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COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR AMBASSADOR ROBIN BERNSTEIN, DOMINICAN REPUBLIC

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your country over time and specifically the end of year results of the Country Operational Plan (COP) 2018 and current COP 2019 implementation as we plan for COP 2020. We have noted the following key successes and specific areas of concern:

Key successes

- In COP19, PEPFAR Dominican Republic launched a significant shift in their programmatic focus, from a program that targeted Key Populations, to a program designed to close the gaps in ARV treatment among those of Haitian descent living in the Dominican Republic (Target Population Individuals, or TPI), where there are the largest gaps across the clinical cascade.
- PEPFAR Dominican Republic launched an Orphans and Vulnerable Children program to support caregivers and children of TPI living with HIV.
- PEPFAR Dominican Republic achieved strong yield for index testing ranging from 23% to as high as 30% in FY19.

Key challenges

- PEPFAR Dominican Republic needs to build upon the programmatic shift by continually learning from experience what interventions are most successful for its target population and adjusting approaches accordingly.
- Urgently scale key interventions that facilitate continuity of treatment, including transition to TLD for eligible clients and multi-month dispensing of 6+ months ARV supply, and implement index testing with fidelity across the program.
- Continue to implement tailored interventions to eliminate and reduce stigma and discrimination.

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SECTION 1: COP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

Table 1. COP 2020 Total Budget including Applied Pipeline

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecified	Unspecified	TOTAL
Total New Funding	$ 21,049,750	$ -	$ -			$ 21,049,750
GHP- State	$ 20,662,250	$ -	$ -			$ 20,662,250
GHP- USAID	$ -	$ -	$ -			$ -
GAP	$ 387,500	$ -	$ -			$ 387,500
Total Applied Pipeline				$ 4,861,289	$ 498,961	$ 5,360,250
DOD				$ 47,841	$ -	$ 47,841
HHS/CDC				$ 2,045,416	$ -	$ 2,045,416
HHS/HRSA				$ -	$ -	$ -
PC				$ -	$ -	$ -
State				$ -	$ -	$ -
USAID				$ 2,768,032	$ 498,961	$ 3,266,993
TOTAL FUNDING	$ 21,049,750	$ -	$ -	$ 4,861,289	$ 498,961	$ 26,410,000

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SECTION 2: COP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Dominican Republic should plan for the full Care and Treatment (C&T) level of $17,550,000 and the full Orphans and Vulnerable Children (OVC) level of $3,730,000 from Part 1 of the PLL across all funding sources. The earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. COP 2020 Earmarks

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$10,000,000	$ -	$ -	**$10,000,000**
OVC	$3,200,000	$ -	$ -	**$3,200,000**
GBV	$400,000	$ -	$ -	**$400,000**
Water	$ -	$ -	$ -	**$ -**

* *Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. The earmark controls above represent the **minimum** amounts that must be programmed in the given appropriation year.*

Table 3. Total COP 20 Initiative Funding

	COP 20 Total
Total Funding	**$ 14,200,000**
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ -
HBCU Tx	$ -
COP 19 Performance	$ 11,000,000
HKID Requirement	$ 3,200,000

***See Appendix 1 for detailed budgetary requirements and other budgetary considerations.*

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SECTION 3: PAST PERFORMANCE – COP 2018 Review

Table 4. COP Dominican Republic Level FY19 Program Results (COP18) and FY20 Targets (COP19)

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	**19,672**	**28,224**
TX Current Pediatrics	**161**	**265**
VMMC among males 15 years or older	**N/A**	**N/A**
DREAMS	**N/A**	**N/A**
Cervical Cancer	**N/A**	**N/A**
TB Preventive Therapy (TB_PREVN)	**1,253**	**10,286**
TB Treatment of HIV Positive (TX TB)	**43**	**28,423**

Table 5. COP 2018 | FY 2019 Agency-level Outlays versus Approved Budget

OU/Agency	Sum of Approved COP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
OU			
DOD	132,400	112,454	19,946
HHS/CDC	7,157,980	5,132,663	2,025,317
HHS/HRSA	-	-	-
PC	-	-	-
State	-	-	-
State/AF	-	-	-
State/SGAC	-	-	-
USAID	7,744,918	6,881,913	863,005
Grand Total	**15,035,298**	**12,127,030**	**2,908,268**

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

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Table 6. COP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget

Meh ID	Prime Partner	Funding Agency	COP 18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP 18 Budget $)
80052	Family Health International	USAID	1,127,546	1,306,349	(178,803)
17762	FHI 360	USAID	210,000	562,041	(352,041)

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 7. COP 2018 | FY 2019 Results & Expenditures

Agency	Indicator	FY19 Result	FY19 Target	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	38,915	**45,816**	84.9%	HTS Progrm Area	788,281	73%
	HTS_TST_POS	2,105	**2,165**	97.2%			
	TX_NEW	1,878	**1,915**	98.1%	C&T Progrm Area	1,384,354	51%
	TX_CURR	8,060	**8,485**	95.0%			
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	OVC Major Beneficiary	N/A	N/A
DOD	HTS_TST	N/A	N/A	N/A	N/A	N/A	N/A
	HTS_TST_POS	N/A	N/A	N/A			
	TX_NEW	N/A	N/A	N/A	N/A	N/A	N/A
	TX_CURR	N/A	N/A	N/A			
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
	OVC_SERV	N/A	N/A	N/A			
USAID	HTS_TST	43,145	**39,940**	108.0%	HTS Program Area	889,300	81%
	HTS_TST_POS	1,592	**1,828**	87.1%			
	TX_NEW	1,620	**1,668**	97.1%	C&T Progrm Area	1,424,962	58%
	TX_CURR	14,520	**29,120**	81.1%			
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A

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	OVC_SERV	N/A	N/A	N/A	OVC Major Beneficiary	9,672	0%
					Above Site Programs	$1,529,120	
					Program Management	$3,404,699	

COP 2018 | FY 2019 Analysis of Performance

PEPFAR Dominican Republic shifted its program in COP19 to focus on TPI and began implementation of that shift in October 2019. Therefore, this performance analysis focuses on COP18 performance relative to TPI, however recognizes that the full shift did not begin until COP19.

***Case Finding**:*

- Of the estimated 25,530 HIV positive TPI in the Dominican Republic, as of FY19 Q4, 10,382 are aware of their status, leaving a gap of 12,595 HIV positive TPI to be diagnosed to meet the 90-90-90 targets.
- Index testing yields were good, at 23%, however the volume is extremely low, at less than 50 positives identified through index testing in FY19 Q4.

Care and Treatment:

- The estimated number of TPI that need to be on treatment to reach the 90-90-90 goals is 20,679. As of FY19 Q4, only 4,480 TPI are on treatment, leaving a gap of 16,199.

Viral Load Suppression:

- Of the 4,480 TPI on treatment, 51%, or 2,295 are virally suppressed as of FY19 Q4.
- As of FY19 Q4, 95% of clients on treatment (including but not limited to TPI) that were eligible received a viral load test and 84% of those that received a test were virally suppressed.

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SECTION 4: COP 2020 DIRECTIVES

The following section has specific directives for COP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place no later than the beginning of COP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

For COP 2020, the failure to meet any of these requirements will result in reductions to the Dominican Republic budget. (See Section 2.2. of COP Guidance)

Table 8. COP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across	Completed	

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	age, sex, and risk groups.[1]		
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	Currently expecting to transition 70% of clients to TLD by end of FY20.	Work with Government of DR to accelerate the transition, with the goal of completing transition to TLD for eligible clients.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi- month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	Current projections are for 80% of PLHIV to be on MMD by March 2020. Eligibility criteria include being on ARV for at least 6 months, no missed clinical appointments in the last 12 months, a viral load of less than 1,000, and no opportunistic infections in the last three months.	Work with Government of DR to modify eligibility requirements, to scale use of 6-month MMD.
	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20; cotrimoxazole,		PEPFAR DR should include this in COP20 planning.

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1 Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

2 Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

3 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

	where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]		
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.		PEPFAR DR should include this in COP20 planning.
Case Finding	6. Scale up of index testing and self- testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological	Index testing is being used, but at a small scale, with less than 50 positives identified in FY19 Q4.	PEPFAR DR should plan to scale index testing in COP20 planning.

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[4] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

	parent must be tested for HIV.[5]		
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high- risk sex practices)[6]	PrEP_CURR result for KPs include: 24 for TG, 419 for MSM, and 88 for FSW.	PEPFAR DR should expand PrEP among KP and high risk TPI.
	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV	PEPFAR DR launched OVC program in COP19 for HIV+ TPI.	PEPFAR DR should continue to scale OVC program.

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5 Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing- guidelines/en/

6 Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.		
Policy & Public Health Systems Support	9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[7]	Completed	
	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices	Team has demonstrated ability and commitment to use of CQI for improving client services.	PEPFAR DR should continue to implement CQI practices in its COP19 and COP20 implementation.

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[7] The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

	into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]		
	11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.		PEPFAR DR should incorporate this into COP20 planning, including developing TPI-specific U=U campaigns.
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.		PEPFAR DR should include this in COP20 planning.
	13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased	Government of DR currently funds ARV commodities for the Dominican Republic HIV response.	Continue to work with Dominican Republic to allocate resources for TLD transition and MMD.

[8] Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

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	resources expended.		
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.		PEPFAR DR should address this in COP20 planning.
	15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	PEPFAR DR has worked to implement biometric coding into all of its sites.	PEPFAR DR should expand biometric/unique identifiers to all clients within each site and should explore with PEPFAR Haiti a possible interoperable unique identifier for cross-border population.

In addition to meeting the minimum requirements outlined above, it is expected that Dominican Republic will:

Table 9. COP 2020 (FY 2021) Technical Directives

Dominican Republic –Specific Directives
Case finding
1. Index testing yield is good at 23%, however the volume of positives identified through index testing is still very low. PEPFAR DR needs to rapidly accelerate the implementation of index testing and ensure that SOPs include testing of biological children. Provide training to all IPs on index testing implementation.
2. Continue community-based HIV testing services using data driven approaches.
3. Implement recency testing in support of index testing activities.
HIV Care and Treatment
1. Community focus to bring services closer to clients – continue to update hotspot mapping.
2. Continue to scale use of biometric coding for unique patient identifiers.

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3. Focus on retention – peer navigation, incentives to improve adherence, and intensive follow up with clients.
4. Customize approach for TPI based on on-going learning and CQI.
5. Work with Government of Dominican Republic to change eligibility requirements for MMD to expand number of clients on 6-month MMD.
6. Work with Government of Dominican Republic to accelerate pace of transition to TLD.
7. Continue to implement tailored interventions to eliminate stigma and discrimination.
HIV Prevention
1. Continue to scale OVC program.
2. Scale use of PrEP, per the COP guidance.
Other Government Policy or Programming Changes Needed
1. Support DHS/HIV data collection to include TPI for more accurate modeling and target setting.
2. Advance cross-border collaboration with PEPFAR Haiti through IPs working on both sides of the island and advocate for government support on binational referrals.
3. Continue to strengthen national HIV information system for patient medication and case monitoring.

COP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP 2020 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. Dominican Republic must ensure 100% “known HIV status” for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

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Community-led Monitoring
In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)
Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)
TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

OVC
To support the Minimum Program Requirement described above, in COP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

Cervical Cancer Screening and Treatment
Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

PLHIV Stigma Index 2.0
PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0 or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma and can inform future HIV

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program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

COP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2020 remains a requirement for all PEPFAR programs, and as such the COP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2020. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2020 development and finalization process. As in COP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2020 Guidance for a full list of requirements and engagement timelines.

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APPENDIX 1: Detailed Budgetary Requirements

Table 10. COP 2020 New Funding Detailed Controls by Initiative

	COP 2020 Planning Level			
	FY20			COP 20 Total
	GHP-State	GHP-USAID	GAP	
Total New Funding	**$ 20,662,250**	**$ -**	**$ 387,500**	**$ 21,049,750**
Core Program	$ 6,462,250	$ -	$ 387,500	**$ 6,849,750**
COP 19 Performance	$ 11,000,000			**$ 11,000,000**
HKID Requirement ++	$ 3,200,000			**$ 3,200,000**

++ DREAMS countries with GHP-USAID funding can use FY20 GH-USAID funding to mee their FY20 HKID requirement. These countries include Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

Care and Treatment: If there is no adjustment to the COP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: Dominican Republic's COP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP 2020 HKID requirement is derived based upon the approved COP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Dominican Republic's COP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total ***new FY 2020*** *funding programmed to the GBV cross-cutting code. Your COP 2020 earmark is derived by using the final COP 2019 GBV earmark allocation as a baseline. The COP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall*

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below it.

Water: Dominican Republic's COP 2020 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total ***new FY 2020 funding*** *programmed to the water cross-cutting code. Your COP 2020 earmark is derived by using the final COP 2019 water earmark allocation as a baseline. The COP 2020 planned level of new FY 2020 funds for water can be above this amount; however, it cannot fall below it.*

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs.

PEPFAR has set a 70% goal ***by agency*** *by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.*

COP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Dominican Republic should hold a 3-month pipeline at the end of COP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2020, decreasing the new funding amount to stay within the planning level.

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