



**United States Department of State**

*Washington, D.C. 20520*

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8 April 2020

**MEMO FOR ROBIN BERNSTEIN, U.S. AMBASSADOR TO DOMINICAN REPUBLIC**

**SUBJECT:** PEPFAR Dominican Republic Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Dominican Republic Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Dominican Republic, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Dominican Republic Country Operational Plan (COP) 2020 with a total approved budget of \$26,908,961, 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:

Table 1: Funding Table: “This table represents new funding and pipeline allocated for implementation in FY2021”

Dominican Republic	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
<b>Total Budget</b>	<b>21,548,711</b>	<b>5,360,250</b>	<b>26,908,961</b>
<b>Bilateral</b>	21,548,711	4,861,289	26,410,000
<b>Central</b>	-	498,961	498,961

This memo approves a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$26,908,961. Any prior year funds that are not included within this COP 2020 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 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 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 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to the country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

**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 during the February 24-February 28, 2020 in-person planning meetings and participants in the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

As a country pair, the PEPFAR Haiti and the PEPFAR Dominican Republic teams are both committed to working together to control the HIV/AIDS epidemic, save lives, and improve outcomes for people living with HIV. A cross-border task force, under the leadership of both Chiefs of Mission, will collaborate to close the gaps along the HIV continuum of care for migratory and binational individuals in the Dominican Republic and Haiti, aiming for seamless, continuous, client centered service for those that seek HIV care and treatment across the two countries.

Funding and targets for Dominican Republic's COP 2020 will support PEPFAR Dominican Republic's vision in partnership with the Government and people of Dominican Republic to reach epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. In COP 2020, PEPFAR DR will work towards epidemic control across all ages and sexes, with the ultimate goal across the country that 37,948 clients will be on life-saving treatment by the end of FY 2021. The program for COP 2020 will focus intensely on the 10 highest burdened geographic areas (the 5 regions covered in COP19 and 5 additional priority regions for COP20) by enrolling an additional 7,838 PLHIV on treatment in FY2021 and ensuring viral load suppression in 35,382 patients in these areas.

The COP20 strategy for the Dominican Republic focuses on achieving epidemic control among our "focus clients" (FC), which are defined as individuals of Haitian descent, residing in the DR. For FC living with HIV/AIDS in the DR, a series of political, economic, and cultural factors hinder initiation, retention, and adherence to ART. The COP20 strategy aims to reduce the barriers to initiation, retention, and treatment adherence and enable the PEPFAR Dominican Republic program to better meet the needs of these individuals. Of the estimated 70,777 people living with HIV (PLHIV) nationwide, approximately 26,316 are FC, and the PEPFAR supported provinces contain nearly 2/3 of all FC. While the Dominican Republic has an overall HIV prevalence of 0.9%, FC estimates indicate a prevalence between 3-5%, higher than any key population group and higher than the overall prevalence in Haiti (2%, UNAIDS 2018). Among FC PLHIV, only 40.7% are aware of their status, and only 17.5% are currently on treatment. In comparison, antiretroviral treatment (ART) coverage for other Dominican PLHIV is 67.5%.

The DR COP20 strategy will reduce the gaps under the HIV treatment cascade for FC by prioritizing the following interventions and activities: 1) Decentralize USG-supported prevention, treatment and clinical care entry points accessible to FC in addition to the sites currently supported by PEPFAR and outside the network of 74 Integrated HIV Care sites nationwide. This will also include community care teams. 2) Target community-focused case finding via strategically allied community-based organizations that are culturally and linguistically responsive to FC. These organizations will link FC to testing and treatment and improve retention and adherence through a network of community outreach and community

care teams. 3) Operationalize COP19 fast track policy changes within a network of new service entry points and bring the DR into compliance with World Health Organization (WHO) HIV/AIDS guidelines and best practices. 4) Ensure warm handoffs at clinical sites to the Orphans and Vulnerable Children (OVC) program for HIV positive FC clients to further identify and support those affected by HIV/AIDS by reducing barriers to linkage and retention in care. 5) Strengthen binational collaboration with Haiti to improve cross-border referrals and case management to retain in treatment those FC PLHIV that travel back and forth across the Haiti-DR border. 6) Institutionalize technical assistance to the Government of Dominican Republic (GoDR) to increase laboratory capacity to improve country-wide viral load suppression. This approach relies on high levels of collaboration and cooperation between PEPFAR, GoDR, and civil society organizations (CSO). 7) Address stigma and discrimination among entities that interact with FC on a regular basis.

During COP 2020, PEPFAR Dominican Republic will make important changes from its COP19 strategy. For case finding, PEPFAR DR will focus on focus on the most vulnerable FC populations (men, TB patients, older adults, etc.), and will implement client-centered activities, using more effective testing modalities, particularly index testing and contact tracing, as well as expanding and decentralizing service provision in the community. To address the significant challenges regarding linkage to treatment, PEPFAR DR will implement same-day ART treatment initiation, including both initiation and refills at the community level, community adherence groups, and mobile services. PEPFAR DR will work to transition clients to multi-month dispensing of ARVs and work towards completing the transition of all eligible clients to TLD. PEPFAR DR will improve the number of eligible clients receiving a viral load test and the rate of viral load suppression by expanding sample collection schedules, reducing lab turnaround time, and clinical management of viral load results. PEPFAR DR will also develop a clear plan to analyze performance of viral load testing to inform program implementation and identify challenges to initiate corrective action.

## Funding Summary

All COP 2020 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.

	Bilateral			Central			Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding			Applied Pipeline		Applied Pipeline				
	Total	FY20		FY 19	Unspecified	Unspecified				
Dominican Republic				Total	Total	Total				
DOD TOTAL	319,170	319,170	-	-	47,841	-	-	47,841	319,170	367,011
HHS TOTAL	9,930,294	9,542,794	387,500	2,045,416	-	-	-	2,045,416	9,930,294	11,975,710
HHS/CDC	9,930,294	9,542,794	387,500	2,045,416	-	-	-	2,045,416	9,930,294	11,975,710
HHS/HRSA	-	-	-	-	-	-	-	-	-	-
HHS/SAMHSA	-	-	-	-	-	-	-	-	-	-
PEACE CORPS TOTAL	-	-	-	-	-	-	-	-	-	-
STATE TOTAL	-	-	-	-	-	-	-	-	-	-
State (State, S/EUR, S/EAP, and S/WHA)	-	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-	-
State/PRM	-	-	-	-	-	-	-	-	-	-
State/SGAC	-	-	-	-	-	-	-	-	-	-
USAID TOTAL	11,299,247	11,299,247	-	2,207,929	560,103	498,961	498,961	2,768,032	11,299,247	14,566,240
USAID, non-WCF	11,299,247	11,299,247	-	2,207,929	560,103	498,961	498,961	2,768,032	11,299,247	14,566,240
USAID, WCF	-	-	-	-	-	-	-	-	-	-
TOTAL	21,548,711	21,161,211	387,500	4,253,345	607,944	498,961	498,961	4,861,289	21,548,711	26,908,961

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

**GHP-State Funds:** Upon the clearance of a FY 2020 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 2021 at approved COP 2020 partner

budget levels to achieve FY 2021 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 COP 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** The OU has planned for programming for FY2020, FY2019 or/or FY2017 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP20 Funding Level			
	FY20	FY19	FY17	Total
Care & Treatment	12,563,513	-	-	12,563,513
Orphans and Vulnerable Children	3,200,000	-	-	3,200,000
Preventing and Responding to Gender-based Violence	400,000	-	-	400,000
Water	-	-	-	-

### Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
<b>Dominican Republic</b>				
<b>TOTAL</b>	<b>498,961</b>	<b>4,861,289</b>	<b>21,548,711</b>	<b>26,908,961</b>
<i>of which, COP19 Performance</i>	-	-	11,000,000	11,000,000
<i>of which, Core Program</i>	-	4,861,289	7,348,711	12,210,000
<i>of which, HKID Requirement</i>	-	-	3,200,000	3,200,000
<i>of which, KPIF</i>	498,961	-	-	498,961
<b>DOD TOTAL</b>	-	<b>47,841</b>	<b>319,170</b>	<b>367,011</b>
<i>of which, COP19 Performance</i>	-	-	156,920	156,920
<i>of which, Core Program</i>	-	47,841	162,250	210,091
<b>HHS TOTAL</b>	-	<b>2,045,416</b>	<b>9,930,294</b>	<b>11,975,710</b>
<b>HHS/CDC</b>	-	2,045,416	9,930,294	11,975,710
<i>of which, COP19 Performance</i>	-	-	6,392,794	6,392,794
<i>of which, Core Program</i>	-	2,045,416	3,537,500	5,582,916
<b>HHS/HRSA</b>	-	-	-	-
<b>HHS/SAMHSA</b>	-	-	-	-
<b>PEACE CORPS TOTAL</b>	-	-	-	-
<b>STATE TOTAL</b>	-	-	-	-
<b>State (State, S/EUR, S/EAP, and S/WHA)</b>	-	-	-	-
<b>State/AF</b>	-	-	-	-
<b>State/PRM</b>	-	-	-	-
<b>State/SGAC</b>	-	-	-	-
<b>USAID TOTAL</b>	<b>498,961</b>	<b>2,768,032</b>	<b>11,299,247</b>	<b>14,566,240</b>
<b>USAID, non-WCF</b>	498,961	2,768,032	11,299,247	14,566,240
<i>of which, COP19 Performance</i>	-	-	4,450,286	4,450,286
<i>of which, Core Program</i>	-	2,768,032	3,648,961	6,416,993
<i>of which, HKID Requirement</i>	-	-	3,200,000	3,200,000
<i>of which, KPIF</i>	498,961	-	-	498,961
<b>USAID, WCF</b>	-	-	-	-
<b>TOTAL</b>	<b>498,961</b>	<b>4,861,289</b>	<b>21,548,711</b>	<b>26,908,961</b>

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

## FY 2021 Target Summary

FY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

Dominican Republic		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15						-
	15+			9,920			9,920
	<b>Total</b>	-	-	<b>9,920</b>	-	-	<b>9,920</b>
HTS_TST	<15			792			792
	15+			124,355			124,355
	<b>Total</b>	-	-	<b>125,147</b>	-	-	<b>125,147</b>
HTS_TST_POS	<15			30			30
	15+			8,368			8,368
	<b>Total</b>	-	-	<b>8,398</b>	-	-	<b>8,398</b>
TX_NEW	<15						-
	15+			7,838			7,838
	<b>Total</b>	-	-	<b>7,838</b>	-	-	<b>7,838</b>
TX_CURR	<15			249			249
	15+			37,699			37,699
	<b>Total</b>	-	-	<b>37,948</b>	-	-	<b>37,948</b>
TX_PVLS	<15			274			274
	15+			35,108			35,108
	<b>Total</b>	-	-	<b>35,382</b>	-	-	<b>35,382</b>
CXCA_SCRN	<b>Total (15+)</b>						-
OVC_SERV	<18			9,639			9,639
	18+			3,109			3,109
	<b>Total</b>	-	-	<b>12,748</b>	-	-	<b>12,748</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>			<b>9,639</b>			<b>9,639</b>
PMTCT_STAT	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_STAT_POS	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_ART	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_EID	<b>Total</b>						-
PP_PREV	<15			98			98
	15+			55,138			55,138
	<b>Total</b>	-	-	<b>55,236</b>	-	-	<b>55,236</b>
KP_PREV	<b>Total</b>						-
KP_MAT	<b>Total</b>						-
VMMC_CIRC	<b>Total</b>						-
HTS_SELF	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
PrEP_NEW	<b>Total</b>			<b>1,844</b>			<b>1,844</b>
PrEP_CURR	<b>Total</b>			<b>2,316</b>			<b>2,316</b>
TB_STAT (N)	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
TB_ART (N)	<15						-
	15+						-
	<b>Total</b>	-	-	-	-	-	-
TB_PREV (N)	<15			227			227
	15+			29,842			29,842
	<b>Total</b>	-	-	<b>30,069</b>	-	-	<b>30,069</b>
TX_TB (D)	<15			277			277
	15+			39,302			39,302
	<b>Total</b>	-	-	<b>39,579</b>	-	-	<b>39,579</b>
GEND_GBV	<b>Total</b>			<b>3,400</b>			<b>3,400</b>

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

### **COP 2019 Performance Funds:**

All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP20. This communication will come through the S/GAC Chair and POART process.

### **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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. 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 and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Dominican Republic's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.