Female 15-19	Male 20-24	Male 25-49	Male 50+	Female 20-24	Female 25-49	Female 50+	Total
	COP20	Scale-Up: Saturation	APR20	-	201%	-	-	-	-	223%	-	-	284%	-	254%
	COP21	Scale-Up: Saturation	APR21	276%	282%	666%	378%	254%	197%	288%	237%	223%	419%	578%	352%
	COP22	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Aquin	COP19	Scale-Up: Aggressive	APR19	52%	160%	163%	115%	87%	73%	76%	85%	78%	89%	207%	92%
	COP20	Scale-Up: Aggressive	APR20	-	88%	-	-	-	-	83%	-	-	108%	-	-
	COP21	Scale-Up: Saturation	APR21	71%	217%	221%	196%	149%	123%	128%	144%	132%	151%	353%	155%
	COP22	Scale-Up: Saturation	APR22	200%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fort-Liberte	COP19	Scale-Up: Aggressive	APR19	147%	170%	151%	56%	49%	63%	52%	43%	47%	78%	104%	69%
	COP20	Scale-Up: Aggressive	APR20	-	128%	-	-	-	-	66%	-	-	77%	-	74%
	COP21	Scale-Up: Aggressive	APR21	205%	238%	215%	84%	78%	97%	81%	68%	72%	122%	161%	106%
	COP22	Scale-Up: Saturation	APR22	300%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Jacmel	COP19	Scale-Up: Aggressive	APR19	14%	35%	40%	19%	21%	20%	25%	36%	16%	33%	78%	31%
	COP20	Scale-Up: Aggressive	APR20	-	27%	-	-	-	-	46%	-	-	59%	-	51%
	COP21	Scale-Up: Aggressive	APR21	13%	35%	40%	30%	32%	31%	39%	54%	25%	50%	119%	47%
	COP22	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
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	COP19	Scale-Up: Aggressive	APR19	18%	14%	22%	8%	27%	13%	21%	22%	25%	36%	41%	28%
	COP20	Scale-Up: Aggressive	APR20		37%	-	-	-	-	34%	-	-	39%	-	37%
	COP21	Scale-Up: Aggressive	APR21	34%	28%	40%	16%	38%	19%	30%	31%	37%	52%	59%	41%
	COP22	Scale-Up: Aggressive	APR22	150%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Hinche	COP19	Scale-Up: Aggressive	APR19	67%	68%	105%	40%	37%	32%	44%	33%	52%	58%	44%	49%
	COP20	Scale-Up: Aggressive	APR20	-	57%	-	-	-	-	44%	-	-	52%	-	49%
	COP21	Scale-Up: Aggressive	APR21	121%	122%	191%	63%	59%	48%	70%	53%	82%	91%	69%	78%
	COP22	Sustained	APR22	150%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Jeremie	COP19	Scale-Up: Aggressive	APR19	12%	19%	31%	78%	64%	233%	62%	15%	120%	68%	40%	58%
	COP20	Scale-Up: Aggressive	APR20	-	40%	-	-	-	-	69%	-	-	86%	-	75%
	COP21	Scale-Up: Aggressive	APR21	24%	39%	61%	107%	82%	306%	83%	20%	160%	89%	54%	78%
	COP22	Scale-Up: Aggressive	APR22	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Loascahobas	COP19	Scale-Up: Aggressive	APR19	59%	84%	52%	37%	18%	37%	63%	46%	36%	77%	66%	63%
	COP20	Scale-Up: Aggressive	APR20	-	78%	-	-	-	-	64%	-	-	78%	-	72%
	COP21	Scale-Up: Aggressive	APR21	119%	168%	104%	49%	25%	51%	85%	63%	49%	105%	90%	87%
	COP22	Sustained	APR22	100%	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
Gros-Morne	COP19	Sustained	APR19	26%	30%	29%	38%	126%	145%	23%	14%	143%	21%	14%	29%
	COP20	Sustained	APR20	-	19%	-	-	-	-	21%	-	-	27%	-	24%
	COP21	Sustained	APR21	47%	55%	52%	61%	205%	235%	38%	22%	231%	34%	22%	48%
	COP22	Sustained	APR22	100%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

APPENDIX B – Budget Profile and Resource Projections

B1. COP2022 Planned Spending in alignment with planning level letter guidance

Table B.1.1 COP2022 budget by Program Area



This visualization was generated from the COP2022 FAST Dossier in PAW.

Table B.1.2 COP2022 Budget by Program Area

Program	Metrics	Proposed COP22 Budget			Percent of Proposed COP 22 Budget		
	Sub-Program	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		$44,212,374	$62,807,626	$107,020,000	41%	59%	100%
C&T	Total	$15,391,934	$41,943,049	$57,334,983	27%	73%	100%
	HIV Clinical Services	$8,770,660	$26,640,262	$35,410,922	25%	75%	100%
	HIV Drugs	$283,282	$7,615,131	$7,898,413	4%	96%	100%
	HIV Laboratory Services	$617,500	$3,938,223	$4,555,723	14%	86%	100%
	Not Disaggregated	$5,720,492	$3,749,433	$9,469,925	60%	40%	100%
HTS	Total	$40,000	$3,506,454	$3,546,454	1%	99%	100%
	Community-based testing		$130,000	$130,000		100%	100%
	Facility-based testing	$40,000	$1,156,807	$1,196,807	3%	97%	100%
	Not Disaggregated		$2,219,647	$2,219,647		100%	100%
PREV	Total	$475,951	$7,825,320	$8,301,271	6%	94%	100%
	Comm. mobilization, behavior & norms change	$108,018	$2,581,515	$2,689,533	4%	96%	100%
	Condom & Lubricant Programming		$800,000	$800,000		100%	100%
	Not Disaggregated	$367,933	$2,259,496	$2,627,429	14%	86%	100%
	PrEP		$2,184,309	$2,184,309		100%	100%
SE	Total	$1,370,079	$9,532,803	$10,902,882	13%	87%	100%
	Case Management		$1,164,205	$1,164,205		100%	100%
	Economic strengthening	$154,000	$900,000	$1,054,000	15%	85%	100%
	Education assistance		$1,260,437	$1,260,437		100%	100%
	Not Disaggregated	$1,216,079	$3,522,769	$4,738,848	26%	74%	100%
	Psychosocial support		$2,685,392	$2,685,392		100%	100%
ASP	Total	$7,625,454		$7,625,454	100%		100%
	HMIS, surveillance, & research	$2,701,817		$2,701,817	100%		100%
	Human resources for health	$275,000		$275,000	100%		100%
	Laboratory systems strengthening	$1,707,240		$1,707,240	100%		100%
	Laws, regulations & policy environment	$100,000		$100,000	100%		100%
	Not Disaggregated	$50,000		$50,000	100%		100%
	Policy, planning, coordination & management of disease control programs	$1,398,800		$1,398,800	100%		100%
	Procurement & supply chain management	$1,392,597		$1,392,597	100%		100%
PM	Total	$19,308,956		$19,308,956	100%		100%
	IM Program Management	$11,893,332		$11,893,332	100%		100%
	USG Program Management	$7,415,624		$7,415,624	100%		100%

This visualization was generated from the COP2022 FAST Dossier in PAW.

Table B.1.3 COP2022 Total Planning Level

Metrics	Proposed COP22 Budget		
Operating Unit	Applied Pipeline	New	Total
Total	$2,151,107	$104,868,893	$107,020,000
Haiti	$2,151,107	$104,868,893	$107,020,000

*Data included in Table B.1.3 match the FACTS Info records and the total applied pipeline amount required in the PLL guidance.

Table B.1.4 Allocation of resources for COP2022 by Program and Beneficiary

Operating Unit	Metrics	Proposed COP22 Budget							Percent to Total						
	Beneficiary	C&T	HTS	PREV	SE	ASP	PM	Total	C&T	HTS	PREV	SE	ASP	PM	Total
Haiti	**Total**	**$57,334,983**	**$3,546,454**	**$8,301,271**	**$10,902,882**	**$7,625,454**	**$19,308,956**	**$107,020,000**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
	Females	$157,000		$1,641,288	$1,326,078			**$3,124,366**	0%		20%	12%			**3%**
	Key Pops	$4,306,798	$703,000	$1,246,460	$486,440			**$6,742,698**	8%	20%	15%	4%			**6%**
	Non-Targeted Pop	$51,280,521	$2,783,454	$4,028,345	$2,190,000	$7,625,454	$19,293,956	**$87,201,730**	89%	78%	49%	20%	100%	100%	**81%**
	OVC	$22,300		$1,080,178	$6,900,364		$15,000	**$8,017,842**	0%		13%	63%		0%	**7%**
	Pregnant & Breastfeeding Women	$718,364						**$718,364**	1%						**1%**
	Priority Pops	$850,000	$60,000	$305,000				**$1,215,000**	1%	2%	4%				**1%**

This visualization was generated from the COP2022 FAST Dossier in PAW.

B.2 Resource Projections

According to COP2022 Guidance and the COP2022 Funding Allocation Strategy Tool (FAST), the Haiti OU used an incremental budgeting process. The team leveraged prior-year COP2021 budgets, expenditures, and work plan budgets to make incremental upward and downward adjustments to determine allocations across each implementing partner. Adjustments were also made according to the country's HIV investment profile and other collaborating donors, including the Haiti Government, Global Fund, and World Bank. This was key to align resources and maximize opportunities for efficiency. The cost of doing business for all agencies was factored in based on cost analysis and projected needs. All earmarks are aligned with the COP2022 Planning Level Letter.

APPENDIX C – Tables and Systems Investments for Section 6.0

Key system barriers

Step 1: Select SID element	SID score (auto populated)	Step 2 - What is the outcome expected from investing in this element? (May duplicate outcome to more than one row to allow capture of all barriers)	Step 3: What are the barriers to local responsibility for this outcome?	Step 4: Describe the barrier	Step 5: Timeline to Barrier Addressed	Comments
1. Planning and Coordination	10	Technical capacity building of MOH's National HIV response program and its ability to retain enough qualified human resources for development of policies, guidelines, SOPs, training materials etc, with little to no USG financial support; for coordinating multisectoral involvement; and for leading and providing technical assistance for quality improvement to HIV service delivery organizations and health facilities in Haiti. MOH's departmental health directorates are capacitated to lead implementation of HIV response within the geographic area under their supervision.	Lack of Financial Resources	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	10+ years	The main barrier is the lack of financial resources, but there is also a need for reinforcement of technical capacity.
2. Policies and Governance	5.62	Reduction of discriminatory practices against PLHIV within health institutions offering HIV services and improvement of health-seeking behavior of PLHIV. Awareness of legislators about the need to protect rights of PLHIV seeking health care.	Lack of Financial Resources	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	10+ years	
7. Human Resources for Health	5.32	Sufficient nurse practitioners for efficient task-sharing in HIV clinical management. ASCP curriculum include specific HIV tasks. HIV providers certified to ensure quality services	Lack of sufficient HRH	Limited availability of skilled workers for efficient task sharing	6-9 years	
3. Civil Society Engagement	5.83	Technical capacity building of MOH, implementing partners, and site-level providers for better integration of civil society and PLHIV beneficiaries in continuous quality improvement of HIV services.	Lack of technical capacity	Limited capacity of MOH and sites to involve PLHIV beneficiaries and civil society in the improvement of HIV services	6-9 years	
10. Laboratory	5.59		Lack of technical capacity	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients		
10. Laboratory	5.59		Lack of Financial Resources	Weak laboratory system to ensure efficient samples transport system and reduced turnaround time for return of results test results for timely HIV patient management		
14. Epidemiological and Health Data	5.97	Reinforce use of data by providing to both providers and patients new functions that will improve quality of care provided by adding new capabilities into our electronic systems. Those functionalities will facilitate clinicians work by offering new monitoring capabilities for better decision-making. The patients, will have the opportunity to be more engaged in their evolution by monitoring key-elements of their treatment.	Lack of technical capacity	Suboptimal use of existing technology and data to reinforce person-centered care, and improve operations and accountability	4-5 years	

Table 6 – Above site program activities

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$608,800	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Clinical guidelines, policies for service delivery	6. Service Delivery	4.54	6.87	6.7 Management and Monitoring of HIV Service Delivery: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV service delivery activities including practice standards, quality, health outcomes, and information monitoring across all sectors. Select only ONE answer.	Technical capacity building of MOH's National HIV response program and its ability to retain enough qualified human resources for development of policies, guidelines, SOPs, training materials etc, with little to no USG financial support; for coordinating multisectoral involvement; and for leading and providing technical assistance for quality improvement to HIV service delivery organizations and health facilities in Haiti.	Lack of Financial Resources	Lack of technical capacity		Program governance, coordination and policy Improve MSPP capacity to coordinate and manage the delivery of HIV services by: a) Capacitating the Ministry of Health to continue to support Planning and Coordination of the HIV program and shore up its multi-sectorial aspects. b) Ensuring the updating of norms and guidelines and the enforcement of the policies adopted c) Ensuring the observance of PEPFAR Minimum Program Requirements d) Ensuring harmonization of indicators and tools across all PEPFAR sites	COP18	Post COP25	Continuing activity	1)With external donors support, MOH's National HIV response include human resources for key program areas. lead and coordinate the HIV program. 2) MOH leads regular reviewing and updating of guidelines and SOPs. 2)MOH ensures coordination between donors and key stakeholders, including civil society through the HIV Monitoring Board and other meetings to review status, discuss challenges, and strategies 3)Relevant units in the government are involved in the 5-year strategic plan developed by the National HIV/AIDS Control Program and MOH develops annual operational plans based on the 5-year strategic plan and opportunities and challenges of the national HIV responses. 4) MOH is involved in the design of the certification process of HIV health services providers, with support from the TA partner 5) MOH ensures that national indicators are aligned with PEPFAR indicators for reporting purposes of all HIV sites	Yes	1)With external donors support, MOH's National HIV response include human resources for key program areas. lead and coordinate the HIV program. 2) MOH leads regular reviewing and updating of guidelines and SOPs. 2)MOH ensures coordination between donors and key stakeholders, including civil society through the HIV Monitoring Board and other meetings to review status, discuss challenges, and strategies 3)Relevant units in the government are involved in the 5-year strategic plan developed by the National HIV/AIDS Control Program and MOH develops annual operational plans based on the 5-year strategic plan and opportunities and challenges of the national HIV responses. 4) MOH is involved in the design of the certification process of HIV health services providers, with support from the TA partner 5) MOH ensures that national indicators are aligned with PEPFAR indicators for reporting purposes of all HIV sites	1) At least one meeting with the private sector and other stakeholders in the development and disseminations of the next National multisectoral HIV response plan. 2) Norms and guidelines updated regularly within 1 year of new recommendations, with support of donors and clinical TA partner. National SOPs are developed depending on program needs. 3) National HIV monitoring board meeting are held on a quarterly basis. 4) At least 1 meeting per year organized by MOH with other governmental entities (other ministries) and other stakeholders about HIV response and its sustainability. 5) Norms and guidelines are disseminated and enforced across sites. 6) Indicators harmonized across all HIV sites after each change of PEPFAR MER indicators	a) Evidence of meetings or forum organized by MOH with other ministries, civil society, stakeholders, etc. b) Number and timeliness of updated guidelines and SOPs following new international or local evidence c) Percentage of patients on appropriate ARV regimen and virally suppressed	Yes	
$100,000	ASP: Laws, regulations & policy environment-NSD	Non-Targeted Pop: Not disaggregated	Assessing impact of policies and regulations on HIV	2. Policies and Governance	6.55	5.62	2.9 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, all epidemiologically significant key populations, and those who may access HIV services about these rights?	Reduction of discriminatory practices against PLHIV within health institutions offering HIV services and improvement of health-seeking behavior of PLHIV. Awareness of legislators about the need to protect rights of PLHIV seeking health care.	Lack of Financial Resources			Respect of human rights of PLHIV in Healthcare settings Support MSPP in evaluating and monitoring legal environment relative to HIV, and developing SOPs, guidance, and to propose solutions, with the collaboration of the CSO Observatory and the Federation of PLHIV association, to protect rights of PLHIV in general, and address human rights issues in the context of health services delivery.	COP19	Post COP25	Continuing activity	1) Evidence of at least 1 meeting to raise awareness and educate legislators around the need to protect human rights of people living with HIV 2) MSPP/UCMIT/PNLS recommends language for non-discriminatory clauses in all employees' contracts and ensure their implementation in at least 80% of PEPFAR supported sites in COP21 3) Development of training curricula and job aids for beneficiaries and providers (PLHIVs, site-level providers and implementing partners) on protection of human and	Partial	1) MSPP/UCMIT/PNLS recommends language for non-discriminatory clauses in all employees' contracts and ensure their implementation in at least 80% of PEPFAR supported sites 2) Development of training curricula and job aids for beneficiaries and providers (PLHIVs, site-level providers and implementing partners) on protection of human rights of PLHIV	1) MSPP/UCMIT/PNLS recommends language for non-discriminatory clauses in all employees' contracts and ensure their implementation in at least 90% of PEPFAR supported sites 2) Dissemination of training curricula and job aids on protection of human rights of PLHIV 3) MOH increases closed collaboration with the Federation of PLHIV associations and the CSO Observatory to assess status of human rights and progress in the fight against stigma and discrimination in healthcare settings 4) Development of a standard "patients' bill of rights" and enforcement of its display at 70% of all PEPFAR-supported sites. 5) Ensuring that 70% of PEPFAR-supported sites have robust processes	1) MSPP/UCMIT/PNLS recommends language for non-discriminatory clauses in all employees' contracts and ensure their implementation in 90% of PEPFAR supported sites 2) Evidence of written curricula and job aids on protection of human rights of PLHIV 3) Evidence of patients' bill of rights displayed at site-level 4) Evidence that PEPFAR-supported sites have a	Yes	First pont of the benchmark could not be met because the parliament has been dysfunctional.

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
																legal rights of PLHIV			for recording and addressing patients' complaints 6) Preparation of remediation measures to address findings of the stigma index survey and Implementation of these remediation measures	documented process in place for recording and addressing patients' complaints		
$240,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	4.54	6.87	6.9 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	MOH's departmental health directorates are capacitated to lead implementation of HIV response within the geographic area under their supervision.	Lack of technical capacity	Lack of Financial Resources		Increase MSPP's regional monitoring and governance of HIV services Support departmental health directorates in their efforts to assist SNU level scale up of HIV and HIV/TB services and implementation of a sustainable concept for integration of services at the arrondissement and departmental levels, as part of the contingency planning to keep patients on continuous treatment even under difficult or unexpected circumstances.	COP18	Post COP25	Continuing activity	*Departmental health directorates (DHDs) are capacitated to lead and monitor implementation of HIV/TB activities at the arrondissement (district) and departmental levels and contribute to appropriate strategies. *DHDs to organize at least 1 meeting twice a year to review analyze HIV data for their department (SNU) with the sites for decision-making *At least 1 targeted intervention following analysis of data at the departmental level	Yes	Departmental Health directorates (DHDs) teams from 3 out 10 departments perform regular visits to HIV sites and prepare improvement plans with at least top 3 sites under their supervision	1) All 10 DHDs organize at least 1 meeting twice a year to review and analyze HIV data for their department (SNU) for decision-making 2) All 10 DHDs ensure supervision of HIV strategies and activities implemented by sites within their geographic department 3) Operational plan or at least one intervention following analysis of data at the regional level.	1) SIMS above-site tool SET 1: CEE #: AS_01_04(Supervision _subnational level) 2) % of departments with a plan or at least one intervention at the arrondissement or departmental level following analysis of relevant data	Yes	
$150,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	4.54	6.87	6.9 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Continuous quality improvement is integrated as a routine approach at national and subnational levels to improve services and outcomes towards epidemic control	Lack of technical capacity	Lack of Financial Resources		Maintain MSPP's lead role on CQI efforts at the national and departmental levels *Optimize MSPP's engagement in supporting authentic CQI efforts to fully implement minimum program requirements at the National and sub-national levels; *Support MSPP's in maintaining its lead role in Quality Improvement (HealthQual) and supporting its the capacity to act on barriers identified during the process); *Build capacity to integrate QA/QI as a routine function of quality management practices at the national and sub-national levels by supporting two CQI workshops per year per geographic departmental for all sites within the department, and two national CQI meetings per year.	COP21	Post COP25	Continuing activity	a) Authentic CQI efforts are supported and shared nationally b) MSPP organizes and leads at least two national meetings and two sub-national CQI (HealthQual) meetings/by region/department per year. C) QA/QI is integrated as routine function of quality management practices at the MSPP central and departmental level, including tailored CQI practices, developed in collaboration with the HealthQual implementing partner, to adapt to community-based services.	Not applicable	a) Authentic CQI efforts are supported and shared nationally b) MSPP organizes and leads at least one national meeting and one sub-national CQI (HealthQual) meetings/by region/department per year.	a) Authentic CQI efforts are supported and shared nationally b) MSPP organizes and leads at least two national meetings and two sub-national CQI (HealthQual) meetings/by region/department per year. c) QA/QI is integrated as routine function of quality management practices at the MSPP central and departmental level, including tailored CQI practices, developed in collaboration with the HealthQual implementing partner, to adapt to community-based services.	1) Evidence of national and sub-national meetings on CQI 2) Evidence of sharing best CQI efforts at least twice a year.	Yes	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$150,000	ASP: Human resources for health-NSD	Non-Targeted Pop: Not disaggregated	Pre-service training	7. Human Resources for Health	4.90	5.32	7.5 Pre-service: Do current pre-service education curricula for any health workers providing HIV/AIDS services include HIV content that has been updated in last three years? Note: List applicable cadres in the comment's column.	Sufficient nurse practitioners for efficient task-sharing in HIV clinical management. ASCP curriculum include specific HIV tasks. HIV providers certified to ensure quality services	Lack of sufficient HRH	Lack of Financial Resources	Lack of technical capacity	Qualified human resources for HIV and Task-sharing to serve better serve clients *Contribution to development of curriculum for task sharing trainings for nurse practitioners and implementation of the nurse practitioners training, to promote HIV task sharing. *Contribution to the development of training material for ASCPs (based on the new national ASCP curriculum) specifically for the HIV-related tasks. *Support MSPP for the certification of HIV healthcare providers, including clinicians, counselors, social workers, psychologists, pharmacists, drug dispensers, field workers, etc.; ensuring their proper coaching on HIV clinical management and patient literacy.	COP19	Post COP25	Continuing activity	1) Training completed for at least 20 nurse practitioners who are able to prescribe ARVs for adults and children; second cohort of at least 20 nurse practitioners in progress for a one-year course. 2) ASCP's training curriculum includes relevant HIV-related tasks 4) Technical assistance to at least 10 sites by MSPP and TA partner to ensure appropriate task-sharing at site level. 5) Certification by MSPP of 100 HIV health services providers.	Yes	1) Training completed for at least 20 nurse practitioners who are able to prescribe ARVs for adults and children; second cohort of at least 20 nurse practitioners in progress for a one-year course. 2) ASCP's training curriculum includes relevant HIV-related tasks 4) Technical assistance to at least 10 sites by MSPP and TA partner to ensure appropriate task-sharing at site level. 5) Certification program for different cadres of HIV health services providers validated by MSPP and implemented.	1) Training completed for at least 40 nurse practitioners who are able to prescribe ARVs for adults and children; second cohort of at least 20 nurse practitioners in progress for a one-year course. 2) ASCP's training curriculum includes relevant HIV-related tasks 4) Technical assistance to at least 10 sites by MSPP and TA partner to ensure appropriate task-sharing at site level. 5) Certification by MSPP of 100 HIV health services providers.	1) SIMS above-site tool SET 5 : CEE AS_05_03 Pre-Service Education 2) Curriculum developed 3) Number of trainers and trainees trained 4) Number of sites that received technical assistance from TA partner to ensure appropriate task shifting at site level	Yes	
$200,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Clinical guidelines, policies for service delivery	6. Service Delivery	4.54	6.87	6.8 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	Technical capacity building of MOH's National HIV response program for development of policies, guidelines, SOPs, training materials etc, for coordinating multisectoral involvement; and for leading and providing technical assistance for quality improvement to HIV service delivery organizations and health facilities in Haiti.	Lack of technical capacity			Technical Assistance to MSPP's National HIV/AIDS Control Program Support the National HIV/AIDS Control Program on national policies and guidelines development and capacitating them to monitor the implementation of policies and guidelines.	COP18	COP25	Continuing activity	With TA support from CHARESS 1) MSPP/UCMIT/PNLS initiates and leads, with the support of clinical technical assistance partner and other stakeholders, the data and programmatic analysis to identify barriers and needs. 2) Stakeholders are convened to provide inputs on problems to be solved 3) Guidelines are updated timely based on recent evidences and/or WHO updates 4) Training/coaching curricula are adapted to new evidences and issues observed 5) Training/coaching mode of delivery is adapted to external circumstances and sustainable	Yes	With TA support from CHARESS 1) MSPP/UCMIT/PNLS initiates and leads, with the support of clinical technical assistance partner and other stakeholders, the data and programmatic analysis to identify barriers and needs. 2) Stakeholders are convened to provide inputs on problems to be solved 3) Guidelines are updated timely based on recent evidences and/or WHO updates 4) Training/coaching curricula are adapted to new evidences and issues observed 5) Training/coaching mode of delivery is adapted to external circumstances and sustainable	With TA support from CHARESS 1) MSPP/UCMIT/PNLS initiates and leads, with the support of clinical technical assistance partner and other stakeholders, the data and programmatic analysis to identify barriers and needs. 2) Stakeholders are convened to provide inputs on problems to be solved 3) Guidelines are updated timely based on recent evidences and/or WHO updates 4) Training/coaching curricula are adapted to new evidences and issues observed 5) Training/coaching mode of delivery is adapted to external circumstances and sustainable	1) SIMS above-site tool SET 3: CEE# AS_03_03 Guideline Development 2) Evidence of policies developed or revised based on data analysis 3) Evidence of problems solved or barriers removed based on policies enacted	Yes	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$150,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	4.54	6.87	6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services? (Check all that apply.)	Differentiated service delivery models, including all community-based drug delivery options, respond to quality standards and follow the continuous quality improvement approach.	Lack of technical capacity			Implementation of HealthQual and adaptation of its principles to differentiated service delivery models Providing technical assistance to continue supporting national HealthQual approaches for continuous quality improvement (CQI); integrating CQI principles into coaching of providers, and adapting approaches to the national context and to differentiated service delivery models, in the context of client-centered approaches	COP20	COP25	Continuing activity	a) Providing technical assistance to continue supporting national HealthQual approaches for continuous quality improvement b) Designing and implementing HIV improvement activities with the HealthQual approaches and adaptation of its principles to the national context and to differentiated service delivery models, in the context of client-centered approaches c) Updating SIGHH platform to improve CQI monitoring need	Not applicable	a) Technical assistance provided at national and site-leve on approaches for continuous quality improvement b) HealthQual approaches and principles adapted to the national context and to at least 50% of differentiated service delivery models, in the context of client-centered approaches c) CQI visualization app (SIGHH platform) is adapted to improve CQI monitoring needs	a) Providing technical assistance to continue supporting national HealthQual approaches for continuous quality improvement b) Designing and implementing HIV improvement activities with the HealthQual approaches and adaptation of its principles to the national context and to differentiated service delivery models, in the context of client-centered approaches c) Further updating of SIGHH platform to improve CQI monitoring needs	1) Evidence of adapted HealthQual SOPs for community-based services 2) Evidence of adapted HealthQual platform (SIGHH) 3) Number of sites doing CQI HealthQual activities 4) Number of sites using the CQI HealthQual platform (SIGHH) to document the CQI activities	Yes	
$50,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Civil society engagement	3. Civil Society Engagement	5.83	5.83	3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?	Improved quality of HIV services, with the engagement of beneficiaries and civil society for tailored activities and better outcomes.	Lack of technical capacity			Expanding regional CQI community of practice Expanding CQI community of practice to include CSO and service beneficiaries in the form of regional CQI collaboratives. The CQI collaboratives will foster exchanges and cross-fertilization between sites staff, beneficiaries, and civil society in specific areas on common challenges and to stimulate CQI culture, approaches, and facilitate use of CQI tools. This will allow the systematic involvement of CSO members, PLHIV beneficiaries, along with HIV sites in the region, in decision making for quality improvement of HIV services.	COP22	Post COP25		Not applicable	Not applicable	CQI community of practice approaches do not integrate civil society and beneficiaries.	1) CQI collaboratives planned, and targeted areas selected 2) At least 3 CQI collaboratives organized and documented with the involvement of PLHIV beneficiaries and civil society.	1) Evidence of CQI collaboratives meetings 2) Evidence of participation of civil society and PLHIV beneficiaries.	Yes	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$220,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Laboratory infrastructure	10. Laboratory	5.14	5.59		Increased VL and EID Coverage	Lack of Financial Resources	Lack of sufficient HRH	Lack of managerial capacity	Improve Suboptimal Viral Load and EID Coverage - Support effort to increase centralized EID and VL testing capacity (Staffing, governance, guidelines/SOP development, training, supervision) - Continue decentralization process of GeneXpert through optimization diagnostic network to improve testing capacity and ensure testing needs are met (i.e. Accelerate GeneXpert use for 2 months EID and VL among infants, children, PBFW and non-suppressed population) - Continued all-inclusive contracts under COP 22 (Users training for VL/South Regional Lab, HIC, Joint PSM/LSNP technical assistance visits)	COP18	COP24	Activity has started and will not be completed until COP24	Viral Load Coverage in COP21: 86% EID Coverage in COP21/Q1: 90%	Yes	Viral Load Coverage in COP21: 86% EID Coverage in COP21/Q1: 90%	Viral Load Coverage: 90% EID Coverage : 100%	% Viral Load Coverage % Viral Load Suppression % EID Coverage	Yes	
$250,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Training in laboratory systems strengthening	10. Laboratory	5.14	5.59		Improved HIV care and Laboratory services	Lack of technical capacity	Lack of Financial Resources	Lack of technical capacity	Continuing Education for Improved Quality Lab Services Delivery - Strengthen the community of practice created between lab and providers to address challenges and share best practice (Continue to support weekly ECHO weekly session and provide logistical assistance to existing spoke sites; Expand ECHO spoke sites to 10-15 (Including CDC and USAID-supported sites)	COP20	Post COP25	Routine Quality improvement Activity and will not be completed until COP25	11 Spokes and 1 Hub functional (regular delivery and participation in online training sessions)	Not applicable	11 Spokes and 1 Hub functional (regular delivery and participation in online training sessions)	21 Spokes and 1 Hub functional (regular delivery and participation in online training sessions)	# Participants to training sessions % Increase in knowledge in a given training topic	Yes	For the past year, 21 sessions of online training were conducted with an average of 144 participants per session. 14 experts from various technical area led the sessions. The plan is to increase the number of spokes for a better coverage of the country. There also a possibility to expand the theme beyond lab and include other technical areas given the enthusiasm and buy in from the sites.
$35,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab policy, budgets, and strategic plans	10. Laboratory	5.14	5.59		Increased VL and EID Coverage	Lack of technical capacity	Lack of Financial Resources		Community-based DBS implementation - Continue expand DBS community sample collection for VL & EID - Accelerate the policy change for community samples collection of VL and EID by ASCP - Develop community-based VL implementation guidelines/protocol/SOP	COP21	COP24	Activity initiated in COP21 and won't be completed until COP24	Activity in progress	Not applicable	Community-based DBS guideline and SOP developed and adopted	Community-based DBS guideline and SOP developed and implemented		Yes	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$200,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		Decreased TAT for better health care of PLHIV	Lack of Financial Resources	Lack of technical capacity		Longer Turn Around Time (TAT) for Results - Accelerate LIS and EMR interface for requesting and returning results (Support LIS for new central lab in the southern region, continue to support basic LIS for GeneXpert, Expand SMS technology for return of results)	COP18	COP24	Activity initiated in COP18 and will not be completed until COP24	Turnaround time between central lab and sites: 6-10 days Turnaround time from sample withdraw and results to patient: 15-21 days	No	Turnaround time between central lab and sites: 6-10 days Turnaround time from sample withdraw and results to patient: 15-21 days	Turnaround time between central lab and sites: 3-5 days Turnaround time from sample withdraw and results to patient: 10-15 days	LIS fully interoperable with EMRs for timely VL and EID results transmission	Yes	The lab information systems (LIS) currently installed at LNSP and HUJ are key systems required to manage viral load and EID test results generated at the centralized and POC labs and need ongoing maintenance and update/upgrades. Moreover, as we expand the testing capacity to optimize the existing GeneXpert instruments for EID and VL, it becomes critical to ensure timely return of the results to sites referring specimens to the POCT labs.
$140,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Laboratory infrastructure	10. Laboratory	5.14	5.59		Decreased TAT for better health care of PLHIV	Lack of Financial Resources	Lack of technical capacity	Lack of information on costs and program requirements	Longer Turn Around Time (TAT) for Results - Cost alternative power supply and implement efficient back-up systems to improve lab service continuity • Need assessment, procurement and of equipment, training, service contract (Solar energy) - Enhanced Abbott machines maintenance based on performance threats in this operating context - Expand SRN improvements including logistics & staffing support • Assess and review of SRN system with subsequent optimization • SRN contingency plan for SRN to address specific bottlenecks when they occur (e.g., air/public transportation)	COP18	COP23	Activity initiated in COP18 and will not be completed until COP24	Turnaround time between central lab and sites: 6-10 days Turnaround time from sample withdraw and results to patient: 15-21 days	No	Turnaround time between central lab and sites: 6-10 days Turnaround time from sample withdraw and results to patient: 15-21 days	Turnaround time between central lab and sites: 3-5 days Turnaround time from sample withdraw and results to patient: 10-15 days	1 SRN need assessment completed and recommendations implemented	Yes	

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$275,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	5.14	5.59		Initiate Accreditation process for LNSP and departmental laboratories to international standards	Lack of technical capacity	Lack of Financial Resources		Diminished quality due to suboptimal Lab CQI coverage - Enhance and expand CQI activities at central, departmental and GeneXpert labs • Expand equipment service/maintenance program to peripheral regional & departmental labs as contingency • Increase the number and frequency of site visits/external audits and virtual coaching (eg., ECHO) • Maintain proper control and inventory of QMS documents at central and department labs - Improve HIV POC testing sites and labs' quality assurance • Roll out electronic PT data management application for timely reporting of results (ePT: open-source system) • Rapidly scale certification activities for sites and HIV test providers certification activities - Strengthen national lab network via tighter donor coordination and resource-sharing for expanded CQI (e.g., leveraging COVID & TB lab resources) - Targeted technical assistance to LNSP for international accreditation (Phased approach - Biomolecular and TB labs to start; Include regional laboratories for contingency service delivery to central lab (e.g. HUJ, HUM and HIC les Cayes))	COP19	COP25	Routine Quality improvement Activity and will not be completed until COP25	* 100% of PEPFAR-suported laboratories and testing sites enrolled in national HIV, Syphilis and TB EQA program * 95% of participating labs and sites have satisfactory EQA performance	Partial	* Number of sites/labs enrolled in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/labs that participated in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/lab that had a satisfactory performance for HIV, Syphilis and TB * Number of samples collected for HIV Syphilis, and TB	* Number of sites/labs enrolled in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/labs that participated in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/lab that had a satisfactory performance for HIV, Syphilis and TB * Number of samples collected for HIV Syphilis, and TB	* Number of sites/labs enrolled in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/labs that participated in the national external quality assurance program for HIV, Syphilis and TB * Number of sites/lab that had a satisfactory performance for HIV, Syphilis and TB * Number of samples collected for HIV Syphilis, and TB	Yes	

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$100,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	5.14	5.59		Improved laboratory monitoring of PLHIV with advanced Disease	Lack of technical capacity			Suboptimal monitoring of HIV patients with advanced disease - Continue need assessment and implementation of CD4 testing expansion (Complete needs assessment, Determine # patients eligible for CD4 per PEPFAR and national guidelines, Quantification of commodities, Validation of CD4 POC test) • Implementation of CD4 testing expansion • Review of patient CD4 count profile • Validation of CD4 POC test - Roll out of LF-LAM rapid testing for TB (National TB program updated existing testing algorithm to include LF-LAM assay; Quantification of commodities completed by GF, LNSP, PNLT; Support of GF to procure test kits and training; Assay validation/verification protocol under development) • LF-LAM Tests; Assay validation; Training, supervision and Quality control activities.	COP21	Post COP25	Routine Quality improvement Activity and will not be completed until COP25		Not applicable	* Number of patients with advanced disease determined * Number of labs performing CD4 testing	* Number of patients with advanced disease determined * Number of labs performing CD4 testing	* Number of patients with advanced disease determined * Number of labs performing CD4 testing	Yes	
$109,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	6.70	5.97		Detect key drivers of new HIV infections throughout the country.	Lack of technical capacity			Set up and monitor surveillance system for new HIV infections through Recency Tests at 10-12 sites	COP22	Post COP25			Not applicable		Number of new recent HIV infections reported	All high volume sites are equiped and staff trained to perform HIV recency test Number of new recent HIV infections reported	Yes	First year of recency testing initiation at selected sites. Plan is to rolled out to all HIV testing sites for a better capture of new HIV infections throughout the country
$200,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		A stable Electronic Medical Record in-use in all sites	Other	Other	Other	Maintain iSantéPlus - Keep updating iSanté to efficiently address USG team and MOH new requirements -Sites visits -InterOperability MESI platform - iSanté/iSantéPlus to update EMR chart with tracking findings like deaths in the community and silent transfers -- Integration of mortality collection data into iSantéPlus (Death monitoring) - Maintain national servers	COP20	COP25	Electronic Medical Record maintaining our patient level data. Required to document services provided to our patients and evaluate quality of care provided	New functionalities added to the system Vital statistics collection form designed Support provided to sites Technical discussions started between iSantéPlus and MESI platform technicians' teams Servers maintained	Partial	New functionalities added to the system Vital statistics collection form designed Support provided to sites Technical discussions started between iSantéPlus and MESI platform technicians' teams Servers maintained	On-going process to maintain system in proper state of use New functionalities added to the system Vital statistics collection form designed Support provided to sites Technical discussions started between iSantéPlus and MESI platform technicians' teams Servers maintained	Stable system in-use in all sites and appropriated by stakeholders	Yes	

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$120,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		Reduction of Turn Around Time in lab orders/results process Better care to our mobile patients	Other	Other	Other	Expansion Interoperability between PIH, HUJ LIS and site EMR Reduce TAT -Implement a standard-based interoperability layer - Implement interface between EMR running at site level and above site LIS for quicker test ordering and data sharing of results to reduce turnaround time (TAT)	COP21	COP23	System required to implement an interface between above-sites laboratory and sites to reduce the turnaround time between tests orders and results	Technical discussions engaged between GHESKIO/PIH/iSantéPlus technician teams Interoperability between LNPS and sites running iSantéPlus implemented Technical discussions engaged between IMIS/iSantéPlus technician teams	Yes	Technical discussions engaged between GHESKIO/PIH/iSantéPlus technician teams Interoperability between LNPS and sites running iSantéPlus implemented Technical discussions engaged between IMIS/iSantéPlus technician teams	Interoperability between sites running all 3 EMRs is implemented Interoperability between LNSP / IMIS and sites running iSantéPlus implemented	Interoperaility established betweem all 3 EMRs and the above-site Lab systems TAT reduced in lab test orders and results cycle	Yes	
$400,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		A stable system in use in all sites to better deliver patient-centered services	Other	Other	Other	Maintenance and addition of new functionalities of the National HIV reporting platform (MESI) a) Maintain and update the HIV longitudinal Case-based surveillance hosted on the MESI platform b) Enhanced Interoperability between platforms i)MESI/SISNU including TB ii) iSantéPlus /SALVH iii) SALVH/PSM c) Better Accountability of support to patient: Maintaining and upgrading OVC & DREAMS, DDP, PSUP apps on MESI i) upgrading functionalities and reports ii) more data triangulation with other applications iii) alignment to MER requirements for automatic generation of related reports on DATIM iv) Capture of data on financial transactions - Pairing of technical and financial data	COP21	COP25	System required to report to OGAC, monitor performance, and improve understanding of the epidemic and response.	MESI apps incorporates data on support to patients, OVC and DREAMS Interoperability between MESI/SISNU and SALVH/PSM established	Yes	MESI apps incorporates data on support to patients, OVC and DREAMS Interoperability between MESI/SISNU and SALVH/PSM established	On-going process to maintain system in proper state of use Use in all sites with adapted functionalities Interoperability between MESI/SISNU and SALVH/PSM established	Stable system in-use in all sites and appropriated by stakeholders	Yes	
$100,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		An system to decrease risk of errors and reduce dead-line in reporting submission	Other	Other	Other	Upgrade and Roll-out automated CT/ANC registers at site level to improve accuracy of data and alleviate burden for disagg reporting -Automate the manual registers in use at site level to better address the testing MER indicators and facilitate reporting and fine disagg at site level - Reduce Double Counting	COP21	COP25	System required to improve the data quality and reporting process. Considering the growing number of disaggregation, the room for errors increases with the manual report process	Electronic registers piloted in 3 sites	Yes	Electronic registers piloted in 3 sites	Electronic CT and ANC registers in-use in all sites	Improvement in quality of data Report submitted on-time	No	

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$354,150	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		GF-supported sites have appropriate IT equipement to use HIV system and tools	Other	Other	Other	IT infrastructure installation for GF-supported HIV sites and capacity building Materials & supplies (servers, workstations, routers, LAN installation; Biometric Coding accessories; and solar panels as necessary) for 26 GF-supported HIV sites Capacity building for GF-supported sites	COP22	COP23	Part of the agreement to help GF-supported sites fully use HIV electronic system and tools, while GF takes a larger share of ARV procurement for COP22		Not applicable	26 GF-supported sites do not have proper IT infrastructure to enable use of HIV electronic system and tools	GF-supported sites supported for appropriate IT infrastructure	Number of GF-supported sites equipped Number of GF-supported sites using HIV electronic system and tools.	No	
$300,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97		Accurate report on our systems for decision-making and good quality of care	Other	Other	Other	HIV data validation for HIV sites by the National HIV/AIDS Control Program - Support a dedicated M&E team at PNLS to perform desk and site visits at the 150 PEPFAR supported sites and other HIV sites in the country - Create and implement a modern and innovative data validation methodology to leverage electronic tools and data triangulation, incorporating available patient-level and aggregate data for better validation at the national level.	COP20	COP25	Process to verify accuracy of data posted on MESI platformRequired to ensure report submitted to OGAC and MoH are accurate	Regular on-site validation session completed	Yes	Regular on-site validation session completed	1) Regular on-site and desk validation session completed2) Data officers at PEPFAR-supported site are coached on quality data management and data review for their sites3)100% of MER indicators are accurately captured and reported in a timely manner to the PEPFAR program4)Departmental teams participate in the national data validation process together with PNLS/UCMIT5) Status analysis and conception of new data validation process incorporating patient-level and aggregate data6) Production and implementation of M&E guidelines and new data validation SOP	Accuracy of reports submittedData validation process using multiple available data sources and adapted to electronic systems	Yes	
$87,342	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	8. Commodity Security and Supply Chain	2.83	3.04	8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?	Constant in-country availability of HIV/AIDS pharmaceuticals until the last mile	Lack of managerial capacity	Lack of technical capacity	Legal, policy or regulatory constraint	Quantification and forecasting (HIV/AIDS pharmaceuticals Technical and financial (60%) assistance to the MOH/PNLS to lead and conduct: 1 yearly national forecasting and quantification exercise 2 semi-annual supply plan reviews for procurement update 4 quarterly analysis based on consumption data and inventory	COP19	COP23	Technically, MOH acquired the capacity to conduct this exercise; but, unfortunately, staff turnover of the supply chain point of contact (POC) leading the process requires PSM to train the new assigned SC POC. The exercise is a participatory process involving the HIV care and treatment clinicians, and financial support will be shared between both donors PEPFAR and Global Fund during yearly quantification exercise, the semi-annual and quarterly reviews.	MOH/PNLS is able to: 1) Lead a successful national forecast and quantification exercise with limited support from stakeholders (GHSC-PSM and Global Fund) 2) Oversee, manage, and update the national supply plan as needed to avoid and mitigate stockouts at sites level.	Partial	On going training of MOH QAT new tool used by PSM. Technical assistance provided to MOH /PNLS to conduct reviews of COP 22 Supply Plan as well as Forecast of COP 23 avoiding stockouts during projects transition.	MOH/PNLS assigned SC POC staff trained on QAT tool for quantification and forecast. Coaching and TA provided during supply plan reviews and new quantification exercise for COP 23.	Number of policies developed Number of policies published and adopted	No	

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$398,058	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97	14.2 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	Improved National system fo data decision making	Lack of technical capacity	Lack of sufficient HRH		Improving the use of the TB tracker: Provision of technical assistance to MOH/UEP to: Improve reporting of HIV and TB cases identified at private facilities and ensure availability of accurate data into the national HIV system. Ensure availability of quality data in the national HIV system, MESI, to monitor progress toward HIV epidemic control, and to use for programmatic decision-making In collaboration with UEP, CHISU will facilitate training of private facilities providers on reporting key HIV and TB indicators Update the national TB registers to improve data quality, including data on the provision of TPT to PLHIV, for improved decision-making programming. Maintain and update the TB tracker system to ensure interoperability with the HIV data collection system (MESI).	COP20	COP24	Continuous improvement of the system	TB tracker effectively captures key aspect of TB management and TPT prevention			Improved data quality of tuberculosis data		Yes	
$75,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97	14.1 Management and Monitoring of Surveillance Activities: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or surveillance activities including, data collection, analysis and interpretation, and quality assurance across all sectors. Select only ONE answer.	Improved National system for data decision making	Legal, policy or regulatory constraint	Lack of managerial capacity	Lack of technical capacity	HMIS Governance and access: Support UEP with maintenance of country-level HMIS architecture Support the functioning of TWG on HMIS at UEP for HIV and TB Collaboration	COP21	COP24	Continious improvement of the system					Architecture framework for HMIS drafted	Yes	
$200,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	6.70	5.97	14.5 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data		Lack of technical capacity	Lack of sufficient HRH		Strengthening the OVC Tracker: developing a harmonized case management information system (MIS) for use across the orphan and vulnerable children (OVC) portfolio: Improving real-time data availability, Developing management system for OVC	COP22	COP24				OVC tracker fully functional and Interoperable with the different HIV platform	Tracking OVC and pediatric HIV across the different HIV platform is effective	Improved OVC and pediatric HIV management	Yes	

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							collection, etc.)?(if exact or approximate percentage known, please note in Comments column)															
$300,000	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	6.83	7.50	N/A	GOH commitment and local capacity for long lasting capacity for training strengthening.	Lack of technical capacity	Legal, policy or regulatory constraint	Lack of managerial capacity	Advocacy to concerned GOH Ministries that would be required for a functional PPP (Health, Education, Finance, etc) Assessment of local educational institutions (university, commercial school, etc.) with the capacity to join the partnership and implement long lasting training Development of curriculum for training on stock management and LMIS reporting Financial support for the participation of USG-supported sites personnel at training Advocate to concerned stakeholders (Public Private Partnership)	COP19	COP22	This is a new activity.		Partial	Supply Chain implementers renting location (conference rooms and accommodation at beach resort away from the capital and main cities to minimize interruptions and ensure staff full participation) and conducting short terme intensive (average 1 week duration) training session for USG-supported facility staff to increase their capacity for storage management and logistics management information reporting.	Educational institution(s) dispensing course(s)/training session(s) on supply chain and logistics management related topics. non-USG supported MOH/Facility assigned staff trained on supply chain and logistics management related topics. USG-supported/Facility staff trained on supply chain and logistics management related topics	Educational institutions with supply chain management related technical capacity, available and willing to partner with the Haitian Government for the long-lasting capacity building identified. Partnership between Educational institutions and GOH established Curriculum/Syllabus for courses related to supply chain and logistics management developed	Yes	
$125,000	ASP: Human resources for health-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	4.90	5.32	7.3 Health workforce transition: What is the status of transitioning PEPFAR and/or other donor supported HIV/AIDS health worker salaries to local financing/compensation? Note in comments column which donors have transition plans in place.	Viable HRH transition plan updated and validated	Legal, policy or regulatory constraint	Lack of sufficient HRH		Improve Government-led HRH for sustainable HIV services through a viable HRH transition plan: - Support GOH to revise the MSPP HRH Transition/Migration Plan (2020) in collaboration with other stakeholders including Global Fund. - Support GOH to validate the Special Status of the health sector personnel (salary adjustment, fringe benefits, and improvement of working conditions); a key factor for a viable HRH transition. - Support MSPP to identify factors for a successful transition of donor-paid HCW and recommend potential solutions to address challenges (e.g. retaining transitioned staff)	COP22	COP24				Existence of a non-validated transition plan	1)Disseminate the revised MSPP HRH Transition/Migration Plan (2020) in collaboration with other stakeholders including Global Fund. 2) Support the finalization of the Special Status of the health sector personnel (salary adjustment, fringe benefits, and improvement of working conditions); a key factor for a viable HRH transition. 3) Identified factors for a successful transition of donor-paid HCW and recommend potential solutions to address challenges (e.g. retaining transitioned staff)	1) Number of transition/migration related workshops conducted with key stakeholders for the dissemination of the revised document 2) Number of meetings organized with key health stakeholders around the special status. 3) Number of meetings organized to identify factors for a successful transition plan	No	No other donors have transition plan

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$64,775	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab policy, budgets, and strategic plans	10. Laboratory	5.14	5.59	10.5 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?	Constant in-country availability of HIV/Lab commodities and equipment facilitating rapid viral load test and timely results for epidemic control	Lack of technical capacity	Legal, policy or regulatory constraint	Legal, policy or regulatory constraint	Quantification and forecasting (HIV Lab related commodities and equipment) Technical and financial (60%) assistance to the MOH National Public Health Laboratory, (NLSP) to lead and conduct: 1 yearly national forecasting and quantification exercise 2 semi-annual supply plan reviews for procurement update 4 quarterly analysis based on consumption data and inventory Quarterly CAGIL meetings Training to MOH/LNSP on QAT, new software for Lab quantification and supply planning	COP19	COP22	Technically, MOH/LNSP is at their early stage of national quantification exercise because the national LMIS data is not yet fully operational and there is not an assigned LAB SUPPLY CHAIN POC for quantification. We are working with the LNSP Directorate to see if they can asssigned at least 3 staff to be trained on tools and other aspect of lab supply planning during COP 21. The national HIV Lab quantification exercise is a participatory process involving laboratory partners supporting the HIV care and treatment. As for the HIV care and treatment quantification, supply plan exercise and reviews, financial support will be shared between both donors PEPFAR and Global Fund.	MOH/LNSP is able to successfully lead the annual lab commodities supply plan and the quarterly supply plan reviews with limited support from GHSC-PSM and Global Fund support. MOH/LNSP staff is able to use theForLabPlus software platform as a management tool for supply chain program.	Partial	Training of LNSP staff started. laboratory supply plan done by using the tool for coaching the LNSP as well as during reviews.	Training of LNSP staff finalized and Supply Plan exercise used as coaching approach	Above site SIMS Commodities Data Availability CEE, PSM forecast rate, MER SC_stock	No	
$217,470	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Service organization and management systems	9. Quality Management	8.76	8.05	N/A	Management of UPPs until their final disposal made locally under MOH supervision.	Lack of managerial capacity	Legal, policy or regulatory constraint	Lack of technical capacity	During COP22: Continued contribution to the implementation of the National UPP Operational Plan at the USG supported sites	COP19	COP22	PSM is already working with MOH/DPMMT to implement the National UPP Operational Management plan elaborated with PSM Support. According to this plan, final disposal will be started locally as per categories of waste. Two health facilities that have existing adequate incinerators and disposal activities	Initiation of technical and financial assistance for inventory, collection and final disposal initiated as per MOU commitment	Partial	MOU commitment drafted	Through continuous support, the stakeholders will be able to establish an inventory system for the collection and final disposition.	85% of the process is being handled by DPMMT/MOH in terms of performance	No	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
															were approved by the Ministry of Health for the final disposal of some UPPs. Agreements with those sites are already in process and the 1st concrete action will be taken during this COP 21.							
$212,230	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	6.83	7.50	N/A	Creation of a distribution model using local Haitian private sector transporters as 3PL contracted and managed by the MOH Departmental Directorate	Lack of managerial capacity	Legal, policy or regulatory constraint	Lack of technical capacity	As of COP21 Support to SNADI distribution in South Department negatively impacted by results of August 2021 earthquake in the southern region and limited access associated with gang violence is being refocused, now targeting the North department. As of COP22, continued support to SNADI distribution in North Department TA to DPMMT and North Departmental Directorate for 3PL bidding/procurement process and contract management Assist MOH to advocate for other donors to finance transportation of existing products from Central Warehouse to CDAIs and from CDAIs to site using the Regional 3PL Technical assistance to the departmental directorate and CDAI to launch an active distribution system from the CDAI to the sites. Re-organize the CDAI in the North region in collaboration with other donors to have a better warehouse and logistics management system.	COP19	COP22	Technical assistanec provided to the North Departmental Directorate to initiate active Distribution system using local Haitian private sector transporter(s) as 3PL		Partial	Final disposal of UPP locally made	Continuous Support to MOH/DPMMT and the North Department Directorate on active distribution system using 3PL and assist, in collaboration other partners, in reorganizing the departmental warehouse for permanent availability of essential commodities for priority programs.	Above site SIMS Commodities Data Availability CEE, PSM forecast rate, MER SC stock	Yes	

Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	Barrier to Local Responsibility this activity addresses-2 (optional)	Barrier to Local Responsibility this activity addresses-3 (optional)	COP22 Activity Description	Intervention Start	Intervention End	If ongoing from a previous year, please provide rationale for continued spending	Benchmark from COP21 (if activity existed in COP21)	Met benchmark past 2 years?	COP22 Baseline	COP22 Benchmark	Indicator/Measurement Tool	Will the activity be continued once all benchmarks have been achieved?	Notes
$575,555	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	6.83	7.50	N/A	Availability of Data logistic Management tool (SYGDOCC) in USG supported sites and use of the tool by MOH/PNLS for decision making	Lack of technical capacity	Legal, policy or regulatory constraint	Legal, policy or regulatory constraint	Enhance data accuracy under the National HIV/AIDS program Under the Leadership of the National MOH/PNLS: Standardize national data validation methodology Technical and financial assistance to define a common methodology to conduct national data validation Implementation of adopted data validation methodology at the UG supported sites Findings restitution in coordination with stakeholders to the MOH for decision purposes. Expand from the West sites to the other departments SYGDOCC deployment and use Technical assistance to the USG supported sites and the MOH to reinforce proper use of SYGDOCC Assist the MOH in presenting results obtain with SYGDOCC and advocacy for its expanded use by other stakeholders Work with MOH for interconnection of SYGDOOC with other data collection tools such as the VIP Card, DHIS2.	COP19	COP22	SYGDOCC fully operational in the West Department and there is a need to expand the use in the USG within the 9 remaining ones in collaboration with the MOH/PNLS.		Partial	SYGDOCC operational in the West department	SYGDOCC implementing in the remaining USG sites within the remaining 9 departments in collaboration with MOH/PNLS	100% of phase 2 roll out is completed.	No	

SRE Tool – Surveillance, Surveys, and Research Activities

COP22 Activity Budget	Activity Description	Filter Here - Select Surveillance and Research	Activity Type	Country	Total budget planned for the activity (across all COP years)	Planned start date of data collection	Expected end date of data collection	Budget planned for the closeout year of the activity	Activity Title	PI Name (s)	PI Official email address (typically associated with the affiliated organization) of the principal investigator or project lead POC for this project. Please do not enter personal email addresses in this field	Primary evaluation or study questions	Activity objectives	Activity's primary study population	Additional populations studied	Planned activity sample size	Planned sampling methodology	HIV biomarkers to be assessed as part of protocol	Activity Start COP/FY Year	Activity End COP/FY Year	Current Stage of activity (as of COP22)	COP22 Baseline Status (major)	COP22 Baseline Status (detail)	How does this activity advance COP priorities?
$ 109,500	Set up and monitor surveillance system for new HIV infections through Recency Tests at 10-12 sites	Surveillance	HIV recency surveillance	Haiti	109500	12/30/2022	Continuous	NA	HIV Recency Testing	NA	NA	NA	NA	NA	NA	NA	NA	No	COP22/FY23	COP26/FY27 or after	Confirmed in COP	Data collection	In progress	This is a surveillance activity involving routine data collection on HIV new infections through the Haiti's routine HIV/TB electronic case-based surveillance at selected 12-15 sites throughout the country. The data will be used to identify spots of HIV new infections and inform programmatic actions needed to curb the incidence. An evaluation protocol has not been developed therefore for that as such.

APPENDIX D - Minimum program requirements

Care and Treatment	Status of implementation
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 uninterrupted treatment across age, sex, and risk groups.	Fully implemented at all PEPFAR-supported sites. The overall linkage for COP2021/FY2022 is 100%.
2) Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are >4 weeks of age and weigh >3 kg, and removal of all NVP- and EFV-based ART regimens.	The transition from TLE to TLD was completed, NVP-based regimens were removed. TLD and other DTG-based regimens are offered to all eligible people living with HIV weighing >=20 kg (including children, adolescents, and women of childbearing potential). 90% of all ART clients (20+ kg) are currently on a DTG-based regimen. Haiti introduced DTG 10 mg which is still in operation.
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 ongoing implementation and scaling up of MMD and CDD. In FY2022 Q1, 70% of ART patients on 6MMD. As part of the COVID response, the MSPP authorized MMD3 for newly enrolled and unstable clients, and strongly recommended 6MMD for others.
4) All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), 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. Introduction of 1HP for adults and 3HP for children in COP2021
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,	Finished optimization activities completed. Mapping completed.

sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Readiness assessment for sites/hubs selected to integrate EID in TB POC GeneXpert. Service interruptions in central labs were reported due to multiple equipment failures and delays in repairs due to a lack of spare parts in the country. Delays were also related to reduced road access in some parts of the country.
Case Finding	
6) Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under 19 years of age with an HIV-positive biological parent should be offered to test for HIV.	On-going implementation of index testing with the 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 are underway.
Prevention and OVC	
7) Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	Under the leadership of MSPP, PEPFAR has been scaling PrEP for all negative HIV high risk individuals including AGYW, Key Population. Recent updates in the guideline will include high risk as a priority population for PrEP.
8) 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 10-14 year-old girls and boys	Ongoing implementation of OVC services meeting minimum requirements. PEPFAR Haiti will continue to provide comprehensive services to OVC 0-17

in regard to primary prevention of sexual violence and HIV.	
Policy & Public Health Systems Support	
9) In support of the goals outlined in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, the UUs demonstrate evidence of progress toward equity advancement, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups.	PEPFAR is providing resources to the MSPP to support efforts to advance equity, reduction of stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes. This remains a work in progress.
10) 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.
11) OUs ensure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into the site and program management. QA/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. People living with HIV associations engaged in clients monitoring and adherence. The CSO Observatory (CLM) is functional with financial support from PEPFAR and TA from UNAIDS, Health GAP, and other entities.
12) Evidence of treatment literacy and viral load literacy activities supported by ministries of Health, National AIDS councils, and other host country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Active implementation. U = ongoing U messages for the general population. Viral Load Class is ongoing at all PEPFAR-supported sites. PLHIV beneficiaries are attending ongoing education sessions.

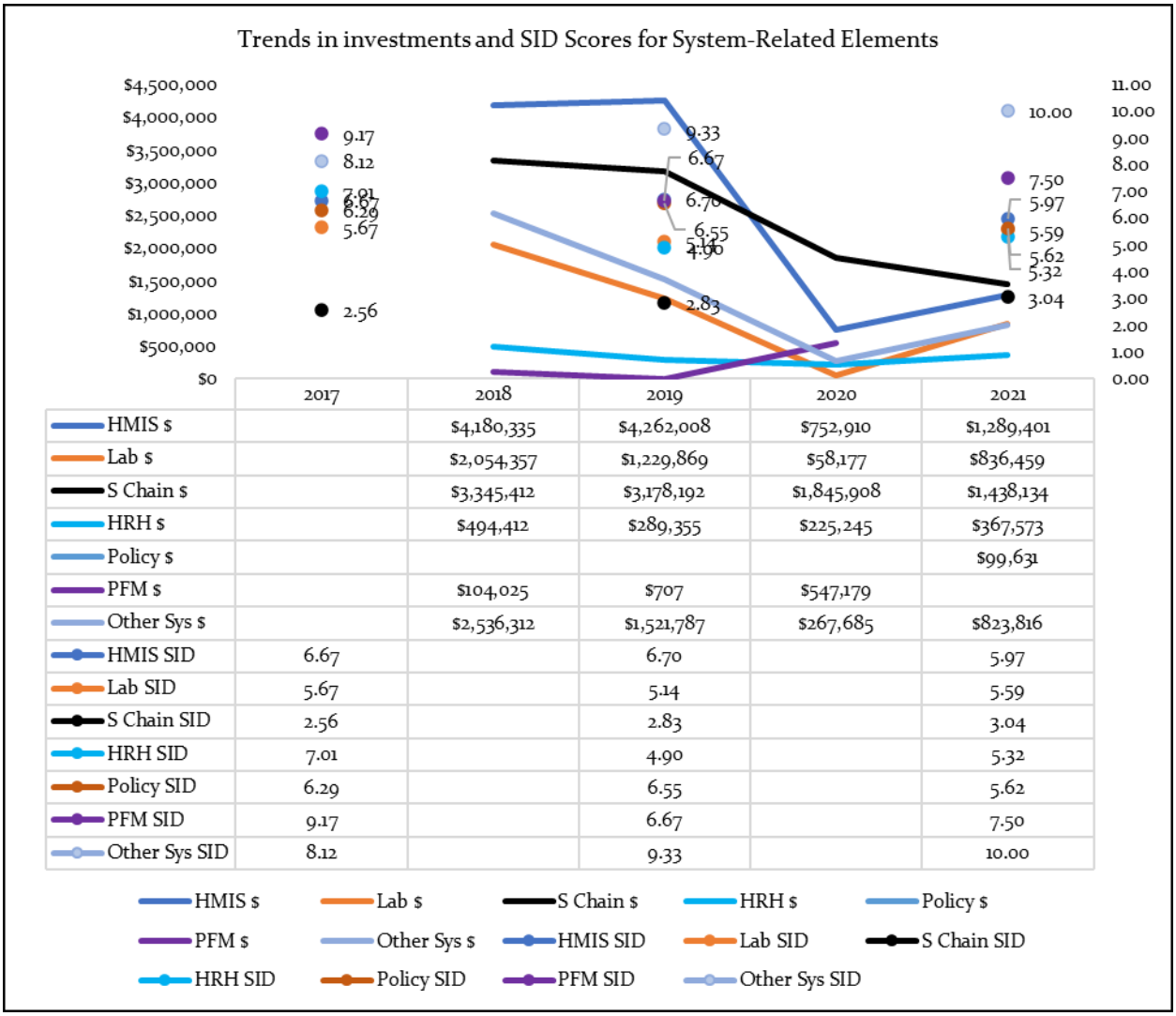
	The engagement of people living with HIV at selected sites was initiated in some districts. ART Treatment literacy with messages including messages of hope translated into Creole and disseminated via mass media.
13) Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to the community-, KP- and women-led responses	The complete transition from 2 international NGOs to local IPs was completed in FY 2020. 4 new cooperative agreements were issued for 4 local partners in FY2021.
14) Evidence of the partner government assuming greater responsibility of the HIV response, including demonstrable evidence of year-after-year increased resources expended	Ongoing, but stymied by the complex sociopolitical situation, including no functional legislative branch in place to vote on the budget. Stewardship role of the MSPP enhanced for the national HIV response, in terms of policies and guidelines.
15) Monitoring and reporting of morbidity and mortality outcomes, including infectious and non-infectious morbidity.	Ongoing reporting from sites through the national MESI platform, because of tracking with PLR. Ongoing review by partners and sites. ICD11 to be included in the EMR in COP2022 for better reporting of COD.
16) Scale-up of case surveillance and unique identifiers for patients across all sites.	Case-based surveillance up and running fully since 2018. Ongoing expansion of biometric coding as unique identifiers to all ART patients.

NEW APPENDIX E – Assessing Progress towards Sustainable Control of the HIV/AIDS Epidemic

1. Misalignments between Investments and Outcomes

PEPFAR and the GF are supporting service delivery, health workforce, commodities, laboratory activities, surveys, and surveillance, as well as leadership and governance related activities. As shown in Figures E1.1.- E1.4, there is alignment between the PEPFAR investments and outcomes.

Figure E.1.1. Trends in Investments and SID Scores for System-Related Elements



	2017	2018	2019	2020	2021
HMIS $		$4,180,335	$4,262,008	$752,910	$1,289,401
Lab $		$2,054,357	$1,229,869	$58,177	$836,459
S Chain $		$3,345,412	$3,178,192	$1,845,908	$1,438,134
HRH $		$494,412	$289,355	$225,245	$367,573
Policy $					$99,631
PFM $		$104,025	$707	$547,179	
Other Sys $		$2,536,312	$1,521,787	$267,685	$823,816
HMIS SID	6.67		6.70		5.97
Lab SID	5.67		5.14		5.59
S Chain SID	2.56		2.83		3.04
HRH SID	7.01		4.90		5.32
Policy SID	6.29		6.55		5.62
PFM SID	9.17		6.67		7.50
Other Sys SID	8.12		9.33		10.00

HMIS $ Lab $ S Chain $ HRH $ Policy $
PFM $ Other Sys $ HMIS SID Lab SID S Chain SID
HRH SID Policy SID PFM SID Other Sys SID

Figure E.1.2. Responsibility Ratings from Responsibility Matrix

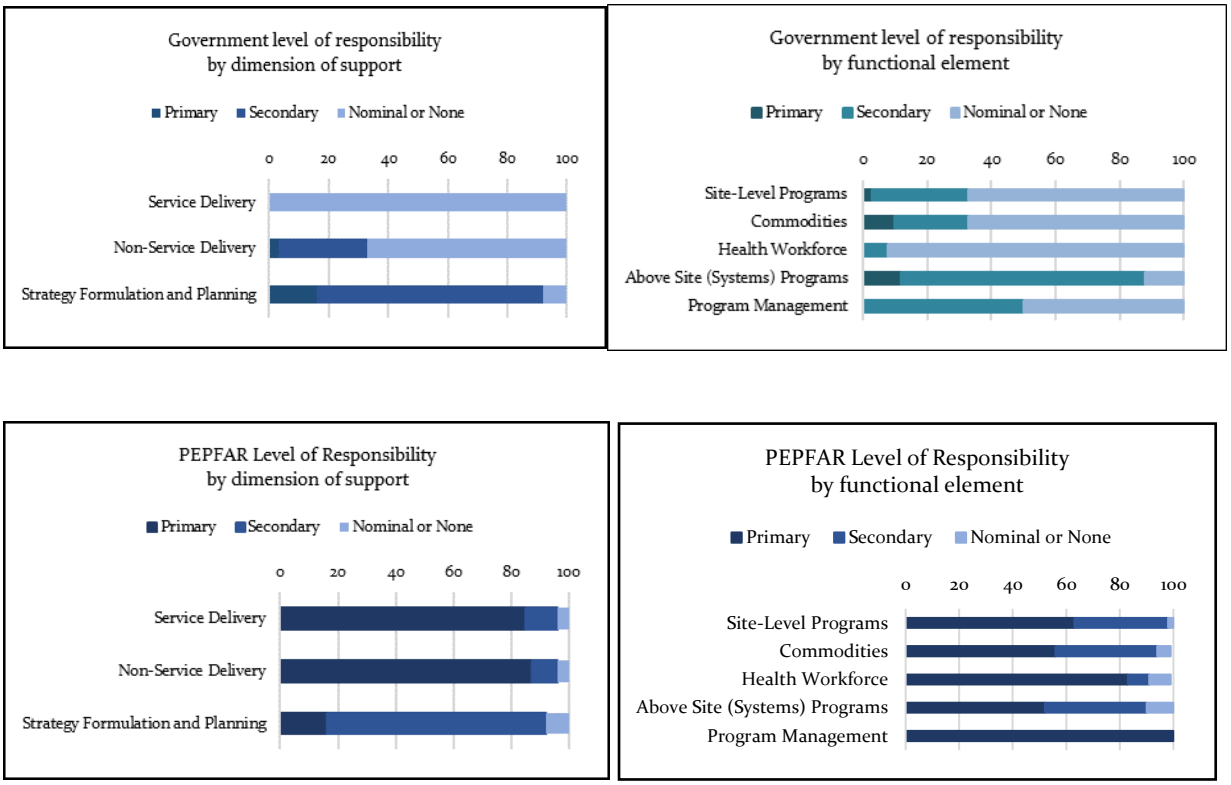


Figure E.1.3. Assessing Haiti's PEPFAR Expenditure Trends by Interaction Type and Epidemic Control Status

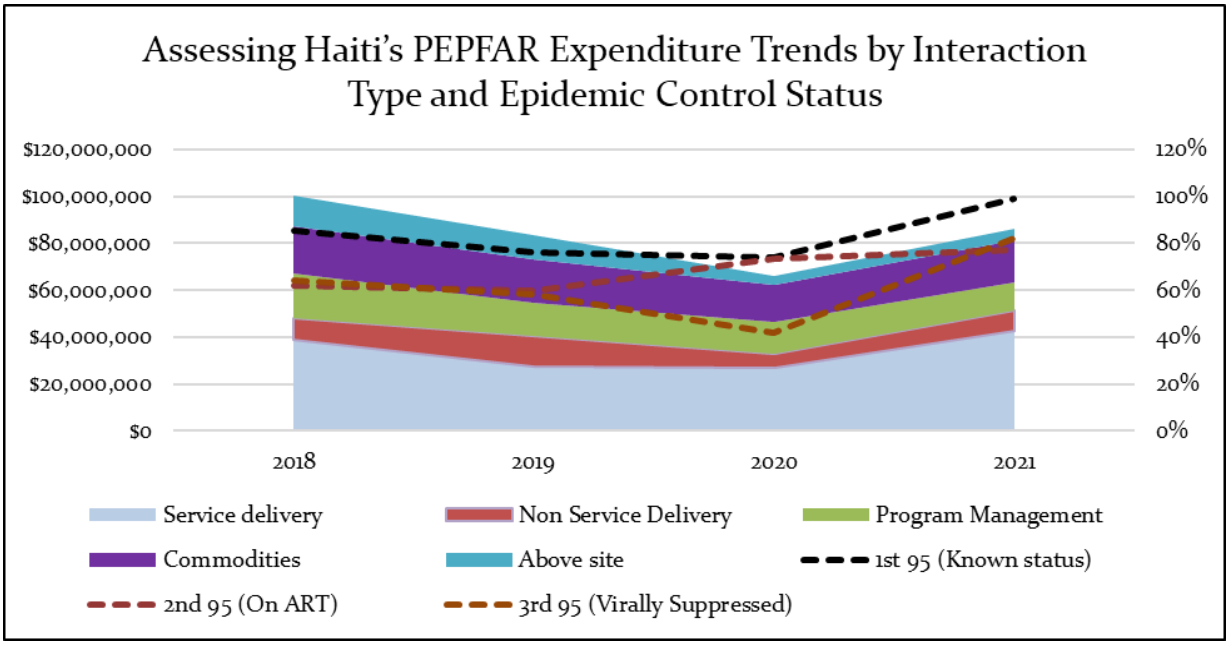
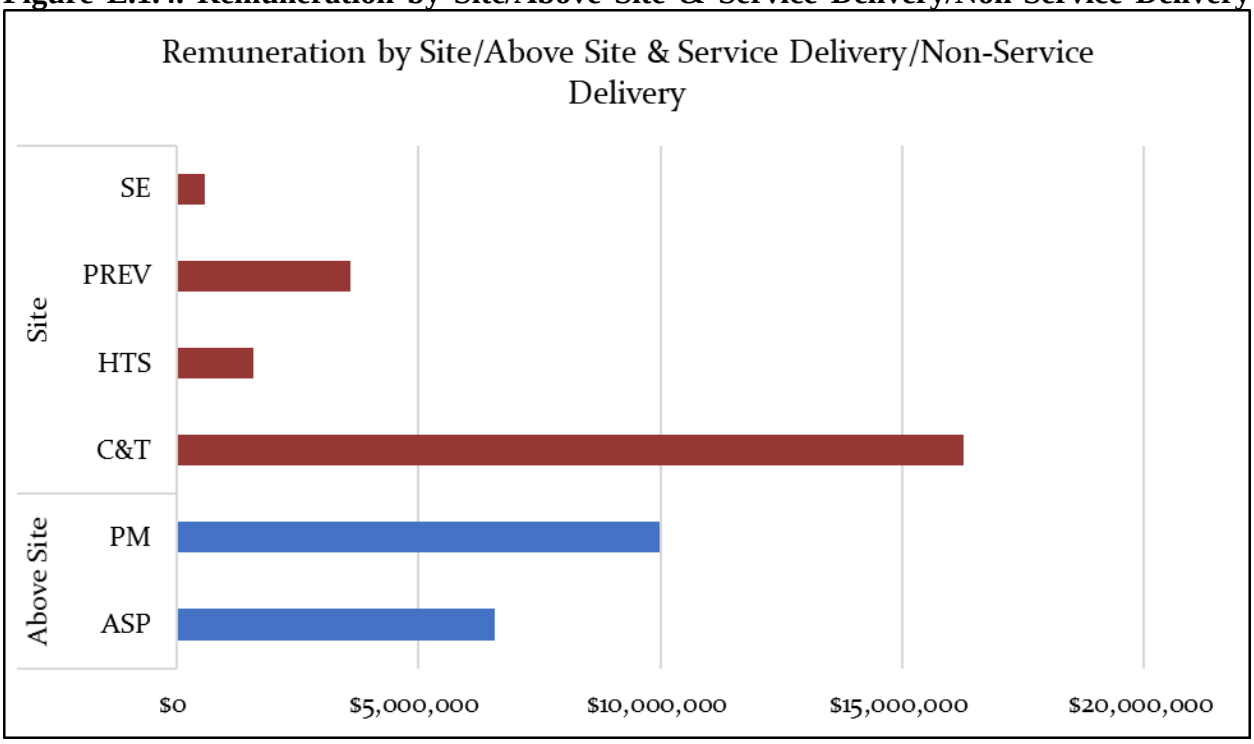


Figure E.1.4. Remuneration by Site/Above Site & Service Delivery/Non-Service Delivery



2. Areas for Transition

Efforts for greater domestic responsibility, including procurement of ARVs and HRH support, will require a strategic, multi-year, staged approach in partnership with the GoH and its institutions. However, there is currently a void at several levels of the Haitian Government, including the legislative level, which is necessary for budget changes in Haiti. Policy-related discussions are limited until such a time government has been reconstituted.

3. Engagement with Partner Country Governments in COP2022 to Ensure Sustainability of Core Elements of the HIV Response

At present, there is no elected government in Haiti. While PEPFAR, GF, and other development partners continue to engage with the MSPP on various technical issues, strategic choices requiring government commitment cannot be pursued.

4. Agreements and plans on Data Use and Sharing and Quality control (including Central Support reporting).

Haiti has robust patient-level and aggregate electronic data reporting systems. PEPFAR and the GF are supporting these systems. Implementing partners work closely with sites to ensure that PLHIV patient data are captured on EMRs. The national HIV/TB Case-based longitudinal surveillance system (SALVH) is regularly updated with data from the EMRs. Aggregate data is available on the MESI platform and is accessible to the public at www.mesi.ht. The MSPP, PEPFAR, GF, and other stakeholders use these data for reporting and decision-making purposes. Both PEPFAR and GF are supporting MSPP's data quality control efforts at both national and site level.