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August 2, 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: Western Hemisphere Caribbean Regional Operational Plan 2019 Approval

Recommendations

Approve the Western Hemisphere Caribbean Regional Operational Plan (ROP) 2019 with a total budget of \$17,080,352 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:

Western Hemisphere	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	13,431,620	3,648,732	17,080,352
ROP 19 Bilateral	13,431,620	3,648,732	17,080,352

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

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

Approve a total FY 2020 outlay for ROP 2019 implementation that does not exceed the total approved ROP 2019 budget of \$17,080,352. **Any prior year funds that are not included within this ROP 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 ROP 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 ROP 2019 programming and priorities as outlined below and in the appendix.

Western Hemisphere Caribbean must fully achieve ROP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the ROP 2019 strategy. Suboptimal ROP 2018 performance jeopardizes ROP 2019 funding and may result in updates to this approval and a decrease to the ROP 2019 funding.

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, DC during the April 08-12, 2019 in-person planning meetings; the final ROP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Western Hemisphere Caribbean's virtual ROP 2019 approval with Ambassador Birx on May 31, 2019.

Program Summary

Funding and targets for Western Hemisphere Caribbean's Regional Operational Plan (ROP) 2019 are approved to support PEPFAR Western Hemisphere Caribbean's vision of sustained epidemic control in the Caribbean by leveraging national and donor investments to aggressively address key barriers to linkage to care, treatment initiation, retention, and viral suppression. In ROP 2019, the Western Hemisphere Caribbean region includes Jamaica, Trinidad and Tobago, Guyana, and Barbados.

The priority country is Jamaica, where an estimated 39,000 people are living with HIV. At present, an estimated 57 percent of PLHIV in Jamaica know their status and of those, an estimated 58 percent are on life-saving antiretroviral treatment (ART), and an estimated 57 percent have achieved viral suppression. This signals a crisis, in terms of both individual patient outcomes and national public health. The current rates of diagnosis, antiretroviral treatment (ART), and achievement of viral suppression will not allow the region to reach epidemic control over the next decade.

ROP 2019 will support PEPFAR Western Hemisphere Caribbean in intensifying efforts and transforming the response to reach the UNAIDS 90-90-90 targets by 2020, and subsequently, the 95-95-95 targets by 2025. The main objectives for the region are finding those who are undiagnosed, initiating on

ART those who are diagnosed but not on treatment, and achieving viral suppression for those on ART. PEPFAR Western Hemisphere Caribbean Region will work to ensure the fast-tracking of international best practices and policies, based on WHO recommendations. Disaggregated epidemiological and program data, combined with key survey results, will serve as the driver for targeted interventions. The response will become more nimble, prioritizing quick, evidence-based course adjustments as needed.

Across the region, PEPFAR Western Hemisphere Caribbean Region aims to implement structural and client-centered interventions to improve patient linkage, recovery, and retention, thereby reducing attrition to patients lost to follow up (LTFU). PEPFAR Western Hemisphere Caribbean Region will address disparities in uptake of services and clinical outcomes of HIV positive men through implementation of male-centered approaches; will advance strategies to improve medication adherence in order to sustain improvements in ART coverage and increase viral suppression. Finally, PEPFAR Western Hemisphere Caribbean Region will prioritize systems improvement through local adaptation of best practices and revision of procedures that govern prevention, care and treatment service delivery, supply chain management, laboratory services, and data management.

PEPFAR Western Hemisphere Caribbean Region continues to align operations with the PEPFAR 3.0 strategy of “focusing resources and leveraging finances to address the most vulnerable populations.” Seeking innovative and more efficient ways to fight the HIV/AIDS pandemic, PEPFAR Western Hemisphere Caribbean Region has created an expanded regional model. The goal of this model is to increase the sharing of resources, administrative functions, and expertise across operating units within the region to more efficiently combat HIV/AIDS where commonalities exist among the epidemic and to increase funding and focus on critical activities that will lead to control of the HIV pandemic in the region.

At the heart of the epidemic across the region is pervasive stigma and discrimination, which remains a principal barrier to accessing prevention, care, and treatment services for all PLHIV and particularly key populations (KP). In ROP 2019, achieving epidemic control in the Caribbean, and particularly in Jamaica, will require tailored services to reach underserved populations, including gay, bisexual, men who have sex with men (MSM), and men who have sex with men and women (MSMW).

Sustainability is a critical element of PEPFAR’s approach and maintaining epidemic control so that gains already made are not lost. In ROP 19, it is vital that all stakeholders dedicate time, energy, and resources towards program

sustainability and that countries in the region learn from one another. Guyana has advanced significantly in its sustainability efforts, recently benefitting from a civil society organization (CSO) costing analysis, a review of the Legal and Regulatory Framework for Social Contracting in Guyana, as well as a costed national sustainability plan. The government of Guyana recently agreed to contract the services of CSOs to deliver KP prevention services in one region. Best practices in social contracting in Guyana will be replicated in the other countries of the Western Hemisphere Caribbean region.

For ROP 2019, the focus for the PEPFAR Western Hemisphere Caribbean region will be domestic resource mobilization for the continued engagement of CSOs as partners, in both decision-making and service delivery. This will be critical to a sustainable and effective national response. Access for key populations (KPs) and People Living with HIV (PLHIV) to services provided by CSOs with funding from the national budget will be a priority for PEPFAR Western Hemisphere Caribbean Region technical assistance. Utilizing regional platforms such as PANCAP (Pan Caribbean Partnership Against HIV/AIDS), best practices in social contracting in Guyana and government subventions in Trinidad and Tobago can be shared and adopted across the region.

The PEPFAR Western Hemisphere Caribbean strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with Ministries of Health, multilateral institutions, civil society/community organizations, and implementing partners. ROP 2019 will support the implementation of key national policies (including all applicable PEPFAR minimum requirements) with fidelity down to the site level. In addition, overall, ROP 2019 will support the process to ensure key populations receive HIV services throughout the entire cascade, from prevention to viral suppression. ROP 2019 will prioritize the implementation of evidence-based approaches to address pervasive stigma and discrimination (S&D), which remains a principal barrier to accessing prevention, care, and treatment services for all PLHIV and particularly KPs. ROP 2019 will also support the strengthening of laboratory and supply chain systems through regional technical assistance.

Across the 90-90-90 cascade, the PEPFAR Caribbean countries will support the scale-up of index testing, finalization of tenofovir/lamivudine/dolutegravir (TLD) transition plans, implementation of multi-month scripting and dispensing, and the expansion of viral load testing to increase coverage and suppression rates. Additionally, all countries in the region will focus on: the provision of a targeted and needs-defined package of prevention, testing, and treatment services for KPs and PLHIV networks; use of data to understand low viral suppression rates; regular data collection and analysis to improve patient

outcomes; use of site level data to take corrective actions when needed; and the use of Unique Identifier Codes to ensure patients receive HIV services across the clinical cascade.

PEPFAR Western Hemisphere Caribbean is expected to ensure the following minimum program and policy requirements continue are in place by the beginning of ROP 2019 implementation (FY 2020) in order for funds to be disbursed. The minimum requirements for Western Hemisphere Caribbean include: implementation of Test and Start with fidelity at all PEPFAR supported sites, with demonstrable access across all age, sex, and risk groups; adoption and implementation of differentiated service delivery (DSD) models, including six month multi-month scripting (MMS) and delivery models to improve ARV coverage; transition to TLD regimens intensifying case finding by scaling-up index testing; direct and immediate linkage of clients from testing to treatment across age, sex, and risk groups; elimination of all informal user fees in the public sector affecting access to HIV testing, treatment, and prevention; completion of VL/Early Infant Diagnosis (EID) optimization activities in PEPFAR-supported sites; advocacy for increased domestic resource mobilization; and scale-up of unique identifiers for patients across all sites.

To impact the first 90 in Jamaica, case-finding strategies will be aligned with international best practices. Index case testing and partner notification services (ICT/PNS), coupled with robust monitoring and evaluation will be implemented in both community-based and facility settings nationwide. ICT/PNS will be expanded into sexually transmitted infection (STI) clinics for both newly diagnosed cases and the unsuppressed. Social media strategies will be employed to create demand for HIV testing among MSM, MSMW, and adolescents. Strategies tailored to women 40 years and older will be implemented. Case finding will be expanded among men regardless of their sexual identity, as well as among sexually active youth. Rapid Incidence Testing will be added to the national testing policy guidelines to detect, characterize, monitor, and intervene on recent infections. The expansion of pre-exposure prophylaxis (PrEP) as a bio-medical option to prevent new infections will be implemented in facility and community-based settings for serodiscordant couples and negative patients at high risk of contracting HIV.

Policy and program changes to improve performance in the second 90 in Jamaica include the roll out of TLD, multi-month scripting and dispensing, differentiated service delivery models, and the use of U=U campaigns and messaging to increase demand for treatment. A new Entry to Care campaign will be launched to find those diagnosed but not on treatment. Employing lessons from the ongoing national return to care campaign in Jamaica, interventions will improve coordination between surveillance and case finding;

expand clinic hours, and expand the cadres involved in linkage to care. The Ryan White HIV/AIDS Program model, with robust assessments of client needs coupled with individualized services to mitigate barriers to retention and viral suppression, will be rolled out. Clinical skills will be bolstered via clinical mentoring and exchange, utilizing the expertise of United States-based Ryan White providers serving HIV patients from the Caribbean diaspora.

Expansion of viral load testing capacity will help in monitoring clinical progress towards the third 90. Pharmacy data will be linked with Treatment Services Information System (TSIS) 2.0 to measure on-time pick up of medications by clients. This will increase the ability to monitor patients defaulting and those who are high risk of defaulting. The rapid pathway model will be introduced to expedite clinic visits. Expanded multi-month scripting and dispensing will ease the burden on clients, helping them to achieve and maintain viral suppression. Proactive review of unsuppressed cases and implementation of plans to achieve suppression at all facilities will be instituted to address the unusually low suppression rates among those on ART.

PEPFAR Western Hemisphere Caribbean Region will support the establishment of an HIV private sector network. This network will support the optimization and standardization of HIV care and treatment between the public and private sectors, helping to decongest public clinics and offering a stigma-free setting that is tailored to KPs. Managed by the Center for HIV/AIDS Research and Education Services (CHARES) based at the University Hospital of the West Indies, the network will coordinate across private providers, ancillary services, pharmacies, and laboratories to ensure comprehensive and quality private sector services are available. During FY20, the network will target 50 accredited clinicians in private clinics in Jamaica.

In Jamaica, PEPFAR Western Hemisphere Caribbean Region will include a focus on data-quality activities to improve the completeness of national surveillance and program monitoring data including minimizing duplicated records, unreported risk factor data, and unreported viral suppression outcomes. All partners will work to resolve gaps in the clinical cascade, including closing the gap of over 16,000 undiagnosed individuals (out of 39,000 PLHIV) in Jamaica. Case-finding strategies will take into account the contextual factors of each sexual network and tailoring strategies for each subgroup. IBBS (Integrated HIV bio-behavioral survey) results have highlighted an increasing HIV prevalence by age group, emphasizing the need for strategies to focus on diagnosing adolescents and implementation of strategies to prevent infection.

In Trinidad & Tobago, PEPFAR Western Hemisphere Caribbean Region will expand high impact and targeted testing interventions to increase case finding,

including index case testing and self-testing. Improving the quality of the country's data will also help with reaching the first 90. Other strategic information priorities include strengthening of HIV surveillance connectivity, the linking of electronic data systems across sites, and the implementation of sentinel surveillance in STI clinics.

To ensure linkage to treatment services and make progress towards the second 90, emphasis will be placed on strengthening referral systems and/or ensuring newly diagnosed persons are linked to treatment sites through linkage coordinators. To improve retention, PEPFAR Western Hemisphere Caribbean Region will support the Trinidad and Tobago MOH in expanding interventions and strategies to reduce loss to follow up and return to care those patients previously diagnosed. Support will be provided across all treatment sites to aggressively target clients who have missed clinic appointments and clients who recently dropped out of care. To continue to bolster the country's implementation of treat all, PEPFAR Western Hemisphere Caribbean Region will work with the Ministry of Health to finalize the updated national care and treatment guidelines.

Trinidad and Tobago is very close to reaching the third 90, with 87% of PLHIV on ART virally suppressed. In order to close that small gap, PEPFAR will support the country in decreasing turnaround time for test results, strengthening supply chain processes to ensure stockouts do not occur, and through strengthening of routine viral load testing, monitoring, and reporting, as well as to increase the use of viral load data to target adherence support for patients.

In Guyana, PEPFAR Western Hemisphere Caribbean Region will support the strengthening and expansion of index testing at community and facility sites through the training of peer navigators and health care providers, as well as the development of information, education, and communication (IEC) materials. Support will also be provided to the Ministry of Public Health's (MOPH) National Care and Treatment Centre for the development of an index testing protocol, training of health care providers, and implementation. Complementary testing modalities will include the use of social network strategies and Enhanced Peer Outreach (EPOA) for targeted case finding of both previously undiagnosed KPs and KPs who have disengaged from treatment. At facility sites, targeted HIV screening will be conducted at chronic disease and STI clinics.

PEPFAR Western Hemisphere Caribbean Region programming was scheduled to end in Barbados in September 2018 but following high-level engagements between PEPFAR and the Government of Barbados, an agreement was made to provide extended "surge" support to the country in the form of a two-year plan

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to fast track achievements of the 90-90-90 targets. To address the main barriers in Barbados reaching the 90-90-90 targets, PEPFAR will support activities to identify the undiagnosed, especially KPs and men. These individuals will be initiated on treatment immediately upon diagnosis. Initiatives will be implemented to seek those who know their status and have fallen out of treatment, to return them to treatment services, and ensure adherence and retention to get them to viral suppression.

PEPFAR Western Hemisphere Caribbean Regions priorities in Barbados include improvement of the prevention, care, and treatment programs at facilities, the scale up of laboratory services for HIV and related testing, and strengthening strategic information, especially data quality and management. PEPFAR provides direct technical assistance in these areas and is also focused on community-based testing, including index testing, as well as the implementation of the U=U campaign, and KP outreach services.

Funding Summary

All ROP 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.

Western Hemisphere	FY 2019 New			Total New Funds	Applied Pipeline*	Total ROP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
HHS TOTAL	8,721,439	-	1,593,750	10,315,189	1,215,613	11,530,802
HHS/CDC	5,721,439	-	1,593,750	7,315,189	1,215,613	8,530,802
<i>Barbados</i>	<i>656,877</i>	<i>-</i>	<i>400,665</i>	<i>1,057,542</i>	<i>-</i>	<i>1,057,542</i>
<i>Guyana</i>	<i>894,759</i>	<i>-</i>	<i>-</i>	<i>894,759</i>	<i>-</i>	<i>894,759</i>
<i>Jamaica</i>	<i>2,862,679</i>	<i>-</i>	<i>1,178,003</i>	<i>4,040,682</i>	<i>1,215,613</i>	<i>5,256,295</i>
<i>of which, Acceleration</i>	<i>1,730,800</i>	<i>-</i>	<i>-</i>	<i>1,730,800</i>	<i>-</i>	<i>1,730,800</i>
<i>Trinidad and Tobago</i>	<i>1,307,124</i>	<i>-</i>	<i>15,082</i>	<i>1,322,206</i>	<i>-</i>	<i>1,322,206</i>
HHS/HRSA	3,000,000	-	-	3,000,000	-	3,000,000
<i>Jamaica</i>	<i>2,850,000</i>	<i>-</i>	<i>-</i>	<i>2,850,000</i>	<i>-</i>	<i>2,850,000</i>
<i>of which, Acceleration</i>	<i>200,000</i>	<i>-</i>	<i>-</i>	<i>200,000</i>	<i>-</i>	<i>200,000</i>
<i>Trinidad and Tobago</i>	<i>150,000</i>	<i>-</i>	<i>-</i>	<i>150,000</i>	<i>-</i>	<i>150,000</i>
STATE TOTAL	560,442	-	-	560,442	211,193	771,635
State	560,442	-	-	560,442	211,193	771,635
<i>Jamaica</i>	<i>560,442</i>	<i>-</i>	<i>-</i>	<i>560,442</i>	<i>211,193</i>	<i>771,635</i>
USAID TOTAL	2,555,989	-	-	2,555,989	2,221,926	4,777,915
USAID, non-WCF	2,555,989	-	-	2,555,989	2,221,926	4,777,915
<i>Barbados</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>400,000</i>	<i>400,000</i>
<i>Guyana</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>463,000</i>	<i>463,000</i>
<i>Jamaica</i>	<i>2,405,989</i>	<i>-</i>	<i>-</i>	<i>2,405,989</i>	<i>1,008,926</i>	<i>3,414,915</i>
<i>of which, Acceleration</i>	<i>150,000</i>	<i>-</i>	<i>-</i>	<i>150,000</i>	<i>-</i>	<i>150,000</i>
<i>Western Hemisphere Region</i>	<i>150,000</i>	<i>-</i>	<i>-</i>	<i>150,000</i>	<i>350,000</i>	<i>500,000</i>
TOTAL	11,837,870	-	1,593,750	13,431,620	3,648,732	17,080,352
<i>Barbados</i>	<i>656,877</i>	<i>-</i>	<i>400,665</i>	<i>1,057,542</i>	<i>400,000</i>	<i>1,457,542</i>
<i>Guyana</i>	<i>894,759</i>	<i>-</i>	<i>-</i>	<i>894,759</i>	<i>463,000</i>	<i>1,357,759</i>
<i>Jamaica</i>	<i>8,679,110</i>	<i>-</i>	<i>1,178,003</i>	<i>9,857,113</i>	<i>2,435,732</i>	<i>12,292,845</i>
<i>Trinidad and Tobago</i>	<i>1,457,124</i>	<i>-</i>	<i>15,082</i>	<i>1,472,206</i>	<i>-</i>	<i>1,472,206</i>
<i>Western Hemisphere Region</i>	<i>150,000</i>	<i>-</i>	<i>-</i>	<i>150,000</i>	<i>350,000</i>	<i>500,000</i>
TOTAL	11,837,870	-	1,593,750	13,431,620	3,648,732	17,080,352
<i>Acceleration</i>	<i>2,080,800</i>	<i>-</i>	<i>-</i>	<i>2,080,800</i>	<i>-</i>	<i>2,080,800</i>

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to

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agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved ROP 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 ROP 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 ROP 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 not currently captured in the ROP 2019 total budget level and documented within ROP 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 ROP 2019 applied pipeline is approved to achieve the following results in FY 2020.

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Caribbean Region		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		-	-			-
	15+		343	18,816			19,159
	Total	-	343	18,816	-	-	19,159
HTS_TST	<15		-	-			-
	15+		2,652	21,372			24,024
	Total	-	2,652	21,372	-	-	24,024
HTS_TST_POS	<15		-	-			-
	15+		152	3,537			3,689
	Total	-	152	3,537	-	-	3,689
TX_NEW	<15		15	14			29
	15+		285	12,142			12,427
	Total	-	300	12,156	-	-	12,456
TX_CURR	<15		84	100			184
	15+		4,696	36,608			41,304
	Total	-	4,780	36,708	-	-	41,488
TX_PVLS	<15		73	86			159
	15+		4,707	33,941			38,648
	Total	-	4,780	34,027	-	-	38,807
CXCA_SCRN	Total (15+)		-	-			-
OVC_SERV	<18		-	-			-
	18+		-	-			-
	Total	-	-	-	-	-	-
OVC_HIVSTAT	Total (<18)		-	-			-
PMTCT_STAT	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
PMTCT_STAT_POS	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
PMTCT_ART	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
PMTCT_EID	Total		-	-			-
PP_PREV	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
KP_PREV	Total		2,165	1,419			3,584
KP_MAT	Total		-	-			-
VMMC_CIRC	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
HTS_SELF	Total		-	-			-
PrEP_NEW	Total		-	-			-
PrEP_CURR	Total		-	-			-
TB_STAT (N)	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
TB_ART (N)	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
TB_PREV (N)	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
TX_TB (N)	<15		-	-			-
	15+		-	-			-
	Total	-	-	-	-	-	-
GEND_GBV	Total		-	-			-

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

Budgetary Requirements

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Western Hemisphere Caribbean has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	8,210,403
Preventing and Responding to Gender-based Violence	400,000
* Does not include central funds	

Partner Management and Stakeholder Engagement

Agreements made during ROP 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 ROP 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 Western Hemisphere Caribbean's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.