

PEPFAR Haiti 2019 Responsibility Matrix Narrative

Responsibility Matrix (RM) Overview

The HIV/AIDS Responsibility Matrix is a new PEPFAR tool intended to assess the current distribution of HIV-related activities and responsibilities in PEPFAR partner countries. The RM will serve as a baseline assessment of the functional responsibilities of the three major funding components of the HIV response: PEPFAR, Global Fund, and Host Government.

Country Overview

Haiti is a low-income country with a gross national income (GNI) of \$780 per capita (World Bank 2016) and a gross domestic product (GDP) of \$739.6 per capita (2016), which makes it the poorest country in the Western Hemisphere. An estimated 53.9% of the country's approximately 10.8 million people live on less than one dollar a day and cannot afford the higher quality healthcare provided in private clinics (UNDP, 2016). Haiti's estimated 153,083 (PNLS, 2019) constitutes the greatest burden of HIV/AIDS in the Caribbean region; Haiti also has the highest incidence of tuberculosis (TB) in the Western Hemisphere. Haiti has a generalized HIV/AIDS epidemic with most transmission occurring from heterosexual sex with higher prevalence rates in major cities, among men who have sex with men, female sex workers, and prison populations.

The proposed Government of Haiti (GOH) budget for the Ministry of Public Health and Population (MSPP) for Fiscal Year 2019 recommended an increase from 4.4% to 7.3% of the national budget to be allocated to the health sector. While this would represent a significant increase in domestic financing for the health sector, due to the ongoing political upheaval in country, the budget for this year has not yet been passed by Parliament. Over 90% of the national funds allocated to health, support the personnel costs of the MSPP staff. Still, these funds are not sufficient to cover the actual needs of personnel in the public health sector. There is a severe shortage of health workers, low retention of nurses and doctors, and gaps in services across all levels of the health system.

RM Process

To reduce the burden on Government of Haiti Ministries of Health (MOH) and Finance officials, PEPFAR, UNAIDS and Global Fund staff met initially to develop the first draft of the RM. On September 6th, UNAIDS convened a meeting with PEPFAR, Global Fund and officials from the Ministry of Finance (MOF) and Ministry of Health (MOH) to finalize the RM. The final RM was presented to the participants of the SID-RM workshop during the final morning of the SID-RM workshop on September 13th. Participants included staff from the MOH, civil society, PEPFAR implementing partners and other multilaterals.

Findings

Funding for the HIV program comes primarily from PEPFAR (73%) and the Global Fund (24%), with the estimated in-kind contribution of the MSPP at 3% according to the latest reports (NASA, 2016). PEPFAR Haiti and Global Fund (GF) work together to avoid duplication and to leverage GF resources for strategic alignment with PEPFAR goals. As mentioned previously, over

90% of the national funds allocated to health support the personnel costs of the MSPP staff. Still, these funds are not sufficient to cover the actual needs of personnel in the public health sector.

The lack of resources, outside of contributions in the form of limited personnel salaries and the availability of public facilities, leaves almost no room for the GOH to earmark specific resources for health system development or the HIV program. This is reflected in the Responsibility Matrix where, PEPFAR has primary responsibility and GF is secondary in most of the areas with the exception of TB/HIV where GF is primary and PEPFAR is secondary. In the Strategic Information section, both GF and the Haiti MOH have secondary responsibility for Monitoring and Evaluation and Surveys and Surveillance.

The Strategy Formulation and Planning section reflects a different picture. In the Program and Commodities sections, the Haiti MOH has primary responsibility for planning and strategic formulation. PEPFAR has secondary responsibility and GF has nominal responsibility, with the exception of the Orphans and Vulnerable Children where the Ministry has secondary responsibility and PSM, where GF has secondary responsibility and the Ministry has nominal responsibility. In the Health Workforce section, PEPFAR has primary responsibility, GF has secondary and the Ministry has nominal responsibility, except in the category of Training where the Ministry is also secondary. In the Above Site Section, Strategic Information and Program Implementation sections, PEPFAR is primary; GF is secondary with three exceptions. The MOH has primary responsibility, PEPFAR is secondary and GF is nominal under Governance and Laboratory Systems. In the area of Disease surveillance, PEPFAR is primary and both Global Fund and the Ministry are secondary.

HIV/AIDS Responsibility Matrix

Country: Haiti

Epidemic Type: Concentrated

Income Level: Low Income

PEPFAR Categorization: Long-Term Strategy

Legend

Primary=Primary responsibility for/contribution to element

Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)

Nominal=Contributes to this effort, but offers a nominal/marginal level of support

None=No responsibility/level of support

FUNCTIONAL ELEMENTS	DIMENSIONS								
	SERVICE DELIVERY ¹			NON-SERVICE DELIVERY ASSISTANCE ²			STRATEGY FORMULATION AND PLANNING ³		
	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
Programs									
Care and Treatment	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Clinical Interventions	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Laboratory	Nominal	Primary	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Nominal
Linkage, Retention, Adherence	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
TB-HIV	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Primary	Secondary	Secondary
HIV Testing Services	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Prevention	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Prevention of Mother-To-Child Transmission	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Male Circumcision	None	None	None	None	None	None	None	None	None
Other Biomedical Prevention	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Key and Priority Populations	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Orphans and Vulnerable Children	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Secondary	Primary	Nominal
Commodities									
Condoms	Nominal	None	Primary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Male Circumcision Kits and Supplies	None	None	None	None	None	None	None	None	None
Rapid Test Kits	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Antiretroviral Drugs	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Other Essential Drugs	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
CD4	Nominal	None	Primary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Viral Load	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Reagents and Supplies	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
Health Equipment	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Nominal
PSM Costs	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary
Health Workforce									
<i>Service Delivery Personnel: Facility-level staff total</i>									
Salary and Benefits	Nominal	Primary	Secondary				Secondary	Primary	Secondary
Salary Top-Ups	Nominal	Primary	None				Secondary	Primary	Secondary
Training and Supervision	Nominal	Primary	Secondary				Secondary	Primary	Secondary
<i>Non-Service Delivery Personnel: Facility-level staff total</i>									
Salary and Benefits				Nominal	Primary	Secondary	Primary	Secondary	Secondary
Salary Top-Ups				Nominal	Primary	Secondary	Secondary	Primary	Secondary
Training and Supervision				Nominal	Primary	Secondary	Secondary	Primary	Secondary
<i>Community Health Workers/Lay Cadres staff number</i>									
Salary and Benefits	Secondary	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Secondary
Salary Top-Ups	Secondary	Primary	None	Nominal	Primary	Secondary	Secondary	Primary	Secondary
Training and Supervision	Secondary	Primary	Secondary	Nominal	Primary	Secondary	Primary	Secondary	Secondary
Secondment Staff number									
Above Site (Systems)									
Health Workforce				Nominal	Primary	Secondary	Nominal	Primary	Secondary
Governance				Nominal	Primary	Secondary	Primary	Secondary	Nominal
Institutional and Organizational Development				Nominal	Primary	Secondary	Nominal	Primary	Secondary
Health Financing				Nominal	Primary	Secondary	Nominal	Primary	Secondary
Health Management Information Systems				Secondary	Primary	Secondary	Nominal	Primary	Secondary
Supply Chain Systems				Nominal	Primary	Secondary	Secondary	Primary	Secondary
Laboratory Systems				Primary	Secondary	Secondary	Primary	Secondary	Nominal
Other Systems Support				None	None	None	None	None	None
Disease Surveillance				Secondary	Primary	Secondary	Secondary	Primary	Secondary
Strategic Information									
Monitoring and Evaluation	Secondary	Primary	Secondary	Secondary	Primary	Nominal	Primary	Primary	Secondary
Surveys and Surveillance	Secondary	Primary	Secondary	Secondary	Primary	Nominal	Secondary	Primary	Secondary
Research and Other Surveys	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary
Program Implementation, Management, and Support									
<i>At the Implementation Level</i>	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Secondary
<i>At the Donor Level</i>	Nominal	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

HIV/AIDS Responsibility Matrix		Supplementary Comments/Notes
Country: Haiti		
Programs		
Care and Treatment	PEPFAR has invested around 45 millions for care and treatment during FY18	
Clinical Interventions	for non-service delivery, PEPFAR is funding two partners (EQUIP and CHARESS) for technical assistance, sites supervision and coaching	
Laboratory	There is a National Laboratory Program with a lot of policies validated and disseminated.	
Linkage, Retention, Adherence	Many of the policies are drafted by clusters led by PNLS. Clusters typically include subject matter experts from USG team, selected implementing partners, P	
TB-HIV	Global Fund is the main funder for TB in Haiti, a total of \$17,896,075 for the 3-years period 2018-2020 are invested TB, le MDR/TB and TB/HIV	
HIV Testing Services		
Prevention	PEPFAR has invested around 3 millions for each year in the past 3 years in regards with prevention activities	
Prevention of Mother-To-Child Transmission		
Male Circumcision		
Other Biomedical Prevention		
Key and Priority Populations	Most of the KP activities related to HIV epidemic control are supported by PEPFAR through partners such as FOSREF, Linkages and Health Through Walls	
Orphans and Vulnerable Children	PNLS has not issued national guidance for OVC but they have issued guidance for the DREAMS program, most of the OVC activities are PEPFAR-supported.	
Commodities		
PEPFAR through PSM ensures procurement of ART, OI drugs, rapid tests kits, VL reagent and supplies, health equipment for the HIV program		
Condoms	Condoms are purchased by USAID through the Family Planning Program. Global Fund purchased condoms in 2018 that will be used in 2019, they will purchase more in 2020. UNFP purchases condoms for the MOH. Global Funds is investing \$1,769,570 USD for the three-year period 2018-2020 pour the	
Male Circumcision Kits and Supplies	N/A	
Rapid Test Kits	PSM handles all the planning for the Ministry. They hold two quantification meetings for planning each year.	
Antiretroviral Drugs	PSM handles all the planning for the Ministry. They hold two quantification meetings for planning each year.	
Other Essential Drugs		
CD4	PEPFAR did not provide any funding for CD4 procurement in the past 2 years. Global Fund has invested a total of \$329,712 for CD4 procurement during the period of 2018-2020	
Viral Load		
Reagents and Supplies		
Health Equipment		
PSM Costs		
Health Workforce	MOH has been working on a Health Resources Strategy. MOH is trying to integrate HIV into overall HR. The World Bank has been supporting some of the planning activities.	
Service Delivery Personnel: Facility-level staff total	PEPFAR is the main sponsor for the salary of the HIV care providers.	
Salary and Benefits		
Salary Top-Ups	Global Fund does not provide salary tops-ups	
Training and Supervision	PNLS does some planning for training. PEPFAR is leading the process with staff from USG team and the T.A partners regularly visiting the sites for on-site training and coaching. PEPFAR also play a key role in conducting formal trainings related to the HIV program implementation for the healthcare providers.	
Non-Service Delivery Personnel: Facility-level staff total		
Salary and Benefits		
Salary Top-Ups		
Training and Supervision	PNLS regularly formulates training needs and the required audience. PEPFAR provides financial support and coaching support through the two T.A partners (EQUIP and CHARESS)	
Community Health Workers/Lay Cadres staff number	PEPFAR is paying the salaries for more than 2500 community healthcare workers supporting the HIV program. MOH supports 1,115 community health workers - these staff are broader health focused but the MOH has a training module for HIV and the intentions is that they will also do HIV/AIDS work.	
Salary and Benefits		
Salary Top-Ups		
Training and Supervision	PNLS does some planning for training.	
Secondment Staff number		
Above Site (Systems)		
PEPFAR provide health systems strengthening support through contracts with specific mechanisms such as HFG		
Health Workforce		
Governance		
Institutional and Organizational Development		
Health Financing		
Health Management Information Systems	The Ministry of Health provides some support. This may be secondary	
Supply Chain Systems		
Laboratory Systems	Under non-service delivery, both the Ministry and Global Fund purchase GeneXpert machines. The National Laboratory Program is responsible for planning, and implementation of all laboratory issues.	
Other Systems Support		
Disease Surveillance	If this is all diseases, CDC supports infectious disease surveillance (outside PEPFAR), PEPFAR is partially involved in SISNU and other parts (non-PEPFAR) of USAID are also involved.	
Strategic Information		
Monitoring and Evaluation	For Strategic formulation and planning, PEPFAR and the Ministry of health shared the primary responsibility. If funding is more substantial from PEPFAR, however the MOH leads the process in defining strategies, assessing the SI environment and ensuring functional responsibilities of each partner.	
Surveys and Surveillance	Salary and goods of a few staff - the MOH is secondary. Couldn't do this without MOH buy-in.	
Research and Other Surveys	Couldn't do this without MOH buy-in	
Program Implementation, Management, and Support		
At the Implementation Level		
At the Donor Level		