

Dominican Republic

Country Operational Plan (COP) 2023

Strategic Direction Summary

May 22, 2023



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Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP plan

In PEPFAR-Dominican Republic's (DR's) 2023 Country Operational Plan (COP23, FY2024-FY2025), PEPFAR-DR will focus on continued alignment with and support to the Government of the Dominican Republic – GoDR-led National HIV Response (NHR). Per the COP23 Co-Planning Meeting agreements, PEPFAR will work under the authority of the Ministry of Health (MoH) to strengthen the NHR by sustaining gains to date and implementing activities conducive to achievement of the 95-95-95 goals.

On the service delivery side, PEPFAR has provided continued support to improved equity for populations most affected by HIV in the country – migrants of Haitian origin and their descendants living in the DR (hereafter referred to as the Priority Population or PP), while strengthening the national HIV response in benefit of all people living with HIV (PLHIV) in DR. This strategy, supportive of the Equity Pillar of the 5x3 strategy, has resulted in consistent increases in the number of PP clients diagnosed, linked to care, and enrolled in HIV treatment. However, significant gaps remain in the second and third 95s that require shifts in COP23.

PEPFAR-DR will significantly increase its investment in strengthening overall health and HIV systems and services to benefit those living in the Dominican Republic (DR), including migrants. Ensuring strong and sustainable health systems that support HIV and other diseases is responsive to the Sustainability and Health Systems Strengthening and Security Pillars (Pillars 2 and 3 respectively) of the 5x3 strategy. In COP23, PEPFAR-DR will strengthen existing partnerships, new transformative partnerships, and use data to drive interventions in support of Pillars 4 - Transformative Partnerships and 5 - Follow the Science of the 5x3 strategy.

The launch of the 5x3 Strategy has guided our discussions with the GoDR and

stakeholders. Based on these discussions, and in close collaboration with the government entities that are responsible for the National HIV Response (NHR), namely the National AIDS Council (CONAVIHSIDA), the National AIDS Program (DIGECITSS); and the National Health Service (SNS); in addition to the Global Fund (GF), UNAIDS, and the Pan American Health Organization (PAHO), we have further aligned plans, programs, and resources for the successful implementation of COP23. Common priorities include continued systems strengthening and data quality improvement by strengthening interoperability of systems, stronger coordination among donors, and increased civil society organization (CSO) engagement. These will ensure a unified response under the leadership of the Ministry of Health (MoH) to accelerate achievement of the global 95-95-95 goals.

Based on the Global AIDS Coordinator's recommendation, Ambassador John N. Nkengasong, for the DR Operating Unit (OU), the DR interagency team will approach challenges creatively and adopt innovations to close the gaps in the second and third 95s. Game-changers in the areas of continuity of treatment, referral systems, community services, systems strengthening, and removal of policy barriers are described in the Strategic Direction Summary (SDS).

Based on the above, PEPFAR-DR's COP23 goals are to: 1) close the antiretroviral treatment (ART) gap among the PP to protect the lives and health of all; 2) ensure availability and use of quality data for decision-making by strengthening the government's health management information systems (HMIS); and 3) sustain the national HIV response (NHR) gains through development and implementation with the GoDR and stakeholders of a results-oriented sustainability framework.

These goals complement the GoDR's and other donors' investments in combination prevention, closing the ART gap among key populations (KPs), eliminating mother-to-child transmission (MTCT), decreasing interruption in treatment (IIT), and expanding viral load (VL) coverage and suppression. In COP23, PEPFAR will continue its support to supply chain management (SCM) efficiency to sustain the GoDR's investment in procuring, properly storing, and distributing all the HIV drugs and supplies required by the NHR since 2015. The GF

procures additional rapid test kits, condoms, and lubricants to meet the needs of CSO sites. PEPFAR does not procure commodities for the NHR, with the exception of a one-off \$1.3 million donation in ARVs to cover logistics hurdles caused by the COVID-19 pandemic that delayed the delivery of drugs purchased by the GoDR.

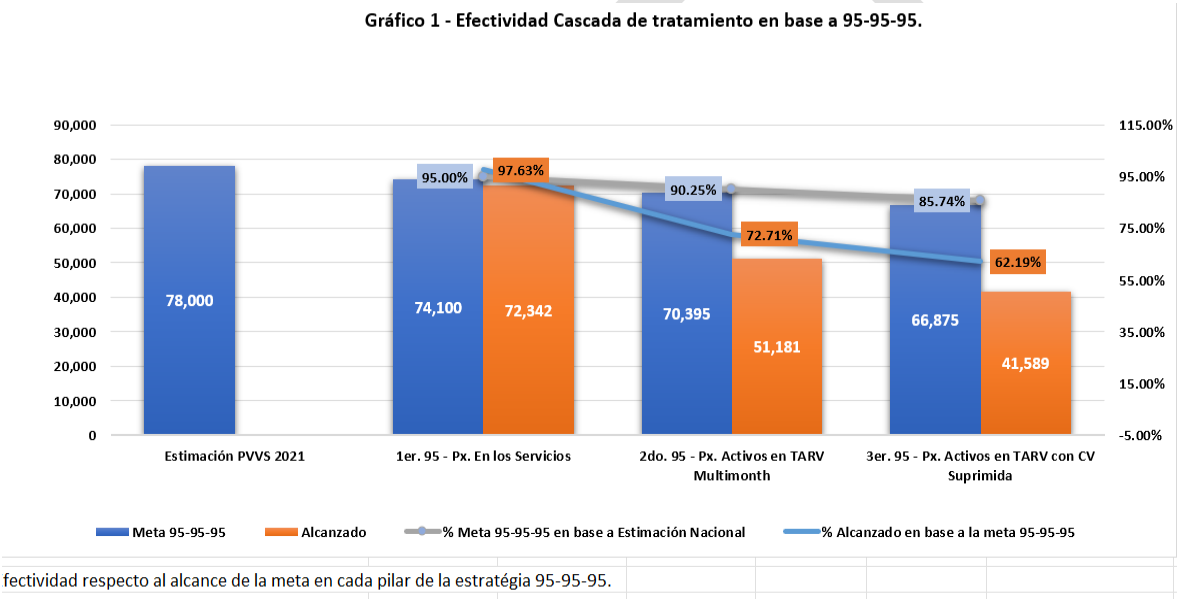
In addition to continued person-centered care and treatment (C&T) service delivery and systems strengthening investments, the program will work to rejuvenate the DR's civil society through capacity building, leadership development, and institutional support, with an emphasis on the increased participation of PP-led organizations in key areas of the NHR.

PEPFAR-DR prioritizes greater access to quality HIV services among the PP which, according to official government information¹ based on 2021 Spectrum data, represent approximately 5.7% (580,479) of the DR's estimated 10.2 million total population, and 32.7% (25,477) of the estimated 78,000 PLHIV in the country. Prevalence within the PP is estimated at 4.3%, nearly five times higher than the DR's HIV prevalence in the general population ages 15-49 (0.9%). The PP prevalence is also more than double the overall prevalence in Haiti (1.9%). According to data from DR's HIV Patient Monitoring System (Ficha de Aplicación a Políticas Públicas y Sociales, FAPPS) corresponding to March 2023, only 76% of the estimated PP living with HIV (LHIV) are aware of their status and, of those, a mere 54% are currently in treatment. Out of the total number of PLHIV not on ART, 56% are within the PP. Increasing PP access to health services is critical to ending HIV as a public health threat in the DR by 2030. While no recent population-based estimates exist for the 3rd 95, FY2022 program data indicate that 68% of PP on ART are virally suppressed (6,988 or 27% of the estimated 25,477 HIV positive PP), which is substantially lower than the general population viral suppression rate of 81% (41,589 or 53% of the estimated 72,342 HIV positive non-PP).

¹ Source: Extended version of Table 1.1. First four percentages come from the 2021 Spectrum estimates; the last three percentages are FAPPS data from March 2023)

The National Continuum of Care 2023 is based on Spectrum 2021 data. These estimates have been approved by the GoDR but the official report is still pending. According to the GoDR, of the estimated 78,000 PLHIV in the DR, 97.6% have been diagnosed, 72.7% are active in ART, and 62.1% are virally suppressed (See Figure 1.1 below). The estimated HIV prevalence in the PP is 5%². There are two ways to track DR’s progress along the continuum of care. The figure below shows the country’s progress towards the 95-95-95 goals.

Figure 1.1 – Treatment Cascade in DR based on the 95-95-95 goals.

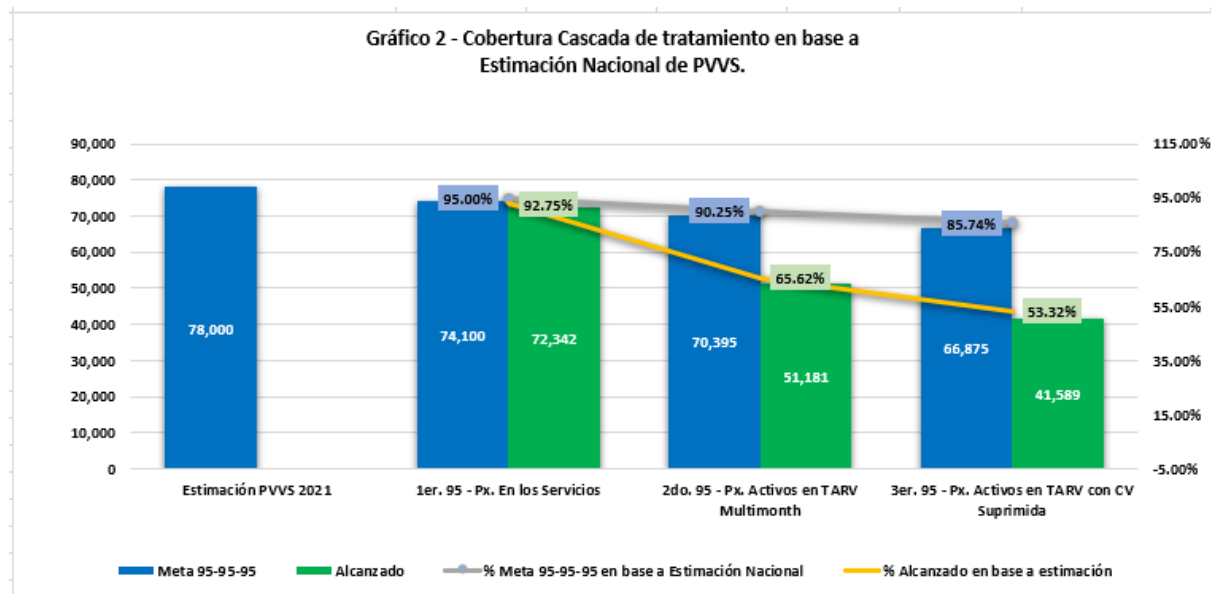


Source: National Health Services (SNS), April 2, 2023.

Figure 1.2 portrays the PLHIV estimates-based cascade. According to the GoDR, of the estimated 78,000 PLHIV in the DR, 92.7% have been diagnosed, 65.6% are active on ART, and 53.3% are virally suppressed (See Figure 1.2 below). Both the cascades in Figures 1.1 and 1.2 confirm that the greatest challenges for the DR to close the ART gap and end HIV as a public health threat by 2030 reside in the second and third 95s.

² SDS, 3rd Quarterly Epidemiological Bulletin, Sep 2022.

Figure 1.2 – DR Treatment Coverage Cascade based on the PLHIV national estimates.



Source: National Health Services (SNS), April 2, 2023.

PEPFAR-DR developed a Target Setting Tool (TST) to establish ambitious targets for FY2024 and FY2025, using the latest 2023 Spectrum estimates. These estimates, which are pending review and validation by UNAIDS, use the UNAIDS recommended hybrid model to estimate a total of 84,873 PLHIV in the DR, 24,761 of whom were estimated to be migrants of Haitian origin and their descendants. The required disaggregation by sex and age for the PP was estimated with the support of the Interagency Collaborative for Program Improvement (ICPI) modeling team³.

Historically, Afro-Dominicans, persons of Haitian descent, and Haitian migrants have experienced considerable stigma and discrimination (S&D) when accessing a variety of social and health services in the DR. However, it is worth highlighting that once PP clients arrive at public health facilities, they receive the same services that are offered to Dominican citizens, in line with the GoDR’s

³ Source: Spectrum 2023

commitment to the U.N.'s Declaration of Human Rights, local legislation, and HIV/AIDS protocols. Nonetheless, structural, policy, and cultural barriers have made it increasingly difficult for the PP to reach a health facility. Current challenges faced by migrant populations seeking HIV services range from statelessness of Haitians and their descendants who were stripped of their Dominican citizenship in 2013, fear of deportation, barriers to continuity of treatment due to high internal and cross-border mobility, as well as recent raids, roundups, and checkpoints in catchment areas around facilities.

The resurgence of economic, social, political, and citizen insecurity in Haiti has triggered an increase in the number of Haitians immigrating to countries that offer better living and work conditions. The DR and Haiti share the 29,418-square-mile Hispaniola Island, of which nearly two-thirds are occupied by the DR – a country that has recently stood out for yearly gross domestic product (GDP) growth rates of up to 4%, nascent but strong anti-corruption programs, and a firm commitment to democratic values. This positive scenario has made the porous border between the DR and Haiti a natural route for Haitian migrants escaping violence and poverty in pursuit of, minimally decent livelihoods. According to the GoDR, the 2022 and 2023 turbulence in Haiti resulted in a significant influx of migrants, placing an unexpected burden on the DR's social and health services. The International Organization for Migration (IOM) estimates that as many as 86,000 Haitian migrants cross the border with the DR every day for commercial activities.

Since late 2021, the DR's National Migration Directorate adopted and deployed restrictive migratory measures in the DR. Regional authorities have implemented these measures at different levels, creating a scenario where the risk of deportation is not uniform. Where migratory measures are strict and raids take place surrounding health facilities, up to 50% of PEPFAR-supported patients have missed one or more follow-up appointments. Building upon lessons learned from the COVID-19 pandemic, PEPFAR-DR and its implementing partners (IPs) adapted outreach approaches to locate those patients at the community and ensure adherence to ART, viral load (VL) monitoring, and immediate return to treatment

for those patients who interrupted treatment. These strategies include home visits, communication via WhatsApp and other short messaging services (SMS) and contact with community leaders to identify migrants who prefer not to leave their homes to access health services.

Innovative measures have been put in place to overcome language, cultural, and policy barriers, including a requirement for every PEPFAR-supported site to have at least one Créole-speaking service provider; engagement with religious and traditional healers; and linkage of PP-led NGO facilities with public clinics to improve services and expand community service provision at those sites. New in COP23, PEPFAR-DR will foster increased coordination between Dominican and Haitian CSOs to implement activities such as printed and virtual communication materials containing data about where to look for health services and adhere to treatment while in transit in the DR and across the border in Haiti. PEPFAR-DR will also use community radio to provide information to displaced migrants about where to find health services if they are at risk of HIV or are living with HIV and have plans to return to Haiti either permanently or temporarily. PEPFAR-DR will also support the GoDR in updating and strengthening biometric systems to better track patients as they move to different sites around the country, and to ensure continuity of treatment across sites without duplicating enrollment in different health facilities, including the use of a dedicated hotline described later in the document.

In recognition of the need to implement high-impact projects to meet the needs of populations disproportionately affected by health and social inequities resulting from xenophobia, S&D, occupational injustices and abuses, human rights violations, and racism, PEPFAR-DR will continue to invest in an Orphans and Vulnerable Children (OVC) program that builds the resilience of households headed by an HIV+ caregiver. The Building Resilience Among Families Affected by HIV project targets HIV+ PP caregivers on ART at PEPFAR supported sites, enrolling their families in a comprehensive case management program that is designed to strengthen PP adherence to treatment by providing wrap-around, family-based services at the household level and reducing the number of service

provision points they need to visit and receive these services. Creole-speaking community health workers are deployed at the household level to facilitate access to health, education, social and economic benefits, and safety networks. The Building Resilience project also provides HIV prevention services by ensuring that at-risk family members know their status, supporting HIV-negative family members to stay negative through education and PrEP referrals, and implementing treatment referrals for newly identified cases. The project is currently saturated with 13,169 beneficiaries at the end of FY2022, which represents >90% of the eligible PP cohort on ART. In COP23, PEPFAR-DR will fast track graduation for households that have met the minimum resilience criteria and ensure that any new enrollment is targeted to the most vulnerable PP caregivers on ART (i.e., not virally suppressed and/or demonstrating other adherence issues, evidence of gender-based violence or violence against children).

Although surveillance indicates that 51% of new HIV infections occur in the PP, other social, economic, health, and behavior data about PP has been scarce, particularly due to their often-undocumented status. The latest National Migration Survey (ENI) was completed in 2017. A new ENI is currently underway, with initial results expected by the end of calendar year (CY) 2023. The most recent Integrated HIV Bio-behavioral Survey (IBBS) covered KPs, namely men who have sex with men (MSM), female sex workers (FSW), transgender women (TGW), and prison inmates, but it did not include relevant information about nationality or origin to further understand risk behaviors and national prevalence estimates among the PP. Furthermore, persistent data gaps exist regarding migration patterns, in-country mobility, risk factors, access to services, and treatment continuity.

PEPFAR-DR worked with the Office of the Global AIDS Coordinator (S/GAC) Interagency Collaborative for Program Improvement team (ICPI) team to complete estimations of the proportion of PP in the denominator of the first 95 and to build the PP cascade based on the UNAIDS 2023 Spectrum estimates that will be triangulated with GoDR official data to refine programmatic planning and

geographic targeting. CONAVIHSIDA will conduct a study to identify Priorities for Local AIDS Control Efforts (PLACE), while the MoH will lead a national Demographic and Health Survey (DHS) in 2023. COP23 includes resources to partially fund the DHS for inclusion of a migrant-focused HIV module to inform strategic design and course corrections.

Still in FY23, PEPFAR-DR will map the country's strategic information (SI) infrastructure to develop a COP23 roadmap to inform strategic above-site investments for HMIS integration. Currently, data on HIV prevention, diagnosis, linkage to C&T, and retention in services is scattered across multiple information systems that do not interface, thus compromising the quality of the data and hampering a holistic understanding of the DR's HIV epidemiology and progress towards global goals. Some of the roadblocks to be addressed with PEPFAR support are duplication of data, lack of information about patients receiving C&T in the private sector and in the community, insufficient staff to compile, enter, clean, and analyze the wealth of available data, and inconsistent data-driven decision-making. Based on the programmatic directives agreed upon by national stakeholders, PEPFAR-DR, and multilateral partners, we increased the COP23 funds allocated to systems strengthening and security by over 200% as compared to COP22, thus further aligning with the 5x3 strategy, and achieving an optimal balance between direct service delivery (DSD) and technical assistance (TA). This action paves the way to fully transition to government data systems being used as the main source for planning and reporting and align indicators between PEPFAR-DR and the NHR.

In response to Pillars 2-Sustaining the Response and 3-Public Health Systems and Security of the 5x3 Strategy, in COP23, PEPFAR-DR will support the development and implementation of a much needed National Laboratory System Strengthening Plan to guide systematic, prioritized, and coordinated strategies to strengthen the public lab network under the authority of the MoH and the SNS, with support from other donors working in the area, including the GF, PAHO, and the French Development Agency (FDA). This concerted effort will include the renovation and equipment modernization of the National Public Health Laboratory (NPHL) by the

FDA; PAHO's implementation of the SI-LAB software to interconnect and optimize a sustainable regional lab network to improve timely HIV and Tuberculosis (TB) diagnosis in the DR, El Salvador, and Guatemala; and PEPFAR support to continued staff training – including Field Epidemiology Laboratory Training Programs (FELTP), improvement of molecular and genetic testing capacity, and stronger laboratory systems to address global health security and pandemic preparedness and response.

Following the challenging supply chain management (SCM) disruptions experienced by the DR during the COVID-19 pandemic, PEPFAR-DR supported a National Supply Chain Assessment (NSCA) to identify challenges and bottlenecks and provide recommendations to prevent future ARV commodity supply and distribution crises. In COP23, PEPFAR-DR will support the GoDR in implementing key recommendations in the areas of drug forecasting, logistics, and storage, including capacity building, increased supervision, and quality control. New in COP23, the PEPFAR-funded, successful transfer of HIV commodity procurement from the National AIDS Program to the Essential Medicine and Logistics Center (PROMESE-CAL) will be replicated by the TB Program with PEPFAR assistance.

In COP22, PEPFAR-DR generated the first results from implementation of Community-led Monitoring (CLM) activities through the baseline survey that was shared with provincial, city, and site authorities and led to improvements in services. CSOs have shown strong interest in and adherence to CLM principles, thus resulting in service adaptation to benefit the priority population as well as KPs in the public health system. Following the 5x3 Strategy guidance of community leadership, CLM will be leveraged to better inform program design and implementation, lifting PLHIV from the role of passive service recipients to active participants in transforming the NHR. New in COP23, PEPFAR-DR will expand CLM from six to 14 sites to expand civil society and PLHIV engagement in the response and to ensure high quality community and facility services to improve health equity, linkage to care, continuity of treatment, and retention through continued monitoring that fully incorporates the perspective of service users and beneficiaries.

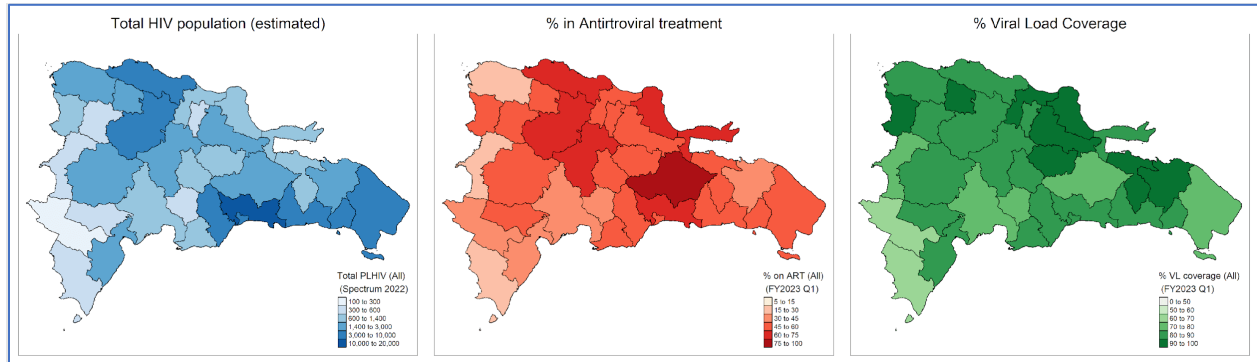
Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year*		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed* (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	10,153,020	0.8%	78,000	72,342	51,181	66%	53%	NA	NA	NA
Population <15 years	2,903,540	0.1%	1,921	805	575	30%	18%	NA	NA	NA
Men 15-24 years	1,088,352	0.1%	1,467	1,782	1,154	79%	57%	NA	NA	NA
Men 25+ years	3,143,415	1.3%	39,965	32,670	23,436	59%	48%	NA	NA	NA
Women 15-24 years	1,031,086	0.2%	1,784	3,057	1,584	89%	56%	NA	NA	NA
Women 25+ years	2,971,181	1.1%	33,357	34,028	24,434	73%	61%	NA	NA	NA
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MSM	186,328	4.3%	8,053	4,792	3,675	46%	38%	NA	NA	NA
FSW	146,356	2.0%	2,919	2,210	2,139	73%	36%	NA	NA	NA
PWID	NA	NA	NA	3,824	2,411	NA	NA	NA	NA	NA
Priority Pop (specify)	580,479	4.4%	25,477	19,280	10,329	41%	27%	NA	NA	NA

Source: Spectrum 2021 and FAPPS March 31st, 2023.

The 95s are estimated based on Estimated PLHIV.

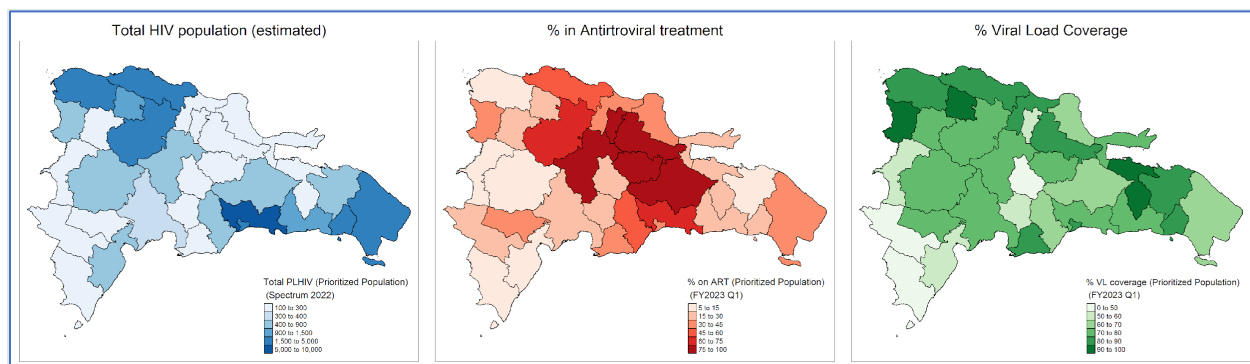
* GoDR does not have official data about patients enrolled in last 12 months.

HIV Positive Population, ART Coverage, and Viral Load Coverage among the General Population



The total number of PLHIV in FY21 was 78,000 according to the national 2021 Spectrum data. Of this total, 66% are active on ART and 61% had a viral load test conducted in the last 12 months. Five provinces hold 55% of the estimated PLHIV, including Santo Domingo (25%), Distrito Nacional (10%), Santiago (9%), La Altagracia (6%) and Puerto Plata (5%), all of which are supported by PEPFAR. Regarding the percentage of HIV positives that are active on ART for the same period, national coverage is 59%. Seven provinces have ART coverage over 60%, including Monte Plata (87%), Samaná (67%), Puerto Plata (66%), La Vega (66%), Santo Domingo (64%), Santiago (63%) and Maria Trinidad Sanchez (62%), five of which are supported by PEPFAR. Ten provinces have VL coverage over 90%, two (Duarte and Dajabon) with more than 94%, and the rest between 94% and 90% (Valverde, El Seibo, Hato Mayor, Sánchez Ramirez, Maria Trinidad Sánchez, Espaillat, Monte Cristi and Puerto Plata).

HIV Positive Population, ART Coverage, and Viral Load Coverage among the PP



Of the estimated 25,500 PP LHIV⁴, we estimate that 65% are concentrated in seven provinces⁵: Santo Domingo (20%), Distrito Nacional (9%), La Altagracia (9%), Santiago (7%), Monte Cristi (7%), La Romana (6%), and Puerto Plata (6%). Of these, only Monte Cristi is not currently supported by PEPFAR (support was discontinued in 2018). At the end of FY22, ART coverage among the PP population was 41% (10,566). Only three provinces (Monte Plata with 80%, Azua with 64%, and Puerto Plata with 51%) have more than 50% coverage, with only Azua not being supported by PEPFAR. Seventy-six percent of those on active treatment had a VL test in the last 12 months, with four provinces reporting coverage greater than 90% (Hato Mayor with 94%, Dajabón with 93%, and Valverde and El Seibo with 90% respectively), with only Valverde currently supported by PEPFAR.

Table 1.2 Current Status of ART Saturation (PEPFAR supported sites)				
Prioritization Area	Total PLHIV/% of all PLHIV for COP23	Current on ART (FY22)	# of Priority Sub National Units (PSNUs) COP22 (FY23)	# of PSNU COP23 (FY24)
Scale-up: Aggressive: PP	73.5%	11,317	11	11
Scale-up: Aggressive: Non-PP	75.7%	24,905	11	11
Total National	75.1%	36,222	11	11

Sources: UNAIDS - Spectrum 2021; SNS FAPPS database

⁴ Source: Spectrum 2021.

⁵ Source: Interagency Collaborative for Program Improvement (ICPI), 2023.

The next sections of this document will expand the information above and will provide additional details about PEPFAR-DR's comprehensive plans for COP23.

Pillar 1: Tackling Health Equity

1.1 Closing the gaps among the population that experiences inequity to achieve 95-95-95 by 2025

The global HIV response has often neglected the challenges faced by migrants, a key population that is disproportionately affected by health inequities. The unmet health needs that affect KP as defined by PEPFAR are magnified in this underserved, mobile, and highly stigmatized population. HIV has taken a particularly heavy toll on the PP in the DR, deeply rooted in health inequities resulting from xenophobia, S&D, occupational injustice and abuses, human rights violations, and racism. This has been exacerbated by a recent increase in migration due to the crisis in Haiti, and the perception that there is a greater burden on DR's health and social systems and services. As a result, the DR has dramatically increased indiscriminate deportations of Haitian migrants, including in and around health facilities, causing PP to avoid seeking healthcare due to fears of deportation.

The PP is defined by the GoDR national health authorities as a KP subgroup together with FSWs, MSM, TGW, and persons who inject drugs (PWID). While this is not a traditional KP subgroup recognized by PEPFAR, the PP experience severe S&D when accessing health and social services in the DR, regardless of sex, gender, or age.

The NHR addresses the needs of traditional KPs for epidemic control. PEPFAR-DR is committed to closing the equity gaps among PP, who are at greater risk of infection and face added hurdles to accessing health services. Challenges range from the statelessness of Haitian migrants and their descendants, who were stripped of their Dominican citizenship in 2013, to frequent raids, roundups, and checkpoints to identify those perceived as Haitians for deportation.

According to official government information based on 2021 Spectrum data, the PP represents approximately 5.7% (580,479) of the DR's estimated 10.2 million total population and 32.7% (25,477) of the estimated 78,000 PLHIV in the country. Prevalence within the PP is estimated at 4.3%, second only to TGW, nearly five times higher than the DR's general population HIV prevalence of 0.9%, and more than double the overall prevalence in Haiti (1.9%). According to data from FAPPS corresponding to March 2023, among the estimated PP living with HIV, 76% are aware of their status and 54% are currently in treatment. Of those on treatment, 68% are virally suppressed, which is substantially lower than the general population viral suppression rate of 81% (41,589 or 53% of the estimated 72,342 HIV positive non-PP). Out of the total number of PLHIV not on ART, 56% are from the PP. The low rates of enrollment and retention, and the high interruption in treatment (IIT) rates are caused by high mobility, fear of deportation, and societal S&D. Increasing PP access to health services is critical to ending HIV as a public health threat in the DR by 2030.

1.2 Addressing remaining gaps to improve HIV case finding

The DR has been successful in achieving the first 95. With rapid HIV testing available at all public health facilities, the DR reported cumulative testing of and delivery of results to 92.7% of the total estimated number of PLHIV in the first quarter of CY23, i.e., second quarter of FY2023. PEPFAR-DR exceeded all targets in HIV testing indicators at the facility and the community levels, except for index testing, whose uptake is still overall low but producing better results at the community level.

The GoDR, PEPFAR-DR, and the GF collaborate to ensure test kits are available to all, particularly KPs, prison inmates, and the PP. It is worth noting that despite ample testing coverage the yield among MSM has been low. Recently, CONAVIHSIDA – which is the lead government organization in the NHR and the GF's principal recipient - launched a request for proposals to implement the PLACE study in CY23 to better target populations at risk of HIV infection through testing strategies.

The DR's Institutional Review Board (CONABIOS) denied approval for the protocol submitted by PEPFAR-DR in partnership with the MoH to implement a pilot to assess the acceptability and feasibility of self-testing (HIVST) among KP in the DR. This unexpected setback results from the religious and societal conservatism that permeates Dominican culture, including CSOs, and beliefs that self-testing will increase suicide rates. PEPFAR-DR is exploring possible alternatives with CONAVIHSIDA and may adapt the protocol to CONABIOS's recommendations by initially restricting self-testing to health facilities where pre-and post-counseling can be provided. This approach would demonstrate self-testing effectiveness and potentially open doors to later expand provision beyond those requirements.

1.3 Removing barriers to continuation of treatment among hard-to-reach populations

PEPFAR-DR has increasingly invested in community-based interventions since FY2019 to increase outreach to the PP and to improve the NHR by ensuring health equity in the country from a human rights perspective. In order to surmount the inherent challenges of extending services to this hard-to-reach, often undocumented population, PEPFAR-DR must work on multiple fronts and rely on strong S/GAC and Embassy Front Office support and advocacy to remove structural and policy barriers. PEPFAR-supported community-based services incorporate testing, linkage to care, treatment initiation (pending Ministry of Health approval), support for retention, and viral load monitoring. In COP23, PEPFAR-DR will work with the National Health Service (SNS) to strengthen referral and counter-referral systems given the high mobility of the PP, including use of a hotline to ensure accurate and up-to-date information.

An excellent example of this “multiple fronts” approach is PEPFAR-DR's Building Resilience Amongst Families Affected by HIV project, which leverages OVC funding to provide wrap-around, family-based services at the household level to facilitate access to health, education, social and economic benefits, and safety networks.

The project targets HIV+ caregivers on ART at PEPFAR-supported clinics, enrolling their families in a comprehensive case management program to strengthen PP adherence to treatment while reducing the risk of new infections for supported household members. This targeted household-level support for PP caregivers on ART is critical to ensure that the health and social inequities do not continue to perpetuate relative gaps in the 95-95-95 for the PP as compared to the general population.

In COP23, PEPFAR-DR will fast-track graduation of households that have met the minimum resilience criteria (or have stopped progressing due to insurmountable non-critical barriers) and ensure that any new enrollment is targeted to the most vulnerable PP ART client caregivers and their families (i.e., not virally suppressed and/or other adherence issues, evidence of gender-based violence or violence against children, etc.). PEPFAR-DR will also expand PrEP for sero-discordant couples supported by the Building Resilience project, given the large number of households with an HIV-positive caregiver in a relationship with an HIV-negative partner eligible and in need of PrEP.

The PEPFAR team will explore innovative solutions that leverage the Building Resilience Amongst Families Affected by HIV project to further strengthen linkage to treatment, a persistently underperforming area with only 70% of newly identified HIV positives linked to ART in FY2022 at PEPFAR-supported sites. Testing the efficacy of this innovation will involve piloting a new approach to recruiting index clients supported by the OVC program (Building Resiliency activity) in Valverde Province, which had the lowest linkage rate in FY2022 at 48%. Rather than continuing to recruit index clients only at the facility level after starting treatment, the Building Resilience project will test a new approach by recruiting eligible clients when a new HIV-positive is identified at the community level. The expectation is that many of the barriers to treatment enrollment can be addressed by Creole-speaking case managers through more comprehensive post-test counseling at the community level and the promise of wrap-around household support for the entire family across the four OVC domains (healthy, schooled, safe and stable) if newly diagnosed caregivers enroll in treatment.

PEPFAR-DR has made significant progress in improving the quality of HIV services and expanding access to healthcare for PLHIV, and particularly the PP. Community engagement has been instrumental in promoting S&D reduction and increasing the demand for HIV. PEPFAR-DR will leverage the social capital of CSOs and CBOs to ensure that prevention messages reach underserved populations and that HTS and Index be expanded at the community level. In addition, PEPFAR-DR will implement leadership training for young PLHIV, and youth otherwise affected by the epidemic, in order to rejuvenate the NHR and promote innovation, which has been the largest gap in advancing CSO priorities in the HIV response.

1.4 Doubling Down on Combination Prevention

Aiming at comprehensive support to the NHR, PEPFAR-DR's COP23 will support the implementation of the National Combination Prevention Plan (NCPP), developed in 2021 and currently under implementation. The NCPP includes prevention interventions for the PP, together with MSM, FSW, and TGW, and prioritizes these populations for behavior change communication (BCC) and education, provision of condoms, access to user-friendly communication materials, rapid testing, PrEP, and referral to other health services, including HIV, sexually transmitted infections (STI), TB, hepatitis, and maternal health.

PEPFAR-DR understands that preventing HIV infection among the PP requires a multipronged approach to address language and cultural differences. PEPFAR-DR ensures that Créole-speaking community and facility health workers are available at each PEPFAR-supported site and that all prevention messaging is culturally tailored and available in Créole. Furthermore, PEPFAR builds upon the support and guidance of communities, religious leaders, and traditional healers to continuously address S&D. In COP23, PEPFAR-DR plans to intensify tailored communication campaigns via the use of PP champions to support prevention, Créole-broadcasting media, community chats, and information, communication, and education (IEC) materials aligned with Haitian cultural norms. PP-led organizations will play a key role in expanding targeted prevention in support of the NCPP. New in COP23, PEPFAR-DR will initiate a Community Engagement Small

Grants program using LIFT UP Equity funds to strengthen their capacity and mobilize their support and advocacy in the HIV response. PEPFAR-DR will explore funding opportunities for sustainability through transformative partnerships, including businesses that employ PP, particularly AGYW and female heads of household.

PEPFAR-DR introduced PrEP in the DR in 2018 through a feasibility/acceptability pilot. Between 2018 and 2021, the number of people accessing PrEP increased slowly but steadily. In the second half of 2021, however, the COVID-19 pandemic caused a severe disruption in the timely delivery of HIV commodities in the DR. Faced with a shortage of ARVs, the GoDR chose to prioritize ARVs for PLHIV and to put PrEP services temporarily on hold. At that time, PEPFAR-DR mobilized an emergency \$1.3 million donation of ARVs to the Ministry of Health to avoid stockouts that would have put lives at risk.

PrEP implementation resumed in February 2022, when stocks of ARVs were back to pre-pandemic levels, thanks in large part to PEPFAR's emergency ARV donation. Since then, and despite efforts, PEPFAR-DR and its partners have not been able to restore PrEP to 2021 numbers. Internal analysis indicates that clients lost trust in PrEP once the Ministry of Health put services on hold without notice. In COP23, PEPFAR-DR and its partners will refine strategies to reach out to PrEP-eligible individuals to rebuild trust and sustain demand. In addition, upon resumption of services, the GoDR – which is responsible for procuring 100% of HIV-related commodities for the NHR - established a cap for the provision of PrEP treatments by site, which halted efforts to expand PrEP within and beyond the current ten sites in nine provinces.

The GoDR has recently initiated a modest initiative to expand PrEP for KPs in three non-PEPFAR sites that will be sustained with national funds and serve as a model for the deployment of PrEP services in family planning clinics across the country. It is important to highlight that KPs are also the target population for the GF, representing over 95% of current PrEP users. However, the GF is not investing in PrEP, which has run on full PEPFAR support since 2018.

In COP23, PEPFAR-DR will continue to support PrEP services to an estimated 2,507 individuals that were ever registered as initiating prophylaxis while providing technical assistance to the GoDR-led expansion through capacity building, supportive supervision to strengthen compliance with national and international norms, and activities to decrease S&D. In COP23, PEPFAR-DR will increase coordination with the GF to prioritize the referral of eligible individuals to both PEPFAR and GoDR-managed PrEP sites and to design joint demand creation activities. In FY25, PEPFAR-DR plans to fully transition PrEP services in supported sites to the GoDR, which will improve sustainability.

1.5 Tackling stigma, discrimination, and gender-based violence to achieve 10-10-10 targets

Gender-based violence (GBV) is pervasive in the DR. The recent "Survey on the Situation of Sexual and Reproductive Health and HIV among Women in the Dominican Republic", launched by the MoH and UNAIDS with PEPFAR funding, indicates that 53.6% of women who have been married or cohabitated with a partner reported at least one type of violence from their current or previous partner. This percentage jumps to 65.8% when analyzing the data for women living with HIV. Among all women who reported GBV, around 37% indicated that their last experience of violence occurred a month or less before the interview.

Fifty-eight percent of women experiencing GBV indicated that they got married or began cohabitating between the ages of 15 and 19, while 10% joined a partner between the ages of 10 and 14. More than half (56%) of surveyed respondents reported a monthly income lower than US\$200; 11.6% had incomes between US\$200 and US\$350; and 31.9% had no income to report. In addition, 76.3% of the surveyed GBV victims did not benefit from any government social protection program. Finally, 75% of GBV survivors did not seek help, despite the multiple resources and assistance mechanisms available in the DR.

In COP23, PEPFAR-DR's Building Resilience project will implement GBV and intimate partner violence (IPV) screening and referrals as a part of routine HIV

prevention services. PEPFAR-supported C&T activities already include GBV/IPV screening and provide and/or refer victims to appropriate GBV response services (both clinical and psychosocial). In COP23, PEPFAR-DR will expand GBV/IPV screening and response services to the community. Community outreach workers will be fully trained in the LIVES method on how to safely and holistically screen and detect GBV/IPV, provide first-line response, and refer victims to appropriate services. PEPFAR-DR will leverage CLM activities to increase knowledge of communities and beneficiaries in available GBV/IPV response services, including post-exposure prophylaxis (PEP). PEPFAR-DR will continue to work with UNAIDS and other key stakeholders to determine appropriate interventions and opportunities to address the structural barriers and norms that contribute to the high rates of GBV and to advocate with GoDR authorities and other donors to identify strategies and opportunities to address the root causes of pervasive GBV.

Reduction of S&D cuts across all PEPFAR-DR activities. Discrimination against race, nationality, and sexual orientation is common, among Dominicans and the PP in the DR. PP living with HIV generally endure double S&D – within their communities due to their HIV status and, more broadly, in Dominican society due to their national origin. PEPFAR-DR and its partners provide training in S&D to the health workforce across supported sites to ensure S&D-free services in safe spaces for the PP. PEPFAR-DR promotes a human rights-based approach to health access for the PP that includes strong engagement by the Embassy Front Office (FO) through health diplomacy to advocate for policy change. All these activities will continue in COP23, with a concerted interagency push to fully engage international organizations, such as the IOM, PP-led civil society/community-based organizations (CSO/CBOs), and PP champions in advocating for their peers' access to S&D-free health services.

Through the U.S, Department of Defense, PEPFAR-DR has made significant investments since 2019 in promoting S&D reduction among the uniformed forces. The DOD program will be transitioned to the DR Department of Defense (DDD) by the end of 2024 upon achieving its goal to incorporate S&D topics in the DR military training curricula and revising and disseminating the new Military HIV

Policy to replace the previous policy published in 2012.

PEPFAR-DR was awarded LIFT UP Equity funding to address equity in health in the DR. These funds will improve the systematic use of data for decision-making to improve linkage to care and retention in treatment, and to reduce interruption in treatment (IIT), raise PP voices, advocacy, and engagement in the design, implementation, and review of client-focused quality services, and to expanded Community-Led Monitoring (CLM) from six to 14 sites.

Finally, it is worth noting that mother-to-child transmission (MTCT) rates are right at the 2% optimal levels as recommended by the WHO. However, PEPFAR-DR will continue to monitor developments and provide TA as needed.

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Pillar 2: Sustaining the Response

The NHR is led, implemented and monitored by three government entities with the support of donors and in coordination with CSOs, as follows:

- National AIDS Council (CONAVIHSIDA): Leads the NHR by convening all relevant actors for strategic planning, including the development, implementation, and monitoring and evaluation (M&E) of national plans. CONAVIHSIDA reports to the DR President's Office and is the GF Principal Recipient.
- National AIDS Program (DIGECITSS): Drafts and disseminates HIV policies, guidelines, and norms. DIGECITSS reports to the MoH's Vice-Ministry of Collective Health, which, in turn, reports to the Minister of Health.
- National Health Service (SNS): Provides direct health services across the public health network and supervises and ensures compliance with the MoH's HIV policies, guidelines and norms, and overall quality control. SNS is an administratively autonomous entity attached to the MoH.

The GoDR's investment in the NHR has increased steadily in the past five years, from US\$14.7 million in 2019 to a planned level of \$27 million in 2024. In 2022, national funds accounted for 42% of the total NHR, with a budget execution of 95%. Since 2015, the GoDR has been fully responsible for the procurement, storage, and logistics of all ARVs and other HIV commodities.

The PEPFAR-DR program is working with the GoDR and stakeholders to support the NHR's political, programmatic, and financial sustainability from an equity and human rights perspective.

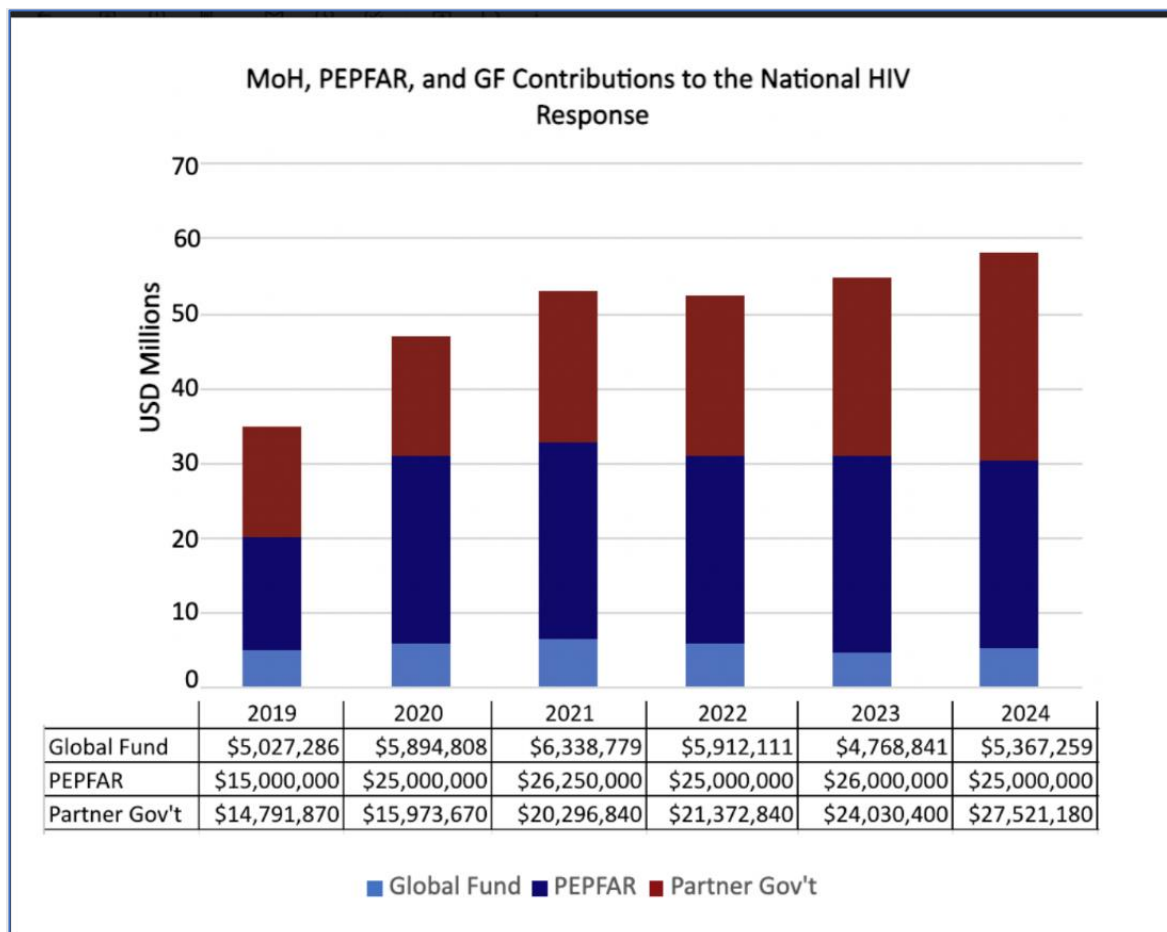
The COP23 strategy incorporates greater engagement with the GoDR at different levels (i.e., central, regional, and provincial levels, and across MOH departments) and alignment with their priorities to strengthen political commitment towards country ownership and adoption of international policies. Increasing funding for system-strengthening activities will contribute to greater sustainability of the

services (e.g., lab), systems (e.g., HMIS), and policies (e.g., community-based treatment) that are required to achieve epidemic control by 2025 and end HIV as a public health threat by 2030. Closer and more efficient and effective partnerships with donors will ensure budget and programmatic efficiencies for greater sustainability of the response. Building the capacity of civil society and community-based organizations and continuing to focus on the populations that experience inequity, particularly the PP, will sustain human rights and equity gains.

The GoDR counts on the support of the donor community to supplement financial and human resources, strengthen alignment with international guidelines, and ensure the targeted provision of technical assistance. PEPFAR, the GF, UNAIDS, and PAHO are the primary donors involved in the NHR. UNAIDS and PAHO have offices in the DR and receive modest PEPFAR resources to implement CLM and SI activities. The GF supports activities to close the ART gap among KPs and fosters the establishment and achievement of national targets. Canadian and French bilateral donors have recently invested in laboratory strengthening.

With an average budget of \$25 million/year, in FY2022, PEPFAR-DR's financial support represented 44% of the NHR and focused on closing the largest gap in the cascade – achieving epidemic control among the PP. Figure 2.1 below shows the historical and planned levels allocated by the three major NHR contributors.

Figure 2.1 – Historical and planned funding levels



Source: CONAVIHSIDA 2023, PEPFAR Resource Alignment 2023.

Under the leadership of the MOH, PEPFAR-DR, civil society, and multilateral partners reached important agreements in the COP23 co-planning meeting. These have helped guide PEPFAR’s programmatic directions, as shown below:

- Align plans, program implementation, and resources from a sustainability perspective under MOH leadership.
- Minimize donor duplication of efforts, investments, roles, and responsibilities by aligning programmatic and budget categories. In April 2023, CONAVIHSIDA initiated this process by convening donors and agreeing upon broad categories that describe the total investment, geography, and programmatic priorities of the GoDR and donors to

decrease duplication while ensuring that donor-supported projects and programs fully comply with national rules, regulations, guidance, and norms.

- Empower civil society and community-based organizations to complement quantitative data with qualitative information from CLM and the community to improve the quality of client-centered HIV services.
- Ensure the success of the DR's service integration plan, whose pilot is being funded by the SNS and the GF and may be expanded by PEPFAR-DR and other donors upon evaluation of results.
- Promote data quality and the interoperability of HMIS residing with the main GoDR HIV responders, and work with IPs to transition to government systems as the prime source of data for PEPFAR activities.
- Increase prevention messaging by leveraging KP- and PP-led organizations' capacity to reach most at-risk populations and implement tailored communication campaigns in Spanish and Créole.
- Continue to build the national capacity to improve services at all levels, emphasizing laboratory systems, supply chain management, SI infrastructure, and community service provision.
- Strengthen human resources for health (HRH) and streamline and align compensation and incentive packages with the GoDR to ensure sustainability.
- PEPFAR-DR will lead the mapping of HMIS to assess data collection and reporting functions, promote their interoperability, and inform strategic above-site investments. This should result in increasingly reliable, granular, and person-centered data availability, thus transitioning PEPFAR from parallel systems to an integrated national HMIS for Monitoring, Evaluation, and Reporting (MER) indicator reporting.

Based on these agreements, PEPFAR-DR has also redistributed funds in COP23 to achieve an optimal balance between direct service delivery (DSD) to the PP and technical assistance (TA) to strengthen health systems through above-site programming (ASP) focusing on sustainability.

In COP23, PEPFAR-DR will strengthen alignment with GF activities to streamline support for the DR's service integration plan, strengthen data quality and availability by harmonizing and increasing HMIS interoperability, and support the transition of PrEP service delivery fully to the GoDR. Given articulated needs to augment prevention messaging, PEPFAR-DR will continue to expand the use of digital health and other communication channels targeted to the PP while also advancing private sector partnerships to expand HIV prevention education and messaging to the labor force, particularly focusing on companies employing large numbers of persons of Haitian descent.

In COP23, PEPFAR-DR will continue to strengthen the capacity of local NGOs and CSOs to support the long-term sustainability of the HIV response. Two of the international NGOs implementing large activities will build the capacity of local sub-partners to transition to prime recipients of PEPFAR funding by FY2026. New in COP23, PEPFAR-DR will dedicate funds to expanding and strengthening the implementation of CLM, implemented by a local NGO, and to increase data use for decision-making in each PEPFAR-supported province, including GoDR and CSO participation. PEPFAR-DR will also initiate a Community Engagement Small Grants program using LIFT UP Equity funds to support PP-led CSOs to increase their engagement in the HIV response through advocacy and/or service delivery that addresses key PP needs and priorities. PEPFAR-DR will explore funding opportunities for sustainability through transformative partnerships, including businesses that employ PP, particularly AGYW and female heads of household.

In COP23, PEPFAR-DR will continue to provide technical assistance and capacity-building support to ensure the long-term sustainability of the DR's supply chain, including training, mentorship, and on-the-job support at all levels to ensure efficient and effective supply chain operations. PEPFAR-DR will strengthen the capacity of PROMESE/CAL to provide timely delivery of commodities from central to regional to site warehouses. At the request of the National TB Program (NTP), PEPFAR-DR will provide TA to replicate the successful transfer of the international HIV commodity procurement process from the MoH to PROMESE-CAL for TB commodities. In addition, PEPFAR-DR will continue supporting the phased

implementation of SALMI, a comprehensive information system that manages the logistics of medicines and supplies. SALMI has selection, acquisition, storage, distribution, admission, prescription, and dispensation modules. It produces valuable reports on consumption, stock availability, patient follow-up care, and coverage analysis to reinforce successful SCM and sustainability. Finally, PEPFAR-DR will continue advocacy efforts with the GoDR to include antiretroviral drugs in the Family Health Insurance benefits package of the Dominican Social Security System. This will ensure sustainability and financial security for the provision of life-saving medication while also increasing MOH budget availability to strengthen long-term activities in support of HIV epidemic control.

During COP23, the work on laboratory quality systems will transition fully to the GoDR. This includes both the technical and financial aspects. As part of this transition, the SNS lab Director has incorporated the "*Strengthening Laboratory Management Towards Accreditation*" (SLMTA) program into 4 HIV and CD4 viral load labs and six regional labs with personnel certified through PEPFAR. This program will allow the laboratories to achieve international ISO 15189 accreditation, the gold standard for lab quality, and to become national and international reference centers, reducing their dependence on sending samples to external laboratories.

PEPFAR-DR is committed to supporting the revision of national plans with a focus on sustainability, as well as in ensuring that those plans contemplate state-of-the-art and innovative methodologies to tackle the HIV epidemic:

- The National Strategic Plan (NSP) for the 2024-2028 period. CONAVIHSIDA leads the NSP periodic revision and includes extensive stakeholder participation. PEPFAR-DR and CONAVIHSIDA will work with national stakeholders using the most recent Spectrum data to analyze the cascade with information from the SNS, the DHS, the PLACE study, and other key sources. PEPFAR-DR will continue to ensure that PP-centered activities are included in the plan.
- Expansion of the National Integration Plan (NSIP) upon completion of the

SNS/Global Fund pilot in two provinces. The NSIP is a comprehensive approach to health services aimed at providing users with continuous care (health promotion, prevention, diagnostic, treatment, clinical management, and recovery) in close coordination with other levels of health services, including the community and organizations outside the health sector. HIV services constitute a significant area for service integration.

- The National Combination Prevention Plan (refer to Pillar 1– Tackling Health Equity for additional information).
- The National Laboratory Strengthening Plan (NLST) (refer to Part 4 – Systems Health Strengthening for additional information).

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Pillar 3: Public Health Systems and Health Security

According to PEPFAR’s new 5-year strategy, “during the COVID-19 pandemic, the public health infrastructure, relationships, and practices that PEPFAR helped to establish and strengthen for HIV proved essential to responding to this new, unexpected health threat” a statement applicable to DR, particularly in terms of the use of health management, information, supply chain, and laboratory systems to facilitate an effective response to the pandemic.

This section provides details of PEPFAR-DR's COP23 plans to support the GoDR in strengthening the public health infrastructure for achieving the 95-95-95 goals by 2025 and ensuring a resilient, responsive health system in the face of future public health threats through PEPFAR DR’s Quality Management Approach and Plan:

1. Person-centered care that addresses comorbidities posing a public health threat for People with HIV (Advanced Disease, TB, Hypertension) plus mental health services
2. Supply Chain modernization and adequate forecasting
3. Laboratory systems
4. HRH systems

3.1 Strengthen the National Public Health Institutions (NPHIs) of the Dominican Republic

The COP23 strategy for strengthening DR NPHIs focuses on strengthening health management information systems (HMIS) interoperability across multiple platforms, building a more robust culture of using data for decision-making (DDM) across all levels to strengthen data and programmatic quality, and ultimately shifting PEPFAR-DR’s focus towards relying on GoDR HMIS as the official source for MER reporting. Since 2013, PEPFAR-DR, in coordination with the SNS, has been strengthening the GoDR HMIS. As services evolved, systems have been frequently upgraded and updated with PEPFAR, GoDR, and donor funds to meet

the MoH needs for quality data, surveillance, and trackable patient records; building and monitoring the national HIV continuum of care, laboratory tests and results; and increasingly moving to patient-centered data not only in HIV but also in other communicable diseases. Below is a snapshot of the DR's current HMIS infrastructure:

- Social Policy Programs Application Form (FAPPS) - Provides the SNS with data on PLHIV receiving HIV services in National System of Nominal Registration of HIV Testing in healthcare settings, including HIV risk factors, KPs, treatment regimens, follow-up information, and VL suppression. FAPPS data feeds the national cascade. FAPPS is currently deployed nationally to all 90 HIV treatment sites, including those managed by MoH and CSO providers, with 71,000 registered HIV-positive clients.
- National System of Nominal Registration of HIV Testing (SIRENP) - Currently used to capture HIV testing data, SIRENP is currently active in 65 laboratories. SIRENP does not capture community-HIV testing data.
- Sample Transport System, Tuberculosis Management and Innovation in Health (SUTMER) - Currently used to register and track VL and CD4 sample collection, transportation, and processing, SUTMER is integrated with FAPPS to retrieve VL and CD4 results and is currently deployed to over 90% of all HIV laboratories.
- PrEP Information System (PrEP IS) - Implemented in all PrEP delivery sites to track service users.
- Tuberculosis Operational Epidemiological Information System (SIOE) - This TB case register is currently used to track TB cases at the national level. This system can retrieve data from FAPPS for tracking TB/HIV co-infection.
- National Epidemiological Surveillance System (SINAVE) - Used for HIV case notification and implemented nationwide.
- Integrated System for the Management of Medication (SUGEMI) - Tracks HIV supplies and commodities at the site level.
- National Key Population Registration System (SRPC) - Used by CONAVIHSIDA and GF sub-recipients to capture HIV testing data at the community level with particular focus on KPs (including the PP). PEPFAR-

DR's implementing partners (IPs) also support data entry in SRPC to ensure complete tracking of community HIV testing activities.

- SIAI+ - Aggregated data system used by DIGECTISS to collect HIV-related indicators at the provincial level.

DR national HIV systems showcase a series of challenges that hinder good practices, and thus, evidence-based decision making at the national, regional and facility levels. Below is a summary of relevant challenges that the country is currently facing, as well as PEPFAR-DR's plans in COP23 to advance improvements:

Outdated and Inconsistent Use of DR's Unique Patient Identification System

The GoDR uses an individual's national identification number to uniquely track each client in the HMIS. This solution does not work for undocumented residents like those from our PP who do not have a nationally recognized form of identification. Biometric fingerprinting was deliberately implemented to address this challenge, thereby facilitating the deduplication of clients registered more than once in the HMIS. Currently, all sites have this system (with the exception of community sites); nevertheless, the actual use of biometrics at the site level has been inconsistent. Furthermore, the technology currently used for biometric capture is overpriced, outdated, and needs to be adapted for use at the community level. In COP23, PEPFAR-DR will support an overhaul of the biometric system, including market research to seek a more appropriate system in terms of cost and useability. PEPFAR-DR will also support interventions to promote the systematic use of biometric capture during all instances of patient follow-up to facilitate more robust tracking of mobile patients accessing services across multiple sites. This will enable ad-hoc analyses of patient movements to better understand PP mobility, IIT, and return to treatment (RTT). PEPFAR-DR will also support health authorities in expanding biometric capture to the community level to facilitate a more efficient linkage to care and follow-up at the facility level.

Information System Management Gaps Derived from Duplication or Fragmentation

The GoDR uses multiple systems related to HIV, which creates data duplication and an additional burden on the available resources. For example, SIRENP, SRPC, and SINAVE all track HIV patient-level testing data and diagnoses, and SIA+ tracks this data at an aggregated level. Therefore, service providers must enter data into four different systems. These national HIV testing information systems are accompanied by PEPFAR implementing partner (IP) internal information systems, as well as the requirement to physically document services provided on paper at the site (using the “*libro visado*” in all the laboratories). This translates to a total of six systems used to track HIV testing, which essentially collect the same basic information, reflecting significant inefficiencies that place a heavy burden on already limited human resources. Furthermore, there are different systems tracking services at different stages of the continuum of care (e.g., testing and care HMIS are not fully interoperable). A fully interoperable system would require less effort from overburdened staff, and these efficiency gains would allow staff to invest more time and effort in the use of the data to better understand the current epidemic and improve service quality. In COP23, PEPFAR-DR will implement an in-depth mapping of all HIV HMIS currently in use by both GoDR and IP stakeholders.

Additionally, PEPFAR-DR will provide technical and financial support for developing data management standard operating procedures (SOPs), facilitating more efficient communication across systems and complete tracking of all services in the continuum of care, from diagnosis to viral load suppression and retention. This will reduce many data quality issues related to the HIV care continuum and facilitate more robust use of DDM. Increasing HMIS interoperability by strengthening information systems management will require a multi-year commitment from PEPFAR-DR and strong engagement from the GoDR stakeholders that manage these systems.

Gaps in DDM

Data quality inconsistencies continue to be a challenge for both GoDR and IP HMIS. PEPFAR-DR has detected minor data quality inconsistencies across several systems and databases through routine supportive supervision and the implementation of data quality assurance assessments (DQA). A key contributing factor is that there are no SOPs for measuring and/or strengthening data quality. This challenge is linked to the inconsistent use of DDM, which mostly only happens at central level, partly due to access, as providers do not have a quick and easy way to visualize trends, dashboards, and other relevant SI. In the few instances where they do exist, service providers do not routinely use available electronic systems and/or their (limited) dashboards because using DDM has never been a routine practice for site staff and regional supervisors.

In COP23, PEPFAR-DR will work in close coordination with the MoH, SNS, and CONAVIHSIDA to support the development of data management strengthening SOPs and tools from site level (through IPs) to sub-national and central levels (i.e., MoH, SNS, regional SNS teams, and other GoDR health institutions). These tools will measure compliance with SOPs to produce high quality data from the physical clinical records to the various web-based and aggregate electronic databases managed across the data flow. A key intervention will be to improve local supervision and the systematic implementation of data quality management SOPs across all levels, particularly at data entry points. PEPFAR-DR will also propose easy-to-use reports and data visuals that facilitate effective patient management at the site level, as well as higher level performance tracking across geographic levels to inform adaptive program management. These solutions will be heavily focused on high-frequency data quality monitoring and implementation of iterative cycles of quality improvement methodologies to improve data and programmatic quality. Finally, we will seek constant two-way communication with supported sites, health institutions, and PEPFAR-DR via various channels to promote information sharing for both decision-making and data triangulation. Using LIFT UP EQUITY funding, PEPFAR-DR will also support DDM forums at the site and regional levels to build a more robust culture of triangulating, analyzing,

and using DDM (from CLM, MER, and joint supportive site supervision visits) across all levels to strengthen data and programmatic quality.

Sustainability gaps due to duplication and limitations of existing HMIS

The sustainability of the NHR is weakened by PEPFAR's use of parallel reporting systems. While the GoDR HMIS is capable of tracking and reporting the core indicators measuring the HIV cascade along the continuum of care, these systems are unable to provide sufficiently detailed data outputs to be fully compliant with PEPFAR MER reporting and disaggregation requirements. This is due to differences in indicator definitions, criteria, and reporting windows, particularly for indicators related to testing, GBV, TB, and other MER indicators with a large subset of data requirements (most of which are not available). While reporting results from host country information systems is a key component of any sustainable, country-led PEPFAR program, using the GoDR HMIS will necessarily limit the program's ability to report data that is fully compliant with PEPFAR MER indicator guidance.

In COP23, PEPFAR-DR will focus on leveraging the available data in the GoDR HMIS that can be used to derive MER indicators. The team will work in close collaboration with national HMIS stakeholders to design automated outputs that facilitate reporting PEPFAR indicators that are aligned with MER standards, particularly for those related to diagnosis, treatment, and VL status. Once systems interoperability, data quality, data management and DDM strengthening interventions begin to have an impact, the national HMIS will be ready to collect, analyze, use and report MER data directly into DATIM. The transition to using the national HMIS as the primary data source for MER reporting will require a thoughtful compromise between PEPFAR accepting data limitations and GoDR willingness to adapt their HMIS to track and report required MER indicators.

Epidemiological Surveillance and Modeling hindered by outdated survey data

National estimates produced by Spectrum primarily rely on population-based prevalence studies for HIV. The last time the DR conducted such studies was

during the 2013 DHS, which found a national HIV prevalence of 0.8%. As each year passes, it becomes increasingly difficult for models to remain accurate, as the range of uncertainty increases. Therefore, it is necessary to update estimates for HIV prevalence and model the key epidemic trends. COP23 will include support for the GoDR to implement a 2023 DHS to more accurately estimate the country's first 95 (which appears to be overestimated), provide a clearer understanding of the characteristics and risk behaviors of the population, produce updated assessments of population knowledge about HIV and its prevention, and generate data on other internationally required indicators for the NHR, such as updated statistics on sexually transmitted infections (STI) and TB, both closely correlated with HIV.

An important component of information systems strengthening is the ability to analyze the generated data for appropriate decision-making. In COP23, PEPFAR-DR will continue to support strengthening epidemiological surveillance capacity, particularly for HIV, TB, and STIs, through the Field Epidemiology Training Program at the National Directorate of Epidemiology (DIEPI-MOH). New in COP23, PEPFAR-DR will support the MOH to establish a strategic information team that can coordinate person-centered HIV patient monitoring and case surveillance; they will be responsible for integrating and triangulating all information generated by different systems. Furthermore, the need for more accurate estimates of PLHIV requires the implementation of population-based HIV prevalence surveys, which have not been conducted since 2013; therefore, PEPFAR-DR will support the implementation of the Demographic and Health Survey (DHS) in 2023-2024, including the addition of a migrant-focused HIV module to inform strategic design and course corrections needed to close the largest service delivery gaps for epidemic control in the DR. Finally, with the support of HQ teams, we will continue to support any required statistical modeling needs for the NHR.

3.2 PEPFAR DR's Quality Management Approach and Plan

The DR OU's approach to QM is multipronged given the multiple data sources

used by the GoDR, and the substantial gaps that have emerged related to initiation and retention of PLHIV on ART in the DR. These gaps were further widened by the impact of migratory raids against Haitian migrants, which further contributed to a decline in PP linkage to care and retention in services.

In COP23, PEPFAR-DR aims to support program implementation and quality management (QM) by scaling proven quality improvement (QI) methodologies in close collaboration with IPs and national authorities, to close the current gaps in the quality of service and target achievement. For instance, agencies have adapted and adopted PEPFAR's proven Site Improvement Through Monitoring System (SIMS) approach by designing a DR version in Excel that incorporates MOH guidelines and standards and internationally recognized best practices. This tool, called Quality Monitoring and Improvement System (QMIS) uses both a qualitative questionnaire informed by site staff and client interviews, as well as a quantitative component informed by either primary data collection from patient files (USAID) or data from FAPPS (CDC) to review service quality indicators across the continuum of care. The PEPFAR-DR QMIS tool also incorporates a DQA assessment comparing the primary data pulled during the manual review of patient files to the data entered in FAPPS.

QMIS assessments are conducted once per year per site, with follow-up site visits conducted three to six months post-annual baseline to confirm the implementation of corrective actions where opportunities for improvement were identified. At the end of each comprehensive QMIS assessment, the PEPFAR team presents the results to the site staff. The IP support team discusses opportunities for improvement and employs root cause analysis (RCA) methodologies (i.e., the 5 Whys, fishbone diagram, process flow mapping, etc.) to explore the causal factors either contributing to high performance (to facilitate replicating at other sites) or underperformance (to identify possible solutions to correct the issue). The site then drafts a quality improvement action plan with solutions that are informed by the RCA and PEPFAR provides follow-up TA as needed to ensure proposed solutions lead to the resolution of all identified issues.

In COP23, PEPFAR-DR will ensure that all QMIS assessments are conducted in collaboration with regional health authorities (SRS) who have the mandate to supervise HIV services at the site level, ensuring these QI tools are constantly updated to reflect the latest MOH and international standards. Closer collaboration with SRS QI teams will also ensure more systematic and sustainable follow-up to ensure that health facilities implement corrective actions. Another key component of QMIS is in the LIFT UP Equity funding to establish and/or reinvigorate QI teams at the site and regional level, as well as quarterly Data Review, Analysis, and Decision-making meetings to analyze and triangulate findings from routine program data and other sources, such as CLM and joint supportive-supervision visits, to continuously track and improve the quality of services. PEPFAR-DR will constantly adapt this strategy to align with the GoDR's QM plans to address programmatic challenges while contributing to local capacity and long-term sustainability.

An integrated approach to Continuous Quality Improvement (CQI) and Data Quality Assurance (DQA) utilizing both PEPFAR SIMS (V4.2) and the Country Intensive Site Management (CISM V1.5) frameworks will be implemented in six sites, based on their TX_NEW and TX_CURR proportions, while all sites will receive continuous and close supervision through the CISM strategy. The CISM approach entails a stage-based data analysis process aimed at identifying bottlenecks and challenges. Site teams will collaborate to provide ad-hoc solutions that can be translated into increased quality services. For example, a list of patients without updated viral loads will direct health promoters to focus on working with them. PEPFAR will train IPs and service providers in this strategy to foster sustainability and data ownership.

Finally, DQA activities will involve close comparison of aggregated FAPPS-level information with IPs' own aggregated databases to standardize all available data. Both systems should match patients' physical records.

3.3 Person-centered care that addresses comorbidities among PLHIV, and mental health

PEPFAR-DR recognizes the importance of providing person-centered care to fully understand the client's medical history, including viral load and CD4 results, comorbidities, social determinants of health, and social and emotional wellbeing. This is particularly important for PP clients who face added social, economic, and political challenges that increase their vulnerability to HIV and other health issues. In COP23, PEPFAR-DR will support efforts as needed to pilot HIV service integration into primary health facilities in the two PEPFAR-supported provinces of La Altagracia and Santiago. This integration of HIV services will enable patients on ART to access services that also address comorbidities like STIs, TB, diabetes, cardiovascular disease, and mental health disorders.

PEPFAR-DR's approach recognizes the unique needs and circumstances of each individual served. This means providing tailored support that considers a person's physical health and mental and emotional wellbeing. PEPFAR-supported teams will continue to work closely with each patient to create personalized treatment plans that address their unique needs and concerns related to their mental and emotional wellbeing, as well as through differentiated service delivery (DSD).

3.4 Supply Chain modernization and adequate forecasting

PEPFAR-DR provides critical technical assistance to the GoDR and local NGOs to strengthen the health supply chain management system, focusing on ensuring uninterrupted access to HIV-related commodities at national and sub-national levels.

The GoDR has made significant progress in assuming financial responsibility for the national HIV response since 2015, including procuring all HIV-related commodities to meet the country's needs, demonstrating commendable advancement in supply chain management. While PEPFAR-DR does not provide funding for the procurement of HIV-related commodities, the DR faced a

temporary shortage of ARVs in FY22, which was partly mitigated by a PEPFAR donation through the Emergency Commodity Fund. Since then, the GoDR has been actively working to restore stock to pre-pandemic levels, which they have done successfully with over 24 months of first line ARVs available since the start of Q2 in FY23. PEPFAR-DR will continue to collaborate with the GoDR to identify and address bottlenecks and systemic challenges in the health commodity supply chain.

During FY2022, the DR conducted a National Supply Chain Assessment (NSCA), which was the first time this assessment had ever been implemented in Latin America. The assessment demonstrated that the DR possesses an Integrated System for Medicine and Supply Management (SUGEMI) that covers the entire public health network at the national level. To ensure its efficiency and to guarantee uninterrupted access to HIV-related commodities, PEPFAR-DR will support SUGEMI in COP23 through a more comprehensive and holistic approach with greater political support and financial resources to strengthen the system, close identified gaps, and support future sustainability.

PEPFAR-DR used the NSCA findings to identify relevant COP23 investments to address gaps in the supply chain management (SCM) system; prevent stockouts of HIV and TB-related commodities; enhance the GoDR's capacity to assess availability at the site, provincial, and national levels; and eliminate obstacles to efficient storage and logistics to ensure timely delivery of HIV-related commodities for improved health outcomes. PEPFAR-DR will continue to provide direct technical assistance to improve SUGEMI data quality and enhance the functionality of the interactive dashboard to facilitate analysis of information and decision-making related to the availability of HIV-related commodities, consumption levels, and procurement tracking.

The NSCA documented issues that contributed to recent stockouts experienced in the regional and site warehouses, including the lack of an automated inventory management system. While SUGEMI collects and reports data on consumption and available stocks, it does not have an automated inventory management

system at the warehouse and pharmacy levels. New in COP23, PEPFAR-DR will provide direct technical assistance to implement SALMI (Logistic Administration System for Medicines and Supplies), an information system designed to manage the logistics of medicines and supplies in hospitals, primary care centers, and regional and national warehouses. SALMI includes selection, acquisition, storage, distribution, admission, prescription, and dispensation modules. It produces reports on balances, consumption, useful life of products, months of available stock, months of available use, unsatisfied dispensing, nominal records for patient follow-up care, and coverage analysis. PEPFAR-DR's support for SALMI expansion will improve inventory management at the site level while also ensuring SUGEMI receives more accurate and timely inputs to further strengthen supply chain management.

PEPFAR-DR will expand technical assistance to facilitate the transition of TB commodity procurement from the MoH to the GoDR's Essential Drugs and Logistics Support Center (PROMESE-CAL). The transfer of HIV procurement operations from the MoH to PROMESE-CAL, storage of TB products, and optimization of transportation routes and schedules will improve system efficiencies and effectiveness. PEPFAR support includes:

- securing financial resources by PROMESE-CAL,
- obtaining approval for legal mechanisms to procure from international providers,
- subscribing to international agreements or contracts, and
- providing training to PROMESE-CAL's International Procurement Unit personnel.

PEPFAR-DR has laid the groundwork for the first HIV product procurement by PROMESE-CAL through international providers in FY2023. These efforts collectively will contribute to building the capacity and capabilities of PROMESE-CAL and other national institutions, enhancing their ability to procure and store essential HIV and TB products. PEPFAR-DR will continue collaborating with PROMESE-CAL to optimize logistics and transportation, ensuring that HIV/AIDS

commodities are efficiently transported, stored, and distributed to their intended destinations. This involves optimizing transportation networks, improving storage facilities, and enhancing distribution processes to minimize stockouts and waste. PEPFAR-DR will focus on strengthening logistic activities, ensuring on-time delivery, completeness of dispatches to Regional Health Services (RHS), and timely reporting to the SNS.

PEPFAR-DR will offer comprehensive support for the annual quantification of HIV-related commodities. This will include updating the standard quantification procedure and providing training for the HIV Medicines and Supplies Technical Working Group (HTWG) to sustain these efforts. PEPFAR-DR will also provide technical assistance and capacity building to strengthen the skills and knowledge of supply chain personnel on supply chain planning, forecasting, procurement, inventory management, warehousing, distribution, and logistics management. This will involve training programs, mentoring, and on-the-job support to build sustainable supply chain management capacity from the central to the facility level to ensure efficient and effective supply chain operations.

PEPFAR-DR is committed to supporting the National TB program by providing TA for effective management of supplies, including quantification and programming for procurement, supplier selection and acquisition, and requisition and dispatch. This support will include analyzing availability and consumption, conducting a price analysis and supplier performance study, launching a self-instructive course, and providing technical assistance to the TB medicines working group. We aim to ensure that the National TB program has access to the necessary supplies to effectively prevent, treat, and manage TB/HIV co-infection.

3.5 Laboratory systems

In COP23, PEPFAR-DR will strengthen lab and lab information systems by supporting the development of the National Laboratory Strategic Plan (NLSP), which includes better preparation of personnel for reliable and timely diagnosis of HIV and other events that represent emerging and re-emerging threats. PEPFAR-

DR's ultimate goal is to strengthen overall health systems and surveillance to support diagnostic readiness to address global health security and pandemic preparedness and response.

PEPFAR-DR has supported the National Public Health Laboratory (NPHL) and other reference laboratories to strengthen their diagnostic capacities for HIV, TB, and other diseases through epidemiological surveillance. In recent years, PEPFAR-DR has provided continued support to NPHL for multiple disease surveillance, including training laboratory technicians, installing molecular and genetic testing capacity, and improving the efficiency of diagnosing COVID-19.

In 2022, the FDA conducted a thorough assessment of the NPHL operations that resulted in a \$4 million project for physical and equipment renovation of the National Public Health Laboratory. Following approval of that project by stakeholders, including the GF Country Coordination Mechanism (CCM), PEPFAR, PAHO, SNS and the MoH, the CCM has commissioned the FDA to conduct an assessment of the DR's laboratory network, in a Diagnostic Network Optimization (DNO)-type methodology that will collect comprehensive information about: 1) number and location of laboratories, 2) instrument type (conventional/POC) and sample type, 3) sample referral and transportation systems, 4) utilization and capacity of instruments 5) data systems and connectivity, 6) supply chain, 7) HR, 8) waste management system, and 9) funding. This assessment will be the basis for the development of the NLSP under the leadership of the MoH, and SNS and coordinated between bilateral and multilateral donors. PEPFAR-DR has secured a seat at the table to provide TA to the development of the NLSP, and to coordinate activities that will be implemented with GoDR and donor funding with a view to lab sector sustainability.

PEPFAR-DR will continue supporting the DR to build the capacity of laboratory staff through field epidemiology laboratory training programs (FELTP), ensuring a cadre of well-qualified laboratory staff to lead and/or be part of the country's NHS (SNS). PEPFAR-DR will also continue to support diagnostic networks and the systems that support these networks through monitoring, continuous quality

improvement activities, focused laboratory trainings, such as HIV Rapid Testing Continuous Quality Improvement (HIVRTCQI), and Strengthening Laboratory Management Towards Accreditation (SLMTA), to ensure that the diagnostic network can provide reliable and timely results. PEPFAR-DR will also continue to support the management of VL and CD4 samples, which includes the collection, preparation, and transport of samples to processing laboratories and strengthening the management of community samples. PEPFAR-DR will continue to support the implementation of the VL and CD4 online sample registration system and delivery of results following the SOPs established by the NHS.

Informed by the NLSP, additional lab-related activities that PEPFAR-DR will continue to support in COP23 may include:

- Promote accreditation programs for the network of six viral load testing laboratories and ten regional health services laboratories in the DR through the implementation of the SLMTA program;
- Conduct an external evaluation of the quality of laboratory services for the NPHL Virology area to achieve ISO 15189 accreditation for HIV and SARS-CoV-2 viral load;
- Build lab technician capacity building to use of SUGEMI to guarantee the availability of reagents and supplies for viral load testing;
- Implement Proficiency Testing program (EQA) for HIV-1 Viral Load for the four VL Laboratories in the DR, which have each scored 100% in performance, as well as support to include two new VL labs; and
- Provide technical assistance to prepare NPHL for ISO-17043 accreditation for the External Quality Assessment (EQA) program. Currently, more than 225 laboratories participate in this program with excellent performance in more than 95% of them. Support will be provided to continue EQA expansion to other laboratories in the HIV testing network.

3.6 Human Resources for Health (HRH)

PEPFAR-DR plays a significant role in strengthening the DR's health workforce by

providing TA and continued capacity building to health workers to deliver high-quality HIV services. In response to the recent emerging and reemerging health threats, PEPFAR-DR's capacity building efforts have expanded to areas such as security, pandemic preparedness, and response capacity needs. Examples of PEPFAR-supported capacity building areas that have a significant impact in the DR's health systems as a whole include the Field Epidemiology Laboratory Training Programs (FELTP); supply chain management support through drug forecasting, logistics, and storage to ensure the long-term sustainability of the DR's supply chain; TA to the GoDR-led PrEP expansion; strengthening of local sub-partners to transition to prime recipients; fostering stigma-free environments that offer psychosocial and adherence support, and comprehensive case management that addresses comorbidities. PEPFAR-DR provides training on clinical management – including management of advanced disease, counseling, supportive supervision, and on-site mentoring and coaching to improve service delivery and quality. Additionally, PEPFAR-DR supports the development of policies and guidelines related to HIV, designs and provides in-service training on the use of SOPs, and conducts M&E activities to track progress and identify areas for improvement in close collaboration with our government counterparts.

Nonetheless, throughout the years of PEPFAR support to the DR NHR, PEPFAR-DR and its partners assumed increasing responsibility for supplementing the GoDR's health workforce to meet the demands of epidemic control. In FY2022, approximately 1,300 health workers, including health promoters, community and laboratory staff, medical doctors, social workers, mental health staff, nurses, pharmacists, and other key personnel to ensure the provision of high-quality HIV services, received some type of PEPFAR support, including salaries, stipends, and overtime. During the COP23 Co-Planning meeting, CONAVIHSIDA, DIGECITSS and SNS highlighted the positive impact of PEPFAR's support to HRH on HIV and other health services but, at the same time, stressed the negative impact of such support on sustainability, as the GoDR is not in position to absorb this considerable workforce within the limitations of the national budget.

In order to mitigate this threat to sustainability, in COP23 PEPFAR-DR will map the

exact number, location, and functions of PEPFAR-support HRH, in addition to PEPFAR's total investment, as a starting point to standardize compensation packages across partners and to align recruitment for positions and categories of monetarily compensated health professionals initially among IPs and, ultimately, to the GoDR compensation plan. This gradual alignment will support continued dialogue based on the multi-stakeholder Country Sustainability Framework to determine how PEPFAR can better support the DR's HRH sustainability plans by engaging other sectors of the GoDR, e.g., the Ministries of Finance and Labor. This will be a game-changer in discussing sustainability pathways as we approach the achievement of the 95-95-95 goals.

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Pillar 4: Transformative Partnerships

4.1 Private Sector Engagement (PSE)

In COP 2023, PEPFAR-DR will use private sector (PS) resources for HIV to develop workplace HIV prevention programs – mainly in businesses employing many PP. PEPFAR-DR will also use these PS relationships to expand flexibilities that support C&T for employees diagnosed with HIV, including approved sick leave to attend follow-up appointments and collect ARVs regularly. PEPFAR-DR will couple this with activities to decrease S&D among the health workforce. This support will expand upon prevention messaging, given concerns expressed by the GoDR regarding the low level of knowledge on HIV prevention and treatment across the country.

Additional challenges that the PP workforce faces are policy related, including the absence of channels for large businesses employing PP to contribute to the national Social Health Insurance system due to the informal nature of employment arrangements involving undocumented and PP workers overall. Although this requires legislation and policy change, an action beyond PEPFAR's purview in the DR, the team will discuss this with private businesses to increase advocacy for PP registration and social insurance mechanisms.

This PSE approach will also build on the initial progress made with local businesses to discuss partnerships that benefit the vulnerable populations under the OVC initiative, e.g., the support provided to households with HIV+ caregivers through Corporate Social Responsibility (CSR) programs to build household resilience for improved treatment adherence.

Finally, in promoting the interoperability of GoDR HMIS, PEPFAR-DR will explore solutions to interface with PS laboratories and health clinics to improve the notification and follow-up of HIV patients diagnosed and treated in the private sector health network. Although case notification is mandatory, there are inefficiencies in PS reporting, particularly in compliance with the PS health service

providers. This limits the MoH's ability to coordinate the NHR and monitor the quality, coverage, and impact of PS services.

4.2 Enhanced Civil Society Engagement

Civil society, including PP-led CSOs, played a pivotal role in shaping the PEPFAR-DR COP23 strategy. They provided valuable insights into the national context, including the availability and quality of services and barriers faced by PLHIV. PEPFAR-DR intends to strengthen its relationship with these organizations and community members using various strategies. As outlined in the CLM section, PEPFAR-DR aims to provide community members with opportunities for participation in different aspects of the HIV care continuum through specific CLM activities. This includes selecting community leaders, peer health workers, and other individuals to participate in CLM *petit comités* and other decision-making meetings.

In COP23, PEPFAR-DR plans to enhance its dialogue with CSOs through the establishment of a PP-led Advisory Committee or Group to support PEPFAR programming and implementation of strategic approaches that best meet PP needs and strengthen the capacity of PP-led CBOs. These approaches are contemplated in activity 4 of the DR LIFT UP proposal approved by the U.S. Global AIDS Coordinator and Health Diplomacy Office (S/GAC). This capacity-building plan will include an innovative mentoring program through which well-established HIV CSOs will partner with PP-led CBOs to share knowledge and best management practices that can further engage CBOs in the NHR. The mentorship and capacity building activities also seek to support the development of a young leaders in the HIV space. New in COP23, PEPFAR will also establish the Community Engagement Small Grants Fund to promote PP CBO strengthening with LIFT UP Equity funds. These grants will provide good opportunities for PP-led CSOs and/or active civil society to implement innovative actions to leverage the social capital of community-based organizations to increase outreach to PP and serve as a mini-PP led think-tank.

4.3 High-level engagement plan

Given the persistence of policy barriers to advancing the progress of the DR NHR to achieve 95-95-95, Ambassador Nkengasong recommended that PEPFAR-DR put together a high-level engagement plan to support PEPFAR-DR advocacy efforts at different levels that engage S/GAC HQ staff. PEPFAR-DR will continue to advance these efforts by working closely with the Embassy Front Office (FO) and the PEPFAR interagency leadership team to promote increased buy-in to state-of-the-art strategies to end HIV as a public health threat in the DR by 2030.

PEPFAR-DR receives full support from the FO. The FO has met frequently with the Minister of Health and has asked for the GoDR to commit to expanding community-based services, including treatment initiation and adoption of international HIV guidelines issued by the WHO. The FO has also participated in high-level health diplomacy dialogue to address migratory issues from a human rights lens and mitigate their impact on health service provision. The Front Office has also started high-level dialogue around the Global Health Security Initiative (GHSI) and the DR's participation in this flagship strategy.

There will be significant turnover in the US Embassy/Santo Domingo FO in the summer of 2023, with a new CDA arriving in July 2023 and ongoing temporary coverage in the Acting/Deputy Chief of Mission role. The current CDA – who has become a committed champion of the PEPFAR-DR program – will be leaving the country in June.

PEPFAR-DR would benefit from S/GAC engagement in drawing the new CDA's and DCM's attention to the importance of PEPFAR-DR's mission, its considerable investment in the DR, which currently accounts for 44% of the NHR, and the need for the GoDR to revamp strategies and methodologies and adopt innovations to move towards the achievement of the 95-95-95 goals.

The engagement plan will also include a visit by the Minister of Health to CDC facilities and a potential meeting with Ambassador Nkengasong and his team in

Washington, DC. This would be an opportunity to showcase PEPFAR-DR's achievements and obtain agreement on the path to achieving the 95-95-95, in addition to strengthening the DR's commitment to the GHSI. PEPFAR-DR also recommends high-level visits to the DR, a country that is not traditionally on the radar of PEPFAR authorities, given its modest budget and unique epidemiological profile that requires a differentiated strategy that promotes equity for the most vulnerable population residing in the DR.

Following the launch of the 5x3 Strategy, a new game-changer for the DR interagency team has been the establishment of U.S. Embassy internal, intersectoral health resilience work group engaging PEPFAR, USAID, CDC, the Political and Economic Section (POL/ECON), the Public Affairs Office (PAS), and DOD, to build upon the PEPFAR platform and the lessons learned from the COVID-19 pandemic to broaden the DR's health system resilience to improve system preparedness and responsiveness. By the end of the FY2024, this work group should provide a framework to strengthen the US bilateral relationship with the DR as the partner of choice by implementing and highlighting key contributions to protecting the health and well-being of Americans and Dominicans. Under PEPFAR-DR leadership, this work group will raise the profile of PEPFAR's assistance within the USG-DR team and to ensure a one government approach to health resilience with the GoDR.

At the PEPFAR interagency leadership level, the PEPFAR Coordinator (PCO), the CDC Director, and the USAID Health Office Director, with support from the Chair and the PEPFAR Program manager (PPM), have nurtured a close and productive relationship with the Vice-Minister for Collective Health, who has overall responsibility for the NHR through line executive offices: CONAVIHSIDA, DIGECITSS, and SNS. Interagency leadership is fully committed to working with the GoDR and stakeholders to foster the "one country, one response under the leadership of the COM" with continued S/GAC support and supervision.

Pillar 5: Follow the Science

PEPFAR’s new 5-year strategy states, “As countries progress towards the 95-95-95 targets (...), closing the gap will require embracing and elevating the best new scientific innovations and ensuring that programming is data-driven.” This section focuses on Pillar 5 of the 5 x 3 strategy, summarizing COP23 plans for PEPFAR-DR to support the GoDR with surveys, surveillance, and research activities. These activities will provide insights necessary to accelerate progress toward the 95-95-95 targets for epidemic control. The section includes the following:

- Health Management and Information Systems (HMIS) strengthening;
- Modeling, surveys, and surveillance; and
- Implementation science and operations research
- Align protocols/policies with the latest scientific findings.

PEPFAR-DR has strong collaboration and partnership with the SNS HMIS team and the MOH SRE teams, supporting activities essential to monitoring trends in the HIV epidemic and remaining gaps in epidemic control among general, priority, and key populations. In COP23, PEPFAR-DR will continue to invest in critical information systems and SRE to inform the NHR in line with the DR’s NSP, COP guidance, and issues raised in stakeholder consultations. Additional details are provided below.

5.1 HMIS Strengthening

New in COP23, PEPFAR-DR will map the current GoDR and, if feasible, private sector HMIS landscape for potential interfaces, enhance health authority capacity to analyze and use data for decision making, support systems interoperability and the national master patient index within the framework of the GoDR’s Agenda Digital 2030. Informed by the findings, PEPFAR-DR will invest over \$1,440,000 in COP23 to support HMIS strengthening and TA through cooperative agreements with the SNS and MOH. By the end of COP23, all PEPFAR-funded IPs will be reporting quarterly MER results through national systems.

5.2 Modeling, Surveys and Surveillance

The 2019 PEPFAR-DR pivot to prioritize PP resulted from the program's dedication to using data to guide decision-making for HIV epidemic control. In COP23, PEPFAR-DR is investing \$375,000 to strengthen the HIV surveillance capacity of GoDR health authorities by developing a national HIV surveillance framework and capacity-building support like the Field Epidemiology Training Program (FETP). PEPFAR-DR will also provide technical assistance and lab sample processing support for the GoDR's next DHS Survey and continue to invest USG technical staff time and support to assist in the annual HIV epidemic modeling exercise together with UNAIDS.

5.3 Operations Research and Implementation Science

PEPFAR/DR is investing \$600,000 to build health authority and implementation partner capacity to implement operations research and implementation science activities. PEPFAR-DR will dedicate part of this funding to working with local health authorities and sub-implementing partners to build their capacity to regularly use routine data to identify and investigate causal factors associated with opportunities for improvement and to test solutions that lead to improved service quality. PEPFAR-DR will also use these funds to investigate the adverse health outcomes associated with clients returning to care after a period of prolonged IIT, and ways to re-engage clients who interrupted treatment more effectively. The PEPFAR team and its IPs routinely conduct operational (field) research to guide/attune our responses and strategies to reach, test, initiate and retain patients in treatment.

5.4 Aligning Protocols/Policies with the Latest Scientific Findings

The political context in the DR makes it difficult to always follow the science because the government has reservations about applying the latest international recommendations, such as test-and-start, self-testing, community ARV dispensing and initiation, and one-stop-shop, among others. Despite this reluctance, PEPFAR-

DR persistently supports updating national guidelines and protocols to close the gaps between international best practices/WHO recommendations and approved national guidelines. In COP23, PEPFAR will support the revision and implementation of major national HIV plans, e.g., the NSP, the NISP, and the NLSP, which should facilitate the dialogue around innovation and policy updates.

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Strategic Enablers

6.1 Community Leadership

PEPFAR's latest strategy emphasizes the critical function of Civil Society in planning, developing, executing, and overseeing prevention, treatment, and system-focused programs to meet the 95-95-95 objectives across all pillars and under the community leadership enabler.

Below, you can find additional details regarding PEPFAR-DR's approach to supporting community leadership in COP23, which includes:

1. Collaborating with Civil Society;
2. Community-led monitoring; and
3. Community leadership.

6.1.1 Collaborating with Civil Society

PEPFAR-DR's commitments in COP23 focus on transformative partnerships with civil society and communities, following an inclusive planning process. PEPFAR-DR intends to enhance its engagement with civil society and communities by prioritizing their input into program design and monitoring, increasing community involvement and expanding CLM. By doing so, PEPFAR-DR can ensure that its programs are tailored to meet the needs and experiences of priority populations, thereby fostering collaboration to end the HIV epidemic as a health threat in the DR by 2030.

The DR's HIV/AIDS profile is unique, with PP concentrating 51% of new infections and reporting a prevalence of 4.4%, nearly five times higher than the 0.8% prevalence in the general population. Social determinants increase the challenges posed to a comprehensive NHR, with intersecting factors such as poverty, S&D, displacement, and inadequate healthcare.

On the one hand, DR's civil society is composed of consolidated KP- and PLHIV-led CSOs that count on experienced, seasoned staff and activists. Several community-based organizations (CBOs) work directly with the PP in areas such as human rights, women's empowerment, legal advice, and health. With a few exceptions, when compared to the KP- and PLHIV-led CSOs, these CBOs are less structured and have limited staff. However, their social capital to reach out to, provide services, and advocate for the rights of the PP represents a wealth of human resources and knowledge that can be leveraged to raise awareness about HIV, provide HIV prevention and care, and work in close coordination with health facilities to ensure referrals and monitor adherence to and retention in treatment for VL suppression. Under the leadership of CONAVIHSIDA, PEPFAR-DR, the GF, and other donors are engaging with these organizations to further build their capacity to participate actively in the NHR.

In COP23 planning, PEPFAR-DR listened to and raised the voices of CSOs fostering brainstorming and formal input that not only provided significant insight into the needs of both KP and PP but also highlighted the interface between the two. PEPFAR-DR plans to build the capacity of PP- and KP-led organizations to:

- Advocate for a comprehensive response that meets the needs of all people affected by HIV in the DR;
- Establish a mentorship program under which well-established NGOs strengthen CBOs for increased participation in the NHR;
- Promote increased equity for most vulnerable populations seeking services in the public health network;
- Engage in community-led monitoring that results in the improvement of services for the most vulnerable population;
- Engage in prevention and awareness services among youth to empower new leaders and rejuvenating the CSO response to HIV, including a strong focus on innovation;
- Decrease S&D against PLHIV and migrants.

COP23, PEPFAR will establish the Ambassador's Community Engagement Small

Grants Fund to support CBOs by addressing bottlenecks to enhanced engagement in the NHR, as well as a PP-led Advisory Committee or Group that will monitor the evolution of the PEPFAR strategy and ensure that it continues to advance epidemic control among the most vulnerable populations.

6.1.2 Community-led Monitoring

PEPFAR-DR supports community-led monitoring in close collaboration with UNAIDS. CLM has generated a substantial amount of qualitative information that can improve PEPFAR-supported service delivery, including a beneficiary insider's view of the quality and adequacy of person-centered services.

In COP23, PEPFAR-DR will expand CLM from six to 14 sites, building upon the achievements and lessons learned from the CLM baseline survey and the follow-on meetings with regional and local health authorities, clinic committees, and community-based councils to ensure that community-generated data is considered a primary source of insights on program components that need to be enhanced and/or adapted to the needs of PEPFAR-DR's priority population. Equity in services, linkage to care, continuity of treatment, and retention in services will benefit most from this continued monitoring.

6.1.2 Community Leadership

PEPFAR-DR recognizes that community leaders, including religious leaders, PPLHIV, in connection with PP traditional healers, can be powerful champions of prevention, treatment adherence, and service retention. By equipping community leaders with the tools and resources they need to disseminate accurate and timely information about HIV prevention, treatment, and care, PEPFAR-DR aims to encourage more individuals to seek out these services to make informed behavior change decisions and to continue treatment over time. PEPFAR-DR is committed to strengthening the capabilities of civil society. This will be a critical aspect of achieving long-term sustainability and improved results. By supporting civil society members, PEPFAR-DR can help to build a more robust and resilient

health system that responds effectively to the needs of communities affected by HIV.

6.2 Innovation

PEPFAR-DR continues to promote the adoption of innovative and good practices capable of decreasing structural and policy barriers to services, particularly for the most vulnerable populations. The following approaches exemplify progress and plans in this area:

- Ensuring that PEPFAR-DR funding priorities and decision-making processes identify potential innovation for the highest impact in the DR context, which is marked by a conservative approach to HIV, including country policies that are not conducive and often impose limitations to implementing progressive initiatives. Clear examples are the suspension, in COP22, of a U=U campaign that included pictures of same-sex couples that were considered too graphic and the CSO-led rejection by CONABIOS of a self-testing pilot for fear of suicidal reactions.
- In COP23, PEPFAR-DR will implement prevention awareness and PrEP demand-creation campaigns from a market-niche approach, i.e., by selecting specific messages for specific audiences. PEPFAR-DR will also build upon successfully implementing the linkage to care Enhanced Peer Outreach Approach (EPOA) to expand person-centered interventions that foster treatment enrollment and retention in services.
- A balanced mix of operations research, implementation science, and continued evaluation will guide PEPFAR-DR's identification of innovation. The upcoming DHS, whose HIV/migrant module will be funded by PEPFAR-DR and other donors, will inform decision-making and create the enabling environment for the DR government and implementing partners to be intentional about high-potential innovations.
- Both program data and input from CSOs, in addition to CLM results, have highlighted the need for proactiveness in decreasing S&D among healthcare providers. Community-based services supported by CBOs who can identify

and empathize with the PP will pave the way for reduced S&D among health providers working closely with the community. As for facilities, PEPFAR-DR will continue to provide structured S&D reduction training programs while bringing CLM results to the attention of regional and site authorities for health providers' behavior change towards PLHIV and migrants.

- A successful example of innovation to improve services to PLHIV is the introduction of pilot approaches to increase VL literacy using a visual, tactile communication tool, based on the Mpilo project, which can be used to explain the process and benefits of testing, treatment and VLS in any language, with patients who have little to no literacy or familiarity with clinical terminology.

6.3 Leading with Data

PEPFAR's new 5x3 strategy notes that "PEPFAR's investments in data are the bedrock of the program's success in the past 15 years. This data has also enabled accountability to make rapid, demonstrated progress." The strategy also speaks to evolving data needs and the need to shift to "more holistic measurements of public health outcomes while protecting our HIV gains" as HIV/AIDS services are integrated into the overall primary health care system.

The PEPFAR-DR program has evolved in response to the available epidemiological and HIV program data. In the initial years of PEPFAR support, the program focused on making HIV clinics more friendly to key populations, such as MSM, TGW, FSW, and migrants, by partnering NGO clinics with public clinics in provinces with both types of clinics. In COP19, PEPFAR-DR pivoted to focus on providing services to PP as they were (and continue to be) the subpopulation most affected by HIV, accounting for one-third of all HIV cases and half of all new infections. PEPFAR continues to lead with data by concentrating direct assistance in the nine provinces with the highest volume of migrants of Haitian origin and descendants (immigrants) living in the DR, where 21 supported clinics reach 75% of all patients receiving HIV services in the country.

While detailed and updated epidemiological data is lacking – especially for PPs – PEPFAR-DR uses all available sources and supports efforts to generate new data for the country, such as the BSS among migrants and their characterization in the services. The resulting strategic information has been gradually incorporated into the national HIV response, where national health authorities now publicly recognize that prioritizing support for the migrant population is vital to achieving epidemic control.

In COP23, PEPAR DR will rely on available data to support the GoDR with the necessary integration and strengthening of health management information systems to ensure data-driven, country-led solutions for the public health challenges of the future. Further detail is provided below in the following sections:

1. Data systems;
2. Data for Decision Making; and
3. Collaborative and Systematic Performance Review and Quality Improvement.

6.3.1 Data systems

In COP23, PEPFAR-DR will continue collaborating closely with the GoDR HMIS team to strengthen core data system functionality and staff capacity to collect, analyze, and use quality data for decision-making. Specific COP23 activities include mapping all respective information systems to determine the actual level of interoperability, define interoperability standards, and inform PEPFAR-DR's work with the national HMIS stakeholders to adapt systems as needed to improve efficiencies and data quality and enable more robust analytics. PEPFAR-DR will also support the GoDR HMIS team to assess national HMIS data quality, define and adopt data quality standards, and identify and address opportunities for improvement in preparation for the shift from IP-led to GoDR-led MER reporting by the end of COP24. In addition, PEPFAR-DR will provide technical assistance and training to expand the number of health facilities that have correctly utilized

biometric identification systems, HIV testing (SIREN-P), and logistics management (SALMI) information systems. PEPFAR-DR will explore solutions to incorporate private-sector HIV data within the national public-sector HMIS. TA will be needed to scale up the use of digital health solutions for improved health outcomes (social media prevention messaging and linkage to HIV testing services, automated appointment reminders, digital health adherence strengthening messaging, etc.).

6.3.2 Data for Decision Making (DDM)

PEPFAR-DR will continue prioritizing data use from all available sources (routinely collected, surveys, surveillance) to promote effective program monitoring and improvement. Greater access to routine analytics coupled with triangulation with data from surveys and surveillance enhances PEPFAR-DR's ability to support the GoDR to use data for decision-making. In COP23, PEPFAR-DR will strengthen DDM capacity by working with the GoDR HMIS team to align PEPFAR and national HIV indicators and systematize the routine analysis of key performance metrics through the development and use of automated strategic information dashboards to facilitate DDM.

6.3.3 Collaborative and Systematic Performance Review and Quality Improvement

COP23 will be the first COP where PEPFAR-DR will align indicators, targets, and reporting systems with the GoDR health authorities. Along with PEPFAR-DR's HMIS strengthening and data quality efforts, this significant game-changer will enable PEPFAR-DR to move together with the GoDR at all levels, ensuring that all stakeholders supporting the National HIV Response have a shared understanding of program performance and priorities to advance epidemic control. PEPFAR-DR will also strengthen DDM by establishing GoDR-led joint quarterly performance reviews at facility and regional levels where data can be triangulated from surveys, studies, and CLM to collaboratively identify opportunities for improvement, develop QI action plans, and track implementation of corrective actions.

For COP23, PEPFAR-DR will enhance its Custom Intensive Site Management (CISM) process to optimize HIV/TB clinical care in PEPFAR-supported sites. This data-driven approach combines PEPFAR's Granular Site Management methodology and key elements from the MER (2.7) guidelines to identify bottlenecks and challenges and provide solutions through technical support and close supervision.

The DR-CISM process comprises four steps, similar to a traditional Continuous Quality Improvement (CQI) cycle: a) preparation of a site data summary, utilizing standardized tools and available data to showcase challenges and pitfalls; b) implementation of a baseline site visit and methodology introduction for site staff; c) co-creation of an improvement plan with actionable tasks and roles by both site and PEPFAR personnel; d) follow-up visits.

In addition, Data Quality Assessments (DQAs) will be expanded to all main sites at PEPFAR-supported PSNUs. These DQAs involve contrasting aggregated FAPPS-level information with IPs' own aggregated databases. If differences beyond a 10% threshold are identified, a tally is implemented using physical records as tiebreakers. This exercise serves as an excellent data quality improvement methodology, as it not only resolves discrepancies but also helps pinpoint their cause and implement measures to prevent them in the future.

Finally, PEPFAR-DR has provided CQI training to all its partners, aimed at creating resources and skills that enable self-evaluation and improvements at the site level, led by site personnel, including GoDR service providers. PEPFAR-DR expects that for COP23, these sites will be able to create their own CQI processes with minimal technical assistance from PEPFAR.

In addition to DR-CISM, PEPFAR-DR employs a comprehensive approach to systematic performance management. This approach includes weekly site-level links to care and treatment follow-ups, which allow for the identification and resolution of any issues related to patient engagement and retention in care. Monthly performance calls with partners provide an opportunity for PEPFAR-DR

to discuss progress, challenges, and opportunities for improvement with its partners and to ensure that any issues are addressed promptly and effectively. Quarterly performance visits to IPs allow PEPFAR-DR to conduct a more in-depth review of program performance and identify any systemic issues impacting program outcomes. Additionally, PEPFAR-DR team members conduct continuous site and community visits to PEPFAR-funded activities, in coordination with SNS central and regional authorities, to monitor program implementation, identify best practices, and make recommendations for improvement.

When a situation indicating unsatisfactory performance arises, the PEPFAR-DR team initiates immediate actions, often based on the CQI/CISM approach. By catching performance issues early through regular monitoring and feedback mechanisms, such as monthly calls and weekly overviews, PEPFAR-DR can take swift action to address any problems and prevent them from developing into larger challenges.

Target Tables

This section provides an overview of PEPFAR-DR's targets for FY2024 and FY2025 across the continuum of care. Following the disaggregation of COP22 reporting by DSD vs. TA in DATIM to differentiate results targeting PP (DSD) vs. those focused on non-PP (TA) in COP23, for the first time, the PEPFAR team was able to set official targets for each respective population. This will ensure that PEPFAR is able to track commitments and performance against targets for both populations, which is critical to ensure progress towards achieving the 95 95 95 for epidemic control.

Table 1 provides an overview of targets for newly and currently enrolled on ART. PEPFAR DR is committing to enrolling 7,007 new clients on ART in FY24, of which 72% (5,009) are PP and the remaining 28% (1,998) are non-PP. This will increase the number active on ART from an expected 43,000 to 46,012, of which 31% (14,068) are PP and remaining 69% (31,944) are non-PP.

Target Table 1 - ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY21)	New Infections (FY21)	Expected Current on ART (FY23)	Current on ART Target (FY24) TX_CURR	Newly Initiated Target (FY24) TX_NEW	Current National ART Coverage (FY24)	ART Coverage (FY25)
Scale-Up Aggressive	78,000	4,200	43,000	46,012	7,007	73%	

Source: 2021 Spectrum, DR GOV SNS Published Data corresponding to March 2023, and PEPFAR DR Target Setting Tool.

The annual targets for new enrollment (TX_NEW) and currently on ART (TX_CURR) are illustrated below, which are expected to support the DR to achieve an estimated ART coverage of 73% by the end of FY24.



Table 3 below provides an overview of DSD targets for prevention interventions (PP_PREV), all of which target the most vulnerable population (PP). PP_PREV is implemented exclusively at the community level, and in addition to HIV prevention education messaging, includes screening and referral for HIV treatment and prophylaxis, as well as GBV. The target of 110,472 for PP_PREV is double the COP22 target and aligns closely with the results that PEPFAR implementing partners typically report in a given year.

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY24 Target	FY25 Target
Priority Population: Haitian migrants and their descendants Indicator Codes include PP_PREV	19,259	3%**	110,472	110,472

Source: Secondary Data Analysis using DR SPECTRUM, DR CENSUS, DR National Immigration Survey, and DR DHS

Table 4 summarizes the targets allocated to PEPFAR-DR's Building Resilience Amongst Families Affected by HIV project. The estimated number of beneficiaries that will continue to receive support from this project remains steady at 13,000, with the expectation that 100% will know their HIV status. This project will also serve as a major contributor to new enrollment on PrEP as all of the supported households have at least one HIV-positive caregiver, and many of these are in sero-discordant relationships where the partner is eligible for prophylaxis.

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children Beneficiaries	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
FY23 TOTAL	12,913	12,911	N/A	N/A	12,395
FY24 TOTAL	13,000	13,000	N/A	N/A	13,000
FY25 TOTAL	13,000	13,000	N/A	N/A	13,000

Targeted SNUs: Distrito Nacional, Santo Domingo, Puerto Plata, Valverde, Santiago, and La Altagracia

Finally, presented below is a table showing the breakdown in DSD vs TA targets that PEPFAR-DR set to differentiate investments to PP and non-PP populations.

	DSD / PP		TA / Non-PP		Total
GEND_GBV	3,500		100%		3,500
HTS_INDEX	3,180		100%		3,180
HTS_TST	224,330	96%	9,022	4%	233,352
OVC_HIVSTAT<18	6,952		100%		6,952
OVC_SERV	13,000		100%		13,000
PP_PREV	110,472		100%		110,472
PrEP_CT			7,020	100%	7,020
PrEP_NEW			997	100%	997
TB_PREV	16,604	34%	32,321	66%	48,925
TX_CURR	14,068	31%	31,944	69%	46,012
TX_NEW	5,012	72%	1,995	28%	7,007
TX_PVLS	26,640	30%	62,161	70%	88,801
TX_TB	50,002		100%		50,002

Core Standards

1. Offer safe and ethical index testing to all eligible people and expand access to community testing and HIV self-testing.

In COP23, PEPFAR-DR will continue to expand index testing coverage in accordance with the PEPFAR Guidance and SOP developed by the team. All 39 PEPFAR-supported sites meet the minimum standards for safe and ethical index testing services. Routine monitoring and remediation practices are in place for accountability and action. Over the next two years, PEPFAR's goal is to scale up the community-based index testing services, given that the index productivity has been higher at that level. PEPFAR will offer index testing to all newly diagnosed HIV-positive individuals, PLHIV with unsuppressed VL, and those who returned to treatment. By increasing the availability of index testing in the community, PEPFAR aims to improve early detection of HIV and enrollment in treatment, ultimately leading to better health outcomes for the NHR.

The National HIV Policy (NHP) does not yet include self-testing (HIVST) as an approved HIV testing option. PEPFAR-DR submitted a protocol to the DR IRB (CONABIOS) to conduct a pilot study on the feasibility and acceptability of self-testing in the DR. Even though this protocol had full MoH support, KP- and PLHIV-led CSO members of the Ethics Council opposed the protocol, which was rejected for lack of consensus. The main reason presented by civil society for rejecting the protocol was the fear of suicidal reactions among HIV+ in the absence of pre- and post-counseling. PEPFAR-DR remains committed to advocating for the implementation of HIVST in COP23 by joining forces with CONAVIHSIDA and local health authorities that expressed support to this initiative to adapt the protocol to CONABIOS's recommendations by initially restricting self-testing to health facilities where pre- and post-counseling can be provided while expanding CSO understanding of the key role that HIVST plays in advancing the global goals for elimination of HIV transmission.

2. Fully implement “test-and-start” policies.

Starting antiretroviral treatment (ART) as early as possible upon an HIV+ diagnosis is crucial for reducing mortality and morbidity among PLHIV and improving continuity of treatment. PEPFAR-supported provinces report significant progress in reducing the time gap between enrollment in care and starting ART. From FY2020 to FY2022, the average time decreased from 30+ days to around three days across all sites. We have seen a significant decrease in the time gap for PP over the same period. However, the waiting time for lab results, including VL, active TB rule-out, and full blood count, among other MoH-mandated tests, remains a major barrier to rapid start in treatment, which ideally should take place on the same day of enrollment.

However, the GoDR is not ready to remove requirements for treatment initiation – such as a chest X-ray to rule out TB – which precludes PEPFAR from implementing the whole community-based package. The Front Office is engaging with the Minister of Health to request that the MoH authorizes increased flexibility of local norms and guidelines to start PP on treatment at the community level immediately after a positive diagnosis. PEPFAR-DR has improved the enrollment process from community to facility. However, limitations still affect timely linkage to care, often due to an illegal migration status and fear of deportation. PEPFAR-DR will use proven interventions to increase linkage rates. Examples are community outreach, peer navigation, and transportation support.

3. Directly and immediately offer HIV-prevention services to people at higher risk.

In COP23, PEPFAR-DR will continue to support the GoDR in implementing pre-exposure prophylaxis (PrEP) by collaborating with PrEP demand creation and outreach to those most at risk. Acceptance of PrEP in the nine PEPFAR-supported sites has been high, primarily among KP. 3,120 clients have started PrEP since FY2018 despite the COVID-19 pandemic and the related shortage of ARVs reported by the MoH in FYs 2021 and 2023. However, the GoDR at the central

level has been overly conservative about a PrEP expansion plan and has expressed concern about PrEP demand creation, mainly to protect ARV stocks and ensure that HIV-related drugs and supplies will be available to PLHIV in treatment.

According to the last NSCA, the MoH has HIV stocks to cover 24 months of both treatment and PrEP. With that, PEPFAR-DR will increase coordination with management and technical staff in priority sub-national units (PSNU) to ensure that their forecast includes PrEP treatments where services are available. PEPFAR-DR will continue to support post-exposure prophylaxis (PEP) by ensuring safe, friendly, and stigma-free services to victims of GBV.

4. Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes.

- Case management

PEPFAR-DR's OVC case management approach is based on a family-centered platform that ensures that all the household members of PP enrolled in treatment - including HIV-exposed infants (HEIs), older children, and caregivers - know their HIV status. The different activities are coordinated closely with C&T partners to share information on the availability of index testing for the biological children of HIV+ mothers and biological siblings of C/ALHIV to certify that all are referred for HIV testing, while minimizing duplication of services. Household members who do not know their HIV status or whose assessed risk status may have changed are screened for HIV risk using age-aligned HIV risk assessment tools. All those confirmed as HIV negative receive HIV prevention education messaging, are also assessed for PrEP eligibility, and provided referral as needed. Likewise, all those confirmed as HIV positive and initiating treatment receive adherence counseling and referrals for complementary health services as needed. The case management support package also includes positive parenting counseling for caregivers to prevent GBV and VAC, as well as violence screening and referrals to local health and legal authorities if necessary.

- Socioeconomic support

The OVC program offers aid to caregivers and out-of-school adolescents aged 15-17 by facilitating access to and support for enrollment and completion of vocational and skills-building training to prepare them for employment, either by starting or expanding their businesses or seeking paid employment. Vocational training content comprises financial literacy education and entrepreneurship training, as well as some modest basic business start-up support for beneficiaries. The OVC program aims to expand this support to adolescents who cannot attend school due to local enrollment policies, which require proof of legal residency to access the public education systems, allowing them to continue their education and prepare for formal employment. If eligible to access public school, all OVCs under 18 receive a comprehensive education support package (i.e., transport, tutoring, school supplies, etc.). Households also receive assistance facilitating access to legal documents to regularize beneficiary residency status if qualified. PEPFAR-DR will continue to identify opportunities with the private sector (PS) and CSOs to foster inclusion of our OVC beneficiaries in sustainable livelihood programs. Savings and lending groups and/or micro-credit opportunities will be sought for eligible beneficiaries completing vocational and financial literacy training.

5. Ensure HIV services at PEPFAR-supported sites are free to the public.

The GoDR's public health system offers free services to all those accessing a public health facility. ART, PrEP, TB, and other HIV-related drugs and supplies are free-of-charge to all PLHIV, including PP. Local legislation is enforced to ensure that all costs are covered by the Government.

6. Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.

PEPFAR-DR will continue to reduce S&D by monitoring and advocating for legislative, regulatory, and policy reform by sensitizing lawmakers and law

enforcement agents and training healthcare providers on human rights and medical ethics related to HIV. Through the Department of Defense (DOD), PEPFAR-DR will continue to provide S&D reduction training to uniformed forces and border patrol officers through the incorporation of S&D in their official curricula, until completing the transition to our host country's military by the end of FY2024; additionally, the military HIV policy is being revised to include S&D reduction.

Nevertheless, S&D is deeply rooted in Dominican society, particularly against PP. Migratory measures that increased deportation have been adopted and implemented in different forms at the central, regional, and provincial levels. S&D against migrants is fueled by increasingly ultranationalist discourse, mainly in social media and the press, as the country prepares for the upcoming elections in CY2024. The Front Office, the Political and Economic Section, and the Human Rights committee at the Embassy have joined PEPFAR implementing agencies to increase efforts in S&D reduction. PEPFAR-DR and its partners have had considerable success in training health care providers in reducing S&D against PP at the site level. The addition of PP-led CSOs to the PEPFAR portfolio of prime and sub grantees has also ensured safe, stigma-free spaces for PP affected by HIV. Finally, PEPFAR's requirement for each service site to have at least one Créole-speaking staff has created greater empathy between PP and service providers, in addition to supporting treatment adherence and VL suppression.

7. Optimize and standardize ART regimens.

PEPFAR-DR has been working to optimize and standardize ART regimens through different actions:

- TA and training to healthcare providers on the latest treatment guidelines;
- Effective and safe use of DTG;
- Migrating ART patients from other treatment regimens to DTG; and,
- Supporting the development of clinical protocols for ART initiation and management.

PEPFAR collaborated with the MOH and partners to support SCM to promote efficiency-driven change in the procurement and distribution of drugs, and monitor stock levels, thus contributing to ensuring access to DTG.

Also, PEPFAR-DR has supported the development of systems to monitor and evaluate the effectiveness of ART regimens in the DR, including laboratory services to ensure accurate testing and monitoring of VL and CD4 counts to ensure the effectiveness of ART regimens. The promotion of adherence and the work with healthcare providers, promoters and PP-led NGOs has been an effective strategy to optimize the standardization of ART regimens. For the next two years PEPFAR-DR will strive to improve VLS rates among PLHIV on DTG-based ART regimens. We will continue to provide training and TA on DTG use, including the most updated protocols and guidelines for HIV treatment.

8. Offer differentiated service delivery models.

PEPFAR-DR will continue to scale-up the implementation of DSD to meet the specific needs of PLHIV, and particularly for those most vulnerable in the DR. The program is expanding the full DSD menu of services, e.g., extended hour facilities, community services, MMD, fast lines, improved access, peer support, and adaptation of services and materials to Créole-speaking clients. PEPFAR-DR has also been promoting task-sharing and task-shifting for selected HIV services. For example, peer navigators are providing community HTS outreach, ART distribution and supporting enrollment in care, using a non-judgmental, S&D-free approach.

PEPFAR will promote the decentralization of ARV delivery to the community level to improve ART coverage and supplement facility-based delivery. The "out-of-facility" models will involve community workers/teams and mobile clinics to provide ART initiation packages and refills. Facilities will provide ART initiation and refills with flexible hours such as early morning, evenings, and weekends. PEPFAR-DR will use primary care facilities for ART refills among stable patients who do not need clinical appointments. All decentralized approaches will be done in

coordination with the GoDR to ensure adherence to national policies and guidelines.

MMD is part of the DR's National HIV policy. However, two or three-month dispensing has been the preferred option in HIV health facilities, even if the patient meets the criteria for six-month dispensing. Due to guidelines implemented by the MoH, healthcare providers are reluctant to offer up to six months dispensing.

9. Integrate tuberculosis (TB) care.

According to the National HIV-TB guideline in DR, active TB rule-out and TB preventive treatment are high priorities, and there have been improvements since the update of the TB/HIV guidelines, such as the implementation of 3HP in 2020. However, there are still challenges based on existing PEPFAR data, including poor data recording and reporting, low screening rates and yield, suboptimal Gene-Xpert coverage, and stock-outs of TB prevention drugs. To address these challenges, PEPFAR is collaborating with the GoDR to strengthen healthcare systems by improving supply chain management, promoting electronic records for data collection/analysis, increasing access to TB preventive therapy (TPT), testing, and treatment services. The program plans to develop and implement strategies with partners to improve coverage and quality of care, including scaling up TPT and accelerating its implementation at facilities.

10. Diagnose and treat people with advanced HIV disease (AHD).

PEPFAR-DR recognizes the critical importance of diagnosing and treating AHD in alignment with the international and domestic guidelines. Annual evaluation of CD4 counts is already a standard practice in the country and medical visits occur at least 4 times a year. Ruling out opportunistic diseases (TB, pneumocystis, cerebral toxoplasmosis, cytomegalovirus, herpes, and hepatitis B and C). While the provision of preventive treatment primarily for diseases susceptible to Trimethoprim-Sulfamethoxazole is well established, lack of data on the incidence

of opportunistic diseases (with the exception of TB) still hampers effective management of comorbidities. Currently, the majority of HIV diagnosed cases are identified through active community-based case finding, which has considerably reduced the proportion of cases with advanced disease. PEPFAR-DR will provide support to enhance the monitoring of AHD as part of the efforts to strengthen data visualization and analysis of patient information systems. This is particularly relevant for patients that are re-engaging in treatment. By expanding SIRENP to SNS-managed hospitals providing HIV services, PEPFAR will have access to information that will expand AHD monitoring capacity at the GoDR level. Finally, the OVC platform will be leveraged to ensure patient referrals to identify and treat co-morbidities.

11. Optimize the diagnostic networks for VL/EID, TB, and other co-infections

Informed by the National Laboratory System Strengthening Plan, PEPFAR-DR will plan to expand the country's HIV VL lab network from four to six laboratories, aimed at reducing the total VL sample processing burden. PEPFAR will provide continued training to staff in sample collection, preparation, and transportation, while leveraging GoDR funds under the TB 41 Project to improve the courier network and sample collection system for PLHIV suspected of TB co-infection, and TB contacts, with the support of community health workers. Thirty GeneXpert machines are being used nationwide. In coordination with the GF, PEPFAR-DR will look for opportunities to update and leverage this platform for multiplexing in response to emerging and re-emerging health threats, and to rationalize equipment location to expand testing services to underserved populations.

The NPHL will undergo extensive renovation under a US\$4 million project with the France Development Agency and will continue to perform EID. Through TA to PROMESE/CAL, PEPFAR-DR will improve the management of VL reagents and supplies to reduce the frequency of stockouts

12. Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.

In COP23, PEPFAR-DR will continue to implement effective quality assurance QA and CQI practices to ensure service safety, effectiveness, efficiency, and responsiveness to the needs of the populations they serve. PEPFAR-DR is continuously aligning its supported activities with national policies to assess sites for compliance with national and international standards and promptly address any deficiencies. PEPFAR-DR will work closely with stakeholders to ensure that QA/CQI practices are fully integrated and sustained. The DR CISM approach to CQI and QA has proven effective in optimizing clinical care for HIV/TB patients, diagnosing, and addressing performance and quality issues at several PEPFAR-supported sites, resulting in improved MER indicator performance. PEPFAR-DR will expand the use of the DR CISM methodology to all sites during COP23 and provide training to local IPs' personnel for increased sustainability.

PEPFAR will translate its internal standard operating procedures (SOP) into Spanish and provide training to local IPs' personnel. This will enable them to implement the methodology with minimum PEPFAR support, thus increasing the sustainability of the DR CISM approach. Through this expansion of the DR CISM methodology, PEPFAR-DR aims to ensure that all PEPFAR-supported sites in the DR provide optimal HIV/TB clinical care and achieve the best possible patient outcomes via data-oriented approaches.

13. Offer treatment and VL literacy.

From FY2021 to FY2023, PEPFAR-DR reported continued increases in VLC (from 60% to 73%) and VLS (from 74% to 78%) among PP, which positively impacted the third 95. PEPFAR-DR has strengthened case management through facility, community, and household adherence counseling, and VLS monitoring among PP. One of our program successes has been the introduction of pilot approaches to increase VL literacy using a visual, tactile communication tool, based on the Mpilo project, which can be used to explain the process and benefits of testing,

treatment and VLS in any language, with patients who have little to no literacy or familiarity with clinical terminology.

Despite challenges in the availability of laboratory reagents, delayed progress towards expansion of VL, and limited laboratory infrastructure to support scale-up of C&T at the national level, PEPFAR-DR has been made progress in reducing the time for delivery of lab results to less than 7 days, with most results now being delivered in less than three days. PEPFAR-DR will continue this effort to implement online results from public labs.

14. Enhance local capacity for a sustainable HIV response.

PEPFAR-DR has enhanced local capacity through comprehensive training and education of healthcare providers, community-based groups, and CSOs /CBOs on HIV prevention, testing, care and treatment. Activities range from detection of HIV, TB, and other opportunistic infections to the provision of psychosocial and social and economic support to PLHIV and their families. CLM expansion will build the enabling environment for greater community participation and sustainable approaches informed by service users.

PEPFAR DR will continue to prioritize localization efforts by building the capacity of local organizations to join the PEPFAR prime and sub portfolio. To date, PEPFAR-DR's local partner prime funding represents 50% of the total PEPFAR-DR portfolio. In COP23, PEPFAR-DR will hold listening sessions with local CSOs to better understand their capacity, needs, and strengths moving towards receiving direct funding as prime partners. In addition, through the new Community Engagement Small Grants Program (new in COP23), PEPFAR will assess the baseline capacity of CBOs for participation in a capacity building initiative through which well-established local CSOs will mentor nascent/small PP-led and PP-oriented CBOs to sustain outreach and services to those that need them the most.

15. Increase partner government leadership.

Unlike other PEPFAR countries, the GoDR takes full responsibility for the strategic direction and management of the NHR through governance mechanisms that involve CONAVIHSIDA, DIGECITSS, and SNS, in addition to coordination with CSOs and donors. In COP23, PEPFAR-DR will strengthen CONAVIHSIDA's leadership in the NHR by supporting information systems strengthening and improving data quality to enhance M&E. PEPFAR will also work closely with CONAVIHSIDA to align donor investment and programmatic directions to decrease duplication of services. New in COP23, PEPFAR-DR will provide TA to scale up the GoDR's initiative to integrate HIV services into the primary health care network, a major game changer that will redefine the profile of HIV services in the country. PEPFAR's greater challenge in increasing partner government leadership is to sustain advocacy that resonates with the GoDR for the adoption of international guidelines and openness to innovation, including proven methodologies and technologies already adopted around the globe, e.g., HIVST and same-day treatment.

16. Monitor morbidity and mortality outcomes.

The DR reports considerable barriers to properly monitoring morbidity and mortality outcomes, including underreporting of HIV-related deaths in the national surveillance system and lack of capacity to accurately determine the cause of death for individuals who die of HIV-related illnesses. Committees to monitor the cause of death in the facilities are not in place, and delivery of death certificates to health providers is not routine.

In the next two years, PEPFAR-DR is committed to engaging with the epidemiology departments and public hospitals to improve surveillance data reports. PEPFAR-DR will conduct an assessment to identify problems, gaps, data use for HIS strengthening, prioritizing HIV morbidity and mortality outcomes combined with operational research to improve ART adherence and AHD disease to increase knowledge about reasons for IIT and loss to follow-up.

17. Adopt and institutionalize best practices for public health case surveillance.

The DR still faces significant challenges in surveillance data quality and completeness, which can partly be attributed to the limited financial and human resources allocated to HIV case surveillance. HIV case notification is mandatory in the DR. However, not all healthcare providers are in compliance with this norm. The country still uses paper-based systems for data collection and reporting, while processes to enter this information in the patient monitoring database are unreliable. In addition, data about HTS_TST is not accurate, as government systems do not capture information about community-based testing.

In response to these challenges, PEPFAR-DR has actively supported the development of national guidelines and SOPs for HIV surveillance based on good practices and research and provided continued training to public health staff managing HIV patient-monitoring databases.

To further improve HIV case surveillance, PEPFAR-DR will support the MoH in the development of a secure, person-based patient records that contemplate transfer of patients between provinces and healthcare delivery sites, in addition to digital unique identifiers building upon the fingerprint collection system that is available in 100% of health facilities, and efficient data deduplication tools. Regular DQAs will be carried out to assess the quality of data and provide in-service training on data quality and analysis. PEPFAR-DR will also support interoperability between government HMIS to ensure that SIRENP and RNPC have interfaces that permit transfer of community-based testing to the SIRENP database.

Staffing Plan

In COP23, we will seek to staff our OU to meet PEPFAR-DR's programmatic needs in line with the 5x3 strategy. This includes reaching more persons of Haitian descent at the community-level, increasing our investment in above-site activities, improving retention, expanding CLM, and improving HIV cascade outcomes. PEPFAR-DR's staffing and organizational structure align with key activities and core functions of the PEPFAR strategy that will contribute to the sustainability of the National HIV Response (NHR). This section summarizes human resources (HR) and management actions in the coming two years based on the comparative advantage and level of effort (LOE) of each agency, noting a flatlined budget and planning level letter (PLL) guidance.

At the time of the SDS submission, there were 26 filled positions with 100% LOE. Agencies are working to fill vacancies as quickly as possible to avoid programmatic interruptions. Nearly 50% of interagency staff are dedicated to technical work, with the remaining 23% and 27% allocated to management and administrative positions, respectively. The changes from the COP22 CODB to COP23/24 are very small given the maintenance budget scenario, rising inflation, and salary increases.

At present, USAID/Santo Domingo comprises a total of 17 approved positions, including 2 U.S. Direct Hires (USDH), 2 personal service contractors (PSC), and 13 Locally Employed Staff (LES) positions. Among these approved positions, 65% (11) are focused on technical work, 24% (4) provide administrative support, and the remaining 11% (2) fulfill management roles. USAID/DR is also responsible for contracting and administrative oversight of the PEPFAR Coordinator (PEPCO) position, which is a contractor and excluded from the previously referenced workforce statistics.

During COP21, PEPFAR-DR added a new position to the interagency team: a Deputy PEPFAR Coordinator (Deputy PEPCO). Interagency discussions are underway regarding the appropriate scope and requirements of this position,

after which CDC will work with the Department of State to recruit this LES position. In the meantime, USAID will provide a modest stipend to a PEPFAR intern, who will be hired through the Embassy's new internship program with local universities. The intern will provide a unique professional development opportunity for a Dominican student while providing stopgap coverage while CDC recruits the Deputy PEPFAR Coordinator. Once the Deputy PEPCO comes on board in FY23, the CDC team will include 3 USDH and 13 LES positions, for a total of 16 approved positions - 18% (3) providing administrative support, 18% (3) in management roles, and 64% (10) focused on technical work. The organizational strategy of CDC's technical team is structured around areas of expertise to sustain the HIV response and to support local stakeholders to deliver quality services and strengthen the public health system to address the needs of the PEPFAR target population. CDC technical staff assist all program areas, with most time spent on C&T and ASP activities, as well as testing.

Given PEPFAR DR's strategy to close the ART gap among persons of Haitian descent to meet 95-95-95 goals by 2030, the Department of Defense (DoD), with concurrence from OGAC and Mission Santo Domingo's Front Office, has decided to close its military hospital focused stigma and discrimination activities in FY24. As the DoD program is relatively small, this decision will require the elimination of one LES position by September 2024. The incumbent has been notified. This presents sufficient time to transition DoD programming to the DR military, including training materials and incorporation of legal updates/guidelines.

To maximize efficiency, USAID removed 1 vacant FSN administrative position, as well as 1 vacant technical contractor position, and added 1 new USDH FSO trainee position. The remaining USAID staffing structure will remain consistent with COP22, as it is sufficient to effectively carry out the anticipated level of effort over the next two years. Similarly, CDC removed a contractor vacancy that was temporarily filled by two Public Health Institute fellows. With CDC's CODB stagnant since COP19/FY20, this contractor position was determined to no longer be cost effective, and any savings would be applied to bolster rising CODB costs across HR, management, and operations. With this balanced allocation of

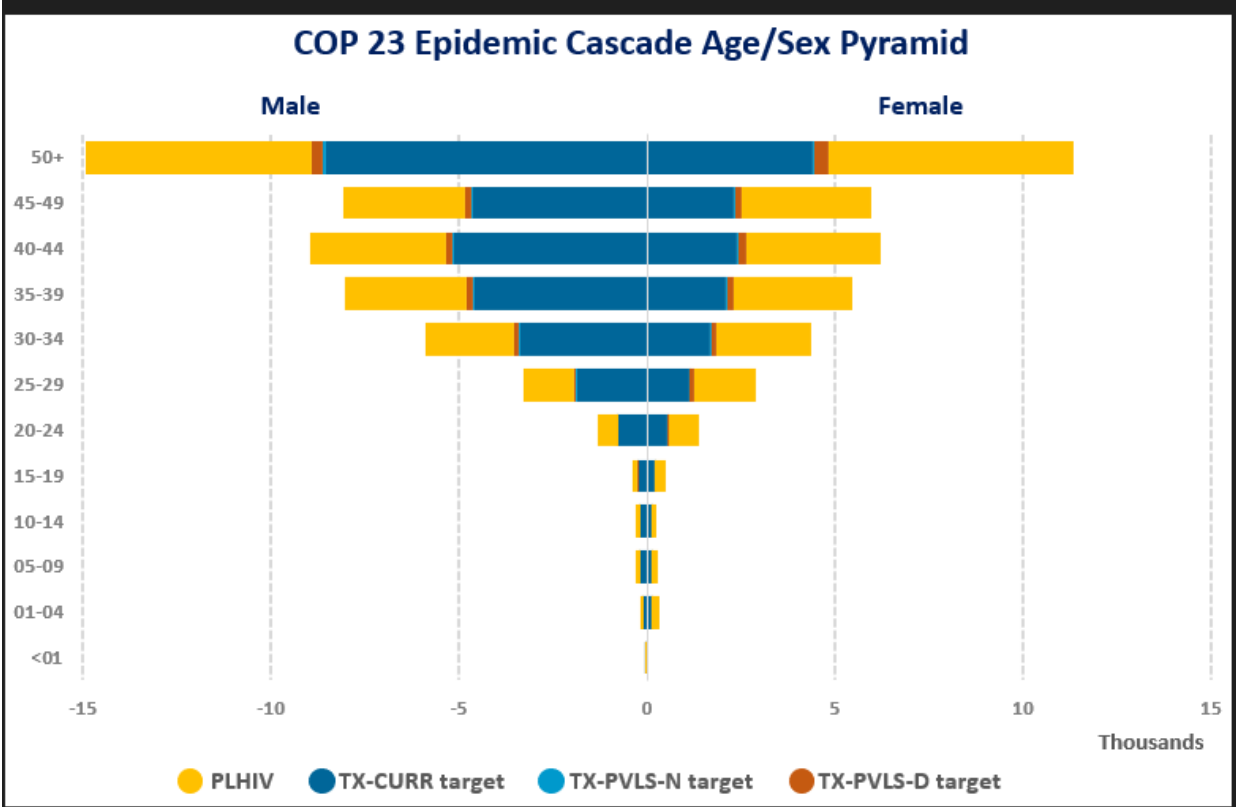
resources, PEPFAR/DR will successfully implement PEPFAR's new 5x3 strategy by ensuring the presence of necessary technical, administrative, and management personnel. These professionals actively manage PEPFAR implementing partners, optimize the utilization of U.S. government resources, and ensure close collaboration with GoDR health authorities.

Currently, USAID has 4 technical positions and 1 administrative position that are vacant, and CDC has one USDH and three LES vacancies — all of which are technical positions and one of which will be reclassified for the Deputy PEPCO position. Recognizing the urgency to avoid programmatic interruptions, both agencies are actively undertaking steps to swiftly fill these vacancies. Efforts are being made to expedite the recruitment process through targeted outreach, rigorous screening procedures, and collaboration with relevant stakeholders. Where positions have been vacant for more than 6 months without identifying eligible candidates for interview, agencies are exploring innovative ways to fill these positions, such as adjusting minimum requirements to allow more junior candidates to apply while including minimum capacity building goals in the first year of employment. USAID/DR is also exploring the possibility of establishing short term FSN fellowship opportunities and FSN exchanges with USAID/Haiti to address vacancies. As CDC LES are DOS staff, CDC is exploring opportunities to better engage persons of Haitian descent living in the DR through non-traditional hiring mechanisms, including in advisory or consultant roles.

As described herein, PEPFAR/DR is dedicated to maintaining a strong and capable workforce that can effectively support PEPFAR's 5x3 strategy, fulfill its management and technical responsibilities, and achieve sustainable outcomes in the fight against HIV/AIDS in the DR. Although the current economic environment presents numerous challenges, the interagency team is frequently reviewing financial and administrative data for decision-making. The interagency team continues to ensure that the CODB budget aligns with programmatic shifts, making real time adjustments as needed.

APPENDIX A -- PRIORITIZATION

Figure A.1 Epidemic Cascade Age/Sex Pyramid



APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Intervention	COP 2022/ FY 2023	COP 2023/ FY 2024	COP 2023/ FY 2025
ASP	\$971,433	\$3,952,234	\$3,701,160
Health Management Information Systems (HMIS)		\$663,377	\$666,605
HMIS, surveillance, & research	\$292,000		
Human resources for health	\$62,000	\$160,000	\$156,863
Laboratory systems strengthening	\$52,000	\$928,227	\$1,029,216
Laws, regulations & policy environment	\$115,244	\$260,244	\$142,118
Management of Disease Control Programs		\$1,240,386	\$1,020,084
Not Disaggregated	\$177,189		
Policy, planning, coordination & management of disease control programs	\$118,000		
Procurement & supply chain management	\$65,000	\$360,000	\$352,941
Public financial management strengthening	\$90,000		
Surveys, Surveillance, Research, and Evaluation (SRE)		\$340,000	\$333,333
C&T	\$10,056,791	\$8,442,731	\$8,051,282
HIV Clinical Services	\$6,071,775	\$7,311,378	\$6,942,114
HIV Drugs		\$80,000	\$78,431
HIV Laboratory Services	\$1,740,162	\$694,661	\$681,039
HIV/TB		\$356,692	\$349,698
Not Disaggregated	\$2,244,854		
HTS	\$1,585,338	\$1,630,480	\$1,598,508
Community-based testing	\$1,100,800	\$1,269,320	\$1,244,430
Facility-based testing	\$290,160	\$361,160	\$354,078
Not Disaggregated	\$194,378		
PM	\$7,599,451	\$7,989,230	\$8,232,063
IM Closeout costs	\$586,000		
IM Program Management	\$3,925,998	\$4,182,548	\$4,050,870
USG Program Management	\$3,087,453	\$3,806,682	\$4,181,193
PREV	\$1,281,238	\$852,820	\$836,099
Comm. mobilization, behavior & norms change	\$291,970		
Non-Biomedical HIV Prevention		\$153,810	\$150,794
Not Disaggregated	\$181,907	\$203,010	\$199,030
PrEP	\$807,361	\$446,000	\$437,255
Violence Prevention and Response		\$50,000	\$49,020
SE	\$3,505,749	\$2,632,505	\$2,580,888
Case Management	\$639,470	\$2,120,505	\$2,078,926
Economic strengthening		\$40,000	\$39,216
Education assistance		\$15,000	\$14,706
Food and nutrition		\$379,000	\$371,569
Not Disaggregated	\$2,866,279		
Psychosocial support		\$78,000	\$76,471
Grand Total	\$25,000,000	\$25,500,000	\$25,000,000

Table B.1.2 COP22/FY23, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Program	COP2022/ FY2023	COP 2023/ FY2024	COP 2023/ FY2025
C&T	\$10,056,791	\$8,442,731	\$8,051,282
HTS	\$1,585,338	\$1,630,480	\$1,598,508
PREV	\$1,281,238	\$852,820	\$836,099
SE	\$3,505,749	\$2,632,505	\$2,580,888
ASP	\$971,433	\$3,952,234	\$3,701,160
PM	\$7,599,451	\$7,989,230	\$8,232,063
Total	\$25,000,000	\$25,500,000	\$25,000,000

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Beneficiary	COP 2022/ FY2023	COP 2023/ FY2024	COP 2023/ FY2025
Key Populations	\$823,361	\$446,000	\$437,255
Military	\$44,000		
Non-Targeted Populations	\$21,120,539	\$22,041,900	\$21,609,706
OVC	\$3,012,100	\$3,012,100	\$2,953,039
Total	\$25,000,000	\$25,500,000	\$25,000,000

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Initiative	COP 2022/ FY2023	COP 2023/ FY2024	COP 2023/ FY2025
Community-Led Monitoring	\$132,500	\$262,386	\$305,843
Core Program	\$21,855,400	\$21,725,514	\$21,741,118
LIFT UP Equity Initiative		\$500,000	\$0
OVC (Non-DREAMS)	\$3,012,100	\$3,012,100	\$2,953,039
Total	\$25,000,000	\$25,500,000	\$25,000,000

B.2 Resource Projections

The budget planning for COP23 was carried out using the Funding Allocation to Strategy Tool (FAST). The funding envelope for COP23 has been set at \$25 million, to which LIFT UP Equity Funds of up to \$1 million may be added if approved by S/GAC, while COP24 has a notional budget of \$25 million, pending Congressional approval after the mid-term review to take place in FY24. Within this portfolio, resources will be allocated to accelerate the national HIV/AIDS response towards achieving the 95-95-95 targets by strengthening public health systems and indigenous non-profit organizations as part of an equitable, more balanced environment and consolidated quality services – including community-based services – with a view to sustainably. PEPFAR's 5x3 strategy places a high priority on above-site programming (ASP), which now accounts for 13.3% of PEPFAR DR's total programming, a 9.5 percentage point increase from COP22 (which represents a 243% increase in the amount of funds allocated to ASP from COP22 to COP23).

Programmatic and Expenditure Reporting data was used to develop the resource projections for COP23. In COP23, PEPFAR DR will intensify technical assistance to health systems strengthening, including supply chain management (SCM), health information systems (HIS), and disease surveillance. In addition, COP23 resources will be allocated to sustain service delivery, enhance ASP monitoring, and address gaps in the clinical cascade. These efforts will focus on ten PEPFAR target provinces.

APPENDIX C – Above Site and Systems Investments from PASIT and SRE

1. Goal, Rationale, and Process for Prioritizing PASIT/SRE Investments

PEPFAR DR's above-site programming demonstrates strategic approaches in COP23 and innovative efforts targeting hard-to-reach subpopulations. The broad goal of planned systems-focused investments is to support achievement of the 95-95-95 targets in the near term, while integrating health services and, in the longer term, fostering sustainable local capacity to ensure a resilient and responsive health system and to improve preparedness for health emergencies.

In COP23, PEPFAR-DR will support approaches that will comprise structural interventions to reduce equity gaps, improve service quality, and promote resource optimization. PEPFAR DR's COP23 SP investment is founded on GoDR priorities and on considerations and feedback provided by stakeholders in support of PEPFAR's increased effectiveness and impact on shared goals of epidemic control, equity, partnership, and sustainability.

Co-planning with the government, civil society, and donors at the national, provincial and regional levels pointed to the urgent need to respond to weaknesses in data quality and DDM, siloed systems that often duplicate information, and insufficient SCM logistics capacity.

In order to strengthen data quality and foster use of data for decision making, PEPFAR-DR will map the country's HMIS infrastructure to develop a COP23 roadmap to achieve HMIS integration and interoperability; and will provide technical assistance and in-service, hands-on data compilation and analysis training at the regional, provincial, and site levels.

Additionally, new in COP23, PEPFAR-DR will align indicators, targets, and reporting systems with CONAVIHSIDA – the GoDR entity responsible for monitoring and evaluating the progress of the NHR towards the global goals. This

alignment will ensure that all actors in the NHR have a shared understanding of priorities, successes, and challenges to end HIV as a health threat by 2030, and to contribute creative solutions to accelerate the DR's pace to address the treatment and retention gaps.

On the SCM side, PEPFAR will prioritize implementation of the recommendations stemming from the National Supply Chain Assessment (NSCA) completed in FY22. Adequate forecasting, drug distribution logistics from the central to the regional and site levels, and integration of the TB program procurement into the Essential Drugs and Logistics Center (PROMESE/CAL) will be the main targets to move towards effectiveness and resilience of the DR's Supply Chain.

The GoDR specifically requested PEPFAR's continued support with capacity building of health workers in laboratories and subnational facilities; make-ready for lab accreditation; support the implementation of the National Laboratory Strengthening Plan; and to expand multiplexing in public labs.

With a view to sustainability, PEPFAR will map PEPFAR-supported HRH, standardize compensation packages, and align recruitment processes, first within USG, and later with the GoDR and other donors. PEPFAR expects that this process will result in a gradual transition of the donor-funded HRH to the Ministry of Health and the National Health Services, within the limitations of the DR budget and in line with their compensation plan by category.

Finally, PEPFAR will strengthen community capacity to actively participate in the response by leading prevention campaigns, support the expansion of community-based index testing, and use their social capital to improve PEPFAR's outreach to PP who interrupt treatment for fear of deportation. VL monitoring, MMD, and, if authorized by the GoDR, initiation of treatment at the community level are welcome game-changers in PEPFAR-DR's strategy, that will be supported by the LIFT UP approved funds for the establishment of site-level data committees and a small grants fund to support the capacity of CBOs.

2. Digital Health Investments to Address Program Needs

Digital health is gaining momentum in the overall GoDR and PEPFAR dialogue about the need to modernize and look for innovation in the NHR. However, digital approaches have moved slowly given policy and structural barriers. Even though PEPFAR has advocated for increased use of digital tools, at this stage of the response the following mix – which is somewhat modest - will be pursued:

- Strengthening electronic health systems and electronic records with a focus on interoperability and quality information.
- Promote the use of digital tools to improve patient tracking, treatment monitoring, and performance evaluation. For example, real-time surveillance systems can detect emerging trends, identify high-risk populations, and inform targeted interventions.
- Use social and other digital media, in addition to smart phones, to track patients, decrease IIT and improve retention.
- Strengthen capacity to interpret and use data appropriately for public health decisions and make sure it provides granular/subnational level
- Digital platforms can enhance data collection, management, and analysis for HIV programs. Electronic health records (EHRs) can

In addition, our implementing partners will further increase the use of digital health solutions to help individuals living with HIV to adhere to their treatment regimens, by sending for example appointment reminders via internet-based platforms or SMS or having online counseling platforms to improve their emotional well-being and provide guidance for managing HIV-related challenges.

3. Timelines, Benchmarks, and SMART Outcomes

PEPFAR DR is planning systems-focused investments to support the achievement of the 95-95-95 targets in the near term, while also fostering sustainable local capacity for ensuring a resilient and responsive health system in the longer term. The planned investments will cover various areas, such as HMIS, HRH, supply

chain, health financing, laboratory systems, and a range of SRE activities. These investments will also be aligned with the priorities of civil society, the needs of key populations, and the needs of Haitian migrants to ensure inclusive, person-centered care.

Timeline:

- Short-term (1 year): Strengthen HMIS and assess data quality
- Medium-term (2-3 years): Improve data analysis and management capacity to inform public health decisions.
- Long-term (4-5 years): Foster sustainable local capacity for ensuring a resilient and responsive health system.

Benchmarks:

- Increased quality and availability of health services for priority populations.
- Improve equity and reduce structural-level barriers that impede service quality and resource optimization.
- Increase the use of digital health solutions to help PLHIV adhere to their treatment regimens.

SMART Outcomes:

- Increase the number of PLHIV who have access to high-quality health services.
- Reduce the proportion of PLHIV who experience stigma and discrimination.
- Increase the proportion of PLHIV who are virally suppressed to 90% by the end of FY25.8
- Increase the use of digital health solutions by 25% by the end of FY25.

These benchmarks and outcomes will be used to measure the success of the program over time and ensure that it is achieving its goal to improve health

outcomes, reduce inequities, and foster sustainable local capacity to achieve global goals.

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