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July 12, 2019

**ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE;
COORDINATOR OF THE UNITED STATES GOVERNMENT
ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL
REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY**

SUBJECT: Haiti Country Operational Plan 2019 Approval

Recommendations

Approve the Haiti Country Operational Plan (COP) 2019 with a total budget of **\$102,113,875** including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Haiti	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	88,998,229	13,115,646	102,113,875
COP 19 Bilateral	88,998,229	13,115,646	102,113,875

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of **\$102,113,875**. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020 – must be submitted to and approved by S/GAC.

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Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

PEPFAR Haiti must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

In addition to the COP 2019 funding approved for implementation in FY 2020 described in this memo, \$15,000,000 of FY 2019 GHP-State funding will be also be notified and transferred to implementing agencies in support of the second year of acceleration. This funding is to be held at agency headquarters (\$10,365,000 at HHS/CDC and \$4,635,000 at USAID) until approved for release by S/GAC and will be implemented with COP 2020 in FY 2021.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Washington, D.C. during the April 8-12, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Haiti's virtual COP 2019 approval with Ambassador Birx on May 7, 2019.

Program Summary

Funding and targets for Haiti's Country Operational Plan 2019 support PEPFAR Haiti's vision to achieve epidemic control by the end of FY2020 in partnership with the Government of Haiti (GOH) and the National HIV program (PNLS) and community. COP 2019 will support PEPFAR Haiti's work to scale up and implement policies to ensure all Haitians living with HIV/AIDS, regardless of age and sex, are reached with appropriate testing, receive antiretroviral treatment (ART), and are virally suppressed (VS). During COP 2019, PEPFAR Haiti will accelerate progress to 95-95-95, ensuring that of the estimated 153,083 people living with HIV (PLHIV), the country will achieve its goal of 95% of PLHIV diagnosed (137,722), on treatment (130,837), and virally suppressed by 2020 (124,295). If required, adjustments to COP 2019 will be made once HAPHIA survey results are available. The HAPHIA for Haiti, which will begin in June

2019, must be appropriately powered to ensure tight confidence intervals for National and subnational HIV prevalence in the 15-64 age range and provide early preliminary data. Preliminary data must be shared with all agencies by October 2019. Due to concerns that over 32,000 people have been lost from care since Q1 2017, it is critically important that early HAPHIA estimates are available so the team can adjust plans and achieve impactful results. In addition, the HAPHIA data must be shared in an interagency manner at least on a monthly basis and in a predetermined interagency agreed upon format.

The PEPFAR Haiti strategy implementation in FY 2020 will be completely transparent and based on a thorough review of programmatic data and discussions with host government, civil society, community organizations, and implementing partners. Because the PEPFAR Haiti program has stalled, \$20 million of acceleration funds will be made available for COP 2019 contingent on the development of new well-performing partners and new care and treatment sites being incorporated into the program by October 1, 2019. The \$102,113,875 planning level is inclusive of the \$20 million in Year 1 acceleration funding. These activities are subject to the 13 minimum requirements as outlined in this approval memo. In addition, this investment will address a well-documented challenge on the island of Hispaniola that neither Haiti nor the Dominican Republic (DR) will achieve 95-95-95 without a direct cross-island HIV control plan. To achieve success, PEPFAR Haiti and PEPFAR Dominican Republic teams must coordinate their work to ensure that continuity of services for PLHIV is central in their plans to achieve 95-95-95 across the entire island.

With COP 2019 funding, PEPFAR Haiti will optimize and target case finding to reach the remaining undiagnosed individuals, particularly men and pediatric clients; address its significant challenges with retaining clients on treatment; and provide optimized antiretroviral treatment (ART) and adherence counseling to clients to ensure they reach viral load suppression. Improved case finding through evidence-based strategies to include index testing, self-testing, and eligibility screening to reduce over testing through provider-initiated testing and counseling is required.

PEPFAR Haiti will continue community index, social, and sexual network testing for key populations (KP). In addition, HIV self-testing will be scaled up and adopted as a key component of critical efforts to improve outreach to men and as an effective arm of contact tracing. The distribution of self-test kits via door-to-door delivery is an ineffective and cost prohibitive approach and is disallowed. As part of the scale-up of index testing, PEPFAR Haiti will ensure gender-based

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violence (GBV) services are available onsite or by referral and can be tracked to identify any increases in violence associated with index testing contact tracing.

In FY 2020, PEPFAR Haiti will scale-up the transition to tenofovir/lamivudine/dolutegravir (TLD) of over 86,000 clients by December 2019 and provide stable clients with a six-month supply of medication to improve retention rates, particularly because of the migratory patterns of clients. The transition to TLD will ensure that the provision of treatment literacy materials and quality counseling for each client is embedded in the ART transition standard operating procedures at all points of care. The GOH, PNLs, and PEPFAR Haiti will also ensure barriers faced by women and children in accessing TLD are removed, including unnecessary written informed consent forms for women and the prerequisite of long-acting contraceptives. ARV optimization amongst providers is paramount and PEPFAR Haiti will halt all orders of unoptimized regimens and prohibit providers from mixing ARV molecules against WHO guidance.

The Global Fund, PNLs, and PEPFAR will agree on the forecasted commodities needed – including required quantities and appropriate timeline – to support the HIV program in Haiti. All parties will ensure that the needed commodities to be procured are purchased and available when clients need them, particularly TLD. By January 2020, Haiti should have transitioned 100% of eligible clients to TLD.

The program will address declining VS among children by ensuring optimal treatment regimens and adherence, and will continue its efforts to eliminate mother-to-child transmission of HIV. Additionally, as agreed to with the GOH, PNLs and stakeholders, in COP 2019 PEPFAR Haiti will support the national scale up of annual viral load (VL) testing and other priority interventions to address poor VL coverage and poor viral suppression levels, especially among pediatric clients, and improve efforts to bring clients back to treatment.

PEPFAR Haiti will also utilize community networks to promote successful retention and adherence efforts, scaling up functional and quality community pick-up spots and adherence clubs. PEPFAR Haiti will commit to engaging with and supporting PLHIV and Civil Society Organizations (CSOs) with established relationships to support clients across the clinical cascade (95-95-95 goals). With FY 2020 COP funds, PLHIV and CSO-led monitoring and quality assurance will be instituted to help reinforce patient-centered care. Through these partnerships, PEPFAR Haiti will create a peer network of patient navigators to ensure client

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tracking, facilitate patient transfer, and provide alternative service delivery models including community services. A culturally appropriate U = U (undetectable = untransmittable) campaign to incorporate comprehensive adherence counseling and treatment literacy in annual VL scale-up will be developed to ensure every client is aware that undetectable virus is equal to untransmittable virus. Faith-based organizations and traditional leaders will be a critical means of ensuring HIV prevention, testing, and treatment adherence, with a particular focus on men. PEPFAR Haiti will use COP 2019 funds to find and retain men through a culturally appropriate “reaching men strategy” using the MenStar findings across the cascade.

PEPFAR Haiti will work with the GOH to determine optimal alignment of their respective human resources for health (HRH) investments to reduce HRH gaps. Currently PEPFAR Haiti supports 3,732 health care workers, primarily clinicians, including doctors, nurses and pharmacists with little appetite for task shifting and utilization of community health workers. In response to feedback from civil society, PEPFAR Haiti committed to funding community workers in COP 2019 and expanding the implementation of the ASCP model by the Haiti government. The Haiti government also agreed to advancing the task shifting policy to community health workers for several components of HIV service delivery and nurses for pediatric clients specifically. Expert clients continue to play a key role in ensuring the effectiveness of HRH activities related to linkage, retention, and returning clients to care, and the program will ensure that they receive compensation per the GOH guidelines for their vital work.

In order to optimize case finding of HIV positive individuals, PEPFAR Haiti is rebooting its testing strategy. In the past fiscal year, it was determined that facilities were overtesting and not maximizing usage of the most effective testing modalities, including index testing and Tuberculosis clinic testing. In COP 2019, PEPFAR Haiti will scale those modalities and ensure providers are implementing strategies with fidelity, testing true sexual partners and biological children of HIV positive index cases. In COP 2019, PEPFAR Haiti aims to find 50% of its new clients through index testing. This should be in full scale by the end of FY 2019 Q3.

In COP 2019, PEPFAR Haiti will drastically improve its client retention. In the last fiscal year, the PEPFAR Haiti program lost 1 client for every 2 HIV positive clients initiated on treatment. In FY 2018, 20,247 clients were initiated on treatment, but only 9,752 of those clients were retained. The growth of the national HIV program has therefore stalled over the last four years, despite the addition of

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thousands of PLHIV on treatment, because 32,832 PLHIV have been lost to follow up over the last three years. In response to this crisis, PEPFAR Haiti is initiating a Return to Care Campaign in Quarter 3 and Quarter 4 of the current implementing year. This campaign will bring clients back to care through granular site management with a focus on the 20 sites with the highest volume of clients lost to follow up in FY19 Q1. Facilities will also review patient files to ensure clients are offered optimized regimens.

Along with a campaign to return clients to care, PEPFAR Haiti will engage in client-centered management of new HIV patients. Analysis of clients lost to follow up revealed that those clients that were more likely to be lost were those in the newly diagnosed cohort. PEPFAR Haiti is scaling strategies to offer the necessary support to newly diagnosed clients, including improved patient literacy, psychosocial assessment and support, therapeutic education, setting adherence and viral load suppression milestones, peer navigators, and post-test counseling. Six-month multi-month dispensing will be available to all clients, and will be particularly important for clients who migrate internally within Haiti, or externally throughout the region. Biometric coding will be used to improve client tracking. Moving eligible clients to TLD will also improve retention, as it has fewer negative side effects compared to other ARV regimens. These approaches should be fully adopted by the end of FY 2019 Q3.

Along with ensuring PLHIV are linked to, and retained on treatment and other services, PEPFAR Haiti will enhance activities to prevent new infections. One priority is the identification and immediate linkage of high-risk groups to targeted prevention services. To fight continued high HIV incidence in girls and women ages 15 to 24, the DREAMS-like program has established a target of enrolling 7500 new adolescent girls and young women in COP 2019, focusing on the most vulnerable. DREAMS-like and orphans and vulnerable children programming will also shift to focus on young girls ages 9 to 14 and ensure a comprehensive package of services to prevent sexual violence. Clinical interventions will include intensified evidence-based interventions, such as pre-exposure prophylaxis (PrEP) and gender-based violence services. Other priority prevention areas supported in COP 2019 include expanding and scaling up PrEP provision for at-risk groups such as serodiscordant couples and KPs in all departments. Together these focused and highly effective prevention activities will ensure robust and long-term control of the HIV pandemic in Haiti.

PEPFAR Haiti will improve the impact of COP 2019 by improving its partner management. Given the programmatic results at the end of FY 2018, all clinical

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treatment implementing partners (IPs) will be put on programmatic correction action plans (PCAPs) in FY 2019 Q3 and Q4. This will require weekly reporting at the site level for high-volume and low-performing sites. Sites and partners will be given targets for TLD transition, multi-month dispensing, and index testing as a proportion of testing volume, all of which will be reported on weekly, and biometric coding coverage, which will be reported on monthly. PEPFAR-funded HRH contracts will include a non-stigma and discrimination policy against PLHIV and key populations. PEPFAR Haiti will also be reallocating resources away from low-performing partners and will increase its investment in higher performing partners and faith-based organizations. All innovations implemented by PEPFAR IPs will be continually evaluated for impact and cost-effectiveness, validated, and recommendations for scale up made to the GOH.

In sum, COP 2019 plans must meet all of PEPFAR's minimum program and policy requirements. The Government of Haiti will release a circular to execute important policy changes to facilitate needed work to achieve 95-95-95, including launching the campaign to increase retention and bring clients back to treatment, requiring that all facilities immediately offer 6-month multi-month dispensing, transition all eligible patients to tenofovir/lamivudine/dolutegravir (TLD), including a clause of no stigma and discrimination for HRH at PEPFAR and GF-supported sites, and task shifting to community health workers. The GOH will maintain its existing policy of not permitting any user fees, formal or informal, to ensure access to health services by all. This will ensure that Haiti not only reaches but also sustains epidemic control.

By September 30, 2019, the team must assure the immediate implementation of Test and Start across all age, sex, and risk groups, and the national scale up of index testing, self-testing, and recency testing. By December of 2019, all eligible PLHIV in Haiti must transition to a TLD regimen, including women of child-bearing age and pediatric clients, and stable patients must have access to six-month refills by the FY2019 Q3 reporting cycle. Already provided funding must be deployed to ensure annual VL for all patients currently on ART, and PrEP must be made available to KPs. To support the control of both the TB and HIV pandemics, PEPFAR Haiti must support the GOH to expand Tuberculosis (TB) preventive therapy (TPT), preparing for scale-up of the TB drug 3HP when available, and the expansion of TPT for all ART clients by the end of FY 2019.

Funding Summary

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All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

Haiti	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
HHS TOTAL	41,411,580	-	987,500	42,399,080	10,568,947	52,968,027
HHS/CDC	41,411,580	-	987,500	42,399,080	10,568,947	52,968,027
<i>of which, Acceleration</i>	13,818,560	-	-	13,818,560	-	13,818,560
<i>of which, DREAMS</i>	435,000	-	-	435,000	47,500	482,500
<i>of which, FBO Surge</i>	1,000,000	-	-	1,000,000	-	1,000,000
STATE TOTAL	192,697	-	-	192,697	16,667	209,364
State	192,697	-	-	192,697	16,667	209,364
USAID TOTAL	46,406,452	-	-	46,406,452	2,530,032	48,936,484
USAID, non-WCF	26,154,612	-	-	26,154,612	2,530,032	28,684,644
<i>of which, Acceleration</i>	6,181,440	-	-	6,181,440	-	6,181,440
<i>of which, DREAMS</i>	1,517,500	-	-	1,517,500	-	1,517,500
<i>of which, FBO Surge</i>	1,000,000	-	-	1,000,000	-	1,000,000
<i>of which, USAID LES</i>	113,875	-	-	113,875	-	113,875
USAID, WCF	20,251,840	-	-	20,251,840	-	20,251,840
TOTAL	88,010,729	-	987,500	88,998,229	13,115,646	102,113,875
<i>of which, Acceleration</i>	20,000,000	-	-	20,000,000	-	20,000,000
<i>of which, DREAMS</i>	1,952,500	-	-	1,952,500	47,500	2,000,000
<i>of which, FBO Surge</i>	2,000,000	-	-	2,000,000	-	2,000,000
<i>of which, USAID LES</i>	113,875	-	-	113,875	-	113,875

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are

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not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

Pending Congressional Approval

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Haiti		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		366	12	119	-	497
	15+		18,209	8,148	3,663	-	30,020
	Total	-	18,575	8,160	3,782	-	30,517
HTS_TST	<15		11,184	1,177	2,087	-	14,448
	15+		311,043	104,505	79,113	-	494,661
	Total	-	322,227	105,682	81,200	-	509,109
HTS_TST_POS	<15		129	-	39	-	168
	15+		12,777	5,130	2,812	-	20,719
	Total	-	12,906	5,130	2,851	-	20,887
TX_NEW	<15		330	31	107	-	468
	15+		12,219	4,749	2,684	-	19,652
	Total	-	12,549	4,780	2,791	-	20,120
TX_CURR	<15		3,375	297	1,305	-	4,977
	15+		88,453	16,008	21,399	-	125,860
	Total	-	91,828	16,305	22,704	-	130,837
TX_PVLS	<15		2,977	294	1,172	-	4,443
	15+		86,058	15,646	20,620	-	122,324
	Total	-	89,035	15,940	21,792	-	126,767
CXCA_SCRN	Total (15+)	-	-	-	-	-	
OVC_SERV	<18		53,138	9,498	15,176	414	78,226
	18+		13,624	2,435	3,888	105	20,052
	Total	-	66,762	11,933	19,064	519	98,278
OVC_HIVSTAT	Total (<18)	-	53,139	9,500	15,166	413	78,218
PMTCT_STAT	<15		-	-	-	-	-
	15+		126,759	22,176	43,504	-	192,439
	Total	-	126,759	22,176	43,504	-	192,439
PMTCT_STAT_POS	<15		-	-	-	-	-
	15+		2,507	447	872	-	3,826
	Total	-	2,507	447	872	-	3,826
PMTCT_ART	<15		-	-	-	-	-
	15+		2,434	448	869	-	3,751
	Total	-	2,434	448	869	-	3,751
PMTCT_EID	Total	-	2,360	424	817	-	3,601
PP_PREV	<15		68	-	-	-	68
	15+		44,802	5,554	3,452	-	53,808
	Total	-	44,870	5,554	3,452	-	53,876
KP_PREV	Total	-	59,146	6,936	5,590	-	71,672
KP_MAT	Total	-	-	-	-	-	
VMMC_CIRC	<15		-	-	-	-	-
	15+		-	-	-	-	-
	Total	-	-	-	-	-	-
HTS_SELF	Total	-	9,751	1,926	2,220	-	13,897
PrEP_NEW	Total	-	2,786	442	338	-	3,566
PrEP_CURR	Total	-	2,955	457	368	-	3,780
TB_STAT (N)	<15		323	36	125	-	484
	15+		8,184	1,362	2,770	-	12,316
	Total	-	8,507	1,398	2,895	-	12,800
TB_ART (N)	<15		24	-	-	-	24
	15+		1,360	192	440	-	1,992
	Total	-	1,384	192	440	-	2,016
TB_PREV (N)	<15		1,123	96	426	-	1,645
	15+		31,278	7,283	7,226	-	45,787
	Total	-	32,401	7,379	7,652	-	47,432
TX_TB (N)	<15		3,393	295	1,325	-	5,013
	15+		92,034	17,440	22,059	-	131,533
	Total	-	95,427	17,735	23,384	-	136,546
GEND_GBV	Total	-	1,645	145	182	-	1,972

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Budgetary Requirements

Haiti has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	60,409,970
HKID Requirement	7,783,639
Preventing and Responding to Gender-based Violence	1,579,986
Water	813,806
* Does not include central funds	

Partner Management and Stakeholder Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Haiti's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.